

ADMINISTRATIVE REGULATION

No. 545

Board of Trustees Douglas County School District

STUDENTS

PREVENTION AND TREATMENT OF INJURIES TO THE HEAD

Under the direction of the DCSD Chief Nurse, specifically delegated school staff may assist in the initial treatment and management of injuries to the head and/or concussions. School staff will operate within their scope of work and authority as they activate the Emergency Medical Services (EMS) as needed.

HEAD INJURY PROTOCOL:

Identification:

1. Ask the injured student or witness:
 - a. Was there ANY kind of forceful blow to the head or to the body?
 - b. Was there ANY change in the student's behavior, thinking or physical?

2. If a student demonstrates ANY of the following Danger Concussion Signs or symptoms activate emergency medical services (EMS) immediately:
 - a) Headache that gets worse and does not go away
 - b) Repeated vomiting
 - c) Unusual behavior, increased confusion, restlessness, agitation
 - d) Drowsiness or inability to wake up
 - e) Slurred speech
 - f) Weakness, numbness, tingling, decreased coordination
 - g) Convulsions or seizure like activity
 - h) Loss of consciousness
 - i) One pupil larger than the other
 - j) Colorless fluid coming from the ears or nose
 - k) Neck pain

3. Symptoms that may be reported by the student and require a referral to be seen by a healthcare provider:
 - a. Difficulty thinking clearly
 - b. Difficulty concentrating or remembering
 - c. Feeling more slowed down, fatigued, tired
 - d. Feeling sluggish, hazy, foggy, or groggy
 - e. Irritable, sad or nervous
 - f. More emotional than usual
 - g. Headache or pressure in the head
 - h. Nausea or vomiting
 - i. Balance problems or dizziness

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- j. Shows behavior or personality changes
- k. Blurry or double vision
- l. Sensitivity to light or noise
- m. Does not feel right

Actions:

1. Activate EMS for any of the Concussion Danger Signs immediately.
2. The student is removed from the activity immediately.
3. Contact the parent/guardian in ALL cases of head injury.
4. Apply ice or ice pack as tolerated.
5. If directed by the DCSD Chief Nurse, use an evidence-based screening tool to evaluate students for signs/symptoms of a head injury and record findings.
 - a. If the student does not pass the screening, they are sent home, and the parent/guardian are encouraged to have the student seen by a healthcare provider.
 - b. When the parent/guardian arrives to pick student up, review the screening tool and the policy with them, and send home. Additionally, encourage the parent/guardian to share the screening with the healthcare provider.
 - c. Educate the parent/guardian that if ANY of the Concussion Danger Signs appear to call 9-1-1 immediately.
6. Observe for a minimum of 30 minutes.
7. Observe for secondary injuries (e.g., bleeding, swelling, laceration, neck/shoulder injury) and any behavioral changes.
8. If symptoms at any time progress/worsen activate EMS immediately.
9. If no signs/symptoms present, may return to class after 30-minute observation, but the student should not participate in any physical activities or sports on the day of the injury
 - a. Notify the parent/guardian, teacher, athletic department and educate that if any symptoms begin to appear to take the student to a healthcare provider and if any of the Concussion Danger Signs appears to take the student to the emergency room/call 911.
 - b. Send a copy of a concussion fact sheet, head injury policy and the screening tool home to the parent/guardian with the student and to the teacher.
10. If at any time the student exhibits signs/symptoms during the initial visit, returns to the health office, or is notified by a school employee that the student's condition has changed, notify the parent/guardian of the student's condition, and recommend that the student be seen by a healthcare provider.

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- a. When the parent/guardian arrives to pick student up, review the screening tool, and the policy with them and send with them a copy for the healthcare provider.
 - b. Educate the parent/guardian that if ANY of the Concussion Danger Signs appear to call 911 immediately.
11. Complete documentation including the screening tool per school district policy and as directed by the DCSD Chief Nurse.
 12. Per school district policy, complete an accident/injury incident report.

