Concussion and Head Injuries

Introduction

The District, in compliance with Utah State Board of Education Rule R277-614 and based on the model policy issued by the State Board of Education, has established this protocol to provide education about concussion for coaches, school personnel, parents, and students. This protocol outlines procedures for staff to follow in managing concussions, and outlines school policy as it pertains to return to play issues following a traumatic head injury or concussion.

Utah Admin. Rules R277-614-4 (November 7, 2022)

The District seeks to provide a safe return to activity for all students following any injury, but particularly after a traumatic head injury or concussion. In order to effectively and consistently manage these injuries, procedures have 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. District leadership shall review this protocol annually. Any changes or modifications will be reviewed and given to 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 traumatic head injuries and concussions are discussed. All athletic coaches shall annually receive training on responding to concussions and head injuries as provided in this policy.

Utah Admin. Rules R277-605-6(2) (July 22, 2022)

Definitions

1. “Traumatic head injury” means 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: i. seizures; ii.

irritability; iii. lethargy; iv. vomiting;

v. headache; vi. dizziness; or vii. fatigue.

Utah Code § 26B-4-401(25) (2025)

2. “Head injury” means any injury to the head that is NOT a “traumatic head injury” as

defined above, including a mild bump.

Utah Admin. Rules R277-614-2(3) (November 7, 2022)

3. “Sporting event” means any of the following athletic activities that is organized, managed,

or sponsored by a District school: a game, a practice, a sports camp, a physical education class, a competition, or a tryout. It does NOT include:

a. Free play or recess taking place during school hours; or

b. The District or a District school merely making available a District-owned or controlled

field, facility, or other location to a child or to an amateur sports organization, regardless of whether a fee is being charged by the District for the use; or

Utah Code § 26B-4-401(23) (2025)

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

supervisor.

Utah Admin. Rules R277-614-2(6) (November 7, 2022)

5. “Free play” means unstructured student play, games, and field days during school hours.

Utah Admin. Rules R277-614-2(2) (November 7, 2022)

6. “Qualified health care provider” means a health care provider who:

a. is licensed under Utah Code Title 58, Occupations and Professions; and

b. may evaluate and manage a concussion within the health care provider’s scope of

practice.

Utah Code § 26B-4-401(21) (2025)

7. “Written statement of a qualified health care provider” means a written statement from a

qualified health care provider which states that:

a. The health care provider has, within three years before the date of the statement,

successfully completed a continuing education course in the evaluation and management of a concussion; and

b. That the student to whom the statement relates is cleared to resume participation in the

District sporting event.

Utah Code § 26B-4-404(1)(b)(ii) (2023)

8. “Agent of the District” means a coach, teacher, employee, representative, or volunteer of

the District.

Utah Code § 26B-4-401(1) (2025)

Requirements

As described in more detail below, any student who is suspected to have sustained a concussion or traumatic head injury shall be immediately removed from participation in a District sporting event and may not resume participation until the student has been evaluated by a qualified health care provider who is trained in the management and evaluation of a concussion and the student provides the District with a written statement from the qualified health care provider. Notice of the concussion or traumatic head injury shall be provided to the student’s parent. Each agent of the District shall be familiar with this policy and shall be provided a copy of this policy. Before a student may participate in any District sporting event, the student’s parent must be provided a written copy of this policy and the student’s parent must sign an acknowledgment that the parent has read, understands, and agrees to abide by this policy.

Utah Code § 26B-4-403(2), (3) (2023)

Utah Code § 26B-4-404(1) (2023)

Evaluation by School Nurse

A school nurse may assess a child who is suspected of having sustained a concussion or traumatic head injury during school hours on school property regardless of whether the nurse has received specialized training in the evaluation and management of concussion or traumatic head injury. If the nurse evaluating the student has not been trained in the evaluation and management of concussion and has not completed a continuing education course in that area in the prior three years, the nurse shall refer the student to a qualified health care provider who is trained in the evaluation and management of a concussion and the nurse may not provide the written statement of a qualified health care provider for the student. School nurses shall be trained in the evaluation and management of a concussion as funding allows.

