

Second Reading

Article VIII.A.29. Student Head Injuries and Concussions

A. Statement of Purpose

The Board is committed to keeping students safe as they participate in sports and other activities. Recent medical research has led to a greater understanding of effective ~~medical~~ treatment and management of concussions or traumatic head injuries. Therefore, it is the purpose of this policy to implement procedures to protect and assist students who may sustain a concussion or traumatic head injury. ~~This policy is also intended to~~ allow for a safe return to activity for students following a concussion or traumatic head injury.

B. Definitions

1. “Agent” means a coach, teacher, employee, representative, or volunteer working for or on behalf of the District.
2. For the purpose of this policy, a “qualified health care professional” is defined as one who is trained in management of concussion and who:
 - a. is licensed under Utah Code, Title 58, Division of Occupational and Professional Licensing Act;
 - b. may evaluate and manage a concussion within the health care provider’s scope of practice; and
 - c. has within three years, successfully completed a continuing education course in the evaluation and management of concussions.
3. Consistent with Utah Code Section 26-53-102(5) “sporting events” are defined as athletic activities organized, managed, or sponsored by the school and include ~~games~~, practices, sports camps, competitions, tryouts, and other similar activities sponsored by schools. (Elementary physical education classes are not considered sporting events for the purpose of this policy.)
4. “Physical education class,” means a structured secondary school class period that includes an adult supervisor.
5. “Traumatic head injury” means an injury to the head caused from blunt trauma, an acceleration force, or a deceleration force, accompanied by observed or self-reported conditions attributable to the injury listed under Utah Code Section 26-53-102(6) and in section E.1. below.

C. Parent Approval for Student Participation in Sporting Events ~~Notification~~

Each secondary school shall distribute to parents or legal guardians a copy of the Head

Injury Policy Guidelines and obtain signed approval from a parent or legal guardian before students are allowed to participate in sporting events. Parents or legal guardians must acknowledge they understand the inherent risks of student participation in sporting events and assume responsibility to report any signs or symptoms of an injury to the coach or other responsible supervising agent at the school. ~~relevant information contained in the Head Injury Policy Guidelines.~~

D. Guidelines and Responsibilities for Supervising Agents Training for Relevant Staff

1. Agents supervising any physical activities of students shall become educated on the topic of traumatic head injuries at a level commensurate with the type of activities supervised and the potential for injury inherent in the activity. In particular, all agents supervising physical activities shall become familiar with the signs and symptoms of traumatic head injuries and appropriate responses described in this policy.
2. Agents supervising sporting events shall complete a course on the nature and risk of concussions or traumatic head injuries and become familiar with the Utah High School Activities Association's Concussion Management Policy (found at <http://www.uhsaa.org/new/>).
 - a. An online course such as "Concussion in Sports –What You Need to Know," offered by the National Federation of State High Schools Associations or some other comparable course will meet this requirement (free training and other information about the NFSHS is available online at www.nfhslearn.com). Agents supervising sporting events shall also receive updates and professional development instruction on this topic annually from District personnel or appropriate professionals.
 - b. Agents supervising sporting events shall complete appropriate training prior to or within thirty days from the date of hire or notification of contract renewal. Training is a condition of employment for such employees and failure to obtain Training may be grounds for termination of employment.
5. ~~Non-Staff employees shall become educated on the topic of concussions or traumatic head injuries at a level commensurate with the type of activities supervised and the potential of injury inherent in the activity.~~

DE. Recognizing a Traumatic Head Injury

1. ~~A concussion is the most common type of traumatic head 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 the 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 does not lose consciousness. (For more information, see UHSAA Sports Medicine link, <http://www.uhsaa.org/new/>).~~

