



MARIN COUNTY
OFFICE OF EDUCATION

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August 10, 2016

The Honorable Kelly V. Simmons
Presiding Judge
Marin County Superior Court
P.O. Box 4988
San Rafael, CA 94913-4988

The Foreperson
Marin County 2016-2017 Civil Grand Jury
3501 Civic Center Drive, Room #275
San Rafael, CA 94903

Dear Judge Simmons and Foreperson:

Attached is a copy of the Responses to the Findings and Recommendations submitted on April 5, 2016 (revised as requested by the Grand Jury on June 24, 2016) from the Marin County Board of Education and the Marin County Superintendent of Schools to the 2015-2016 Marin Civil Grand Jury Report ***Head Injuries and Concussions: Are Our High Schools Keeping Our Children Safe?***

Following the response to **Recommendation 9**, there is the promised **UPDATE** as to what has transpired since our initial response of April 5, 2016 as well as our ongoing commitment to continue working on this important issue.

Thank you, again, for your unfailing concern for the health and welfare of ALL students. Your support is appreciated.

Sincerely,

MARY JANE BURKE
Marin County Superintendent of Schools

Responses to the 2015-2016 Marin County Civil Grand Jury Report
Head Injuries and Concussions: Are Our High Schools Keeping Our Children Safe?

Responses from the Marin County Board of Education
and the
Marin County Superintendent of Schools

REVISED SUBMISSION JUNE 24, 2016

FINDINGS

F7: Data regarding head injuries sustained by high school student-athletes in Marin County high schools is not currently being maintained in a central data base.

Response: Agree

RECOMMENDATIONS

R9: The Marin County Office of Education (MCOE) should collect head injury data and compile the data in a central database. Data should include date of injury, sport, type of injury, diagnosis, recovery information and other critical details. The data should be reported to the Marin County Athletic League (MCAL) and the California Interscholastic Federation (CIF) for analysis and summary and the results published for the public annually while keeping all names of students confidential.

Response: Requires further analysis

Explanation:

The establishment of a central database would require thoughtful analysis of a variety of factors including:

1. Determining whether or not the Marin County Office of Education is the most appropriate entity for collecting such data;
2. Determining the various data points to collect that would be most useful and consistently accessible by school administrators;
3. Analyzing which data, if any, is currently being collected countywide and how that data could be integrated into a central database;
4. Assessing the appropriate kind of software/database that would serve to collect and store the information securely and efficiently;
5. Determining the cost of a system of collection, software development and maintenance, and staff time required to collect, report and maintain the system;
6. Analyzing whether or not the entities involved can afford to fund such a system.

In early 2016, a countywide group of agencies began meeting to focus on head injuries and concussions in an effort to focus on concussion prevention, treatment and prevention strategies in schools. This group would be an ideal venue for addressing this issue of data collection. Agencies represented include the Marin County Athletic League (MCAL), Marin General Hospital, Kaiser Permanente, Sutter Health, Brain Injury

Network of the Bay Area, Marin County Department of Health and Human Services, and the Marin County Office of Education. This group would have the intellectual resources necessary to determine the appropriate data points that could potentially be collected as well as determining which agency would be ideally suited to collect the information (i.e., Department of Health and Human Services vs. Marin County Office of Education). This group may be able to weigh in on data that is already being collected, potentially during physical exams for student athletics.

We will report back to the Marin County Civil Grand Jury on what has been accomplished in August, 2016.

UPDATE AS OF AUGUST 10, 2016

The Community Concussion Work Group met on the following dates to begin the work of addressing the serious issue of concussion prevention, treatment, recovery and reporting in Marin County. In our work with the countywide group of agencies, we have discovered that this important topic is much more complex than it might first appear.

Here is an update on what the community group has done:

1. Meetings were held on February 4, March 3, and June 16, 2016 (Attachment A)
2. In January, 2016, a "Community Concussion Baseline Inventory" document summarizing the issues surrounding concussions was developed with six "buckets" or areas identified: Concussion Prevention, Concussion Education, Baseline Testing, Concussion Assessment, Medical Care, and Recovery and Education. (Attachment B)
3. In March, 2016, the "buckets" were revised and the document retitled "Brain Health, aka Concussion. Focus: In the End Everyone, Initially Middle School and High School." (Attachment C)
4. In June, 2016, a fourth version of the document was retitled "Brain Health aka Concussion/Brain Safe Marin. Focus: In the End Everyone, Initially Middle School & High School in Organized Sports" and the "buckets" were identified as follows: Ensuring Brain Health, Education, Baseline Testing, Incident, Medical Care, Recovery & Education and Decision Support. (Attachment C)

