

## Article VIII.A.29. Student Head Injuries and Concussions

### A. Statement of Purpose

The Board is committed to keeping students safe as they participate in sports and other activities. Recent medical research has led to a greater understanding of effective medical treatment and management of concussions or traumatic head injuries. Therefore, it is the purpose of this policy to implement procedures to protect and assist students who may sustain a concussion or traumatic head injury. This policy is also intended to allow a safe return to activity for students following a concussion or traumatic head injury.

### B. Training of Relevant Staff

1. All coaches, athletic support staff, physical education teachers, and all employees responsible for student safety during Sporting Events (hereinafter referred to as “Staff”) shall complete a course on the nature and risk of concussions or traumatic head injuries and become familiar with the Utah High School Activities Association’s Concussion Management Policy (found at <http://www.uhsaa.org/new/>) (hereinafter referred to collectively as “Training”). “Sporting Events” are defined as games, practices, sports camps, competitions, tryouts, and physical education classes.
2. An online course such as “Concussion in Sports–What You Need to Know,” offered by the National Federation of State High Schools Associations, or some other comparable course will meet this requirement (free training and other information about the NFSHS is available online at [www.nfhslearn.com](http://www.nfhslearn.com)). Staff shall also receive updates and in-service instruction on this topic annually from district personnel or relevant professionals.
3. Staff shall complete Training prior to, or within thirty days from, the date of hire or notification of contract renewal. Training is a condition of employment for Staff and failure to obtain Training may be grounds for termination of employment.

### C. Parent Notification and Approval

1. Each secondary school shall distribute to parents or legal guardians a copy of the Head Injury Policy Guidelines and obtain a signature from a parent or legal guardian for every student participating in Sporting Events. Each parent or legal guardian must acknowledge they understand the inherent risks of student participation and relevant information contained in the Head Injury Policy Guidelines.
2. A student may not participate in Sporting Events until the student’s parent or legal guardian has signed and returned an acknowledgement to the school.

D. Recognition of a Concussion or Traumatic Head Injury

1. A concussion is the most common type of traumatic head injury that interferes with normal function of the brain. It occurs when the brain is rocked back and forth or twisted inside the skull as the result of a blow to the head or body. What may appear to be only a mild jolt or blow to the head or body can result in a concussion. A concussion can occur even if a player or student in an activity is not knocked out or does not lose consciousness. (For more information, see UHSAA Sports Medicine link, <http://www.uhsaa.org/new/>).
2. A student or athlete shall be suspected of suffering a concussion or traumatic head injury if any of the following symptoms are observed or self-reported after receiving blunt trauma, an acceleration force, or a deceleration force:
  - a. transient confusion, disorientation, or impaired consciousness;
  - b. dysfunction of memory;
  - c. loss of consciousness; and/or
  - d. signs of other neurological or neuropsychological dysfunction, including:
    - i. seizures,
    - ii. irritability,
    - iii. lethargy,
    - iv. vomiting,
    - v. headache,
    - vi. dizziness, and/or
    - vii. fatigue.
3. Staff has reason to believe above symptoms are manifested when the student or athlete presents with behaviors, indicators, or signs such as those described below:
  - a. forgets plays or demonstrates short-term memory difficulty;
  - b. exhibits difficulties with balance, dizziness, or coordination;
  - c. answers questions slowly or inaccurately;

- d. complains of double vision or changes in vision;
- e. notices sensitivity to light or sound/noise;
- f. feels sluggish or foggy;
- g. has difficulty with concentration and short-term memory;
- h. demonstrates a vacant stare or befuddled facial expression;
- i. exhibits delayed verbal and motor responses (slow to answer questions or follow instructions);
- j. is confused or is unable to focus attention (easily distracted and unable to follow through with normal activities);
- k. is disoriented (walking in the wrong direction or unaware of time, date, and place);
- l. has slurred or incoherent speech (making disjointed or incomprehensible statements);
- m. exhibits emotions out of proportion to circumstances (distraught or crying for no apparent reason);
- n. demonstrates memory deficits (exhibited by repeatedly asking the same question that has been answered or an inability to memorize and recall three of three words or three of three objects in five minutes); and/or
- o. has any period of loss of consciousness (paralytic coma, unresponsiveness to arousal).

