

Policy 5227

Concussion and School-Related Head Injuries and Management of Sports-Related Concussions

~~A. Introduction~~

- ~~1. 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)~~

A. Purpose and Philosophy

1. Medical management of head injuries and sports-related concussions continues to evolve. Recently, there has been a significant amount of new research regarding concussions in students and athletes, the treatment, protocol, and long-term effects. Because of this, the Box Elder School District (hereafter "the District") has established this protocol to provide education about concussions for coaches, teachers, and any other school personnel, volunteers, or representatives (hereafter referred to as "District staff and agents"), as well as parents and students. This protocol outlines procedures for District staff and agents to follow in managing concussions as well as school policy pertaining to "Return to Play" and "Return to Learn" following a concussion.
2. 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. ~~To provide consistent and effective management, head injury response 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 to ~~appropriately medical care~~, receive appropriate follow-up medical care during the school day, and are fully recovered prior to returning to activity.

C. Policy Implementation

1. District leadership shall review this protocol annually. Any changes or modifications will be reviewed and given to ~~District staff and agents athletic department staff, including coaches and other appropriate school personnel in writing.~~
2. All appropriate ~~District staff and agents~~ shall attend a yearly ~~in-service meeting training~~ in which procedures for managing ~~sporting event~~ school-related ~~traumatic~~ head injuries and ~~sports-related~~ concussions are discussed.

D. Applicable Laws and Rules

1. The Utah State Board of Education (hereafter "USBE") passed an updated R277-614 in 2021. The Rule directs Districts to develop a policy using the USBE/Utah State Risk Management's model policy to provide training for appropriate District staff and agents, to provide notice to parents of the District's policy, to post a copy of the District's policy, and to use model parent acknowledgement and permission forms.

E. Definitions

1. "Head injury" means any injury to the head not described in [Utah Code 26-53-102\(6\)](#) including a mild bump.
2. "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:~~
 - ~~1) Seizures;~~
 - ~~2) Irritability;~~
 - ~~3) Lethargy;~~
 - ~~4) Vomiting;~~

- 5) Headache;
- 6) Dizziness; or
- 7) Fatigue.

~~Utah Code § 26-53-102(6) (2013)~~

- 3. "Parent" means a parent or legal guardian of a student for whom a District is responsible.
- 4. "District staff and agent" means a coach, teacher, employee, representative, or volunteer of the District.
- 5. ~~"Head injury" means any injury to the head that is NOT a "traumatic head injury" as defined above, including a mild bump.~~
- 6. ~~"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)~~

- 7. ~~"Physical education class" means a structured school class that includes an adult supervisor.~~

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

- 8. ~~"Free play" means unstructured student play, games and field days during school hours.~~

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

- 9. "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)~~

10. ~~"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)~~

11. ~~"Agent of the District" means a coach, teacher, employee, representative, or volunteer of the District.~~

~~Utah Code § 26-53-102(1) (2013)~~

F. Requirements

- 1. ~~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)~~

~~G. Evaluation by School Nurse~~

- ~~1. 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)~~

~~H. Notice to Parent of Head Injury~~

- ~~1. 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)~~

~~I. Annual Notice to Students and Parents~~

- ~~1. Notice 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)~~

~~J. Posting of Policy on Website~~

- ~~1. 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)~~

K. Recognition of a Concussion

1. A concussion is a type of traumatic brain injury that interferes with normal **brain** function ~~of the brain~~ and is clinically referred to as mild Traumatic Brain Injury (~~mild~~ TBI).
 - a. 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.
 - b. What may appear to be only a mild jolt or blow to the head or body can result in a concussion.
 - c. A concussion can occur even if a student does not lose consciousness from the head injury ([see the NFHS Suggested Guidelines for Management of Concussion in Sports \(2017\)](#) from the National Federation of State high School Associations for more information).
2. Common signs and symptoms of **a** concussions (observed by others):
 - a. ~~Student~~ appears dazed or stunned
 - b. Confusion
 - c. Forgets plays
 - d. Unsure about game, score, opponent
 - e. Moves clumsily (altered coordination)
 - f. Balance problems
 - g. Personality change
 - h. Responds slowly to questions
 - i. Forgets events prior to hit
 - j. Forgets events after the hit
 - k. Loss of consciousness (any duration)
 - l. Vomiting
 - m. Repeats questions

n. Forgets class schedule or assignments

3. Symptoms (reported by student):

a. Headache or pressure in the head

b. Balance problems or dizziness

c. Fatigue or feeling tired

d. Does not “feel right”

e. More emotional than usual

f. Irritable or sad

g. Nausea or vomiting

h. Double vision, blurry vision

i. Sensitive to light or noise

j. Feels sluggish

k. Feels “foggy”

l. Problems concentrating

m. Problems remembering

4. These signs and symptoms following a witnessed or suspected blow to the head or body ~~should be considered a~~ ~~are indicative of~~ probable concussion.