In addition to developing program elements and listing sub-elements in each category, the Community Concussion Work Group has and continues to do the following:

1. Review existing programs to ascertain how data is collected and what collaborative work is being done. Specifically, we have looked at the North Bay Concussion Management group and the work in the Santa Rosa City Schools.
2. Compile information about current practices and review available resources. (Attachments D & E)

3. Placed information about concussions on websites as part of the School Health Manual which may be accessed at <http://www.marinschools.org/Health-Wellness/manual/Pages/default.aspx>. Included is a Head Injury Form developed by the Marin County School Nurses Association to be used for any possible head injury occurring at school—not just sports related injury. The form was reviewed by the Marin County Health Officer, Dr. Matt Willis, at a meeting of the countywide Concussion Group on June 16, 2016.
4. Assess various programs that may be of use to teach staff, parents and students about the importance of head injuries and how to recognize the symptoms.
5. Compiled a summary of laws related to concussion/head injuries. (Attachment F)

Establishing a data collection system that will produce useful data, improve recognition and reporting, and result in greater safety requires the involvement of multiple agencies and disciplines. It is only one facet of an intricate, coordinated community-wide effort. It is not just simply filling out a form. Progress is being made and we will continue our work with the countywide group to see how and when such a system might be achieved. In the meantime, education and awareness on this issue will continue to be a focus.

Attachments

1. Attachment A: Community Concussion Work Group agendas and notes
2. Attachment B: Community Baseline Inventory (January draft)
3. Attachment C: March and June Draft Summary “Bucket” Charts
4. Attachment D: Student Safety – Head Injuries and Concussions (chart of current practices in local high school districts)
5. Attachment E: Student Safety/Brain Injury—Resources
6. Attachment F: Summary of Laws—Concussion/Head Injury

Community Concussion Work Group

February 4, 2016

Agenda

Attending:

1. Welcome and Introductions
2. Comments on the movie, "Concussion" and impact on our work
3. Review of the Agenda and packet
4. Review of our Draft #1 Purpose

There was general agreement that this small group would work on a straw model/plan to then engage the participation of a broader group. The purpose includes identifying what exists and identify the gaps in order to design and implement an approach to Concussion Prevention, treatment and recovery in Marin County. All agreed this was the "right thing" to do for all kids, all people. The group identified the need to address sportsmanship as well. There was a suggestion of a "Five year Vision" for Respect for the brain and injury care that is age appropriate for all kids with a universal approach from prevention through care and recovery. A descriptor of the group was "Sports Safety partners."

5. Review of our Initial Focus

Group agreed our initial focus would be high school contact sports first with an emphasis on:

- * Prevention
- * Education
- * Baseline Testing
- * Concussion Assessment
- * Medical Care
- * Recovery

6. The group agreed that their is a broader need as stated above in purpose.
7. Follow ups from last meeting
 - a. Review the laws and inform the group.....role of trainers etc. Dr. Ganesh
 - b. Review of what exists in Marin in the world of concussion prevention, Carol and Laura
 - c. Inviting Dr. Willis, Pk
 - d. Other follow-ups, group
8. New Business
 - e. What is our short term and long term vision?
 - f. Changes to the Draft Community Concussion Baseline Inventory
9. One more meeting for
 - g. Assimilation of work thus far
 - h. Initial plan
 - i. Broadening our group (who, when, are their tiers?)
10. Next Meeting
 - j. Time: 1.5- 2.0 hours?
 - k. Date: Next few weeks?



To:
Cc:
Bcc:
Subject:

Brain Health
(formerly Community Concussion Work Group)
Minutes of Meeting, February 4. 2016

Attending

Mary Jane, Bob. Natu, Carol, Laura , Oshma,, Jennifer , Tori , Pk

Action

1)The Original Draft Purpose was reviewed. Ok for this meeting, will be revised as we progress

2) Initial Focus was broadened from high school to also include middle school

3) The laws were reviewed and group is aware

4) We invited Dr. Willis to join the group (He has accepted. He and Kathy Koblick will attend)

5) We had conversation and reviewed the grid.....see changes in grid

6) Next Meeting 1.5 hours

* Flush out the grid

* Decide if time to broaden group, if so who, when

Community Concussion Work Group

March 3, 2016

Agenda

Attending:

