

410 Student Head Injury

1. Purpose:

The purpose of this policy is to implement reasonable precautionary measures to protect students who may have sustained a concussion or head injury.

2. Policy:

2.1. St. George Academy recognizes that concussions and head injuries are commonly reported injuries in children and adolescents who participate in athletic programs, practices, competitions, and physical education classes but the possibility of head injury always exists. A concussion is type a 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.

3. Procedure:

3.1. Recognition of Concussion or Head Injury:

A student or athlete shall be suspected of suffering a concussion or head injury if any of the following symptoms are observed arising from possible blunt trauma, acceleration of force or deceleration of force.

3.1.1. Transient confusion, disorientation, or impaired responsiveness;

3.1.2. Dysfunction of memory;

3.1.3. Loss of responsiveness/consciousness; or

3.1.4. Signs of other neurological or neuropsychological dysfunction, including:

- seizures;
- irritability;
- lethargy;
- vomiting;
- headache;
- dizziness;
- fatigue;

3.1.5. Staff has reason to believe above symptoms are manifested when the athlete or student:

- Forgets plays or demonstrates short-term memory difficulty
- Exhibits difficulties with balance or coordination
- Answers questions slowly or inaccurately
- Exhibits balance problems or dizziness

**Policy Adapted from Washington County*

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- Complains of double vision or changes in vision
- Notices sensitivity to light or sound/noise
- Feels sluggish or foggy
- Has difficulty with concentration and short-term memory
- Demonstrates a vacant stare
- Exhibits delayed verbal and motor responses
- Is confused or is unable to focus attention
- Is disoriented
- Has slurred or incoherent speech
- Exhibits emotions out of proportion to circumstances
- Demonstrates memory deficits
- Has any period of loss of consciousness

3.2. Emergency Management and Referral:

The following situations indicate a medical emergency and require emergency medical assistance. The student should be transported immediately to the nearest emergency department via emergency vehicle:

3.2.1. Any student with a witnessed loss of responsiveness/consciousness of any duration.

3.2.2. Any student who has symptoms of a concussion, and who is not stable (i.e., condition is worsening).

3.2.3. A student who exhibits any of the following symptoms:

- Deterioration of neurological function
- Decreasing level of responsiveness
- Decrease or irregularity in respirations
- Any signs or symptoms of associated injuries, spine or skull fracture, or bleeding
- Mental status changes: lethargy, difficulty maintaining arousal, confusion or agitation
- Seizure activity

3.3. Removal from Activity and Notification:

3.3.1. 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.

3.3.2. All student participants in any activity covered by this policy that are suspected of suffering a concussion or head injury will be immediately removed from any covered activity and not return to participate until cleared, in writing, by a health care professional trained in the evaluation and management of concussions.

3.3.3. St George Academy staff shall immediately notify school administration if a student is suspected of suffering from a concussion or head injury.

Board Rule R277-614

3.3.4. Administration shall personally notify the parent/guardian. In the event that a student's parent(s) cannot be reached, and the student is able to be sent home, the administrator or designee must not allow the student to drive themselves home. The student must be with a responsible individual who is capable of monitoring the student and understanding the home care instructions before allowing the student to go home.

3.3.5. The administrator should continue efforts to reach a parent. 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. The administrator should accompany the student and remain with the student until a parent arrives.

3.4. Health Care Professional Management and Certification

3.4.1. Pursuant to [UCA § 26-53-301](#), the student must obtain the approval of a qualified Health Care Professional before they are allowed to return to play in any athletic program.

3.4.2. The attending Health Care Professional must certify successful completion of a continuing education course in the evaluation and management of concussions.

3.4.3. If the Health Care Professional certifies the student did NOT sustain a concussion, then the student may be released to return to play in the sport.

3.4.4. If the Health Care Professional certifies the student did sustain an injury, then the student must progress through the following Return to Play Protocol (RTPP):

3.5. The Return to Play Protocol (RTPP) Procedure:

3.5.1. UHSAA Concussion Return to Play Clearance Form outlines the RTPP Procedures: The student's return to activity and play is a medical decision. The student must meet all steps in the Protocol as prescribed and supervised by the authorized Health Care Professional.

3.5.2. 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.

3.5.3. Progression to activity will not be allowed until authorized by the attending Health Care Professional to "return to play."

3.6. Temporary Transitional Accommodations for Students with Head Injuries

3.6.1. Rest is the best treatment for healing concussions or other head injuries. The concussed brain is affected in many functional aspects as a result of the injury. Memory, attention span,

concentration and speed of processing significantly impacts learning. Further, exposing the concussed student to the stimulating school environment may delay the resolution of symptoms needed for recovery. Accordingly, consideration of the cognitive effects in returning to the classroom is also an important part of the treatment of concussions and head injuries.

3.6.2. Mental exertion increases the symptoms from concussions and affects recovery. To recover, cognitive rest is just as important as physical rest. Reading, studying, computer usage, testing, and texting, even watching movies if a student is sensitive to light/sound, can slow a student's recovery. In accordance with the Centers for Disease Control's toolkit on managing concussions, boards of education may look to address the student's cognitive needs in the following ways:

- Have the student take rest breaks as needed.
- Have the student spend fewer hours at school.
- Give the student more time to take tests or complete assignments in all courses.
- Have the student receive help with schoolwork.
- Reduce the student's time spent on the computer, reading, and writing.
- Grant the student early dismissal to avoid crowded hallways and common spaces.