1. A student/athlete shall be suspected of suffering a traumatic head injury if any of the following symptoms are observed or self-reported after receiving blunt trauma, an acceleration force, or a deceleration force:
 - a. transient confusion, disorientation, or impaired consciousness
 - b. dysfunction of memory
 - c. loss of consciousness; and/or
 - d. signs of other neurological or neuropsychological dysfunction including:
 - i. seizures,
 - ii. irritability,
 - iii. lethargy,
 - iv. nausea/vomiting,
 - v. headache,
 - vi. dizziness,
 - vii. fatigue/excessive drowsiness
 - viii. inability to focus,
 - ix. headache
 - x. visual disturbances, including light sensitivity, blurry vision, or double vision
 - xi. disequilibrium
 - xii. feeling 'in a fog', 'zoned out'
 - xiii. vacant stare, 'glassy eyed'
 - xiv. emotional lability (excessive emotional reactions and frequent mood swings), fits of laughter or crying jags are two examples
 - xv. slurred/incoherent speech

2. Some examples of behavior consistent with a traumatic head injury are described as follows:
 - a. forgetting plays or demonstrates short-term memory difficulty;
 - b. exhibiting clumsiness or difficulties with balance and coordination;
 - c. answering questions slowly or inaccurately;
 - d. complaining of double vision or changes in vision;
 - e. exhibiting sensitivity to light or sound/noise;
 - f. feeling sluggish or foggy;
 - g. having difficulty with concentrating;
 - h. demonstrating a vacant stare or befuddled facial expression;
 - i. exhibiting delayed verbal and motor responses (slow to answer questions or follow instructions);
 - j. exhibiting confusion or an inability to focus attention (easily distracted and unable to follow through with normal activities);
 - k. demonstrating disorientation (walking in the wrong direction or unaware of time, date, and place);
 - l. demonstrating slurred or incoherent speech (making disjointed or incomprehensible statements);
 - m. exhibiting emotions out of proportion to circumstances (distraught or crying for no apparent reason);
 - n. demonstrating memory deficits (exhibited by repeatedly asking the same question that has been answered or an inability to memorize and recall three of three words or three of three objects in five minutes); and/or
 - o. losing consciousness (paralytic coma, unresponsiveness to arousal).

EF. Response to Signs and Symptoms of a Traumatic Head Injury ~~Immediate Removal from Activity~~

1. Any student suspected of sustaining a concussion or traumatic head injury shall be immediately removed from the activity for proper management and referral. Agents shall err on the side of caution when a concussion or traumatic head

injury is suspected. A good rule of thumb is: “When in doubt, sit ’em out.” including but not limited to sporting events, and shall not return to play until cleared by an appropriate health care professional (see Return to Play in Sporting Events below).

~~2. A good rule of thumb is: “When in doubt, sit ’em out.”~~

2. An agent shall report a suspected traumatic head injury to parents or legal guardians as soon as possible.

FG. Management and Referral Guidelines ~~Proper Referral Protocols for Injured Students~~

~~1. Every secondary school shall designate an employee or multiple employees, as needed, to make proper referrals for students suspected of sustaining a concussion or traumatic head injury. At any time a student or athlete is suspected of suffering a concussion or traumatic head injury, a school designee must be notified as soon as possible to initiate proper referral protocols.~~

1. Some situations indicate a medical emergency and require an immediate response. Staff Agents shall be prepared to react to such situations appropriately and shall err on the side of caution. Below are descriptions of various emergency scenarios and appropriate responses.

a. A student with a ~~witnessed~~ prolonged loss of consciousness ~~of any duration~~ should be spine boarded and transported immediately to nearest hospital or emergency care facility via emergency vehicle.

b. A student who has symptoms of a traumatic head injury and is not stable (i.e., condition is worsening) is to be transported immediately to the nearest hospital or emergency care facility via emergency vehicle.

c. A student who exhibits any of the following symptoms shall be transported immediately to the nearest hospital or emergency care facility via emergency vehicle:

i. deterioration of neurological function;

ii. decreasing level of consciousness;

iii. decreasing or irregular respiration;

iv. signs or symptoms of associated injuries, spine or skull fracture, or bleeding;

v. mental status changes including lethargy, difficulty maintaining lucidity, confusion or agitation; and/or

vi. seizure activity.