1. Welcome and Introductions
2. Acknowledge Grand Jury Report
<http://www.marincounty.org/~media/files/departments/gj/reports-responses/2016/head-injuries-and-concussions.pdf?la=en>
 - Thoughts
 - Questions
 - ? Response
3. <http://www.digitaltrends.com/cool-tech/dartmouth-engineering-students-build-robotic-tackling-dummy/>
4. Review of Draft #3, Brain Health
 - What is missing?
 - Plan to flush out information
5. Action as a result of #3
6. Broadening our group
 - Right time or do we need more time to flush out?
 - When we broaden.....who?
7. Next Steps

Community Concussion Work Group

June 16, 2016

Agenda

Attending:

1. Welcome and Introductions
2. Last Meeting Discussion Points:
 - Our end game would be: Across all Settings, Adherence to the Law, Standards Met
 - Grand Jury report is aligned with our prospective such as Central Database, Standard of Care, CAT's *trainers*
 - Grand Jury had little emphasis on prevention, early education
 - Evolving area of medicine
 - ? MD training
 - New Contact List of Trainers
 - Rugby in Great Britain, Dartmouth, Ivy League.....eliminate contact only in games
3. Action Items for Today:
 - Review Draft 4 of Grid
 - Name ? missing ? changes
 - Plan for Next Circle of Meetings: Invitees, Purpose, Agenda, Outcomes.
 - **Purpose:** Expand lead group with key partners/engage/broaden/share leadership, accountability and success....create action teams.
 - **Invitees:** Guest list categories to be determined/actual names outside of the meeting
 - **Outcomes:** Next group to plan broader community communication and plan for implementation
 - Sharing the Work
 - Volunteers to flush out sections of "Decision Support"
 - Meeting date for our next meeting i.e., planning meeting for Next Circle
 - Meeting date for Next Circle meeting

Community Concussion Baseline Inventory – DRAFT #2 January 2016

Concussion Prevention	Concussion Education	Baseline Testing	Concussion Assessment	Medical Care	Recovery & Education
<ul style="list-style-type: none"> ▪ Examples: ▪ Consider use of impact sensors in football - trial at a school. ▪ Study prospectively ▪ Research opportunity. ▪ Mandated PE Classes ▪ Health Classes Education ▪ Coaching ▪ Seminars 	<ul style="list-style-type: none"> ▪ Programs ▪ Audiences ▪ Scope ▪ Prevention through CIF website ▪ Calif. Intercollegiate Foundation ▪ Mandatory viewing for all athletes participating in contact sports; as well as parents, teachers & students ▪ Education for teachers, especially during RTL 	<ul style="list-style-type: none"> ▪ Examples: ▪ All athletes doing at risk sports (football, lacrosse, soccer) option for others. ▪ Data on file at each high school and kept up by ATC. ▪ Pediatric baseline; vision and hearing ▪ Student file accessible and important 	<ul style="list-style-type: none"> ▪ On the field primary person makes the call on whether an athlete has a concussion or not. ▪ Role of the coach / ATC to make that determination. ▪ If positive/concern for concussion - follow up in ED or Ped's office depending on the severity of the symptoms 	<ul style="list-style-type: none"> ▪ Shared Protocols (Field, Emergency Dept., Pediatrics, Sports Medicine, etc.) ▪ See Visit 1/2/3 chart ▪ Educate all pediatricians ▪ Neuropsych testing 	

Community Concussion Baseline Inventory

- VISIT 1 - ED or Pedi
 - Make Dx
 - Exam: include balance and visual
 - Give AVS and tell parents to read it/follow it
- VISIT 2 - Pedi FU for clearance
 - prn explanations
 - DOV for clearance
- VISIT 3 - Pedi or Sport Med
 - for complicated cases or persistent sxs

- Outstanding questions regarding ATC role in athlete assessment (balance testing and possible vestibular training as athletes recovers- - efficient means of relaying that information to the MD

DRAFT #3 March 2016
Brain Health, aka Concussion
Focus: In the End Everyone, Initially Middle School & High School

