



Book	Policies
Section	05000 Students
Title	Athlete and Student Concussion and Traumatic Head Injury
Number	5045
Status	Active

A. Purpose and Philosophy

1. As medical management of sports-related concussion continues to evolve, Tooele County School District recognizes there has been a significant amount of new research regarding sports-related concussions in high school athletes. Tooele County School District has established this protocol to provide education about concussion for coaches, school personnel, parents and students, as well as any miscellaneous special program within the District. This protocol outlines procedures for all staff members to follow in managing concussions as it pertains to return to play issues following a concussion.
2. Tooele County School District seeks to provide a safe return to activity for all students following any injury, but particularly after a concussion. In order to effectively and consistently manage these injuries, procedures have been developed to aid in insuring 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.
3. Tooele County School District shall ensure that Tooele County Health Department and Physical Education specialists in the District shall review this policy annually. Any changes or modifications shall be reviewed and provided to administrators, athletic department staff, including coaches and other appropriate school personnel in writing. All appropriate staff shall attend a yearly in-service meeting in which procedures for managing sporting event-related concussions are discussed. Annual notification to parents/guardians and parents/guardians' signature shall be required for any student participating in a "sporting event" as identified in this policy.

B. Policy

1. This policy applies to students participating in:
 - a. recess, field days, or elementary school activities;
 - b. physical education classes offered by the District; and
 - c. extra-curricular activities sponsored by the District or statewide athletic associations or both groups jointly.
2. Schools shall provide a written copy of this policy to parents/guardians of students participating in sporting events (as defined in this policy), and obtain a signed statement from the parent/guardian acknowledging that the parent/guardian has read, understands, and agrees to abide by the concussion and traumatic head injury policy.
3. "Sporting events" for purpose of this policy means any of the following athletic activities that is organized, operated, managed, or sponsored by the District:
 - a. game
 - b. performance
 - c. practice
 - d. sports camp
 - e. physical education class
 - f. competition
 - g. tryout
 - h. recess, field days, and elementary activities.

C. Recognition of a Concussion

1. What is a concussion? A concussion is type of traumatic brain injury that interferes with normal function of the brain. 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 may occur even if a player or student in an activity is not knocked out or loses consciousness. (NFHS "Suggested Guidelines for Management of Concussion in Sports.")
2. It is the responsibility of the Director of Risk Management and the Healthy Lifestyles Supervisor to ensure that employees and agents of Tooele County 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 participating in sporting events.
3. Signs and Symptoms

A concussion or traumatic head injury is an injury to the head arising from blunt trauma, an acceleration force, or a deceleration force, with one of the following common signs or symptoms observed or self-reported conditions attributable to the injury:

- a. transient confusion, disorientation, or impaired consciousness
- b. dysfunction of memory
- c. loss of consciousness
- d. signs of other neurological or neuropsychological dysfunction, including:
 1. seizures
 2. irritability
 3. lethargy
 4. vomiting
 5. headache
 6. dizziness or
 7. fatigue
- e. Common signs and symptoms of sports-related concussion may include:
 1. student appears dazed or stunned
 2. confusion

3. forgets plays
4. unsure about game, score, opponent
5. moves clumsily (altered coordination)
6. balance problems
7. personality change
8. responds slowly to questions
9. forgets events prior to hit
10. forgets events after the hit
11. loss of consciousness (any duration)

f. Symptoms as reported by the student or injured person may include:

1. Headache
2. Fatigue
3. nausea or vomiting
4. double vision, blurry vision
5. sensitive to light or noise
6. feels sluggish
7. feels "foggy"
8. problems concentrating
9. problems remembering

4. These signs and symptoms following a witnessed or suspected blow to the head or body are indicative of probable concussion. Any student who exhibits signs, symptoms, or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems) shall be immediately removed from the sporting event and shall not return to play until cleared by an appropriate health care professional. 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 provider. 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.

D. 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 may lead to worsening symptoms, increased risk for further injury, and even death.

E. Notification and Transportation

1. Parent Notification

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

- a. the student has been injured;
- b. 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;
- c. 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
- d. a medical evaluation by a qualified health care professional is required before the student will be allowed in any District sporting event.

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 provider, school personnel shall:

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

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:

- a. Any student with a witnessed loss of consciousness of any duration should be transported immediately to the nearest emergency department via emergency vehicle.
- b. 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.
- 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;
 2. decreasing level of consciousness;
 3. decrease or irregularity in respiration;
 4. any signs or symptoms of associated injuries, spine or skull fracture, or bleeding;
 5. mental status changes: lethargy, difficulty maintaining arousal, confusion or agitation; or
 6. seizure activity.
- d. Any student with a witnessed loss of consciousness (LOC) of any duration should be spine boarded and transported immediately to nearest emergency department via emergency vehicle.
- e. A student who is symptomatic but stable, may be transported by his/her parents/guardians. The parents/guardians should be advised to contact the student's health care provider and seek care at the nearest emergency department on the day of the injury.

F. Return to Activity

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/guardian shall provide a written statement from a qualified health care provider stating that:

- a. the student is symptom free and medically cleared to resume participation in the District's sporting event; and

- b. the 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.

2. Step-wise Return to Activity

Once written medical clearance has been provided, 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.

3. 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.

4. 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 24 hours and then resume activity at a level one step below where he or she was at when the symptoms occurred.
5. The step-wise progress and resumption of sporting activity could be considerably simplified for a student injured during recess for example, as compared to a student injured at an athletic event or formal athletic practice.

G. Definitions

1. "Agent" means a coach, representative, or volunteer.
2. "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.
3. "Sporting event" is defined in Section 2.3 of this policy.

Legal

Utah Administrative Code R277-614 – Athletes and Students with Head Injuries

Utah Code Ann. §§26-53-101 et seq. – Protection of Athletes with Head Injuries Act

[Concussion Consent - Elementary.pdf \(11 KB\)](#)

[Concussion Consent - Secondary.pdf \(13 KB\)](#)