a. A student ~~with a concussion who has suffered a concussion (mild TBI)~~ may have one or many of these signs and symptoms.

b. Any student ~~who exhibits signs, symptoms, or behaviors consistent with a concussion is suspected of having sustained a concussion or traumatic brain injury~~ shall be immediately removed from the ~~contest, game, practice, or activity, District sporting event~~ and

- c. shall not return to ~~play participation~~ until cleared by an appropriate health care professional (~~as defined in Utah Code 26-53-301 provides the District with a written statement of a qualified health care provider as defined in this policy~~).
 - d. Parent notification must be made for any and all suspected or witnessed head injuries.
5. Many symptoms may progress or change in the days and weeks following an injury, including:
- a. Trouble sleeping
 - b. Emotional distress
 - c. Academic difficulty
6. If symptoms persist seek care from a qualified healthcare provider specializing in the evaluation and management of head injuries and concussions.

L. Management and Referral Guidelines for All Staff

1. The following situations indicate a medical emergency and require activation of the Emergency Medical System (EMS):
 - a. Any student with a witnessed loss of consciousness (LOC) of any duration shall be transported immediately to the nearest emergency department via emergency vehicle.
 - (1) District staff and agents shall remain in contact with 911 and stabilize the student while waiting for EMS to arrive.
 - b. 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.
 - c. A student who exhibits any of the following symptoms should be transported immediately to the nearest emergency department, via emergency vehicle:
 - 1) Deterioration of neurological function (i.e., pupil changes or responses, muscle weakness, increased difficulty with response to questions)
 - 2) Decreasing level of consciousness

- 3) Decrease or irregularity in respirations
 - 4) Any signs of symptoms of associated injuries, spine or skull fracture, or bleeding
 - 5) Mental status changes including:
 - a) Lethargy
 - b) difficulty staying awake/alert maintaining arousal,
 - c) confusion or
 - d) agitation
 - 6) Seizure activity
- d. A student who is symptomatic but stable, may be transported by his or her parent.
- 1) 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.
- e. Any head injuries reported to District staff and agents should be documented in the student health record and entered on the [Student Injury Report website](#).
- 1) Documentation of injury is critical in determining treatment, initiating possible academic accommodations, and mitigating potential legal liability.
- M. Guidelines and Procedures for ~~the Supervision of Coaches and Teachers Supervising Physical Education Classes, Athletic~~ Contests and Games
- 1. Recognizing concussions
 - a. ~~All educators District staff~~ and agents ~~of Box Elder School District~~ should become familiar with the signs and symptoms of concussion that are described above.
 - b. ~~District staff Educators~~ and agents ~~of Box Elder School District~~ shall have appropriate training about recognizing and responding to traumatic head injuries consistent with the ~~employees' District staff and agents'~~ responsibilities for supervising students and athletes.

c. Training can be found through the [CDC website](#).

2. Removing from activity

- a. Any student or athlete who exhibits signs, symptoms, or behaviors consistent with a concussion (as described above) or traumatic head injury shall be immediately removed from the activity and
- b. Shall not return to play until cleared by an appropriate health care provider.

N. Referring the Athlete/Student for Medical Evaluation

1. The District staff and agents are responsible for notifying the student's parent of the injury.
 - a. Contact the parent to inform a parent of the injury.
 - 1) Depending on the injury, transport can be provided by either an emergency vehicle or parent.
 - 2) A medical evaluation by an appropriate health care provider is required before returning to play.
2. In the event that If a student's parent cannot be reached, and the student is able can be to be sent home (rather than directly to a health care provider):
 - a. The District's staff and agents 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.
 - b. The District's staff and agents should continue efforts to reach a parent.
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.
 - a. A The District staff and agents should accompany the student and remain with the student until a parent arrives.
4. A The District staff and agents shall provide for supervision of the other students for whom he or she is they are responsible when accompanying the injured student.

5. Students with a suspected concussion should not be permitted to drive home.
6. District **staff and agents** should seek assistance from the host site's certified athletic trainer (ATC) or team physician (if available) if the injury occurred **during an athletic event at an away contest**.

O. Return to Learn (RTL) Procedures After a Concussion

1. Medical and school-based teams should counsel the student and family about the process of gradually increasing the duration and intensity of academic activities as tolerated, with the goal of increasing participation without significantly exacerbating symptoms.
2. The student, family, health care provider, and school teams should monitor symptoms and academic progress to decide together the modifications that are needed to maintain an academic workload without making symptoms worse.
3. School teams should monitor and adjust educational supports until the student's academic performance has returned to pre-injury levels.

