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BURLINGTON SCHOOL DISTRICT PROCEDURE

PROCEDURE CODE C9P: CONCUSSION ACTION PLAN

Summary

Burlington School District (BSD) has developed this protocol to address the issue of identification and management of concussions for all students. Act 68, passed into law in 2013, requires that schools have an action plan and must outline the steps required before a student-athlete can return to athletic or learning activity.

The goal of this Concussion Action Plan is to ensure that concussed students are identified, treated, and referred appropriately to return to learn and return to physical activity. Consistent use of a concussion management protocol ensures safety, appropriate follow-up and/or recommendations for every student, ensuring they have fully recovered before returning to full learning and physical activities. A safe return to activities, including learning and athletics, is essential following a concussion. Please note, that ***often the first two steps of concussion protocols require the student to remain at home to rest their brain.***

District Stance on Concussion Symptoms

Any student who takes a blow to the head, exhibits signs, symptoms, or behaviors consistent with a concussion must be removed from physical activity, including recess, physical education classes, club sports, and athletic practices, scrimmages, or competitions. Those with concussion symptoms will not be allowed to train or compete with a school

athletic or club sports team until the student is examined by and receives written permission to participate in physical activities from a health care provider (per Act 68, approved by the VT Legislature in 2013).

Recognition of Concussion

These signs and symptoms, following a witnessed, reported, or suspected blow to the head or body, are indicative of a probable concussion.

Signs (observed by others)	**Symptoms** (reported by athlete)
Forgets plays	Headache
Appears dazed or stunned	Fatigue
Exhibits confusion	Nausea or vomiting
Unsure about game, score, opponent	Double vision, blurry vision
Moves clumsily (altered coordination)	Sensitive to light or noise
Responds slowly to questions	Feels sluggish
Personality change	Feels "foggy"
Forgets events prior to hit	Problems concentrating
Forgets events after the hit	Problems remembering
Balance problems	Loss of balance or balance changes

Proactive Steps for Concussion Assessment and Treatment

Per Vermont Principals' Association (VPA) guidelines, prior to each athletic season, high school athletes in contact sports are required to complete a concussion baseline SWAY test for all sports where contact may occur. This serves as a guideline for the athletic trainer when a student-athlete hits their head to help diagnose a concussion.

Families and student-athletes are expected to educate themselves about concussions annually, prior to sports participation, using resources on our BSD Athletics website.

All middle and high school coaches are required to participate in concussion identification and management training every two years. The written documentation of this training shall be kept in the coach's personnel file.

Steps After a Suspected Concussion

BSD contracted certified athletic trainers (where applicable), school nurses, athletic administrators, game officials, and concussion certified coaches are designated individuals who can make the initial decision to remove a student-athlete from play when it is suspected the athlete may have suffered a concussion.

- Students with a suspected concussion should not be permitted to drive home.
- The school must notify the student's family as soon as possible and within 24 hours of knowing that a student has potentially sustained a concussion while participating in a school-sponsored activity.
- School Nurses will notify teachers if the student has been placed on Return to Learn protocol:

  *"We have been notified that _____ is under evaluation for a suspected concussion from a head injury on (date). _____ has been placed on Step ___ of the Return to Learn Protocol. Here are the modifications to learning that should be made: *(School Nurse should copy language from infographic to place here in email message) Please send _____ to the School Nurse if they are experiencing any concussion symptoms. We will be in touch if there are any specific learning accommodations provided by the primary care provider."*

Action Steps For In-School Injury

For a head injury with signs and symptoms indicative of a probable concussion that occurs during the school day, the School Nurse will assess the student and call the family to recommend follow-up with the student's medical provider.