2. ~~A student who is symptomatic but stable (i.e., condition is not worsening) may be transported by a parent or legal guardian. The parent or legal guardian should be advised to contact the student's primary care physician or seek care at the nearest hospital or emergency care facility on the day of the injury.~~
3. An agent supervising the sporting event shall ensure appropriate transport for the injured student or athlete, depending on the nature and severity of the injury. ~~school designee shall be responsible for:~~
 - a. A student who is symptomatic but stable (i.e., condition is not worsening) may be transported by a parent or legal guardian.
 - b. The parent or legal guardian should be advised to contact the student's primary care physician or seek care at the nearest hospital or emergency care facility on the day of the injury.
34. An agent shall notify the parent or legal guardian that a medical evaluation is required by a qualified health care professional before the student/athlete will be allowed to play in any District sporting event (*see* Return to Play Protocol below).
 - ~~c. ensure that a proper medical evaluation is obtained for the injured student or athlete before returning to play.~~
45. In the event that an injured student's parent or legal guardian cannot be reached, ~~and the student can be sent home (rather than directly to a medical doctor),~~ an agent shall:
 - a. ensure that the student is placed within the care of a responsible individual capable of monitoring the student and understanding any home care instructions;
 - b. continue efforts to reach a parent or legal guardian;
 - c. refer the injured student to a hospital or emergency care facility for evaluation if question or doubt about the status of the student remains or if the student cannot be monitored appropriately, accompany the injured student, and remain with the injured student or athlete until a parent or legal guardian arrives; and
 - d. continue to provide for or delegate the supervision of other students for whom he/she is responsible.

56. Students with suspected traumatic head injuries shall not be permitted to drive home.
67. An agent shall seek assistance from the host site's certified athletic trainer or team physician, if available, at an away sporting event or other activity.

H. Return to Play after Traumatic Head Injury

1. ~~Return to play in a sporting event is a medical decision. The A student/athlete suspected of suffering a traumatic head injury shall be prohibited from participating in any sporting event until the student/athlete meets the following criteria: in order to progress back to full activity:~~
- a. The student/athlete must be asymptomatic of a traumatic head injury (including mental exertion in school);
 - b. ~~once the above criteria are met, the student will be progressed back to full activity following the sample~~ The student/athlete must complete the graduated Return to Play Protocol proscribed by the District.
 - c. The student/athlete must obtain written clearance from a qualified health care professional. Clearance requires:
 - i. an evaluation by a qualified health care professional who is trained in the evaluation and management of concussions;
 - ii. a written statement from the qualified health care professional stating that:
 - (a) that the qualified health care professional has, within three years before the date of the written statement, successfully completed a continuing education course in the evaluation and management of concussions, and
 - (b) the child is cleared to resume participation in the sporting event.
 - d. The student/athlete must obtain written permission from parents or legal guardians to return to play in a sporting event.
2. ~~The student's parent or legal guardian must also provide written permission for a student to return to play in a sporting event.~~
23. Instructions for home care, return to play protocols, and clearance forms are available online on the Granite School District Athletics Department webpage.

(See Post-Concussion Instructions and Return to Play Clearance Forms www.uhsaa.org/new/images/forms/ConcussionReleaseForm.pdf).
~~Post-Concussion Instructions and Return to Play Clearance Form prior to returning to play in sporting events. Post-Concussion and Return to Play Clearance forms~~

