

## 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 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 and allow for a safe return to activity.

### B. Definitions

1. “Agent” means a coach, teacher, employee, representative, or volunteer working for or on behalf of the District.
2. For the purpose of this policy, a “qualified health care professional” is defined as one who is trained in management of concussion and who:
  - a. is licensed under Utah Code, Title 58, Division of Occupational and Professional Licensing Act;
  - b. may evaluate and manage a concussion within the health care provider’s scope of practice; and
  - c. has within three years, successfully completed a continuing education course in the evaluation and management of concussions.
3. Consistent with Utah Code Section 26-53-102(5) “sporting events” are defined as athletic activities organized, managed, or sponsored by schools and include practices, sports camps, competitions, tryouts, or similar activities. (Elementary physical education classes are not considered sporting events for the purpose of this policy.)
4. “Physical education class,” means a structured secondary school class period that includes an adult supervisor.
5. “Traumatic head injury” means an injury to the head caused from blunt trauma, an acceleration force, or a deceleration force, accompanied by observed or self-reported conditions or symptoms attributable to the injury listed under Utah Code Section 26-53-102(6) and in section E.1. below.

### C. Parent Approval for Student Participation in Sporting Events

Each secondary school shall distribute to parents or legal guardians a copy of the Head Injury Policy Guidelines and obtain signed approval from a parent or legal guardian before students are allowed to participate in sporting events. Parents or legal guardians

must acknowledge they understand the inherent risks of student participation in sporting events and assume responsibility for reporting any signs or symptoms of a head injury to the coach or other responsible supervising agent at the school.

D. Training and Education for Supervising Agents

1. Prior to supervising any physical activities of students, agents shall be educated on the topic of traumatic head injuries at a level commensurate with the type of activities supervised and the potential for injury inherent in the activity. At minimum, all agents supervising physical activities shall become familiar with the signs and symptoms of traumatic head injuries and appropriate responses described in this policy.
2. Agents supervising sporting events 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/>).
  - a. 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)). Agents supervising sporting events shall also receive updates and professional development on this topic annually from District personnel or other appropriate professionals.
  - b. Agents supervising sporting events shall complete appropriate training prior to or within thirty days from the date of hire or notification of contract renewal. Training is a condition of employment for such employees and failure to obtain adequate training may be grounds for termination of employment.

E. Recognizing a Traumatic Head Injury

1. A student/athlete shall be suspected of suffering a 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. nausea/vomiting,
- v. headache,
- vi. dizziness,
- vii. fatigue/excessive drowsiness,
- viii. inability to focus,
- ix. headache,
- x. visual disturbances, including light sensitivity, blurry vision, or double vision,
- xi. disequilibrium,
- xii. feeling “in a fog” or “zoned out,”
- xiii. vacant stare, “glassy eyed,”
- xiv. emotional lability (excessive emotional reactions and frequent mood swings), fits of laughter, or “crying jags,” and/or
- xv. slurred/incoherent speech.

2. Some examples of behavior consistent with a traumatic head injury are described as follows:

- a. forgetting plays or demonstrates short-term memory difficulty;
- b. exhibiting clumsiness or difficulties with balance and coordination;
- c. answering questions slowly or inaccurately;
- d. complaining of double vision or changes in vision;
- e. exhibiting sensitivity to light or sound/noise;
- f. feeling sluggish, “out-of-sorts,” and foggy;

- g. having difficulty with concentrating;
- h. displaying a vacant stare or befuddled facial expression;
- i. exhibiting delayed verbal and motor responses (slow to answer questions or follow instructions);
- j. exhibiting confusion or an inability to focus attention (easily distracted and unable to follow through with normal activities);
- k. demonstrating disorientation (walking in the wrong direction or unaware of time, date, and place);
- l. making disjointed or incomprehensible statements;
- m. exhibiting emotions out of proportion to circumstances (distraught or crying for no apparent reason);
- n. demonstrating 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. losing consciousness (paralytic coma, unresponsiveness to arousal).