Utah Code § 26B-4-405 (2023)

Notice to Parent of Head Injury

The District shall notify a parent if District staff become aware that a student is reported or suspected to have experienced a head injury during school hours or during a school-sanctioned activity, including free play.

Utah Admin. Rules R277-614-4(5) (November 7, 2022)

Documentation of Head Injury

Any head injuries reported to District staff or agents should be documented in the student health record and entered on the Student Injury Report website.

Documentation of injury is important for determining treatment, initiating possible academic accommodations, and mitigating potential legal liability.

Annual Notice to Students and Parents

Notice and a written copy of this policy shall be provided at least annually to parents of students who participate in District sporting events and students may not participate in such events until the District receives a signed written acknowledgement that the parent has read, understands, and agrees to abide by this policy.

Utah Code § 26B-4-403(3) (2023)

Posting of Policy on Website

This policy shall be posted on the District's website in a location readily accessible to parents and members of the public.

Utah Admin. Rules R277-614-4(4) (November 7, 2022)

Recognition of Concussion

A concussion is type of traumatic brain injury that interferes with normal function of the brain and is clinically referred to as mild Traumatic Brain Injury (mild TBI). 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. (NFHS "Suggested Guidelines for Management of Concussion in Sports.") Common signs and symptoms of a concussion Signs (observed by others):

- Student appears dazed or stunned
- Confusion
- Forgets plays
- Unsure about game, score, opponent
- Moves clumsily (altered coordination)
- Balance problems
- Personality change
- Responds slowly to questions
- Forgets events prior to hit
- Forgets events after the hit

- Loss of consciousness (any duration)
- Vomiting

Symptoms (reported by student):

- Headache or pressure in the head
- Balance problems or dizziness
- Fatigue or feeling tired
- Does not “feel right”
- More emotional than usual
- Irritable or sad
- Nausea or vomiting
- Double vision, blurry vision
- Sensitive to light or noise
- Feels sluggish
- Feels “foggy”
- Problems concentrating
- Problems remembering These signs and symptoms following a witnessed or suspected

blow to the head or body are indicative of probable concussion. A student who has suffered a concussion (mild TBI) may have one or many of these signs/symptoms. Symptoms may progress or change in the days and weeks following an injury, including trouble sleeping, emotional distress, and academic difficulty. Any student is suspected of having sustained a concussion or traumatic brain injury shall be immediately removed from the District sporting event and shall not return to participation until cleared by an appropriate health care professional (provides the District with a written statement of a qualified health care provider as defined in this policy).

Management and Referral Guidelines for All Staff

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

1. Any student with a witnessed loss of consciousness of any duration shall 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 EMS to arrive.

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

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 (i.e., pupil changes or responses, muscle weakness, increased difficulty with response to questions)

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 staying awake or alert, confusion or agitation

f. Seizure activity A student who is symptomatic but stable may be transported by his or her parent. 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. Guidelines and Procedures for Coaches and Teachers Supervising Physical Education Classes, Athletic Contests and Games

1. Recognize concussion

a. All educators and agents of the District should become familiar with the signs and symptoms of concussion that are described above.

b. Educators and agents of District shall have appropriate training about recognizing and responding to traumatic head injuries consistent with the employees' responsibilities for supervising students and athletes.

c. Training can be found through the CDC website.

2. Remove from activity

a. Any student who exhibits signs, symptoms, or behaviors consistent with a concussion

shall be immediately removed from the activity and shall not return to play until cleared by an appropriate health care provider.

