

Concussion and Head Injury

Introduction—

The District, in compliance with Utah State Board of Education Rule R277-614 and based on the model policy issued by the State Board of Education, has established this protocol to provide education about concussion for coaches, school personnel, parents, and students. This protocol outlines procedures for staff to follow in managing concussions, and outlines school policy as it pertains to return to play issues following a traumatic head injury or concussion.

Utah Admin. Rules R277-614-4 (June 7, 2021)

The District seeks to provide a safe return to activity for all students following any injury, but particularly after a traumatic head injury or concussion. In order to effectively and consistently manage these injuries, procedures have been developed to aid in ensuring 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.

District leadership shall review this protocol annually. Any changes or modifications will be reviewed and given to athletic department staff, including coaches and other appropriate school personnel in writing.

All appropriate staff shall attend a yearly in-service meeting in which procedures for managing sporting event-related traumatic head injuries and concussions are discussed.

Definitions—

1. "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:
 - a. Transient confusion, disorientation, or impaired consciousness;
 - b. dysfunction of memory;
 - c. loss of consciousness; or
 - d. signs of other neurological or neuropsychological dysfunction, including:
 - i. seizures;
 - ii. irritability;
 - iii. lethargy;
 - iv. vomiting;
 - v. headache;
 - vi. dizziness; or

vii. fatigue.

[Utah Code § 26-53-102\(6\) \(2013\)](#)

2. “Head injury” means any injury to the head that is NOT a “traumatic head injury” as defined above, including a mild bump.

Utah Admin. Rules R277-614-2(3) (June 7, 2021)

3. “Sporting event” means any of the following athletic activities that is organized, managed, or sponsored by a District school: a game, a practice, a sports camp, a physical education class, a competition, or a tryout. It does NOT include:

- a. Free play or recess taking place during school hours; or
- b. The District or a District school merely making available a District-owned or controlled field, facility, or other location to a child or to an amateur sports organization, regardless of whether a fee is being charged by the District for the use; or

[Utah Code § 26-53-102\(5\) \(2013\)](#)

4. “Physical education class” means a structured school class that includes an adult supervisor.

Utah Admin. Rules R277-614-2(6) (June 7, 2021)

5. “Free play” means unstructured student play, games and field days during school hours.

Utah Admin. Rules R277-614-2(2) (June 7, 2021)

6. “Qualified health care provider” means a health care provider who:

- a. is licensed under Utah Code Title 58, Occupations and Professions; and
- b. may evaluate and manage a concussion within the health care provider’s scope of practice.

[Utah Code § 26-53-102\(4\) \(2013\)](#)

7. “Written statement of a qualified health care provider” means a written statement from a qualified health care provider which states that:

- a. The health care provider has, within three years before the date of the statement, successfully completed a continuing education course in the evaluation and management of a concussion; and
- b. That the student to whom the statement relates is cleared to resume participation in the District sporting event.

[Utah Code § 26-53-301\(1\)\(b\)\(ii\) \(2011\)](#)

8. “Agent of the District” means a coach, teacher, employee, representative, or volunteer of the District.

[Utah Code § 26-53-102\(1\) \(2013\)](#)

Requirements—

As described in more detail below, any student who is suspected to have sustained a concussion or traumatic head injury shall be immediately removed from participation in a District sporting event and may not resume participation until the student has been evaluated by a qualified health care provider who is trained in the management and evaluation of a concussion and the student provides the District with a written statement from the qualified health care provider. Notice of the concussion or traumatic head injury shall be provided to the student's parent. Each agent of the District shall be familiar with this policy and shall be provided a copy of this policy. Before a student may participate in any District sporting event, the student's parent must be provided a written copy of this policy and the student's parent must sign an acknowledgment that the parent has read, understands, and agrees to abide by this policy.

[Utah Code § 26-53-201\(2\), \(3\) \(2011\)](#)

[Utah Code § 26-53-301\(1\) \(2011\)](#)

Evaluation by School Nurse—

A school nurse may assess a child who is suspected of having sustained a concussion or traumatic head injury during school hours on school property regardless of whether the nurse has received specialized training in the evaluation and management of concussion or traumatic head injury. If the nurse evaluating the student has not been trained in the evaluation and management of concussion and has not completed a continuing education course in that area in the prior three years, the nurse shall refer the student to a qualified health care provider who is trained in the evaluation and management of a concussion and the nurse may not provide the written statement of a qualified health care provider for the student. School nurses shall be trained in the evaluation and management of a concussion as funding allows.

[Utah Code § 26-53-401 \(2014\)](#)

Notice to Parent of Head Injury—

The District shall notify a parent if a student is reported to have experienced a head injury during school hours or during a school-sanctioned activity.

Utah Admin. Rules R277-614-4(5) (June 7, 2021)

Annual Notice to Students and Parents —

Notice and a written copy of this policy shall be provided at least annually to parents of students who participate in District sporting events and students may not participate in such events until the District receives a signed written acknowledgement that the parent has read, understands, and agrees to abide by this policy..[Utah Code § 26-53-201 \(3\) \(2011\)](#)

Posting of Policy on Website—

This policy shall be posted on the District's website in a location readily accessible to parents and members of the public.

Utah Admin. Rules R277-614-4(4) (June 7, 2021)

Recognition of Concussion—

A concussion is type of traumatic brain injury that interferes with normal function of the brain and is clinically referred to as mild Traumatic Brain Injury (mild TBI). 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 student does not lose consciousness from the head injury. (NFHS "Suggested Guidelines for Management of Concussion in Sports.")