APPENDIX A

Under the direction of the DCSD Chief Nurse, specifically delegated school staff may assist in the initial treatment and management of injuries to the head and/or concussions. School staff will operate within their scope of work and authority as they activate the Emergency Medical Services (EMS) as needed.

RETURN TO LEARN (RTL):

The effects of a concussion on a student's return to school experience are unique to each student. In most cases, a concussion will not significantly limit a student's participation in school. However, in some cases, a concussion can affect multiple aspects of a student's ability to participate, learn, and perform well in school. In turn, the experience of learning and engaging in academic activities that require concentration can cause a student's concussion symptoms to reappear or worsen. Given this connection and the way concussion effects can vary across students, academic adjustments need to be tailored to each student's specific circumstances. In the regulation the term "return to learn" is not used, it is referred to as "ready to return to full participation in their course work". To keep the terminology simple, "return to learn" will be used throughout this policy & administrative regulation.

RTL Pathway:

- Students who have sustained or are suspected of having sustained a head injury, whether they are a student athlete or a non-student athlete, the following protocol is one that could be used to complete the RTL pathway:
 1. A student returns to school once they are cleared by a licensed healthcare provider.
 - a. For all students who sustained the injury during a NIAA sanctioned activity, the student must be seen and cleared to return to school by a healthcare provider.

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- b. It is not required for all other students to receive clearance from a licensed healthcare provider, but it is encouraged.
 - c. It is encouraged to have a system in place to notify the school health office staff of all student head injuries.
 2. The school health office staff will receive notification and documentation associated with the injury (i.e. licensed healthcare provider letter).
 - a. If the student is turning the documentation in upon return to school, complete the symptom questionnaire with the student.
 - b. If the documentation is turned in prior to the student returning to school, complete the symptom questionnaire as soon as reasonably practicable upon their return.
 - c. It is discouraged to have the student complete the questionnaire independently since they will be experiencing the effects from a head injury.
 3. After the documentation is reviewed, contact the family/guardian of the student for additional information.
 - a. If it is unlicensed personnel that is completing the symptom questionnaire with the student, the school nurse is encouraged to review all the documentation along with the symptom questionnaire.
 4. The concussion management team (CMT) will coordinate a concussion management plan with the student to review if/what accommodations would support the student in returning to learn.
 - a. This is a resource on what accommodations to consider based on what the student's symptom(s) is/are:<https://www.cde.state.co.us/cokidswithbraininjury/buildingblocks/fundamental>.
 - b. If the student is symptom free on the day they return to school, consider collaborating with the concussion management team as soon as reasonably possible.
 - c. A student who has experienced a head injury should not participate in physical education classes, or other classes that require physical exertion.
 - d. Consider the following to be members of the Concussion Management Team (CMT): school nurse, health aide, athletic trainer, athletic director/administrator, teacher, school counselor, physical education teacher.
 5. Once a concussion management plan has been created for the student, it is recommended that the symptom questionnaire be completed on a routine basis (i.e. weekly) to monitor student progress.

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- a. Consider working in four-week increments.
 - b. If the student's symptom(s) increase or change it is encouraged for them to be seen in the school health office
 - c. The school health office staff should refer to the Head Injury Protocol section for guidance.
 - d. If the student is not progressing, encourage the student to be seen by a licensed healthcare provider as soon as possible.
 - e. Student athletes will be working with the athletic lead person on the concussion management team on their return to play.
6. The CMT lead will share regular updates (i.e. weekly) on the student's progress with the CMT team and with the student's teachers.
- a. It is individualized how soon a student can complete Return to Learn
 - b. See resource section on sample forms to be used to support communication amongst the CMT team.
 - i. Academic Monitoring Tool
 - ii. Elementary Symptom Management Tool
 - iii. Middle/High School Symptom Management Tool
 - c. Consider creating a medical alert for the student who is going through the RTL pathway.
 - d. Consider a system to track which students are on the RTL pathway.
 - e. Consider placing a student on a 504 plan if it is taking them longer to complete the RTL pathway.
7. Once the student has completed the RTL pathway, the student should seek medical clearance to return to physical activity.
- a. Important to note that a student's progress through the RTL pathway may not be linear.