
SECTION: J – Students
POLICY TITLE: Management of Concussions and Head Injuries
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1. PURPOSE AND PHILOSOPHY

Medical management of sports-related concussions continues to evolve. Recently, there has been a significant amount of new research regarding sports-related concussions in high school athletes. This policy is established to provide education about concussions for coaches, school personnel, parents, and students. The protocol herein outlines procedures for District personnel to follow in managing concussions as well as return to play issues following a concussion. The Board of Education seeks to provide a safe return to activity for all students following any injury, but particularly after a concussion. In order to effectively and consistently manage these head injuries, the following procedures have been developed to aid in insuring that concussed students are identified, treated and referred appropriately, receive appropriate follow-up medical care during the school day, and are fully recovered prior to returning to activity.

2. DEFINITIONS

- 2.1 “Agent”** means a coach, teacher, employee, representative, or volunteer.
- 2.2 “Health Care Provider”** means a health care provider who is licensed under Utah Code Ann., Title 58, Occupations and Professions, and may evaluate and manage a concussion within the health care provider’s scope of practice.
- 2.3 “Parent”** means a parent or legal guardian of a student.
- 2.4 “Sporting Event”** means activities listed under Utah Code Ann., §26-53-102(5), and includes games, practices, tryouts, physical education classes, sports camps, competitions, and activities sponsored by the district or in connection with the Utah High School Activities Association (UHSAA).
- 2.5 “Traumatic Head Injury”** means an injury to the head arising from blunt trauma, an acceleration force, or a deceleration force, with one of the following observed or self-reported conditions attributable to the injury:

- 2.5.1 Transient confusion, disorientation, or impaired consciousness;
- 2.5.2 Dysfunction of memory
- 2.5.3 Loss of consciousness; or
- 2.5.4 Signs of other neurological or neuropsychological dysfunction, including
 - 2.5.4.1 seizures;
 - 2.5.4.2 irritability;
 - 2.5.4.3 lethargy;
 - 2.5.4.4 vomiting;
 - 2.5.4.5 headache;
 - 2.5.4.6 dizziness; or
 - 2.5.4.7 fatigue.

3. RECOGNITION OF CONCUSSION

A concussion is a type of Traumatic Head Injury that interferes with the normal function of the brain. It occurs when the brain is rocked back and forth or twisted inside the skull as a 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. (See NFHS “Suggested Guidelines for Management of Concussion in Sports”).

3.1 Signs (Observed by Others)

- 3.1.1 Student appears dazed or stunned
- 3.1.2 Confusion
- 3.1.3 Forgets plays
- 3.1.4 Unsure about game, score, opponent
- 3.1.5 Moves clumsily (altered coordination)
- 3.1.6 Balance problems
- 3.1.7 Personality change
- 3.1.8 Responds slowly to questions
- 3.1.9 Forgets events prior to hit
- 3.1.10 Forgets events after the hit
- 3.1.11 Loss of consciousness (any duration)

3.2 Symptoms (Reported by Student)

- 3.2.1 Headache
- 3.2.2 Fatigue
- 3.2.3 Nausea or vomiting
- 3.2.4 Double vision, blurry vision
- 3.2.5 Sensitive to light or noise
- 3.2.6 Feels sluggish
- 3.2.7 Feels “foggy”
- 3.2.8 Problems concentrating
- 3.2.9 Problems remembering

- 3.3 These signs and symptoms following a witnessed or suspected blow to the head or body are indicative of a probable concussion. A student shall be suspected of suffering a concussion or Traumatic Head Injury if any of the signs or symptoms listed above is observed in or self-reported by the student after receiving blunt trauma, an acceleration force, or a deceleration force. Any student suspected of suffering a concussion or Traumatic Head Injury during a Sporting Event shall be immediately removed from the Sporting Event and shall not return to play until cleared by an appropriate Health Care Provider.

4. MANAGEMENT AND REFERRAL GUIDELINES

4.1 The following situations indicate a medical emergency and require activation of the Emergency Medical System:

4.1.1 Any student with a witnessed loss of consciousness (LOC) of any duration should be spine boarded and transported immediately to the nearest emergency department via emergency vehicle.

4.1.2 Any student who has symptoms of a concussion, and who is not stable (i.e., condition is worsening), should be transported immediately to the nearest emergency department via emergency vehicle.

4.1.3 A student who exhibits any of the following symptoms should be transported immediately to the nearest emergency department via emergency vehicle.

4.1.3.1 Deterioration of neurological function

4.1.3.2 Decreasing level of consciousness

4.1.3.3 Decrease or irregularity in respirations

4.1.3.4 Any signs or symptoms of associated injuries, spine or skull fracture, or bleeding

4.1.3.5 Mental status changes: lethargy, difficulty maintaining arousal, confusion, or agitation

4.1.3.6 Seizure activity

4.2 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 physician or other competent medical professional, or seek care at the nearest emergency department, on the day of the injury.

5. GUIDELINES AND PROCEDURES FOR COACHES AND TEACHERS SUPERVISING CONTESTS AND GAMES: RECOGNIZE, REMOVE, REFER

5.1 Recognize Concussion

5.1.1 All District Agents should become familiar with the signs and symptoms of concussion that are described above.

5.1.2 District Agents shall have appropriate training about recognizing and responding to traumatic head injuries, consistent with the employees' responsibilities for supervising students and athletes. Such Agents shall be given annual in-service training on concussions and head injuries as provided or directed by the District.