Ensuring Brain Health	Education	Baseline Testing	Incident	Medical Care	Recovery & Education
<ul style="list-style-type: none"> • Study Prospectively/research opportunity • Consider impact sensors in helmets • Address/change practice culture • Mandated PE • Certified Athletic Trainers where needed • Familiarity and agreement with the law and agreed upon community approach 	<ul style="list-style-type: none"> • Scope Prevention, testing, training, personal experience, data, the law, sportsmanship, fallback roles in life/exit strategy, injuries (event, precautions, what to expect, treatment), recovery in terms of education, athletics & life • Audiences Runs the gamut from Certified Athletic Trainers to General Public 	<ul style="list-style-type: none"> • All student athletes doing at-risk sports • Coordinated pediatric data throughout Marin • Student data on file accessible 	<ul style="list-style-type: none"> • Agreed upon assessment (when it is done, how, by whom) • On the field, role of coach & CAT • If positive, follow community concussion protocol in EMS, Pediatric office, Emergency Dept., Sports Medicine expert or neurologist, depending on severity of symptoms 	<ul style="list-style-type: none"> • Agreed upon protocols throughout the county for EMS, Pediatrics, Emergency Depts., Sports Medicine & Neurology • See visit 1/2/3 chart as an example • Role of Neuropsychic testing 	<ul style="list-style-type: none"> • Community approach & protocol

	Education Con't.						
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Examples:

Includes, but not limited to, coaches, teachers, parents, student athletes, medical professionals (Pediatricians, EMS, ED physicians, Sports Medicine, Neurologists, Etc., public policy experts

- **Venues/ Programs/ Purpose/
Messages/**

**Align ideas with audiences,
scope, presenter,
(suggested venues):**

**Organized sports, physical
events, Peer Summit**

DRAFT #2 January 2016

Community Concussion Baseline Inventory

- VISIT 1 - ED or Pedi
 - Make Dx
 - Exam: include balance and visual
 - Give AVS and tell parents to read it/follow it
- VISIT 2 - Pedi FU for clearance
 - prn explanations
 - DOV for clearance
- VISIT 3 - Pedi or Sport Med
 - for complicated cases or persistent sxs

- Outstanding questions regarding ATC role in athlete assessment (balance testing and possible vestibular training as athletes recovers - efficient means of relaying that information to the MD

DRAFT #4 June 2016

Brain Health aka Concussion/? Brain Safe Marin

Focus: In the End Everyone, Initially Middle School & High School in Organized Sports

Ensuring Brain Health	Education	Education Con't.	Baseline Testing	Incident	Medical Care	Recovery & Education	Decision Support		
<ul style="list-style-type: none"> • Study Prospectively/research opportunity • Consider impact sensors in helmets • Address/change practice culture • Mandated PE & Health Ed. classes • Certified Athletic Trainers where needed • Familiarity and agreement with the law and agreed upon community approach 	<ul style="list-style-type: none"> • Scope Prevention, testing, training, personal experience, data, the law, sportsmanship, fallback roles in life/exit strategy, injuries (event, precautions, what to expect, treatment), recovery in terms of education, athletics & life <p>Runs the gamut from Certified Athletic Trainers to General Public Includes, but not limited to, coaches, teachers, parents, student athletes</p>	<p>Medical professionals (Pediatricians, EMS, ED physicians, Sports Medicine, Neurologists, etc., public policy experts, school psychologists</p> <ul style="list-style-type: none"> • Venues/Programs/Purpose/Messages <p>Align Ideas with audiences, scope, presenter (suggested venues):</p> <p>Organized sports, physical events, Peer Summit</p> <ul style="list-style-type: none"> • Brain health • Sportsmanship • Love & save your brain <p>Follow Guidelines:</p> <ul style="list-style-type: none"> • CIF • Return to play • Return to SCAT 	<ul style="list-style-type: none"> • All student athletes doing at-risk sports • Coordinated pediatric data throughout Marin • Student data on file accessible 	<ul style="list-style-type: none"> • Agreed upon assessment (when it is done, how, by whom) • On the field, role of coach & CAT • If positive, follow community concussion protocol in EMS, Pediatric office, Emergency Dept., Sports Medicine expert or neurologist, depending on severity of symptoms 	<ul style="list-style-type: none"> • Agreed upon protocols throughout the county for EMS, Pediatrics, Emergency Depts., Sports Medicine & Neurology • Standard Hand-outs • See visit 1/2/3/ chart as an example • Role of Neuropsych testing • Quality progress competence of being cleared or not cleared • Tracking progress • Assessment training/? for all "assesses ? impact assessment app. 	<ul style="list-style-type: none"> • Community approach & protocol • 504 plan 	<ul style="list-style-type: none"> • Grand Jury study • Marin data • National data • Baseline data • Destination • Goals – measureable • Data tracking • Published work • Points of the law degree followed as base line 		

