



HEAD INJURY POLICY

In accordance with Utah Administrative Code R277-614, to protect Promontory School's students while participating in any and all physical activities sponsored by and through the school, including but not limited to recess, P.E. class, fieldwork, games or other extra-curricular activities, Promontory School seeks to provide a safe return to activity for any student after a 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.

All appropriate staff shall attend a yearly in-service meeting in which procedures for managing physical activity-related concussions are discussed.

Policy Availability

This policy shall be made publicly available by posting it on the Promontory School website so that parents, students, and community members have ready access to the information, as required by R277-614.

Recognition of Concussion 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. Even 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 does not lose consciousness.

The following are common signs and symptoms of physical activity-related 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)

Symptoms (reported by student):

- Headache
- Fatigue
- 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. Any student who exhibits these signs, symptoms, or behaviors shall be immediately removed from the contest, game, or practice, and shall not return to play until cleared by a written statement from a licensed medical provider.

Management and Referral Guidelines for All Staff

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

- Any student with a witnessed loss of consciousness (LOC) of any duration should be spine boarded and 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), is to 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:
 - Deterioration of neurological function
 - Decreasing level of consciousness
 - 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

2. 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. Parents will be notified of a “head knock” type of injury even if the child is asymptomatic of a concussion. The parents should be advised to monitor their child of signs of concussion that may appear hours after the incident.

Guidelines and Procedures for Teachers, Staff & Volunteers Supervising Contests and Games:

Recognize concussion

1. All teachers and staff of Promontory School should become familiar with the signs and symptoms of concussion that are described above.

2. Promontory School staff shall have appropriate training about recognizing and responding to traumatic head injuries, consistent with the employees' responsibilities for supervising students.

Remove from activity Any student who exhibits signs, symptoms, or behaviors consistent with a concussion shall be immediately removed from the sporting event and shall not return to play until cleared by a written statement from a licensed medical provider. "When in doubt, sit 'em out."

Refer the athlete/student for medical evaluation

1. Promontory School is responsible for notifying the student's parent(s) of the injury.
 - a. Contact the parent(s) to inform a parent of the injury. Depending on the injury, either an emergency vehicle will transport or parent(s) will pick the student up at the event for transport.
 - b. A medical evaluation is required before returning to play.
2. 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):
 - Promontory School staff should insure that the student will 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.
 - Promontory School staff 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. A Promontory School staff member should accompany the student and remain with the student until a parent arrives.
 - Promontory School administration shall provide for supervision of other students for whom he or she is responsible when accompanying the injured student.
3. Promontory School should seek assistance from coaches, teachers, administration, or other appropriate individuals, if available, at a host school or other site during an away contest if the injury occurs during a formal athletic contest.

Return to Play (RTP) Procedures After Concussion

1. Return to activity and play is a medical decision. The student must meet all of the following criteria in order to progress to activity:

- a. Be asymptomatic at rest and with exertion (including mental exertion in school), AND b. 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).

2. 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 the student's teacher as well as administrative staff, who must have a very specific plan to follow as directed by the student's physician)

3. 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.

4. Stepwise progression as described below:

- **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.
- **Step 2.** Return to school full-time.
- **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. At this point the student may begin walking or riding an exercise bike. No weight lifting.
- **Step 4.** Running in the gym or on the field. No helmet or other equipment.
- **Step 5.** Non-contact training drills in full equipment. Weight training can begin.

- **Step 6.** Full contact practice or training. Participation in regular P.E. and recess activities.

- **Step 7.** Play in game (intramural students). Must be cleared by a physician before returning to play.

5. The student should spend 1 to 2 days at each step before advancing to the next. If post-concussion symptoms occur at any step, students 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.

In compliance with R277-614, all parents or legal guardians of students at Promontory School must annually review and sign a Concussion & Head Injury Information Acknowledgment Form, regardless of whether the student participates in sports, PE, recess, or fieldwork activities. A signed acknowledgment form must be on file with the school before the student participates in any physical activity sponsored by the school.

Parents or Legal Guardians of Promontory School students ARE REQUIRED to complete a Concussion & Head Injury Information Release Form and turn it into the school prior to the student participating in any intramural sports activity or PE class.

This requirement also applies to general school physical activities such as recess and fieldwork to ensure universal awareness and compliance.

<http://www.cdc.gov/concussion/HeadsUp/youth.html>