



Instilling Accountability, Responsibility, Respect

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Concussion and Head Injury Policy

PURPOSE AND PHILOSOPHY

Medical management of head injuries continues to evolve. Recently, there has been a significant amount of new research regarding concussions in students, the treatment, protocol, and long-term effects. Because of this, the Local Education Agency (hereafter “LEA”) has established this protocol to provide education about concussions for teachers and any other school personnel (hereafter referred to as “LEA staff and agents”), as well as parents and students. This protocol outlines procedures for LEA 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.

The LEA seeks to provide a safe return to activity for all students following any injury, but particularly after a concussion. To provide consistent and effective management, head injury response procedures have been developed to ensure concussed students are identified, treated, referred to appropriate medical care, receive appropriate follow-up medical care during the school day and are fully recovered prior to returning to activity.

POLICY IMPLEMENTATION LEA

Leadership shall review this protocol annually. Any changes or modifications will be reviewed and given to LEA staff and agents. All appropriate LEA staff and agents shall attend a yearly training in which procedures for managing school related head injuries and sports-related concussions are discussed.

APPLICABLE LAWS AND RULES

The Utah State Board of Education (hereafter “USBE”) passed an updated R277-614 in 2021. The Rule directs LEAs to develop a policy using the USBE/Utah State Risk Management’s model policy to provide training for appropriate LEA staff and agents, to provide notice to parents of the LEA’s policy, and to post a copy of the LEA’s policy.



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DEFINITIONS

- a. "Head injury" means any injury to the head not described in Utah Code 26-53-102(6).
- b. "Traumatic head injury" means an injury to the head arising from blunt trauma, acceleration force, or a deceleration force.
- c. "Parent" means a parent or legal guardian of a student for whom an LEA is Responsible.
- d. "LEA staff and agent" means a coach, teacher, employee, representative, or volunteer of the LEA.
- e. "Qualified healthcare provider" means a health care provider who: i. Is licensed under Title 58: Occupations and Professions; and ii. May evaluate and manage a concussion within the health care provider's scope of practice.

RECOGNITION OF CONCUSSION

- a. A concussion is a type of traumatic brain injury that interferes with normal brain function and is clinically referred to as a mild Traumatic Brain Injury (TBI).
- b. 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.
- c. 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. Common signs and symptoms of a concussion:

Signs (observed by others):

1. Appears dazed or stunned
2. Confusion
3. Moves clumsily (altered coordination)



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4. Balance problems
5. Personality change
6. Responds slowly to questions
7. Forgets events prior to injury
8. Forgets events after the injury
9. Loss of consciousness (any duration)
10. Vomiting
11. Repeats questions
12. Forgets class schedule or assignments

Symptoms (reported by student):

1. Headache or pressure in the head
2. Balance problems or dizziness
3. Fatigue or feeling tired
4. Does not "feel right"
5. More emotional than usual
6. Irritable or sad
7. Nausea or vomiting
8. Double vision, blurry vision
9. Sensitive to light or noise
10. Feels sluggish
11. Feels "foggy"
12. Problems concentrating



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13. Problems remembering

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

1. A student with a concussion may have one or many of these signs and symptoms.
2. Any student who exhibits signs, symptoms, or behaviors consistent with a concussion shall be immediately removed from the contest, game, practice, or activity, and
3. Shall not return to play until cleared by an appropriate health care professional (as defined in Utah Code 26-53-301).
4. Parent notification must be made for any and all suspected or witnessed head injuries.

MANAGEMENT AND REFERRAL GUIDELINES FOR ALL STAFF

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

- Any student with a witnessed loss of consciousness (LOC) of any duration, after a blow to the head, parents will be notified, and student shall be transported immediately to the nearest emergency department via emergency vehicle
- LEA staff and agents shall remain in contact with 911 and stabilize the student while waiting for EMS to arrive.
- The LEA staff and agents should accompany the student and remain with the student until a parent arrives.

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



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- The LEA staff and agents should accompany the student and remain with the student until a parent arrives.
- A student who exhibits any of the following symptoms, parents will be notified, and the student should be transported immediately to the emergency department, via emergency vehicle. The LEA staff and agents should accompany the student and remain with the student until a parent arrives:
 - Deterioration of neurological function (i.e., pupil changes or responses, muscle weakness, increased difficulty with response to questions)
 - Decreasing level of consciousness
 - Decrease or irregularity in respirations
 - Any signs or symptoms of associated injuries, spine or skull fracture, or bleeding
 - Mental status changes, including: a. Lethargy b. Difficulty staying awake/alert c. Confusion d. Agitation
 - Seizure activity. A student who is symptomatic but stable may be transported by their parent(s). 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. Any head injuries that cause the student to miss ½ day or more of school, or are serious enough to require treatment by a healthcare professional (i.e., nurse, MD, EMT, etc.) reported to LEA staff and agents should be entered on the Student Injury Report. Documentation of injury is critical in determining treatment, initiating possible academic accommodations and mitigating potential legal liability.

RETURN TO LEARN (RTL) PROCEDURES AFTER A CONCUSSION

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. The student, family, health care provider, and



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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. School teams should monitor and adjust educational support until the student's academic performance has returned to pre-injury levels.

FREE-PLAY CONCUSSION AND HEAD INJURY MANAGEMENT

While many head injuries that happen at school are minor, the following steps are necessary when a student has a blow or jolt to the head:

1. Observe the student for signs and symptoms of concussion for a minimum of 30 minutes.
2. Ask people who saw the injury occur about how the injury happened and any concussion signs they observed.
3. Complete the Concussion: Signs and Symptoms Checklist.
4. Notify the student's parent(s) that their child had a head injury and give the parent(s) the Parent Notification of Head Injury During School Hours document.

If the student has concussion signs or symptoms:

1. Tell the parent(s) that the student needs to see a health care provider experienced in concussion management.
2. Give the parent(s) a copy of the completed Concussion: Signs and Symptoms Checklist for the health care provider to review.
3. Ask for written guidance from the student's health care provider about when the student can return to school and physical activity.

If the student does not have concussion signs or symptoms:

1. 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.



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2. Ask the parent(s) to continue to observe the student for any changes.
3. Tell the parent(s) that if concussion signs or symptoms appear, the student should be seen right away by a health care provider with experience in concussion management.

FINAL CONSIDERATIONS

A student with a concussion should NEVER return to sports or recreation activities on the same day the student was injured. Remind LEA 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.