34. Progression toward returning to full activity shall be determined on a case-by-case basis. Factors that may affect the rate of progress include: previous history of concussion, duration and type of symptoms, whether symptoms return, age of the student, and sport/activity in which the student participates. An athlete/student with a prior history of concussions, one who has had an extended duration of symptoms, or one who is participating in a collision or contact sport may progress more slowly.
 45. Agents supervising student/athletes shall use independent judgment to assess whether concussion or traumatic head injury symptoms persist despite the clearance of a qualified health care provider and the parent or legal guardian's permission. Schools may require a second opinion from a separate qualified medical professional ~~health care provider~~ of its choice (typically a physician or neuropsychologist on contract) who shall evaluate the student and make a final decision regarding return to play to a sporting event.
- ~~3. An Return to Play Protocol outline is provided below. The student/athlete should spend one (1) to two (2) days at each step before advancing to the next. If symptoms occur at any step, the student must stop the activity, and the treating qualified health care professional must be contacted. Depending upon the specific type and severity of the symptoms, the student may be required to rest for twenty-four (24) hours and then resume activity at the previous step. (See also USHAA Sports Concussion Management Policy, www.uhsaa.org/SportsMed/ConcussionManagementPlan.pdf).~~
1. ~~A student or athlete's return to play in Sporting Events after a concussion or traumatic head injury is a medical determination and must be initiated by a qualified health care professional physician other than an emergency care physician. A school designee shall monitor a student's progress. Return to play begins with sufficient rest, followed by a progression in levels of activity. Return to play is complete only after proper medical clearance (see Medical Clearance for Return to Play below) and written parental permission is obtained. Return to play in Sporting Events shall not be rushed for the benefit of a team or for any other reason.~~
 - a. ~~A sample step-by-step plan for return to play in Sporting Events is provided below for instructive purposes only. A similar protocol is found in the USHAA Sports Concussion Management Policy, www.uhsaa.org/SportsMed/ConcussionManagementPlan.pdf. The best plan for~~

return to play will always come from a student's treating physician or qualified health care medical professional.

b. A complete return to play protocol resembles the following:

~~Step 1—No physical or cognitive activity. Complete cognitive rest followed by gradual reintroduction of schoolwork.~~

~~Step 2—Return to school full time.~~

~~Step 2—Light Aerobic Physical Activity. This step may begin only when a student or athlete is no longer symptomatic, has returned to school full time, and the exercise is prescribed by a qualified health care professional. At this point, the student or athlete may begin walking or riding an exercise bike—no weight lifting.~~

~~Step 3—Running in the gym or on the field. No helmet or other equipment should be used at this stage.~~

~~Step 4—Non-contact training drills with equipment. Weight training can begin.~~

~~Step 5—Full contact practice or training.~~

~~Step 6—Compete. Students must be cleared by a physician before returning to play. (see Medical Clearance for Return to Play below).~~

c. ~~The student should spend one or more days at each step before advancing to the next. If symptoms reoccur at any step, the student or athlete shall discontinue the activity, and the treating physician shall be contacted. Depending upon the specific type and severity of the symptoms, the student or athlete may be directed to rest for a day or more before resuming activity at a previous step.~~

3. ~~Students who have suffered a concussion or traumatic head injury and wish to return to competitive play are required encouraged to complete a Post Concussion Instructions and Return to Play Clearance Form prior to returning to play in sporting events. Post Concussion and Return to Play Clearance forms are available online on the Granite School District Athletics Department webpage. (www.uhsaa.org/new/images/forms/ConcussionReleaseForm.pdf).~~

III. Medical Clearance for RPT

1. ~~A student or athlete must obtain medical clearance from a qualified medical professional before he or she is allowed to return to play in any Sporting Event after the student athlete has been removed for a suspected concussion or traumatic head injury. It is the school's responsibility to verify proper medical clearance, the requirements for which are as follows:~~

- a. ~~the student must be evaluated by a qualified medical professional health care provider who is licensed in the State of Utah and trained in the evaluation and management of concussions or traumatic head injuries;~~
 - b. ~~the qualified health care provider medical professional must provide the school a written statement certifying:

 - i. ~~she/he 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; and~~
 - ii. ~~the student is cleared to resume participation in a specified Sporting Event.~~~~
2. ~~The student's parent or legal guardian must also provide written permission for a student to return to play in a Sporting Event.~~
3. ~~A school's designee shall use independent judgment to assess whether concussion or traumatic head injury symptoms persist despite the clearance of a qualified health care provider and the parent or legal guardian's permission. Schools may require a second opinion from a separate qualified medical professional health care provider of its choice (typically a physician or neuropsychologist on contract with the district) who shall evaluate the student and make a final decision regarding return to play to a Sporting Event.~~