F. Response to Signs and Symptoms of a Traumatic Head Injury

- 1. Any student suspected of sustaining a concussion or traumatic head injury shall be **immediately removed** from the activity for proper management and referral. Agents shall err on the side of caution when a concussion or traumatic head injury is suspected. A good rule of thumb is: **“When in doubt, sit ’em out.”**
- 2. An agent shall report a suspected traumatic head injury to parents or legal guardians as soon as possible.

G. Management and Referral Guidelines

- 1. Some situations indicate a medical emergency and require an immediate response. Agents shall be prepared to react to such situations appropriately. Below are descriptions of various emergency scenarios and appropriate responses.
  - a. A student with a prolonged loss of consciousness 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 traumatic head injury and 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, and confusion or agitation; and/or
    - vi. seizure activity.
2. An agent supervising the sporting event shall ensure appropriate transport for the injured student or athlete depending on the nature and severity of the injury.
- a. A student who is symptomatic but stable (i.e., condition is not worsening) may be transported by a parent or legal guardian.
  - b. The parent or legal guardian should be advised to contact the student's primary care physician or seek care at the nearest hospital or emergency care facility on the date of the injury.
3. An agent shall notify the parent or legal guardian that a medical evaluation is required by a qualified health care professional before the student/athlete will be allowed to play in any District sporting event (*see* Return to Play after Traumatic Head Injury below).
4. In the event that an injured student's parent or legal guardian cannot be reached, an agent 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. refer the injured student/athlete to a hospital or emergency care facility for evaluation if a question or doubt about the status of the student/athlete remains, and if the student/athlete cannot be monitored appropriately, accompany the injured student/athlete and remain with him/her until a parent or legal guardian arrives; and/or
  - d. continue to provide for or delegate the supervision of other students for whom the agent is responsible.
5. Students with suspected traumatic head injuries shall not be permitted to drive home.
6. An agent shall seek assistance from the host site's certified athletic trainer or team physician, if available, at an away sporting event or other activity.

H. Return to Play after Traumatic Head Injury

1. A student/athlete suspected of suffering a traumatic head injury shall be prohibited from participating in any sporting event until the student/athlete meets the following criteria:
- a. The student/athlete must be asymptomatic of a traumatic head injury (including mental exertion in school).
  - b. The student/athlete must complete the graduated Return to Play Protocol proscribed by the District.
  - c. The student/athlete must obtain written clearance from a qualified health care professional. Clearance requires:
    - i. an evaluation by a qualified health care professional who is trained in the evaluation and management of concussions; and
    - ii. a written statement from the qualified health care professional stating that:
      - (a) the qualified health care professional has, within three years before the date of the written statement, successfully completed a continuing education course in the evaluation and management of concussions, and
      - (b) the child is cleared to resume participation in the sporting event.
  - d. The student/athlete must present written permission from parents or legal guardians to return to play in a sporting event.

3. Instructions for home care, return to play protocols, and clearance forms are available online on the Granite School District Athletics Department webpage. (*See also* Post-Concussion Instructions and Return to Play Clearance Forms [www.uhsaa.org/new/images/forms/ConcussionRelease Form.pdf](http://www.uhsaa.org/new/images/forms/ConcussionRelease%20Form.pdf)).
4. Progression toward returning to full activity shall be determined on a case-by-case basis. Factors that may affect the rate of progress include: previous history of concussion, duration and type of symptoms, whether symptoms recur, age of the student, and the nature of the sport/activity in which the student participates. For example, a student/athlete with prior history of concussions, one who has had an extended duration of symptoms, or one who is participating in a collision or contact sport may progress more slowly.
5. Agents supervising students/athletes 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 separate qualified health care professional of its choice (typically a physician or neuropsychologist on contract) who shall evaluate the student and make a final decision regarding whether returning to play to a sporting event is safe.

I. Continued Participation in Non-Sporting Events

1. Depending upon the type or severity of the injury, procedures for returning to physical activities that are NOT sporting events (e.g. recess, field day, CTE courses, etc.) may be simplified as appropriate. In consultation with a physician, school nurse, or other health care provider, parents or legal guardians may provide clearance for students to participate in non-sporting event activities, including elementary school physical education classes.
2. As with sporting events, agents retain discretion to prohibit participation of any students from any physical activity if a student appears symptomatic of a traumatic head injury.