



Concussion and Head Injury Policy

The Utah State Board of Education passed R277-614 on August 6, 2011. The Rule directs each Local Education Authority (LEA) to develop a policy for managing head injuries. The policy must include provisions for training the appropriate school personnel, notice to parents, the use of parent acknowledgement forms, and the posting of the policy on the school website.

The rule applies to Elementary, Jr. High and high School students participating in “physical” activities.

I. OVERVIEW

- a. Medical management of sports-related concussion continues to evolve. Recently, there has been a significant amount of new research regarding sports-related concussions in high school athletes. Navigator Pointe Academy (hereafter “NPA”) has established this protocol to provide education about concussion for 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 concussion.
- b. NPA seeks to provide a safe return to activity for all students following an 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.
- c. The NPA Director shall review this protocol annually. Any changes or modifications will be reviewed and given to all staff in writing.

II. RECOGNITION OF CONCUSSION

- a. **CONCUSSION DEFINITION:** A concussion is a 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 can 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.”)
- b. Common signs and symptoms of sports-related concussion
 - i. **Signs** (observed by others):
 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)

ii. **Symptoms** (reported by student):

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

- c. **PROBABLE CONCUSSION** – 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 contest, game, or practice and shall not return to play until cleared by an appropriate health care professional.

III. **CONCUSSION EDUCATION**

a. **Staff Education**

- i. All appropriate staff shall attend a yearly in-service meeting in which procedures for recognizing and managing concussions are discussed.
- ii. Additionally, each staff member will receive a copy of the NPA policy, printed resources from the U.S. Department of Health and Human Services Centers for Disease Control and Prevention (CDC), and view the USOE provided head injury power point training.
- iii. Staff will be required to submit a training completion acknowledgement to the school director.

b. **Parent/Guardian Education**

- i. All Parent/Guardians will be provided a concussions fact sheet from the U.S. Department of Health and Human Services Centers for Disease Control and Prevention (CDC) and a copy of the NPA Head Injury Policy.
- ii. Parent/Guardians will be required to sign the statement of understanding and return it to NPA, per Utah State Board of Education Rule 277-614.

IV. **CONCUSSION ACTION PLAN**

- a. When a student shows any signs, symptoms, or behaviors consistent with a concussion, the student shall be removed immediately from the class or activity and evaluated by a qualified health care provider.
 - i. NPA designates a qualified health care professional as one who:
 1. Is licensed under Utah code, title 58, Division of Occupational and Professional Licensing Act
 2. May, within their scope of practice, evaluate and manage a concussion
 3. Has within 2 years successfully completed a first aid course and a professional development training in the evaluation and management of a concussion
- b. An NPA agent is responsible for notifying the student’s parent(s) of the injury

- c. The following situations indicate a medical emergency and require activation of the Emergency Medical System:
 - i. A 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.
 - ii. 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 of irregularity in respirations
 - 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
 - 6. Seizure activity
 - iii. A student who has symptoms of a concussion, and who is not stable (i.e. condition is worsening), is to be transported immediately to the nearest emergency department via emergency vehicle.
- d. A student who is symptomatic but stable, may be transported by his or her parents. The parents 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.
- e. 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 MD):
 - i. The NPA agent should insure that the student will be with a responsible individual, who is capable of monitoring the student and understanding the home care instruction, before allowing the student to go home.
 - ii. The LEA agent should continue efforts to reach parent.
 - iii. 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. An NPA agent should accompany the student and remain with the student until the parent arrives.
- f. In the event that a parent(s) cannot be reached or a student's parent(s) refuse(s) to pick up the student that is symptomatic, the NPA agent will refer the student to the nearest emergency department via emergency vehicle. An NPA agent will accompany the student and remain with the student until a parent arrives.

V. RETURN TO PLAY (RTP) PROCEDURES AFTER THE CONCUSSION

- a. Return to activity and play is a medical decision. The student must meet all of the following criteria in order to progress to activity:
 - i. Asymptomatic at rest and with exertion (including mental exertion in school)
AND
 - ii. Have written clearance from the student's primary care provider or concussion specialist (student must be cleared for progression to activity by a physician other than an Emergency Room physician, if diagnosed with a concussion).
- b. Once the above criteria are met, the student will be progressed back to full activity following the step-wise process detailed below. (This progression must be closely supervised by an LEA agent.)
- c. 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 be progressed more slowly.

- d. Stepwise progression as described below:
 - i. **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.
 - ii. **Step 2.** Return to school full-time.
 - iii. **Step 3.** Light exercise. This step cannot begin until the student is no longer having concussion symptoms and is cleared by a physician for further activity.
 - iv. **Step 4.** Running in the gym or on the field. No helmet or other equipment.
 - v. **Step 5.** Non-contact play.
 - vi. **Step 6.** Full contact practice or training.
 - vii. **Step 7.** Play in game. Must be cleared by physician before returning to play.

NOTE: The student should spend 1 to 2 days at each step before advancing to the next. If post-concussion symptoms occur at any step, student must stop the activity and the treating physician must be contacted. Depending upon the specific type and 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.

VI. POTENTIAL PROBLEM AREAS

- a. For students injured during formal competitions, serious consideration must also be given as to what the school will do in the case where a student is clearly still having concussion symptoms, yet given return to play clearance by a health care provider.
- b. Agents of NPA (director, teachers) reserve the right to withhold a student from physical activity if they are in any way uncomfortable with the student's symptoms.
- c. Students who have been cleared by a health care provider, but are still experiencing symptoms will be requested to receive a second evaluation from a neurophysiologist before resuming competition.