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HOUSE BILL NO. 1719

Offered January 9, 2013 Prefiled January 8, 2013

A BILL to amend the Code of Virginia by adding a section numbered 22.1-271.6 and to repeal § 22.1-271.5 of the Code of Virginia, relating to concussion education, awareness, and management.

Patrons—Anderson and Filler-Corn

Referred to Committee on Education

Be it enacted by the General Assembly of Virginia:

- 1. That the Code of Virginia is amended by adding a section numbered 22.1-271.6 as follows: § 22.1-271.6. Concussion education, awareness, and management plan.
- A. This section shall apply to all local school divisions and to all nonschool-based youth sports organizations that make use of fields, gymnasiums, or other venues under the control of a local school division or any other local governing body.
- B. Each local youth sports organization may develop and use its own concussion education, awareness, and management plan or may use the local school division's concussion education, awareness, and management plan.
- C. The Board of Education shall develop, by July 1, 2013, and distribute to each local school division and each local youth sports organization guidelines for developing a local concussion education, awareness, and management plan that shall include the following provisions:
- 1. All employees of the respective local school division who have contact with students on a daily basis and all employees of each local youth sports organization shall participate in an annual concussion awareness training program provided by a school nurse, school athletic trainer, or other licensed health care provider experienced in evaluating the signs and symptoms of a concussion. This training shall occur prior to first activity of the school or seasonal year and shall include the following:
 - a. The nature and risk of concussions;
- b. The signs and symptoms of a concussion, with particular emphasis on how a concussion may manifest itself in the classroom or in other contexts outside of athletic events;
- c. The risks inherent in failing to report a concussion and allowing a child to continue to participate in an activity; and
 - d. The role and importance of cognitive rest during the recovery period.
- 2. All coaching staff members of each school sports team and each local youth sports organization team shall annually complete the Centers for Disease Control and Prevention free online concussion training for coaches course or an equivalent course of education provided by the school athletic trainer or other licensed health care provider experienced in evaluating the signs and symptoms of a concussion.
- 3. Each local school division and each local youth sports organization shall annually provide information on concussions to each student-athlete and his parents. Such parents shall annually review such information and sign and return a consent form stating that they have received and reviewed such information, are aware of the risks associated with concussions, and consent to their child's participation. Student-athletes in grades six through 12 and student-athletes 10 years of age or older who participate in a local youth sports organization shall annually review such information and sign and return a consent form stating that they have received and reviewed such information and are aware of the risks associated with concussions and the importance of reporting signs and symptoms of a concussion in himself and his teammates.
- 4. Each local school division and each local youth sports organization shall develop procedures to be followed when a student-athlete is suspected of having sustained a concussion based on:
- a. Having sustained a bump or blow to the head or body and having reported or exhibited one or more of the following symptoms: (i) headache, (ii) pressure in head, (iii) nausea, (iv) dizziness, (v) fatigue, (vi) blurry or double vision, (vii) sensitivity to light or noise, (viii) numbness or tingling in any part of his body, (ix) difficulty concentrating, (x) memory problems, (xi) feeling sluggish, slowed down, hazy, foggy, or groggy, (xii) irritability, (xiii) heightened emotions, or (xiv) not "feeling right"; or
- b. Having reported or exhibited one or more of the following symptoms: (i) vomiting, (ii) balance problems, (iii) moving clumsily, (iv) drowsiness, (v) dizziness, (vi) numbness, (vii) behavior or personality changes, (viii) dazed or stunned appearance, (ix) confusion about assignment, position, game, score, or opponent, (x) forgetting plays made during the activity or any other events that occurred either before or after the suspected concussion, (xi) answering questions slowly, or (xii)

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59 repeating words or phrases.

 These procedures shall include a provision requiring any coach, athletic trainer, or team physician who suspects that a student-athlete has sustained a concussion in his presence or during a previous activity to remove the student-athlete from the current activity.

- 5. Each local school division and each local youth sports organization shall require any student-athlete exhibiting one or more of the following conditions to be removed from the activity and to receive immediate medical attention based on the greater possibility that a more serious structural injury has occurred inside the skull: (i) the pupil in one eye is larger than the pupil in the other eye, (ii) inability to be awakened, (iii) a worsening headache, (iv) weakness or decreased coordination, (v) repeated vomiting, (vi) worsening nausea, (vii) slurred speech, (viii) convulsions or seizures, (ix) inability to recognize people or places, (x) increasing confusion, restlessness, or agitation, (xi) unusual behavior, or (xii) loss of consciousness, if even for a brief period.
- 6. A student-athlete who has been removed from an activity due to a suspected concussion pursuant to subdivision 4 or 5 shall not, under any circumstances, return to physical activity the same day.
- 7. Each local school division and each local youth sports organization shall develop a return to play protocol that shall, at minimum, require a student-athlete who is suspected of having sustained a concussion to, complete the following phased progressions in chronological order: (i) complete rest, (ii) aerobic activity only, such as riding a stationary bike, (iii) normal running without lateral movements, (iv) lateral movements, such as cutting turns, or jumping movements, such as jumping toward the basketball rim, (v) full practice session, (vi) simulated full game conditions, and (vii) evaluation and written clearance to return to physical activity by an appropriate licensed health care provider experienced in evaluating the signs and symptoms of a concussion.

Notwithstanding any written clearance to return to physical activity from any licensed health care provider, any coach, athletic trainer, or team physician who suspects that any student-athlete continues to experience symptoms of a concussion shall not allow the student-athlete to participate in physical activity or shall remove the student-athlete from physical activity.

2. That § 22.1-271.5 of the Code of Virginia is repealed.

- 3. That the Board of Education, in developing the guidelines pursuant to subsection C of \$ 22.1-271.6, shall work with the Virginia High School League, the Department of Health, the Virginia Athletic Trainers Association, representatives of the Children's Hospital of the King's Daughters and the Children's National Medical Center, the Brain Injury Association of Virginia, the American Academy of Pediatrics, the Virginia College of Emergency Physicians, and other interested stakeholders.
- 92 4. That the guidelines of the Board of Education developed pursuant to subsection A of § 22.1-271.6 shall become effective on July 1, 2014.