IJ. Continued Participation in Non-Sporting Events

- 1. Depending upon the type or severity of the injury, procedures for returning to physical activities that are NOT sporting events (e.g. recess, field day, CTE courses, etc.) may be simplified as appropriate. In consultation with a physician, school nurse, or other health care provider professional, parents or legal guardians may provide clearance for students to participate in non-sporting event activities including in both the and Secondary schools and in elementary school physical education classes. Medical clearance, described in the previous section, is required for secondary students returning to physical education courses.
- 2. As with sporting events, agents retain discretion to prohibit participation of any students from any physical activity if a student appears symptomatic of a traumatic head injury. Schools may require a second opinion from a health care qualified medical professional before a student resumes activity in physical education classes or in other school sponsored activities.
- 1. ~~District employees who supervise recess, field days, or other non-sporting event student activities shall become familiar with the symptoms and signs of~~

~~concussions or traumatic head injuries as they are described in this policy and be prepared to follow proper protocols when a student is suspected of suffering a concussion or traumatic head injury.~~

- ~~2. Non Staff employees need not participate in Training but shall become educated on the topic of concussions or traumatic head injuries at a level commensurate with the non Staff employees' responsibilities for supervising students in a capacity where such an injury may occur.~~
- ~~3. Elementary schools, which do not participate in Sporting Events, shall also designate at least one employee to obtain formal Training, as described in this policy. The school designee(s) shall understand and follow the referral protocols described in this policy and shall act appropriately in the event a student is suspected of suffering a concussion or traumatic head injury.~~

~~K. Schools Retain Discretion~~

~~The school designee(s) shall use independent judgment to assess whether concussion or traumatic head injury symptoms persist despite the clearance of a parent or legal guardian. Schools may require a second opinion from a health care qualified medical professional before a student resumes activity in physical education classes or in other school sponsored activities.~~

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A. Statement of Purpose

The Board is committed to keeping students safe as they participate in sports and other activities. Recent medical research has led to a greater understanding of effective treatment and management of concussions or traumatic head injuries. Therefore, it is the purpose of this policy to implement procedures to protect and assist students who may sustain a concussion or traumatic head injury and allow for a safe return to activity.

B. Definitions

1. “Agent” means a coach, teacher, employee, representative, or volunteer working for or on behalf of the District.
2. For the purpose of this policy, a “qualified health care professional” is defined as one who is trained in management of concussion and who:
 - a. is licensed under Utah Code, Title 58, Division of Occupational and Professional Licensing Act;
 - b. may evaluate and manage a concussion within the health care provider’s scope of practice; and
 - c. has within three years, successfully completed a continuing education course in the evaluation and management of concussions.
3. Consistent with Utah Code Section 26-53-102(5) “sporting events” are defined as athletic activities organized, managed, or sponsored by schools and include practices, sports camps, competitions, tryouts, or similar activities. (Elementary physical education classes are not considered sporting events for the purpose of this policy.)
4. “Physical education class,” means a structured secondary school class period that includes an adult supervisor.
5. “Traumatic head injury” means an injury to the head caused from blunt trauma, an acceleration force, or a deceleration force, accompanied by observed or self-reported conditions or symptoms attributable to the injury listed under Utah Code Section 26-53-102(6) and in section E.1. below.

C. Parent Approval for Student Participation in Sporting Events

Each secondary school shall distribute to parents or legal guardians a copy of the Head Injury Policy Guidelines and obtain signed approval from a parent or legal guardian before students are allowed to participate in sporting events. Parents or legal guardians

must acknowledge they understand the inherent risks of student participation in sporting events and assume responsibility for reporting any signs or symptoms of a head injury to the coach or other responsible supervising agent at the school.

