

# S-6: Administrative Procedures

## Concussions and Traumatic Head Injuries



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### REFERENCES

[Board Policy S-6](#)

[Utah Code Ann. §26-53-101 et seq., Protection of Athletes with Head Injuries Act](#)

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

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### DEFINITIONS

**Free Play:** Unstructured student play, games, and field days during school hours.

**Physical Education Class:** A structured school class that includes an adult supervisor.

**Qualified Health Care Provider:** A health care provider who is licensed under Title 58, Occupations and Professions, and who may evaluate and manage concussions or traumatic head injuries within the scope of his/her practice.

**Sporting Event:** Any of the following athletic activities that is organized, managed or sponsored by the district, and/or the Utah High School Activities Association:

- A. a game;
- B. a practice;
- C. a sports camp;
- D. a physical education class;
- E. a competition; or
- F. a tryout.

Sporting event does not include free play or recess taking place during school hours. Sporting event also does not include the district merely making one of its fields, facilities or other locations available to an amateur sports organization or a child for his/her/its use, regardless of whether the district charges a fee for the use.

**Staff:** For the purpose of these procedures only, the term "staff" includes all coaches, athletic support staff, physical education teachers, and employees and volunteers who are responsible for student safety during a sporting event.

**Traumatic Head/Brain Injury:** 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.
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### PROCEDURES FOR IMPLEMENTATION

These procedures and the accompanying policy apply to district students participating in any sporting event as defined above.

Each school shall annually provide written copies of these procedures and the accompanying policy to parents of students participating in any sporting event and obtain a signed statement from the parent acknowledging that the parent has read, understands, and agrees to abide by the district's concussions and traumatic head injuries policy.

No student may participate in a sporting event until the student's parent has signed and returned the acknowledgment to the school.

#### I. Recognition of a Concussion or Traumatic Head/Brain Injury (TBI)

- A. The most common type of TBI is a concussion. A concussion can occur even if a student does not lose consciousness. When combined with a head injury, staff should consider TBI symptoms to be present when the student:
    1. loses consciousness (for any duration);
    2. forgets plays, is unsure about the game/score/opponent;
    3. forgets events prior to or after the head injury;
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4. has difficulty concentrating or remembering;
5. exhibits difficulty with balance, dizziness, or coordination (moves clumsily or altered coordination);
6. answers questions slowly or inaccurately;
7. exhibits a change in personality;
8. complains of double vision or changes in vision;
9. notices sensitivity to light or sound/noise;
10. begins vomiting or feels nauseous;
11. has a seizure;
12. complains of a headache;
13. feels sluggish or foggy;
14. has a vacant stare or befuddled facial expression (appears dazed or stunned);
15. is slow to answer questions or follow instructions;
16. is confused or is unable to focus attention;
17. is disoriented (walking in the wrong direction or unaware of time, date, or place);
18. has slurred or incoherent speech;
19. exhibits emotions out of proportion to circumstances (distracted or crying for no apparent reason); or
20. has any visible injury to the head.

Action should be taken when these symptoms are observed by another individual or reported by the injured student.

- B. Staff, as defined above, are not expected to be able to diagnose a concussion or TBI; that is the role of a qualified health care professional. However, all staff must be aware of the signs, symptoms, and behaviors of a possible concussion or TBI, and implement the appropriate protocol as outlined in these procedures.

## II. Removal Protocols

- A. Every school shall designate an employee or multiple employees, as needed, to make proper referrals for students suspected of sustaining a concussion or TBI.
- B. Any time a student is suspected of sustaining a concussion or TBI, the designated school employee must be notified as soon as possible to initiate proper referral protocols.
- C. The designated school employee is responsible for:
  1. ensuring appropriate transport for the injured student;
  2. informing the parent of the injury and the need for a proper medical evaluation before the student can return to play; and
  3. ensuring that documentation of a completed proper medical evaluation is obtained by the school prior to the student being allowed to return to play.

## III. Removal from Play

- A. Any student with a suspected concussion or TBI shall be immediately removed from the activity, and is prohibited from continued participation, or returning to play, in any sporting event until the student is evaluated and cleared to return to play by a trained qualified health care professional.