The school nurse will provide the Return to Learn/Return to Play protocol to the student and their family, letting them know the student should rest their head/brain at home the following day, and follow up with their primary care provider if symptoms are present. Families should follow up with the School Nurse with medical documentation regarding the

plan of care. Any student who is diagnosed with a concussion will be required to go through the Return to Learn/Return to Play Protocol. ***The first two steps of this protocol require the student to remain at home to rest their brain.***

Action Steps For Afterschool Programs and Clubs

For a head injury with signs and symptoms indicative of a probable concussion that occurs during afterschool programming or club sports, the afterschool program directors or club leaders will call the family to recommend following up with the student's medical provider. The afterschool site director or club leader will provide notice that their student hit their head to the student and their family, letting them know the student should rest their head/brain at home the following day, reaching out to their primary care provider if symptoms are present. Families should follow up with the School Nurse with medical documentation regarding the plan of care. Any student who is diagnosed with a concussion will be required to go through the Return to Learn/Return to Play Protocol. ***The first two steps of this protocol require the student to remain at home to rest their brain.***

Action Steps For Middle School Athletics

For a head injury with signs and symptoms indicative of a probable concussion that occurs during middle school athletics, the coach will pull the student athlete from play immediately and call the family to recommend following up with the student's medical provider. The coach will provide the notice that their student hit their head to the student and family, letting them know the student should rest their head/brain at home the following day, reaching out to their primary care provider if symptoms are present. Families should follow up with the School Nurse with medical documentation regarding the plan of care. Any student who is diagnosed with a concussion will be required to go through the Return to Learn/Return to Play Protocol. ***The first two steps of this protocol require the student to remain at home to rest their brain.***

Action Steps For High School Athletics

For a head injury with signs and symptoms indicative of a probable concussion that occurs during high school athletics, the coach will pull the student athlete from play immediately and contact the athletic trainer and family.

a. **If the athletic trainer HAS SEEN** the student-athlete, there will be assessment results, and an athletic trainer will provide the Return to Learn/Return to Play protocol to the student and their family, letting them know the student should rest their head/brain at home the following day, and follow up with their primary care provider if symptoms are present.
    i. Athletic trainer communicates out via email to the whole care team, student, and family with results and next steps.
    ii. Families should follow up with the athletic trainer and the School Nurse with medical documentation regarding the plan of care.
b. **If the athletic trainer HAS NOT SEEN** the student-athlete or if athletic trainer isn't available, the coach will give notice that their student-athlete hit their head, asking them to watch for signs and symptoms and follow up with their primary care provider, keeping the student at home the next day.
    i. If it is after office hours and the pediatric office is closed, the recommendation is for the family to take the student to urgent care/ER for head evaluation.
    ii. Families should follow up with the athletic trainer and the School Nurse with medical documentation regarding the plan of care.
c. Any student who is diagnosed with a concussion will be required to go through the Return to Learn/Return to Play Protocol. **The first two steps of this protocol require the student to remain at home to rest their brain.**

Action Steps For Concussions Sustained Outside of School, Programs or Athletics

For a concussion sustained outside of school hours or school activities, families should notify the School Nurse of the concussion and provide documentation from the student's medical provider. Any student who is diagnosed with a concussion will be required to go through the Return to Learn/Return to Play Protocol. **The first two steps of this protocol require the student to remain at home to rest their brain.**

Return to Learn (RTL) Protocol: Recovery Stages of Concussion

The Return to Learn Protocol is always recommended before the student returns to full academic activity. It is important to take each step seriously as it takes the brain longer to recover than it may seem because the body heals quicker than the brain. **Students should progress as symptoms dictate, remaining at any step as long as needed. If symptoms worsen, they should return to the previous step.** A student may enter "Return to Learn Protocol" at any phase, based on recommendations from the primary care provider or athletic trainer and the symptoms the student is, or isn't, experiencing.

Staff: If at any time during the process of going through these stages, the student sustains another hit to the head, no matter how small, immediately contact the student's family. They should be seen by their primary care provider and start again.

