



CHANNING HALL

Head Injury and Concussion Policy

Channing Hall requires the training of its staff on the signs and symptoms of head injuries and the implementation of reasonable precautionary measures to ensure that concussed students are identified, treated and referred appropriately, receive follow-up medical care during the school day, and are fully recovered prior to returning to activity. Channing Hall seeks to provide a safe return to activity for all students following any injury, but particularly after a head injury and/or concussion.

Policy

Channing Hall recognizes that head injuries and concussion may occur during the normal activities of a school day, but are more apt to happen during participation in physical education classes, recesses, and athletic programs. This Head Injury and Concussion Policy, in accordance with UCA 26-53-101 and Utah State Board of Education Rule R277-614, requires all physical education teachers, program support staff, and general education teachers to complete annual training on the recognition and management of head injuries and concussions. Teachers and staff will sign Channing Hall's *Head Injury Form* at the completion of this training each school year.

This policy requires Channing Hall teachers or staff to complete an Incident Report Form on any head injury or suspected head injury occurring during the school day or at a school event. Additionally, this policy requires that the attendant staff or teacher attempt to notify a parent or legal guardian as soon as is reasonably possible after a suspected head injury has occurred, as per the requirements of Channing Hall's Incident Report Form.

Channing Hall requires a student who has sustained a concussion to obtain clearance from an appropriate health care professional and have a parent or legal guardian sign a copy of this policy before he/she will be allowed to participate in physical education classes, recess, or any other athletic program.

Channing Hall's Administration and physical education specialists shall review this policy and its procedures annually. The Board of Trustees must approve any modifications or changes based on these recommendations. The school will hold in-service training for its athletic department staff and other appropriate school personnel regarding any modifications or changes in this policy or its procedures.

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. 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.

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 signs, symptoms, or behaviors consistent with a concussion shall be immediately removed from the contest, game, or practice and shall not return to play until assessed by an appropriate health care professional.

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 of any duration should be spine boarded and transported immediately to 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 respiration
 - * 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.

Guidelines and Procedures for Coaches and Teachers Supervising Contests and Games:

RECOGNIZE ▪ REMOVE ▪ REFER

Recognize concussion

1. All educators and agents of the Channing Hall should become familiar with the signs and symptoms of concussion that are described above.
2. Educators and agents of Channing Hall shall have appropriate training about recognizing and responding to traumatic head injuries, consistent with the employees' responsibilities for supervising students and athletes.

Remove from activity

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 sporting event and shall not return to play until an appropriate health care professional. Remember

When in doubt, sit 'em out

Refer the athlete/student for medical evaluation

1. Channing Hall is responsible for notifying the student's parent(s) of the injury.
 - 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.
 - 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):
 - Channing Hall 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.
 - Channing Hall should continue efforts to reach a parent.
 - The school shall provide for supervision of other students for whom he or she is responsible when accompanying the injured student.
3. Channing Hall agents should seek assistance from the host site certified athletic trainer or team physician, if available, at an away contest if the injury occurs at a formal athletic contest.

Return to Play 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:
 - Asymptomatic at rest and with exertion (including mental exertion in school) AND
 - Have written documentation from the student's primary care provider or concussion specialist (student must be clearance 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.
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:
 - 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.
 - Return to school full-time.

- 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 athlete may begin walking or riding an exercise bike. No weight lifting.
- Running in the gym or on the field. No helmet or other equipment.
- Non-contact training drills in full equipment. Weight training can begin.
- Full contact practice or training.
- Play in game must be approved by physician before returning to play.

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 at a game or formal practice.

Potential Problem Areas

While current Utah law designates that a student may be returned to play by “an appropriate health care provider” it is the prerogative Channing Hall to designate the credentials of the providers from whom they will accept for giving clearance. This is a very important decision and should be made after careful consideration by the athletic director, Head of School, teacher, and parent(s). The school’s liability carrier may also be consulted.

Students who have been cleared by a physician yet are still showing concussion symptoms may not be allowed to return to play until they receive clearance from an expert in the field of concussion management. Such incidents will be reviewed on a case-by-case basis by the Administration.