P. Return to Play (RTP) Procedures After Concussion

1. Return to activity and play is a medical decision. The student must meet all of the following criteria in order to progress to activity:
 - a. Asymptomatic at rest and with exertion (including mental exertion in school) **AND**
 - b. **Have successfully returned to regular academic activities, and**
 - c. Have written clearance from an appropriate health care provider.
2. Once the above criteria are met, the student will be progressed to full activity while following the stepwise process detailed below.
 - a. This progression must be closely supervised by a District **staff and agents**.
 - b. 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.
3. Progression is individualized, and will be determined on a case-by-case basis. Factors that may affect the rate of progression include:

- a. previous history of concussion
 - b. duration and type of symptoms
 - c. age of the student, and
 - d. sport/activity in which the student participates.
4. 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.
5. An example of a stepwise progression is described below.
- a. The student should spend a minimum of one to two days at each step before advancing to the next unless prescribed differently by the health care provider.
 - b. If post-concussion symptoms occur at any step, the student must stop the activity and the treating health care provider must be contacted.
 - 1) Step 1. ~~Complete~~ Cognitive rest. ~~This~~ may include staying home from school or limiting school hours (and studying) for a few ~~several~~ days; any period longer than this should be under the supervision of a qualified health care provider.
 - a) Activities requiring **extensive** concentration and attention **immediately after the injury** may worsen symptoms and delay recovery.
 - b) Light activity including walks may be encouraged at this level provided that the activity is tolerated by the student without a significant exacerbation of symptoms.
 - a. Step 2. Return to school, **during which** the District **staff and agents** will follow health care provider's protocol on return to learn.
 - b. Step 3. Light exercise **may begin** at this point.
 - 1) The athlete may **begin engage in** brisk walking, riding an exercise bike, or other light exertional activities with supervision.
 - 2) **The athlete may NOT engage in** weightlifting.

- a. Step 4. Running in the gym or on the field ~~may be engaged in, but with~~ no helmet or other equipment.
- b. Step 5. Non-contact training drills in full equipment or weight training can begin.
- c. Step 6. Full contact practice or training ~~may be engaged in.~~
- d. Step 7. ~~The student athlete may return to play in-game.~~
 - 1) ~~To do so, they must first~~ be cleared by an appropriate health care provider ~~before returning to play.~~

6. Additional Considerations

- 4. ~~The student should spend 1 to 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 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.~~
 - a. While current Utah law designates that a student may ~~be returned~~ to play by “an appropriate health care provider,” it is the prerogative of the District to designate the credentials of the providers from whom it will accept clearance.
 - b. This is a very important decision and should be made after careful consideration by the ~~District’s staff and agents athletic director, principal, superintendent, teacher (elementary),~~ and parent.
 - c. The District’s liability carrier may also be consulted.
- 7. For students injured during formal competitions, serious consideration must also be given as to what the ~~school~~ **District staff and agents** 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.
 - a. The District shall designate a specific individual (preferably an expert in the field of concussion management, ~~this is typically a licensed athletic trainer,~~ physician

or neuropsychologist) who shall evaluate the athlete and make the final decision regarding return to play.

Q. Free-Play concussion and Head Injury Management

1. While many head injuries that happen at school are minor, the following steps are necessary when a student has a bump, blow, or jolt to the head or body:
 - a. Observe the student for signs and symptoms of concussion for a minimum of 30 minutes.
 - b. Ask people who saw the injury occur about how the injury happened and any concussion signs they observed.
 - c. Complete the [Concussion: Signs and Symptoms Checklist](#).
 - d. Notify the student's parent that their child had a head injury and give the parent the [Parent Notification of Head Injury During School Hours](#) document.
2. If the student has concussion signs or symptoms:
 - a. Tell the parent that the student needs to see a health care provider experienced in concussion management.
 - b. Give the parent a copy of the completed [Concussion: Signs and Symptoms Checklist](#) for the health care provider to review.
 - c. Ask for written guidance from the student's health care provider about when the student can return to school and physical activity.
3. If the student does not have concussion signs or symptoms:
 - a. Have the student return to class but do not allow the student to return to sports or recreational activities on the same day of the injury.
 - b. Send a copy of the completed [Concussion: Signs and Symptoms Checklist](#) and the [Parent Notification of Head Injury During School Hours](#) document home with the student for the parent to review.
 - 1) Ask the parent to continue to observe the student for any changes.

- c. Tell the parent that if concussion signs or symptoms appear, the student should be seen right away by a health care provider with experience in concussion management.

R. Final Considerations

1. A student with a concussion should NEVER return to sports or recreation activities on the same day the student was injured.
2. Remind District staff and agents that the student should not return to class, playground time, or school-based sports activities until the health care provider who is managing their concussion gives permission to do so.