D. Training and Education for Supervising Agents

1. Agents supervising any physical activities of students shall become educated on the topic of traumatic head injuries at a level commensurate with the type of activities supervised and the potential for injury inherent in the activity. At minimum, all agents supervising physical activities shall become familiar with the signs and symptoms of traumatic head injuries and appropriate responses described in this policy.
2. Agents supervising sporting events shall complete a course on the nature and risk of concussions or traumatic head injuries and become familiar with the Utah High School Activities Association's Concussion Management Policy (found at <http://www.uhsaa.org/new/>).
 - a. An online course such as "Concussion in Sports –What You Need to Know," offered by the National Federation of State High Schools Associations or some other comparable course will meet this requirement (free training and other information about the NFSHS is available online at www.nfhslearn.com). Agents supervising sporting events shall also receive updates and professional development on this topic annually from District personnel or other appropriate professionals.
 - b. Agents supervising sporting events shall complete appropriate training prior to or within thirty days from the date of hire or notification of contract renewal. Training is a condition of employment for such employees and failure to obtain adequate training may be grounds for termination of employment.

E. Recognizing a Traumatic Head Injury

1. A student/athlete shall be suspected of suffering a traumatic head injury if any of the following symptoms are observed or self-reported after receiving blunt trauma, an acceleration force, or a deceleration force:
 - a. transient confusion, disorientation, or impaired consciousness;
 - b. dysfunction of memory;
 - c. loss of consciousness; and/or
 - d. signs of other neurological or neuropsychological dysfunction including:

- i. seizures,
- ii. irritability,
- iii. lethargy,
- iv. nausea/vomiting,
- v. headache,
- vi. dizziness,
- vii. fatigue/excessive drowsiness,
- viii. inability to focus,
- ix. headache,
- x. visual disturbances, including light sensitivity, blurry vision, or double vision,
- xi. disequilibrium,
- xii. feeling “in a fog” or “zoned out,”
- xiii. vacant stare, “glassy eyed,”
- xiv. emotional lability (excessive emotional reactions and frequent mood swings), fits of laughter, or “crying jags,” and/or
- xv. slurred/incoherent speech.

2. Some examples of behavior consistent with a traumatic head injury are described as follows:

- a. forgetting plays or demonstrates short-term memory difficulty;
- b. exhibiting clumsiness or difficulties with balance and coordination;
- c. answering questions slowly or inaccurately;
- d. complaining of double vision or changes in vision;
- e. exhibiting sensitivity to light or sound/noise;
- f. feeling sluggish, “out-of-sorts,” and foggy;

- g. having difficulty with concentrating;
- h. displaying a vacant stare or befuddled facial expression;
- i. exhibiting delayed verbal and motor responses (slow to answer questions or follow instructions);
- j. exhibiting confusion or an inability to focus attention (easily distracted and unable to follow through with normal activities);
- k. demonstrating disorientation (walking in the wrong direction or unaware of time, date, and place);
- l. making disjointed or incomprehensible statements;
- m. exhibiting emotions out of proportion to circumstances (distraught or crying for no apparent reason);
- n. demonstrating memory deficits (exhibited by repeatedly asking the same question that has been answered or an inability to memorize and recall three of three words or three of three objects in five minutes); and/or
- o. losing consciousness (paralytic coma, unresponsiveness to arousal).

F. Response to Signs and Symptoms of a Traumatic Head Injury

- 1. Any student suspected of sustaining a concussion or traumatic head injury shall be **immediately removed** from the activity for proper management and referral. Agents shall err on the side of caution when a concussion or traumatic head injury is suspected. A good rule of thumb is: “**When in doubt, sit 'em out.**”
- 2. An agent shall report a suspected traumatic head injury to parents or legal guardians as soon as possible.

G. Management and Referral Guidelines

- 1. Some situations indicate a medical emergency and require an immediate response. Agents shall be prepared to react to such situations appropriately. Below are descriptions of various emergency scenarios and appropriate responses.
 - a. A student with a prolonged loss of consciousness should be spine boarded and transported immediately to nearest hospital or emergency care facility via emergency vehicle.