Return to Play (RTP) Protocol: Gradual Return to Play Following a Concussive Injury

From National Federation of State High School Associations: *After suffering a concussion, no athlete should return to play or practice on that same day. An athlete should never be allowed to resume play following a concussion until symptom free and given the approval to resume physical activity by an appropriate health-care professional.*

The Return to Play Protocol is always recommended before any student athlete returns to play. It is important to take each step seriously as it takes the brain longer to recover than it may seem because the body heals quicker than the brain. Student athletes should progress as symptoms dictate, remaining at any step as long as needed. If symptoms worsen, return to the previous step. A student athlete may enter "Return to Play Protocol" at any phase, based on primary care provider or athletic trainer recommendation and medical assessment of symptoms student athlete experiences.

Summary of Suggested Concussion Management

1. No athlete should return to play (RTP) or practice on the same day of a concussion.
2. Any athlete suspected of having a concussion should be evaluated by an appropriate health-care professional.
3. Any athlete with a concussion should be medically cleared by an appropriate health-care professional prior to resuming participation in any practice or competition.
4. After medical clearance, RTP should follow a step-by-step protocol with provisions for delayed RTP based upon return of any signs or symptoms.

Once an athlete no longer has signs or symptoms of a concussion and is cleared to return to activity by an appropriate health-care professional, the athlete should proceed in a step-by-step fashion to allow the brain to re-adjust to exercise. In most cases, the athlete should progress no more than one step each day, and at times each step may take more than one day. Below is an example of a return to physical activity program:

Progressive Physical Activity Program (ideally under supervision)

Step 1: Light aerobic exercise- 5 to 10 minutes on an exercise bike or light jog; no weight lifting, resistance training or any other exercises.
Step 2: Moderate aerobic exercise- 15 to 20 minutes of running at moderate intensity in the gym or on the field without equipment.
Step 3: Non-contact training drills in full uniform. May begin weightlifting, resistance training and other exercises.
Step 4: Full contact practice or training.
Step 5: Full game play.

If symptoms of a concussion recur, or if concussion signs and/or behaviors are observed at any time during the return-to-activity program, the athlete must discontinue all activity immediately. Depending on previous instructions, the athlete may need to be re-evaluated by the health-care provider, or may have to return to the previous step of the return-to-activity program.

Resources

http://www.biavt.org
https://www.shapeamerica.org/MemberPortal/standards/guidelines/Concussion/state-policy.aspx
https://www.nfhs.org/media/1018446/suggested_guidelines__management_concussion_april_2017.pdf
https://biausa.org/public-affairs/media/how-the-standard-of-care-for-concussion-moved-from-passive-to-active-treatment
https://www.vsbit.org/client_media/files/Concussion-Management-Final.pdf
https://www.cdc.gov/headsup/basics/concussion_recovery.html
https://www.cdc.gov/headsup/basics/return_to_sports.html
https://www.cdc.gov/headsup/basics/return_to_school.html

Review & Revision Protocols

This action plan will be reviewed annually by the District Lead School Nurse, Director of Expanded Learning Opportunities, and Athletic Director, or their designees. Changes and modifications will be reviewed, and written notifications will be provided to all appropriate school personnel, including but not limited to the athletic department staff, athletic team coaches, afterschool staff, club sport coaches, and other appropriate school personnel.

Clerical Information

BSD Version:	*BSD CONCUSSION ACTION PLAN*
Date Adopted:	*September 15, 2026*
Legal Reference(s):	*https://vpaonline.org/wp-content/uploads/Sports_Docs/Act_68_Concussions.pdf* *VT Agency of Education: Concussion Guidelines: https://education.vermont.gov/sites/aoe/files/documents/edu-healthy-safe-schools-concussion-guidelines.pdf*
Policy Reference:	*C9: Wellness*

Appendix A: Return to Learn Protocol

BURLINGTON SCHOOL DISTRICT

Return to Learn Protocol

HOME

Step 1 Stay Home. Little to no Screen Time or reading/academics. Walk around home as tolerated. No driving, sport practices, or games .

Step 2 Stay Home. Up to 30 minutes at a time of screen time or reading/academics, as long as symptoms do not worsen. Walk outside as tolerated . No driving, sport practices, or games.

Step 3 Shortened school day/reduced schedule. Breaks in designated quiet space to reduce symptoms. No testing. Modify academic workload, provide extra time/help on assignments. PE as tolerated. No driving, sport practices, or games.

