Washington County School District
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District Policy 2360

Student Concussion and Head Injury Policy

Washington County School District - Approved 9-13-11; Revised 11-11-14; Revised 9-26-22; Updated 1-12-26

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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. The Board 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. It shall be the policy of the Washington County School District Board of Education, in accordance with UCA §26B-4-403 et seq., to require all coaches, assistant coaches, athletic program support staff identified on the District Extra Duty Assignment Roster, and physical education teachers and assistants to complete training on the recognition and management of concussions or head injuries.

2.2. Further, the District shall inform parents or legal guardians of this policy and obtain the parent's or legal guardian's signature on the policy before permitting a child to participate in a sporting event.

3. Procedure:

3.1. Training

3.1.1. Completion of head injury/concussion training is a condition of employment for employees and volunteers assigned to work with student athletics. All coaches, assistant coaches, athletic program support staff identified on the District Extra Duty Assignment Roster in addition to volunteers and physical education teachers and assistants, to include elementary education PE teachers (here after referred to as "Staff") shall complete a training course at least annually on the nature and risk of concussions and head injuries, including the risk of continuing to play after a concussion or head injury. An Athletic Head Injury Training program,

such as the National Federation of State High Schools Association online "Concussion in Sports" training program or a comparable program, will meet this requirement. Additional information about the NFSHS program is available on-line at http://www.nfhslearn.com.

3.1.2. A certificate of successful completion of training on the nature and risk of concussions and head injury shall be maintained in the District Human Resource Office and matched with the Extra Duty Assignment Roster and roster of all physical education teachers and assistants.

3.1.3. Coaching certifications shall be completed and current prior to engaging in coaching activities.

3.2. Parent Notification and Approval

3.2.1. Each school year, school administration shall assign or delegate responsibility to the athletic director, assistant administrator, teacher, coach, etc. to obtain parents/guardians signature for all students participating in an athletic program. Each parent/guardian must sign an acknowledgement that they fully understand the information in the brochure provided by Washington County School District regarding the risks of head injuries and concussion.

3.2.2. Students may not participate in any covered activity, tryout, camp, practice, game, or competition until the signed parent/guardian acknowledgement form is returned and on file at the school.

3.3. 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.

3.3.1. Transient confusion, disorientation, or impaired responsiveness;

3.3.2. Dysfunction of memory;

3.3.3. Loss of responsiveness/consciousness; or

3.3.4. Signs of other neurological or neuropsychological dysfunction, including:
- seizures;
- irritability;
- lethargy;
- vomiting;
- headache;
- dizziness;
- fatigue;

3.3.5. 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.
- 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 (befuddled facial expression)
- Exhibits delayed verbal and motor responses (slow to answer questions or follow instructions)
- Is confused or is unable to focus attention (easily distracted and unable to follow through with normal activities)
- Is disoriented (walling in the wrong direction; unaware of time, date and place)
- Has slurred or incoherent speech (making disjointed or incomprehensible statements)
- Exhibits emotions out of proportion to circumstances (distraught, crying for no apparent reason)
- Demonstrates memory deficits (exhibited by the athlete repeatedly asking the same question that has already been answered, or inability to memorize and recall 3 of 3 words, or 3 of 3 objects in 5 minutes)
- Has any period of loss of consciousness (paralytic coma, unresponsiveness to arousal)

3.4. 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:

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

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

3.4.3. 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

3.5. Removal from Activity and Notification:

3.5.1. 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.

3.5.2. 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 during a tryout, camp, practice, game, or competition and not return to participate until cleared, in writing, by a health care professional trained in the evaluation and management of concussions.

3.5.3. The coach, teacher, or program supervisor shall immediately notify school administration if a student is suspected of suffering from a concussion or head injury.

3.5.4. Administration, or their designee, shall personally notify the parent/guardian and give him/her a copy of the Post Concussion Instructions and Return to Play Clearance Form: http://www.uhsaa.org/new/images/forms/ConcussionReleaseForm.pdf
In the event that a student's parent(s) cannot be reached, and the student is able to be sent home:

3.5.4.1. The administrator or designee must not allow the student to drive himself/herself 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.

3.5.4.2. The administrator or designee 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 or designee should accompany the student and remain with the student until a parent arrives.

3.6. Health Care Professional Management and Certification

3.6.1. Pursuant to UCA §26B-4-403, the student must obtain the approval of a qualified Health Care Professional before s/he is allowed to return to play in any athletic program. The Health Care Professional must sign a UHSAA Concussion Return to Play Clearance Form to document the authorization. The form is available on line at: http://www.uhsaa.org/new/images/forms/ConcussionReleaseForm.pdf

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

3.6.3. 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.

3.6.4. 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):

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

3.7.1. 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 Heath Care Professional.

3.7.2. 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.

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

3.8. Possible Temporary Transitional Accommodations for Student-Athletes with Sports-Related Head Injuries

3.8.1. Rest is the best "medicine" 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-athlete 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 sports-related concussions and head injuries.

3.8.2. 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.

3.8.3. Students who return to school after a concussion may need to:

1. Take rest breaks as needed.
2. Spend fewer hours at school.
3. Be given more time to take tests or complete assignments. (All courses should be considered)
4. Receive help with schoolwork.
5. Reduce time spent on the computer, reading, and writing.
6. Be granted early dismissal to avoid crowded hallways.