- b. A student who has symptoms of a traumatic head injury and is not stable (i.e., condition is worsening) is to be transported immediately to the nearest hospital or emergency care facility via emergency vehicle.
 - c. A student who exhibits any of the following symptoms shall be transported immediately to the nearest hospital or emergency care facility via emergency vehicle:
 - i. deterioration of neurological function;
 - ii. decreasing level of consciousness;
 - iii. decreasing or irregular respiration;
 - iv. signs or symptoms of associated injuries, spine or skull fracture, or bleeding;
 - v. mental status changes including lethargy, difficulty maintaining lucidity, and confusion or agitation; and/or
 - vi. seizure activity.
2. An agent supervising the sporting event shall ensure appropriate transport for the injured student or athlete depending on the nature and severity of the injury.
- a. A student who is symptomatic but stable (i.e., condition is not worsening) may be transported by a parent or legal guardian.
 - b. The parent or legal guardian should be advised to contact the student's primary care physician or seek care at the nearest hospital or emergency care facility on the date of the injury.
3. An agent shall notify the parent or legal guardian that a medical evaluation is required by a qualified health care professional before the student/athlete will be allowed to play in any District sporting event (*see Return to Play after Traumatic Head Injury* below).
4. In the event that an injured student's parent or legal guardian cannot be reached, an agent shall:
- a. ensure that the student is placed within the care of a responsible individual capable of monitoring the student and understanding any home care instructions;
 - b. continue efforts to reach a parent or legal guardian;

- c. refer the injured student/athlete to a hospital or emergency care facility for evaluation if a question or doubt about the status of the student/athlete remains, and if the student/athlete cannot be monitored appropriately, accompany the injured student/athlete and remain with him/her until a parent or legal guardian arrives; and/or
 - d. continue to provide for or delegate the supervision of other students for whom the agent is responsible.
5. Students with suspected traumatic head injuries shall not be permitted to drive home.
6. An agent shall seek assistance from the host site's certified athletic trainer or team physician, if available, at an away sporting event or other activity.

H. Return to Play after Traumatic Head Injury

1. A student/athlete suspected of suffering a traumatic head injury shall be prohibited from participating in any sporting event until the student/athlete meets the following criteria:
- a. The student/athlete must be asymptomatic of a traumatic head injury (including mental exertion in school).
 - b. The student/athlete must complete the graduated Return to Play Protocol proscribed by the District.
 - c. The student/athlete must obtain written clearance from a qualified health care professional. Clearance requires:
 - i. an evaluation by a qualified health care professional who is trained in the evaluation and management of concussions; and
 - ii. a written statement from the qualified health care professional stating that:
 - (a) the qualified health care professional has, within three years before the date of the written statement, successfully completed a continuing education course in the evaluation and management of concussions, and
 - (b) the child is cleared to resume participation in the sporting event.
 - d. The student/athlete must obtain written permission from parents or legal guardians to return to play in a sporting event.

3. Instructions for home care, return to play protocols, and clearance forms are available online on the Granite School District Athletics Department webpage. (See Post-Concussion Instructions and Return to Play Clearance Forms [www.uhsaa.org/new/images/forms/ConcussionRelease Form.pdf](http://www.uhsaa.org/new/images/forms/ConcussionRelease%20Form.pdf)).
4. Progression toward returning to full activity shall be determined on a case-by-case basis. Factors that may affect the rate of progress include: previous history of concussion, duration and type of symptoms, whether symptoms recur, age of the student, and the nature of the sport/activity in which the student participates. For example, a student/athlete with prior history of concussions, one who has had an extended duration of symptoms, or one who is participating in a collision or contact sport may progress more slowly.
5. Agents supervising students/athletes shall use independent judgment to assess whether concussion or traumatic head injury symptoms persist despite the clearance of a qualified health care provider and the parent or legal guardian's permission. Schools may require a second opinion from a separate qualified health care professional of its choice (typically a physician or neuropsychologist on contract) who shall evaluate the student and make a final decision regarding whether returning to play to a sporting event is safe.

I. Continued Participation in Non-Sporting Events

1. Depending upon the type or severity of the injury, procedures for returning to physical activities that are NOT sporting events (e.g. recess, field day, CTE courses, etc.) may be simplified as appropriate. In consultation with a physician, school nurse, or other health care provider, parents or legal guardians may provide clearance for students to participate in non-sporting event activities, including elementary school physical education classes.
2. As with sporting events, agents retain discretion to prohibit participation of any students from any physical activity if a student appears symptomatic of a traumatic head injury.