Step 4 Shortened OR Full day/schedule. Breaks in designated quiet space to reduce symptoms. No standardized testing. Modified classroom testing. Increase academic workload, reduce extra time/help with academics. PE as tolerated. No driving, sport practices, or games.

Once attending full day/schedule, visit your PCP to be cleared for driving and Return to Play Protocol (RTP). Athletic Trainers can also clear for RTP.

Step 5 Shortened or Full/Day Schedule. Breaks allowed in designated quiet space to reduce symptoms. No standardized testing. Follow RTP for PE and Sports Practices if Medically approved. No Games.

Step 6 Attends all classes. Full testing and academic workload. No Accommodations. Continue following RTP for PE and Sports.

Appendix B: Return to Physical Activity Release

BURLINGTON SCHOOL DISTRICT

Return to Physical Activity Release

_____ is cleared to begin the Return to Physical Activity protocol as of the date indicated below.

Student Name: _____ DOB: ___/___/_____

School: _____

Date of Injury: ___/___/____ Date Returned to school: ___/___/____

I attest that _____ has completed the Return to Learn protocol through Step 6 and has been symptom free for 24 hours as dated above.

Provider Name: _____

Signature: _____Date: ___/___/_____

Title/Position: _____Phone: (____)_____

Email: _____

If the student experiences a return of any of their concussion symptoms while attempting return to play, stop play immediately and notify a parent, licensed athletic trainer or coach.

Appendix C: Return to Play Protocol

BURLINGTON SCHOOL DISTRICT **Return to Play Protocol**

Step 1 Light physical activity as tolerated. Daily activities that do not provoke symptoms.

Step 2 Light aerobic activity as tolerated for no more than 30 minutes. Objective to increase heart rate. Walking, swimming or stationary cycling. Slow to medium pace. No resistance.

Progress to the next level when symptom free for 24 hours

Step 3 Sport-specific drills for no more than 60 minutes. Objective to add movement. No head impact activities. No scrimmages or potential for contact. No games.

Progress to the next level when symptom free for 24 hours

Step 4 Non-contact drills for no more than 90 minutes. No head contact or body impact. Progressive resistance training. No scrimmages. No games.

Schedule appointment with Primary Care Provider for medical clearance to return to full contact physical activity. Must submit proper signed form to Athletic Trainer for clearance to play school sports and School Nurse to play 100% in PE.

Step 5 Full contact practice with signed medical release. No intensity/duration restrictions.

Progress to the next level when symptom free for 24 hours

Step 6 Return to Sport. No restrictions. Normal game play

Appendix D: Return to Play Release

BURLINGTON SCHOOL DISTRICT **Return to Play Release**

_____ is cleared to begin the Return to Play protocol as of the date indicated below.

Student Name: _____ DOB: ___/___/_____

School: _____

Date of Injury: ___/___/____ Date Returned to school: ___/___/____

I attest that _____ has completed the Return to Learn protocol through Step 6 and has been symptom free for 24 hours as dated above.

Provider Name: _____

Signature: _____Date: ___/___/_____

Title/Position: _____Phone: (____)_____

Email: _____

If the student experiences a return of any of their concussion symptoms while attempting return to play, stop play immediately and notify a parent, licensed athletic trainer or coach.

Appendix E: Table of Afterschool Programs/Club Sports vs. Athletics Programming

Table of Afterschool Program Club Sports vs. Athletics
(Including but not limited to those listed below)

Afterschool Programs Club Sports	School Athletics
FALL Rowing Chill Skateboarding Outing Club (Hiking)	Bass Fishing Cheerleading Cross Country Field Hockey Football Golf Soccer Volleyball
WINTER Chill Snowboarding Outing Club (Ice Skating)	Alpine Ski Basketball Bowling Gymnastics Ice Hockey Indoor Track Nordic Ski
SPRING Rowing	Baseball Lacrosse Softball Tennis Track & Field Ultimate Frisbee Unified Basketball