**Traumatic Head Injury Policy**

## A. Legal Authority/Requirement

- UCA 26-53-101 Protection of Athletes with Head Injuries
- R277-614 Athletes and Student with Head Injuries

## B. Purpose:

1. InTech 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 returning to activity following a concussion.

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

## C. Recognition of Concussion

1. A concussion is a type of traumatic brain injury that interferes with the 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.

2. **Signs of Concussion** (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)

3. **Symptoms of a Concussion** (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

4. 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 school activity and shall not return to school activities until cleared by an appropriate health care professional.

**D. Management and Referral Guidelines for All Staff**

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

    a. Any student with a witnessed loss of consciousness of any duration should be spine boarded and transported immediately to nearest emergency department via emergency vehicle.

    b. Any student who has symptoms of a concussion, and who is not stable (i.e., the condition is worsening), is to be transported immediately to the nearest emergency department via emergency vehicle.

    c. A student who exhibits any of the following symptoms should be transported immediately to the nearest emergency department, via emergency vehicle.
        i. Deterioration of neurological function
        ii. Decreasing level of consciousness
        iii. Decrease or irregularity in respirations.
        iv. Any signs or symptoms of associated injuries, spine or skull fracture, or bleeding
        v. Mental status changes: lethargy, difficulty maintaining arousal, confusion or agitation.
        vi. 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.

**E. Guidelines and Procedures for Coaches and Teachers Supervising Contests and Games:**

*1. Recognize the concussion.*
   a. All educators and agents of InTech shall become familiar with the signs and symptoms of concussion that are described above.
   b. Educators and agents of InTech shall have appropriate training about recognizing and responding to traumatic head injuries, consistent with the employees' responsibilities for supervising students.

*2. Remove from activity.*
   a. Any student who exhibits signs, symptoms, or behaviors consistent with a concussion shall be immediately removed from the activity and shall not return to school activities until cleared by an appropriate health care professional.

*3. Refer the student for medical evaluation.*

4. The agent of InTech 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 parents will pick the student up at the event for transport.
   b. A medical evaluation is required before returning to activity.

   c. 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 InTech's agent should ensure 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.
      ii. The InTech agent should continue efforts to reach a 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 InTech's agent should accompany the student and remain with the student until a parent arrives.

iv. The InTech's agent shall provide for supervision of other students for whom he or she is responsible when accompanying the injured student.

**F. Students with suspected head injuries should not be permitted to drive home.**

1. InTech agents should seek assistance from the host site at an "away" event if the injury occurs away from the InTech campus.

**G. Return to Activity Procedures after Concussion**

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

    a. 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 stepwise process detailed below. (This progression must be closely supervised by an InTech agent.

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 activity in which the student participates. A 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/activity may be progressed more slowly.

4. Stepwise progression as described below:

    a. **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.
    b. **Step 2.** Return to school full-time.
    c. **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 weightlifting.
    d. **Step 4.** Running in the gym or on the field.
    e. **Step 5.** Non-contact training activities in full equipment. Weight training can begin.
    f. **Step 6.** Full contact activities.
    g. **Step 7.** Play in athletic contests. Must be cleared by physician before returning to play.

    h. 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 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 in a formal game or formal practice.

**H. Medical Provider Credentials and Second Opinions**

1. It is the prerogative of InTech to designate the credentials of the providers from whom it will accept clearance.

2. In the case where a student is clearly still having concussion symptoms, yet has been given a return to activity clearance by a health care provider, InTech may require a second acceptable medical opinion from a physician approved by both the school and the student's parent.

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Document History:

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