DRAFT #4 June 2016
Community Concussion Baseline Inventory

- VISIT 1 - ED or Pedi
 - Make Dx
 - Exam: include balance and visual
 - Give AVS and tell parents to read it/follow it
- VISIT 2 - Pedi FU for clearance
 - prn explanations
 - DOV for clearance
- VISIT 3 - Pedi or Sport Med
 - for complicated cases or persistent sxs

- Outstanding questions regarding ATC role in athlete assessment (balance testing and possible vestibular training as athletes recover- - efficient means of relaying that information to the MD

Student Safety - Head Injuries and Concussions

ATTACHMENT D

District	School(s)	What is currently going on in Marin high school districts as it pertains to brain health, concussions, and student awareness
Novato Unified	Both High Schools (Novato High, San Marin)	<ul style="list-style-type: none"> • San Marin and Novato use Neurocognitive Baseline testing (and re-testing post injury) for student athletes; funded by Novato Community Hospital (NCH) • NCH provides Certified Athletic Trainers at a reduced cost • Provides Information and testing on concussions on their websites. Parents are required to read and acknowledge (sign) CIF regulated agreement • Follows the CIF Return to Play (RTP) Protocol. High School Staff communicates with parent when the student is ready to return
Shoreline	Tomales	<ul style="list-style-type: none"> • Baseline testing of all athletes and cheerleaders, and retesting if there is an injury (administered by athletic trainer) • Neurocognitive testing is partially funded by the Marin Athletic Foundation and local donations • Certified athletic trainer employed for 10 hours a week. Athletic Director and coaches are trained to adhere to CIF RTP protocol • Athletic registration process includes concussion information policy. Must be reviewed and signed by parents • All football games are attended by a certified EMT. All coaches are trained to adhere to COF RTP protocols
San Rafael High School District	San Rafael Terra Linda	<ul style="list-style-type: none"> • SRCS has begun mandatory baseline testing and retesting (Funded by both the school district and parent booster fundraising associations.) • Will be implementing an athletic administrative system to track students' head injuries and retesting • Coaches are trained to properly follow CIF RTP under the supervision of the Athletic Director • Concussion Information is provided to students, parents, and athletes • Have implemented head sensors in gear for many high school sports • District resources allow for one full time athletic trainer (half time at each high school) • SRCS Athletic trainers attend all high-risk sporting events • Booster club allocates resources for an on site athletic trainer for an "additional 20 hours."
Tam Unified High School District	All High Schools	<ul style="list-style-type: none"> • Certified Athletic Trainers administer baseline "Impact" testing to, "interested students," on a voluntary basis. • If a student athlete is suspected of sustaining concussion, retesting is done at the request of the student's physician • Partnered with UCSF to provide athletic training services for student athletes. All three high schools are each allotted 25 hours per week of standard athletic trainer service (each trainer is employed at the UCSF Sports Medicine Clinic) and 110 hours of overtime service • Certified Athletic Trainers work closely with all injured student-athletes and their families in assisting the student-athlete in returning to their team at a medically appropriate time. • Certified Athletic Trainers follow CIF RTP and notify the parents, athletic director, site athletic administrator, coaches, and the student's guidance counselor • All athletic injuries of student-athlete are registered and documented on the "Register My Athlete" database. • All TUHSD student-athlete families are required to sign a copy of the state mandated concussion information form in the "Parent-Student Guide to Athletics." • All coaches must complete a concussion certification training • All 9th and 10th graders complete a concussion unit in their physical education course • Students have access to the Barrow Neurological Institute's "Brain Book"-a resource in the study of the effects of head trauma. • Certified Athletic Trainers maintain data on injuries sustained by student-athletes
	Redwood	<ul style="list-style-type: none"> • Athletic trainer at Redwood has administered approximately 150 baseline tests and retests as of March 1, 2016 • Received a \$350 grant from the Marin Athletic Foundation for testing with the remaining amount becoming the responsibility of Redwood's "Benchwarmer's" association. Student athletes are not charged for the cost of a baseline test.
	Tamalpais	<ul style="list-style-type: none"> • Receive funding for baseline testing from their respective Parent Clubs. Individual families were billed \$30 per test (Scholarships available).
	Drake	<ul style="list-style-type: none"> • Receive funding for baseline testing from their respective Parent Clubs. Individual families were billed \$30 per test (Scholarships available).