E. Immediate Removal from Activity

- 1. **Any student suspected of sustaining a concussion or traumatic head injury shall be immediately removed from any activity, including but not limited to Sporting Events, and shall not return to play until cleared by an appropriate health care professional** (see Return to Play Procedures below).
- 2. A good rule of thumb is: “**When in doubt, sit ’em out.**”

F. Proper Referral Protocols for Injured Students

- 1. Every secondary school shall designate an employee or multiple employees, as needed, to make proper referrals for students suspected of sustaining a concussion

or traumatic head injury. At any time a student or athlete is suspected of suffering a concussion or traumatic head injury, a school designee must be notified as soon as possible to initiate proper referral protocols.

2. Some situations indicate a medical emergency and require an immediate response. Staff shall be prepared to react to such situations appropriately and shall err on the side of caution. Below are descriptions of various emergency scenarios and appropriate responses, but this list is intended to be instructive only, and is in no way exhaustive.
  - a. A student with a witnessed loss of consciousness of any duration should be spine boarded and transported immediately to nearest hospital or emergency care facility via emergency vehicle.
  - b. A student who has symptoms of a concussion, and who is not stable (i.e., condition is worsening), is to be transported immediately to the nearest hospital or emergency care facility via emergency vehicle.
  - c. A student who exhibits any of the following symptoms shall be transported immediately to the nearest hospital or emergency care facility via emergency vehicle:
    - i. deterioration of neurological function;
    - ii. decreasing level of consciousness;
    - iii. decreasing or irregular respiration;
    - iv. signs or symptoms of associated injuries, spine or skull fracture, or bleeding;
    - v. mental status changes including lethargy, difficulty maintaining lucidity, confusion or agitation; and/or
    - vi. seizure activity.
3. A student who is symptomatic but stable may be transported by his or her parents. The parents should be advised to contact the student's primary care provider or seek care at the nearest hospital or emergency care facility on the day of the injury.
4. A school designee shall be responsible for:
  - a. ensuring appropriate transport for the injured student or athlete, depending on the nature and severity of the injury;

- b. informing the parent or legal guardian of the injury and the need for a proper medical evaluation before the student or athlete can return to play (*see* Return to Play Procedures below); and
    - c. ensuring that a proper medical evaluation is obtained for the injured student or athlete before returning to play (*see* Medical Clearance for Return to Play below).
  5. In the event that an injured student's parent or legal guardian cannot be reached, and the student can be sent home (rather than directly to a medical doctor), a school designee shall:
    - a. ensure that the student is placed within the care of a responsible individual capable of monitoring the student and understanding any home care instructions;
    - b. continue efforts to reach a parent or legal guardian;
    - c. shall refer the injured student to a hospital or emergency care facility for evaluation if question or doubt about the status of the student remains or if the student cannot be monitored appropriately, accompany the injured student, and remain with the injured student or athlete until a parent or legal guardian arrives; and
    - d. continue to provide for or delegate the supervision of other students for whom he/she is responsible.
  6. Students with suspected head injuries shall not be permitted to drive home.
  7. A school designee should seek assistance from the host site's certified athletic trainer or team physician, if available, at an away Sporting Event or other activity.

G. Return to Play in Sporting Events

1. A student or athlete's return to play in Sporting Events after a concussion or traumatic head injury is a medical determination and must be initiated by a physician other than an emergency care physician. A school designee shall monitor a student's progress. Return to play begins with sufficient rest, followed by a progression in levels of activity. Return to play is complete only after proper medical clearance (*see* Medical Clearance for Return to Play below) and written parental permission is obtained. Return to play in Sporting Events shall not be rushed for the benefit of a team or for any other reason.
2. Factors that may affect a student or athlete's rate of progression include: previous history of concussion, duration and type of symptoms, age, and the sport or activity in which the student or athlete participates. A student or athlete with a

prior history of one or more concussions or traumatic head injuries, one who has had an extended duration of symptoms, or one who is participating in a collision or contact sport may be progressed more slowly.