## IV. Parental Notification and Transportation

- A. Parent notification
  1. School personnel shall notify the student's parent as soon as reasonably possible if any school personnel become aware that the student has experienced a head injury during school hours or a school-sanctioned activity, including during free play and district after-school programs.
  2. Depending on the injury, the parent must be advised as to whether an emergency vehicle is transporting the student. If the student is symptomatic but stable, the parent should be informed that their student may be picked up and transported by the parent.
  3. If the student is transported by the parent, the parent must be advised to contact the student's primary care provider, or seek care at the nearest emergency department, on the day of the injury.
  4. Parents must be informed that a medical evaluation by a qualified health care professional is required before the student will be allowed to return to play in any district sporting event.
- B. In the event that the 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 must:
  1. ensure that the student will be with a responsible adult who is capable of monitoring the student and understanding the home care instructions before allowing the student to go home;
  2. continue efforts to reach the parent; and
  3. not permit a student with a suspected concussion or TBI to drive himself or herself home.
- C. 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 staff member should accompany the student and remain with the student until a parent arrives.

**V. Emergency Medical Response**

- A. Staff must be prepared to appropriately react to these situations and should err on the side of caution in determining the appropriate response.
- B. The following situations indicate a medical emergency and require an emergency medical response by school personnel in conjunction with parent notification. This list provides examples of situations but is in no way comprehensive.
  - 1. Any student with a witnessed loss of consciousness of any duration should 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 emergency medical services to arrive.
  - 2. Any student who has symptoms of a concussion, and whose condition appears to be worsening should be transported immediately to the nearest emergency department via emergency vehicle.
  - 3. Any 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. decreased or irregular respirations;
    - d. bleeding or fluid discharge from the ears;
    - e. suspected spinal injury;
    - f. mental status changes including lethargy, confusion, or agitation; or
    - g. seizure activity.

**VI. Return to Play Procedures After Concussion**

- A. 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, which includes a statement that the student is cleared to resume participation in the sporting event.
- B. Once the above criteria are met, the student will be progressed to full activity by following the step-wise process detailed below.
  - 1. This progression must be closely supervised by the appropriate staff member, i.e. an athletic trainer or coach. The staff member must have a very specific plan to follow as directed by the appropriate health care provider.
- C. Progression is individualized and will be determined on a case-by-case basis. Factors that may affect the rate of progression include:
  - 1. previous history of concussion;
  - 2. duration and type of symptoms;
  - 3. age of the student; and
  - 4. 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.
- D. The recommended stepwise progression is described below. 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.

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.

Step 2. Return to school. LEA will follow health care provider's protocol on returning to school.

Step 3. Light exercise. At this point, the athlete may begin brisk walking, riding an exercise bike or other light exertional activities with supervision. No weightlifting.

Step 4. Running in the gym or on the field. No helmet or other equipment.

Step 5. Non-contact training drills in full equipment or weight training can begin.

Step 6. Full contact practice or training.

Step 7. Play in game. Must be cleared by an appropriate health care provider before returning to play.

**VII. Training**

- A. All staff who are responsible for supervising students at sporting events shall:

1. complete training on the nature and risk of concussions or traumatic head injuries consistent with the law; and
  2. be familiar with the Utah High School Activities Association's Concussion Management Policy, which can be found on the association's website.
- B. Coaches shall complete all necessary training prior to, or within 14 days of, their date of hire or notification of contract renewal. Coaches are also required to complete the NFHS Concussion Course annually, and such training must be completed prior to the start of their season. Coaches who fail to complete this training will not be allowed to coach their teams and may receive discipline.
1. Training and certification is a condition of employment for coaches, and failure to obtain the necessary training may be grounds for discipline, up to and including termination.

### **VIII. School Nurses**

- A. A school nurse may assess a student with a suspected concussion or TBI during school hours on school property regardless of whether the nurse has received specialized training in the evaluation and management of a concussion or TBI.
- B. If a student is suspected of sustaining a concussion or TBI, a school nurse will:
1. not permit the student to resume participation in a sporting event;
  2. not provide a written statement permitting the student to resume participation in a sporting event; and
  3. refer the student to a qualified healthcare provider for evaluation and treatment.
- C. If the student is suspected of sustaining a concussion or TBI during recess, a school nurse should not allow the student to participate in recess for the remainder of the day. The student's parent will inform the school of when the student is cleared to resume participating in recess.
- D. All school nurses shall complete training in the evaluation and management of a concussion as district funding allows.