Student Safety /Brain Injury – Resources

The Sport Concussion Library, from the Halton School District in Ontario Canada contains a number of resources for families, students and educators on the topic of sport concussion. This library of resources is available to the public and includes links to a myriad of journal articles, book chapters, dissertations, documentaries, and testimonials. It also contains links to educational sites, to further investigate brain injury and concussion related tools. <http://sportconcussionlibrary.com/>

- ❖ The *Halton Student Concussion Education Program* is just one of the resources in this library. <http://sportconcussionlibrary.com/halton-student-concussion-education-program-hscep/>
 - Designed by a learning specialist
 - Interactive
 - Designed to improve/increase individuals understanding of concussion
 - Public accessible – no cost
 - Education tool – not a certification training
 - Broken out by grade level (Grade 3, 6 and 9) as well as by Sport season (mostly geared toward middle and high)
 - Each module includes a script and discussion points to cover or use as a point of reference.
 - Follows a short story – multiple choice response format

- ❖ In addition to these lessons, there are a number of videos. These range in applicability from kid focused (Concussion 101), simple and informative to narrative, athlete testimonial and more technical brain research. All are outstanding resources for a myriad of audiences.



Summary of Laws – Concussion/Head Injury

Law	Description
<p>California Interscholastic Federation (CIF) Bylaw 313</p>	<p>Also referred to as – CIF Bylaw 313- Play it Safer.</p> <p>A student athlete who is suspected of sustaining a concussion or head injury in a practice or a game shall be removed from competition at that time for the remainder for the day. A student athlete who has been removed from play may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and receives written clearance to return to play from that health care provider.</p> <ul style="list-style-type: none"> • Coaches shall immediately remove from practice or game competition any athlete who is suspect of sustaining a concussion or head injury and remain out of practice or play for the rest of the day. • Coaches shall not allow an athlete who has been removed from play because of a suspected concussion/brain injury to return to play until the athlete has received written clearance from a licensed health care provider trained in the evaluation and management of brain injuries • The State CIF Sports Medicine Committee strongly recommends that schools use the Acute Concussion Evaluation (ACE) form for the doctors to complete for return to play. • http://www.cdc.gov/headsup/pdfs/providers/ace-a.pdf
<p>AB 25 Amended 2011</p>	<p>A school district that elects to offer athletics to require that an athlete suspected of having a concussion or head injury to be removed from the activity and be cleared by a health care provider before returning to the activity. Any group that uses school facilities or grounds for supervised recreational activities must also comply with these requirements – requiring a school district ensure that athletes suspected of head injury or concussion implement the head injury identification process and requires compliance with the process from all organizations the district authorizes to use school facilities.</p> <p>This bill mirrors the CIF wording and broadened the scope to include all student athletes, not just those from the 9th-12th grade.</p> <ul style="list-style-type: none"> • AB 25 Amended: http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab_0001-0050/ab_25_bill_20110325_amended_asm_v97.html
<p>AB 1451 January, 2013</p>	<p>Add new requirements to the California High School Coaching Education and Training Program (HSCTP) for mandatory training for all high school coaches, paid or unpaid every two years that reviews recognizing the signs and symptoms of concussions.</p> <ul style="list-style-type: none"> • AB 1451: http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201120120AB1451

AB 2127
Approved
7/21/14

Existing law requires a school district, charter or private school, if it offers an athletic program, to immediately remove an athlete from an athletic activity for the remainder of the day if the athlete is suspected of sustaining a concussion or head injury, and prohibits the athlete from returning to the athletic activity until the athlete is evaluated by a licensed health care provider, trained in the management of concussions and action within the scope of his or her practice and the athlete receives written clearance from the licensed health care provider to return to the activity. ALSO, requires annual distribution of concussion and head injury information to be signed and returned before the athlete can begin practice or competition.

The extension of this bill includes language around prohibiting athletes from returning to the athletic activity until they seek the care of the licensed health care provider trained in the management of concussions, within the scope of their practice, receives written clearance from the licensed health care provider AND if the provider has determined that the athlete has sustained a concussion or head injury, the athlete is required to complete a graduated return-to-play protocol of no less than 7 days in a duration under the supervision of a licensed health care provider.

This bill further urges the California Interscholastic Federation develop and adopt rules and protocols to implement this provision. Also refer to Education Code 49475 and 35179

- AB 2127:
http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201320140AB2127
- CA Ed Code 49475:
http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=EDC§ionNum=49475
- CA Ed Code 35179:
<http://www.leginfo.ca.gov/cgi-bin/displaycode?section=edc&group=35001-36000&file=35179-35179.7>