



BEEHIVE S & T ACADEMY HEAD INJURY AND CONCUSSION POLICY

PURPOSE:

Medical management of sports-related concussions and traumatic head injuries continues to evolve. In order to effectively and consistently manage sports-related concussions and traumatic head injuries, this policy has 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.

POLICY:

- This policy applies to students participating in:
- Recess, field days;
- Physical education classes offered by the School; and
- Extra-curricular activities sponsored by the School or statewide athletic associations or both groups jointly.

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School shall provide a written copy of this policy to parents of students participating in sporting events (as defined in this policy), and obtain a signed statement from the parent acknowledging that the parent has read, understands, and agrees to abide by the concussion and head injury policy.

“Sporting events” for purposes of this policy means any of the following athletic activities that is organized, operated, managed, or sponsored by the School (i) a game; (ii) a performance; (iii) a practice; (iv) a sports camp; (v) a physical education class; (vi) a competition; (vii) a tryout; (viii) recess and field days.

RECOGNITION:

It is the responsibility of the Management to ensure that employees and agents of BSTA have appropriate training about recognizing and responding to concussions and traumatic head injuries, consistent with the employee’s/agent’s responsibilities for supervising students participating in sporting events.

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 observed or self-reported conditions attributable to the injury:

- Transient confusion, disorientation, or impaired consciousness;
- Dysfunction of memory;
- Loss of consciousness; or
- Signs of other neurological or neuropsychological dysfunction, including: [a] seizures; [b] irritability; [c] lethargy; [d] vomiting; [e] headache; [f] dizziness, or [g] fatigue.

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 professional. 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.

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

NOTIFICATION AND TRANSPORTATION

Parent Notification:

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

- The student has been injured;
- 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;
- 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
- A medical evaluation by a qualified health care professional is required before the student will be allowed to participate in any District sporting event.

Parent Cannot be Reached:

In the event that a student's parent cannot be reached, and the student can be sent home rather than directly to an emergency medical provider, school personnel shall:

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

Emergency Medical Response:

The following situations indicate a medical emergency and require an emergency medical response by school personnel in conjunction with parent notification:

- Any student with a witnessed loss of consciousness of any duration should be transported immediately to the nearest emergency department via emergency vehicle.
- 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.
- 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;
 - [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 maintaining arousal, confusion or agitation; or
 - [f] seizure activity.

RETURN TO ACTIVITY :

Medical Provider Clearance:

Before a student suspected of suffering a concussion or traumatic head injury may be allowed to participate in any School sporting event, the student's parent shall provide a written statement from a qualified health care provider stating that:

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

Step-wise Return to Activity

Once medical clearance has been given, 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.

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 School sporting event involves the potential of collision or contact.

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 for 24 hours and then resume activity at a level one step below where he or she was at when the symptoms occurred.

The step-wise progression 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.

DEFINITIONS:

“Agent” means a coach, representative, or volunteer.

“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.

REFERENCES:

Utah Code Ann. §§ 26-53-101 et seq. – Protection of Athletes with Head Injuries Act.
Utah Administrative Code R277-614 – Athletes and Students with Head Injuries.

ADOPTED: December 3rd, 2011

REVISED: