

Davis School District Policy and Procedures

Subject: 5S-303 Athlete & Student Concussion and Traumatic Head Injury

Index: Student Services – *Student Health*

Revised: ~~June 2~~ May 5, 2021 ~~2026~~

1. PURPOSE AND PHILOSOPHY

Medical management of sports-related concussions and traumatic head injuries continues to evolve. In order to effectively and consistently manage these injuries, this policy has 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.

2. POLICY

- 2.1. This policy and its requirements apply to students participating in sporting events, as defined in this policy. However, schools shall notify a parent if a student is reported to have experienced a head injury during school hours outside of a sporting event, including a mild bump.
- 2.2. Schools shall provide a written copy of this policy to parents of secondary student participating in extra-curricular activities sponsored by the District or statewide athletic associations and obtain a signed statement from the parent acknowledging that the parent has read, understand, and agrees to abide by the concussion and traumatic head injury policy.
- 2.3. “Sporting events” for purposes of this policy means any of the following athletic activities that is organized, operated, managed, or sponsored by the District (i) a game; (ii) a practice; (iii) a sports camp; (iv) a physical education class; (v) a competition; or (vi) a tryout.

3. RECOGNITION

- 3.1. It is the responsibility of the Director of Risk Management and the Healthy Lifestyles Supervisor to ensure that employees and agents of Davis School District have appropriate training about recognizing and responding to concussions and traumatic head injuries, consistent with the employee’s/agent’s responsibilities for supervising students participating in sporting events and physical education classes. [Training shall be provided at a frequency sufficient to ensure personnel maintain current knowledge consistent with their responsibilities and applicable state guidance. Training shall cover the ~~Signs~~ signs of other neurological or neuropsychological dysfunction, including:](#)
 - 3.1.1. seizures;
 - 3.1.2. irritability;
 - 3.1.3. lethargy;
 - 3.1.4. vomiting;
 - 3.1.5. headache;
 - 3.1.6. dizziness; or
 - 3.1.7. fatigue.
- 3.2. Employees and agents are not expected to be able to diagnose a concussion or traumatic head injury. That is the role of a qualified health care professional. However, employees/agents must be aware of the signs, symptoms, and behaviors of a possible concussion or traumatic head injury, and implement the appropriate protocol as outlined in this policy.

4. REMOVAL

If a student exhibits signs, symptoms, or behaviors consistent with a concussion or is suspected

of having a concussion or brain injury, the employee or agent supervising the student must take action to immediately remove the student from the sporting event until cleared by an appropriate health care professional. Continuing to participate in physical activity after a concussion or traumatic head injury can lead to worsening symptoms, increased risk for further injury, and even death.

5. NOTIFICATION AND TRANSPORTATION

5.1. Parent Notification

School personnel shall notify the student's parent as soon as reasonably possible of the following:

- 5.1.1. the student has been injured;
- 5.1.2. depending on the injury, an emergency vehicle will pick the student up at the event and transport him/her or, if the student is symptomatic but stable, the student may be picked up at the event and transported by the parent;
- 5.1.3. if the student is transported by the parent, the parent should be advised to contact the student's primary care provider, or seek care at the nearest emergency department, on the day of the injury; and
- 5.1.4. a medical evaluation **and subsequent clearance** by a trained qualified health care professional is required before the student will be allowed to participate in any District sporting event.

5.2. Parent Cannot be Reached

In the event that a student's parent cannot be reached, and the student is able to be sent home rather than directly to an emergency medical provider, school personnel shall:

- 5.2.1. ensure that the student will be with a responsible adult who is capable of monitoring the student before allowing the student to go home;
- 5.2.2. continue efforts to reach the parent; and
- 5.2.3. not permit the student with a suspected concussion or traumatic head injury to drive home.

5.3. Emergency Medical Response

The following situations indicate a medical emergency and require an emergency medical response by school personnel in conjunction with parent notification:

- 5.3.1. Any student with a witnessed loss of consciousness of any duration should be transported immediately to the nearest emergency department via emergency vehicle.
- 5.3.2. 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.
- 5.3.3. 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; or
 - [f] seizure activity.

6. RETURN TO ACTIVITY

6.1. Medical Provider Clearance

Before a student suspected of suffering a concussion or traumatic head injury may be allowed to participate in any District sporting event, the student's parent shall provide a written statement from a trained qualified health care provider stating that:

- 6.1.1. the student is symptom free and medically cleared to resume participation in the District's sporting event; and
- 6.1.2. the trained qualified health care provider 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.

6.2. Step-wise Return to Activity

- 6.2.1. Once medical clearance has been given, the student will be progressed back to full activity following the step-wise process. School personnel shall carefully monitor the student's progression through each of the steps.

Step 1: Complete cognitive rest. This may include staying home from school or limiting school hours. Activities requiring concentration and attention may worsen symptoms and delay recovery.

Step 2: Return to school full-time.

Step 3: Light non-impact aerobic activity.

Step 4: Moderate non-impact aerobic activity.

Step 5: Non-contact training drills in full equipment. Weight training can begin.

Step 6: Full contact practice or training.

Step 7: Full participation.

- 6.2.2. Progression is individualized and will be determined on a case-by-case basis under the supervision of appropriate school personnel. Factors that may affect the rate of progression include:

[a] previous history of concussion or traumatic head injury;

[b] duration and type of symptoms;

[c] age of the student; and

[d] whether the District sporting event involves the potential of collision or contact.

- 6.2.3. The student should spend one to two days at each step before advancing to the next. If post-concussion/traumatic head injury symptoms occur at any step, the student must stop the sporting event 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.

- 6.2.4. The step-wise progression and resumption of sporting activity could be considerably simplified for a student injured during a physical education class for example, as compared to a student injured at an athletic event or formal athletic practice.

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DEFINITIONS

“**Agent**” means a coach, representative, or volunteer.

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

“**Trained qualified health care provider**” means a health care provider who is licensed under Title 58, Occupations and Professions; and may evaluate and manage a concussion or traumatic head injury within the health care provider’s scope of practice.

“**Sporting event**” is defined in Section 2.3 of this policy.

REFERENCES

Utah Code Ann. ~~Title 26, Chapter 53~~ [26B-4-401-405](#) – Protection of Athletes with Head Injuries Act.

Utah Administrative Code [R277-614](#) – Athletes and Students with Head Injuries.

FORMS AND RELATED DOCUMENTS

[Acknowledgement of Head Injury Policy Review](#)

[Statement from Managing Health Care Provider](#)

[Heads Up Concussion High School Athletes – A Fact Sheet](#)

[Heads Up Concussion Junior High Athletes – A Fact Sheet](#)

[Heads Up Concussion Schools – A Fact Sheet for Parents](#)

[To learn more, go to <https://www.cdc.gov/headsup/index.html>](https://www.cdc.gov/headsup/index.html)

DOCUMENT HISTORY

Adopted: October 18, 2011

Revised: August 26, 2013 – Revisions made to comply with changes in State law and rule. Does not apply to free play or recess, removes elementary notification.

Revised: July 17, 2018 - Five year review. Changes in Utah State Board rule defines physical education to include elementary physical education classes and requires training of elementary instructors.

Revised: June 2, 2021 - Revised to comply with change to administrative code R277-614.

Revised: May 5, 2026 – Five year review. Amended Recognition section to include frequency of training explanation and amended medical exam to include clearance by a medical professional.