3. Refer the athlete/student for medical evaluation

a. The District agent is responsible for notifying the student's parent(s) of the injury. Contact

the parent(s) to inform a parent of the injury. Depending on the injury, transport can be provided by either an emergency vehicle or parent(s).

b. A medical evaluation by and a written statement from an appropriate health care provider

is required before returning to play.

c. In the event that a student's parent(s) cannot be reached, and the student is able to be

sent home (rather than directly to a health care provider): i. The District's agent should ensure that the student will be with a responsible individual capable of monitoring the student and

understanding the home care instructions before allowing the student to go home. ii. The District's agent should continue efforts to reach a parent.

d. 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 District agent should accompany the student and remain with the student until a parent arrives.

e. A District agent shall provide for supervision of other students for whom he or she is

responsible when accompanying the injured student.

f. Students with a suspected concussion should not be permitted to drive home. A District

agent should seek assistance from the host site's certified athletic trainer (ATC) or team physician, if available, if the injury occurs during an athletic event.

Free-Play Concussion and Head Injury Management

While many head injuries that happen at school are minor, school staff shall follow these steps when a student has a bump, blow, or jolt to the head or body:

1. Observe the student for signs and symptoms of concussion for at least 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 that their child had a head injury and give the parent the Parent

Notification of Head Injury During School Hours document. If the student has concussion signs or symptoms:

1. Tell the parent that the student needs to see a health care provider experienced in

concussion management.

2. Give the parent 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.

2. Send a copy of the completed Concussion: Signs and Symptoms Checklist and the Parent

Notification of Head Injury During School Hours document home with the student for the parent to review.

3. Ask the parent to continue to observe the student for any changes.

4. Tell the parent that if concussion signs or symptoms appear, the student should be seen

right away by a health care provider with experience in concussion management.

Return to Learn (RTL) Procedures After 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 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 supports until the student's academic performance has returned to pre-injury levels.

Return to Play (RTP) Procedures After Concussion

Return to activity and play is a medical decision. 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)

2. Have successfully returned to regular academic activities, AND

3. Have written clearance from an appropriate health care provider (a written statement from

a qualified health care provider as defined above). Once the above criteria are met, the student will be progressed to full activity while following the stepwise process detailed below. (This progression must be closely supervised by a District agent. If the school does not have an athletic trainer, then the coach must have a very specific plan to follow as directed by the appropriate health-care provider). Progression is individualized, and will be determined on a case-by-case basis. Factors that may affect the rate of progression include: previous history of concussion, duration and type of symptoms, age of the student, and 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 progress more slowly. Stepwise progression as described below:

1. Step 1. Cognitive rest, which may include staying home from school or limiting school

hours (and studying) for a few days. Any period longer than this should be under the supervision of a qualified healthcare provider. Activities requiring concentration and attention immediately after the injury may worsen symptoms and delay recovery. Light activity including walks may

be encouraged at this level, provided the activity is tolerated by the student without significant exacerbation of the symptoms.

2. Step 2. Return to school, during which the District will follow the health care provider's

protocol on return to learn.

3. Step 3. Light exercise. At this point the athlete may engage in brisk walking, riding an

exercise bike or other light exertional exercises with supervision. No weight lifting.

4. Step 4. Running in the gym or on the field may be engaged in but with no helmet or other

equipment.

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

6. Step 6. Full contact practice or training may be engaged in.

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

returning to play. The student should spend at least 1 to 2 days at each step before advancing to the next unless prescribed differently by the health care provider. If post-concussion symptoms occur at any step, the student must stop the activity and the treating physician 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. This resumption of activity could be considerably simplified for a student injured during recess compared to a student injured at a game or formal practice.

If athletic staff or other school staff conclude that a student continues to display significant symptoms of concussion after being cleared to return to play based on a written statement from a qualified health care provider, the student may not return to play until the student's parents have obtained and provided to the school a written statement from a different qualified health care provider selected by the District. The District shall confirm that

the health care provider is qualified (as defined above) and that the provider specializes in concussion evaluation and treatment. If the different qualified health care provider clears the student to return to play, then the student may return to play.

Adoption Note: Board adoption date and implementation notes may be added upon final Board action.