- a. A sample step-by-step plan for return to play in Sporting Events is provided below for instructive purposes only. A similar protocol is found in the USHAA Sports Concussion Management Policy, [www.uhsaa.org/SportsMed/ConcussionManagementPlan.pdf](http://www.uhsaa.org/SportsMed/ConcussionManagementPlan.pdf). The best plan for return to play will always come from a student's treating physician or medical professional.

Step 1 – Complete cognitive rest. This step may include staying home from school or limiting school hours (and studying) for one or more days. Activities requiring concentration and attention may worsen symptoms and delay recovery.

Step 2 – Return to school full-time.

Step 3 – Light exercise. This step may begin only when a student or athlete is no longer symptomatic and the exercise is prescribed by a physician. At this point, the student or athlete may begin walking or riding an exercise bike—no weight lifting.

Step 4 – Running in the gym or on the field. No helmet or other equipment should be used at this stage.

Step 5 – Non-contact training drills with equipment. Weight training can begin.

Step 6 – Full contact practice or training.

Step 7 – Compete. Students must be cleared by a physician before returning to play (*see* Medical Clearance for Return to Play below).

- b. The student should spend one or more days at each step before advancing to the next. If symptoms reoccur at any step, the student or athlete shall discontinue the activity, and the treating physician shall be contacted. Depending upon the specific type and severity of the symptoms, the student or athlete may be directed to rest for a day or more before resuming activity at a previous step.
3. Students who have suffered a concussion or traumatic head injury and wish to return to competitive play are encouraged to complete a Post Concussion Instructions and Return to Play Clearance Form prior to returning to play in Sporting Events ([www.uhsaa.org/new/images/forms/ConcussionReleaseForm.pdf](http://www.uhsaa.org/new/images/forms/ConcussionReleaseForm.pdf)).

## H. Medical Clearance for Return to Play

1. **A student or athlete must obtain medical clearance before he or she is allowed to return to play in any Sporting Event. It is the school's responsibility to verify proper medical clearance, the requirements for which are as follows:**
  - a. the student must be evaluated by a health care provider who is licensed in the State of Utah and trained in the evaluation and management of concussions or traumatic head injuries;
  - b. the qualified health care provider must provide the school a written statement certifying:
    - i. she/he has, within three years before the day on which the written statement is made, successfully completed a continuing education course in the evaluation and management of a concussion or traumatic head injury; and
    - ii. the student is cleared to resume participation in a specified Sporting Event.
2. The student's parent or legal guardian must also provide written permission for a student to return to play in a Sporting Event.
3. A school's designee shall use independent judgment to assess whether concussion or traumatic head injury symptoms persist despite the clearance of a qualified health care provider and the parent or legal guardian's permission. Schools may require a second opinion from a qualified health care provider of its choice (typically a physician or neuropsychologist on contract with the district) who shall evaluate the student and make a final decision regarding return to play to a Sporting Event.

## I. Students Participating in Non-Sporting Events

1. Non-Staff employees who supervise recess, field days, or other non-Sporting Event student activities in the Elementary and Secondary Schools shall also become familiar with the symptoms and signs of concussions or traumatic head injuries as they are described in this policy and be prepared to follow proper protocols when a student is suspected of suffering a concussion or traumatic head injury.
2. Non-Staff employees need not participate in Training but shall become educated on the topic of concussions or traumatic head injuries at a level commensurate

with the non-Staff employees' responsibilities for supervising students in a capacity where such an injury may occur.

3. Depending upon the type or severity of the injury, return to non-Sporting Event activities shall be simplified as appropriate. In consultation with a physician, school nurse, or other health care professional, parents or legal guardians may provide clearance for students to participate in non-Sporting Event activities in both the Elementary and Secondary schools and in Elementary physical education. Medical clearance, described in the previous section, is required for secondary students returning to physical education courses.
4. Elementary schools, which do not participate in Sporting Events, shall also designate at least one employee to obtain formal Training, as described in this policy. The school designee(s) shall understand and follow the referral protocols described in this policy and shall act appropriately in the event a student is suspected of suffering a concussion or traumatic head injury.
5. The school designee(s) shall use independent judgment to assess whether concussion or traumatic head injury symptoms persist despite the clearance of a parent or legal guardian. Schools may require a second opinion from a health care professional before a student resumes activities in physical education or in other school sponsored activities.