

HEAD INJURY POLICY GUIDELINES



Removal of Injured Students

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. **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,** as that term is defined in under Utah law, including interscholastic or intramural games, practices, sports camps, competitions, and tryouts for school sanctioned sports, club sports, cheerleading, dance, or other activities where injuries are likely to occur. Schools will abide by the rule: "When in doubt, sit' em out." For information on concussions or traumatic head injuries, including management guidelines for the first 24 hours after an injury, see UHSAA Sports Medicine link, www.uhsaa.org/new/.

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: seizures, irritability, lethargy, vomiting, headache, dizziness, and/or fatigue.

Typical signs and indicators include: (a) short-term memory problems (forgets plays); (b) difficulties with balance or coordination; (c) slow or inaccurate responses; (d) double vision or changes in vision; (e) sensitivity to light or sound/noise; (f) sluggishness or fogginess; (g) lack of concentration; (h) vacant stare or befuddled facial expression; (i) delayed verbal and motor responses (slow to answer questions or follow instructions); (j) confusion or inability to focus; (k) disorientation; (l) slurred or incoherent speech; (m) disproportionate emotional reactions (crying for no apparent reason); (n) memory deficits (inability to memorize and recall three words or three objects in five minutes); and/or (o) any period of loss of consciousness.

Return to Play

A student's return to play in sporting events after a concussion or traumatic head injury is a medical determination, and a student or athlete must obtain proper medical clearance before he or she is allowed to return to play in any sporting event. Parents are encouraged to coordinate a student's progression back to full activity with physicians, athletic directors, coaches, and staff. 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.

Before a student can return to play in a sporting event, 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. The qualified health care provider must provide to the school a written statement certifying that 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 the student is cleared to resume participation in a specified sporting event.

The parent/legal guardian must also provide written permission for the student. Return to play in sporting events shall not be rushed for the benefit of a team or for any other reason. **A sample return to play protocol and clearance form can be found at www.uhsaa.org/new/images/forms/ConcussionReleaseForm.pdf.** The district's complete head injury policy can be found at www.graniteschools.org/districtpolicies/schoolaccountabilityservices/Pages/default.aspx.

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2015-2016 School Year

Please fill in the following information



SCHOOL: _____

Student Name: _____

Student Grade: _____

By signing, I hereby acknowledge that I have reviewed and understand the information in the Head Injury Policy Guidelines, and that I have been advised, cautioned, and warned by Granite District about the inherent risk of injuries associated with participation in physical activities and sporting events, as that term is defined in Utah law, and which includes but is not limited to physical education class, traditional education class, recess or other activities where injuries are likely to occur. I am fully aware that participation in such physical activities and play exposes students to the risk of injury, ranging from minor to severe, including but not limited to: **sprains, fractures, partial or complete impairment of limbs, brain injury, paralysis, and even death.** I understand that teacher instruction, protective equipment, and medical care provided do not eliminate these risks. I have addressed any questions or concerns with teachers or other school officials. Having been so cautioned and warned, it is still my desire to allow the above named student to participate in physical activities and sporting events, and I do so with full knowledge and understanding of the risks involved.

Name of Parent or Guardian: _____

Signature: _____

Date: _____