5.2 Remove from Activity

Any student suspected of suffering a concussion or Traumatic Head Injury during a Sporting Event shall be immediately removed from the Sporting Event and shall not return to play until cleared by an appropriate Health Care Provider.

5.3 Refer the Athlete/Student for Medical Evaluation

5.3.1 The Agent of the District is responsible for notifying the student's Parent(s) of the injury.

5.3.1.1 Contact the Parent(s) to inform them of the injury. Depending on the injury, either an emergency vehicle will transport or Parent(s) will pick the student up at the event for transport.

5.3.1.2 A medical evaluation is required before returning to play.

- 5.3.2** In the event that a student's Parent(s) cannot be reached, and the student is able to be sent home (rather than directly to a medical doctor):
 - 5.3.2.1** The District Agent should insure that the student will be with a responsible individual, who is capable of monitoring the student and understanding the home care instructions, before allowing the student to go home.
 - 5.3.2.2** The District Agent should continue efforts to reach a Parent.
 - 5.3.2.3** If there is any question about the status of the student, or if the student cannot be monitored appropriately, the student should be referred to an emergency department for evaluation. The District Agent should accompany the student and remain with the student until a Parent arrives.
 - 5.3.2.4** The District Agent shall provide for supervision of other students for whom he or she is responsible when accompanying the injured student.
 - 5.3.2.5** Students with suspected head injuries should not be permitted to drive home.
- 5.3.3** It is recommended that District Agents should seek assistance from the host site Certified Athletic Trainer (ATC) or team physician, if available.

6. RETURN TO PLAY (RTP) PROCEDURES AFTER CONCUSSION

- 6.1** Return to activity and play in a Sporting Event is a medical decision. The student must meet all of the following criteria in order to progress to activity:
 - 6.1.1** Asymptomatic at rest and with exertion (including mental exertion in school);
 - 6.1.2** Have written clearance from the student's Health Care Provider or concussion specialist (if the student is diagnosed with a concussion by a physician, the student must also be cleared for progression to activity by a physician other than an Emergency Room physician). The written clearance must include that: (a) the Health Care Provider has, within three (3) years before the day on which the written clearance is made, successfully completed a continuing education course in the evaluation and management of a concussion; and (b) the student is cleared to resume participation in the Sporting Event; AND
 - 6.1.3** Once the above criteria are met, the student will be progressed back to full activity following the step-wise process detailed below. (This progression must be closely supervised by a District Agent. If the school does not have an athletic trainer, then the coach must have a very specific plan to follow as directed by the athlete's physician).
- 6.2** Progression is individualized and will be determined on a case-by-case basis. Factors that may affect the rate of progression include: previous history of concussion, duration and type of symptoms, age of the student, and sport/activity in which the student participates. An athlete/student with a prior history of concussion, 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.
- 6.3** Step-wise progression for return to play in a Sporting Event is provided below. The student should spend one (1) to two (2) days at each step before advancing to the next. If post-concussion symptoms occur at any step, the student must stop the activity and the treating Health Care Provider must be contacted. Depending upon the specific type and severity of the symptoms, the student may be told to rest for twenty-four (24) hours and then resume activity at one step below where he or she was at when the symptoms occurred.

- 6.3.1 Step 1. Complete cognitive rest. This may include staying home from school or limiting school hours (and studying) for several days. Activities requiring concentration and attention may worsen symptoms and delay recovery.
- 6.3.2 Step 2. Return to school full-time.
- 6.3.3 Step 3. Light exercise. This step cannot begin until the student is no longer having concussion symptoms and is cleared by an appropriate Health Care Provider for further activity. At this point the athlete may begin walking or riding an exercise bike. No weight lifting.
- 6.3.4 Step 4. Running in the gym or on the field. No helmet or other equipment.
- 6.3.5 Step 5. Non-contact training drills in full equipment. Weight training can begin.
- 6.3.6 Step 6. Full contact practice or training.
- 6.3.7 Step 7. Play in game. Must be cleared by an appropriate Health Care Provider before returning to play.

7. STUDENTS PARTICIPATING IN NON-SPORTING EVENTS

Depending on the type or severity of the injury, return to play procedures for recess, field days, elementary physical education, or other non-Sporting Event student activities in the elementary and secondary schools may 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.

8. ANNUAL NOTIFICATION AND ACKNOWLEDGMENT

Each school year and prior to a student's participation in a Sporting Event, as defined herein, a copy of this policy shall be made available to the Parent of a student, and the Parent shall sign and return to the school the Parent Consent and Acknowledgment of Management of Concussions and Head Injuries Policy form.

9. DISSEMINATION OF POLICY

This policy shall be posted on the District's website. This policy, or a summary thereof, may also be published in parent information guides, student handbooks, student registration materials, and/or other appropriate school publications as directed by the District.

EXHIBITS

None

REFERENCES

Utah Code Ann., §26-53-101, et seq.

Utah Admin. Code, R277-614-1, et seq.

NFHS -- "Suggested Guidelines for Management of Concussion in Sports"

CDC -- See Information Concerning Management of Concussions

UHSAA -- See Information Concerning Management of Concussions Under "Sports Medicine"

FORMS

Parent Consent and Acknowledgment of Management of Concussions and Head Injuries Policy

UHSAA High School Athletics Student and Parent Consent and Acknowledgement of Management of Concussions and Head Injuries Policy