Common signs and symptoms of a concussion

Signs (observed by others):

- Student appears dazed or stunned
- Confusion
- Forgets plays
- Unsure about game, score, opponent
- Moves clumsily (altered coordination)
- Balance problems
- Personality change
- Responds slowly to questions
- Forgets events prior to hit
- Forgets events after the hit
- Loss of consciousness (any duration)
- Vomiting

Symptoms (reported by student):

- Headache
- Fatigue
- Nausea or vomiting
- Double vision, blurry vision
- Sensitive to light or noise
- Feels sluggish
- Feels "foggy"

- Problems concentrating
- Problems remembering

These signs and symptoms following a witnessed or suspected blow to the head or body are indicative of probable concussion. A student who has suffered a concussion (mild TBI) may have one or many of these signs/symptoms. Any student is suspected of having sustained a concussion or traumatic brain injury shall be immediately removed from the District sporting event and shall not return to participation until cleared by an appropriate health care professional (provides the District with a written statement of a qualified health care provider as defined in this policy).

Management and Referral Guidelines for All Staff —

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

1. Any student with a witnessed loss of consciousness of any duration shall be transported immediately to the nearest emergency department via emergency vehicle. Staff shall remain in contact with 911 and stabilize the student while waiting for EMS to arrive.
2. Any student who has symptoms of a concussion and who is not stable (i.e., whose condition is worsening) is to be transported immediately to the nearest emergency department via emergency vehicle.
3. A student who exhibits any of the following symptoms should be transported immediately to the nearest emergency department via emergency vehicle:
 - a. Deterioration of neurological function
 - b. Decreasing level of consciousness
 - c. Decrease or irregularity in respirations
 - d. Any signs or symptoms of associated injuries, spine or skull fracture, or bleeding
 - e. Mental status changes: lethargy, difficulty maintaining arousal, confusion or agitation
 - f. Seizure activity

A student who is symptomatic but stable may be transported by his or her parent. The parent should be advised to contact the student's health care provider or seek care at the nearest emergency department on the day of the injury.

Guidelines and Procedures for Coaches and Teachers Supervising Physical Education Classes, Athletic Contests and Games—

1. Recognize concussion

- a. All educators and agents of the District should become familiar with the signs and symptoms of concussion that are described above.
 - b. Educators and agents of District shall have appropriate training about recognizing and responding to traumatic head injuries consistent with the employees' responsibilities for supervising students and athletes.
2. Remove from activity
- a. Any student who exhibits signs, symptoms, or behaviors consistent with a concussion or traumatic head injury shall be immediately removed from the activity and shall not return to play until cleared by an appropriate health care provider.
3. Refer the athlete/student for medical evaluation
- a. The District agent is responsible for notifying the student's parent(s) of the injury. Contact the parent(s) to inform a parent of the injury. Depending on the injury, transport can be provided by either an emergency vehicle or parent(s).
 - b. A medical evaluation by an appropriate health care provider is required before returning to play.
 - c. 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 health care provider):
 - i. The District's agent should ensure that the student will be with a responsible individual capable of monitoring the student and understanding the home care instructions before allowing the student to go home.
 - ii. The District's agent should continue efforts to reach a parent.
 - d. 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. A District agent should accompany the student and remain with the student until a parent arrives.
 - e. A District agent shall provide for supervision of other students for whom he or she is responsible when accompanying the injured student.
 - f. Students with a suspected concussion should not be permitted to drive home.

A District agent should seek assistance from the host site's certified athletic trainer (ATC) or team physician, if available, if the injury occurs at an away contest.

Return to Play (RTP) Procedures After Concussion—

Return to activity and play is a medical decision. The student must meet all of the following criteria in order to progress to activity:

1. Asymptomatic at rest and with exertion (including mental exertion in school)
AND
2. Have written clearance from an appropriate health care provider.

Once the above criteria are met, the student will be progressed to full activity while following the stepwise process detailed below. (This progression must be closely supervised by a District agent. If your school does not have an athletic trainer, then the coach must have a very specific plan to follow as directed by the appropriate health-care provider).

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.

Stepwise progression as described below:

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.
2. Step 2. Return to school. The District will follow the health care provider's protocol on return to learn.
3. Step 3. Light exercise. At this point the athlete may begin brisk walking, riding an exercise bike or other light exertional exercises with supervision. No weight lifting.
4. Step 4. Running in the gym or on the field. No helmet or other equipment.
5. Step 5. Non-contact training drills in full equipment or weight training can begin.
6. Step 6. Full contact practice or training.
7. Step 7. Play in game. Must be cleared by an appropriate health care provider before returning to play.

The student should spend 1 to 2 days at each step before advancing to the next. If post concussion symptoms occur at any step, student must stop the activity and the treating physician must be contacted. Depending upon the specific type and severity of the symptoms, the student may be told to rest for 24 hours and then resume activity at a level one step below where he or she was at when the symptoms occurred. This resumption of activity could be considerably simplified for a student injured during recess compared to a student injured at a game or formal practice.

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[While current Utah law designates that a student may be returned to play by “an appropriate health care provider,” it is the prerogative of District to designate the credentials of the providers from whom it will accept clearance. This is a very important decision and should be made after careful consideration by the athletic director, principal, superintendent, teacher (elementary), and parent(s). The District’s liability carrier may also be consulted.]

For students injured during formal competitions, serious consideration must also be given as to what the school will do in the case where an athlete is clearly still having concussion symptoms but has been given return to play clearance by a health care provider. The District should develop a formal policy which designates a specific individual (preferably an expert in the field of concussion management--typically a licensed athletic trainer, physician or neuropsychologist) who shall evaluate the athlete and make the final decision regarding return to play.]