

# **Da Vinci Schools**

## ***Board Policy and Procedures***

### **HEAD AND NECK INJURY BOARD POLICY**

Da Vinci School seeks to provide a safe return to all activities for all children after injury, particularly after concussion. In order to effectively and consistently manage these injuries, procedures have been developed to aid in insuring that children with head injuries are identified, treated and referred appropriately, receive appropriate follow-up medical care during the school day and are fully recovered prior to returning to school activity.

#### **Head Injury Causes**

Falls are a common cause of minor head injury in children and adolescents, and other causes can be motor vehicle crashes, pedestrian and bicycle accidents, sports related trauma and child abuse. Low force injuries (e.g. short falls, hit by low speed or soft object such as a toy or ball) have a low risk of brain injury. In comparison, incidents that have a higher risk of brain injury include high speed motor vehicle accidents, falls from great heights, being hit by a high speed, heavy or sharp object e.g. bat / ball, golf club, tackle, and inflicted injury, such as vigorous shaking.

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.

Any student suspected of sustaining a concussion or traumatic head injury shall be immediately removed from any activity, including but not limited to sporting events, as that term is defined in under California law, including interscholastic or intramural games, practices, sports camps, competitions, and tryouts for school sanctioned sports, club sports, cheerleading, dance, or other activities where injuries are likely to occur.

Schools will abide by the rule: “When in doubt, sit’ em out.” For information on concussions or traumatic head injuries, including management guidelines for the first 24 hours after an injury, see UHSAA Sports Medicine link, [www.uhsaa.org/new/](http://www.uhsaa.org/new/).

A student or athlete shall be suspected of suffering a concussion or 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: seizures, irritability, lethargy, vomiting, headache, dizziness, and/or fatigue.

Typical signs and indicators include: (a) short-term memory problems (forgets plays); (b) difficulties with balance or coordination; (c) slow or inaccurate responses; (d) double vision or changes in vision; (e) sensitivity to light or sound/noise; (f) sluggishness or fogginess; (g) lack of concentration; (h) vacant stare or befuddled facial expression; (i) delayed verbal and motor responses (slow to answer questions or follow instructions); (j) confusion or inability to focus;

(k) disorientation; (l) slurred or incoherent speech; (m) disproportionate emotional reactions (crying for no apparent reason); (n) memory deficits (inability to memorize and recall three words or three objects in five minutes); and/or (o) any period of loss of consciousness.

Return to Play:

A student's return to play in sporting events after a concussion or traumatic head injury is a medical determination, and a student or athlete must obtain proper medical clearance before he or she is allowed to return to play in any sporting event. Parents are encouraged to coordinate a student's progression back to full activity with physicians, athletic directors, coaches, and staff. Factors that may affect a student or athlete's rate of progression include: previous history of concussion, duration and type of symptoms, age, and the sport or activity in which the student or athlete participates. A student or athlete with a prior history of one or more concussions or traumatic head injuries, 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.

Before a student can return to play in a sporting event, the student must be evaluated by a health care provider who is licensed in the State of Utah and trained in the evaluation and management of concussions or traumatic head injuries. The qualified health care provider must provide to the school a written statement certifying that 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 the student is cleared to resume participation in a specified sporting event.

The parent/legal guardian must also provide written permission for the student. Return to play in sporting events shall not be rushed for the benefit of a team or for any other reason.

## **HEAD AND NECK INJURY PROCEDURES**

### **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. School Staff 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. School Staff shall report a suspected traumatic head injury to parents or legal guardians as soon as possible.

### **Management and Referral Guidelines**

1. Some situations indicate a medical emergency and require an immediate response. School Staff 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. School Staff supervising a 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. School Staff 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.

### **Return to Play after Traumatic Head Injury**

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:

1. The student/athlete must be asymptomatic of a traumatic head injury (including mental exertion in school).
2. The student/athlete must obtain written clearance from a qualified health care professional. Clearance requires:
  - a. an evaluation by a qualified health care professional who is trained in the evaluation and management of concussions; and
  - b. a written statement from the qualified health care professional stating that the child is cleared to resume participation in the sporting event.

The student/athlete must present written permission from parents or legal guardians to return to play in a sporting event.

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.

School Staff 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.

### **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, School Staff retain discretion to prohibit participation of any students from any physical activity if a student appears symptomatic of a traumatic head injury.

### **Response to Head Injury in Non-Sport Setting**

A child who sustains a head injury whether it is thought to be a minor injury must be escorted to the office immediately, if able. If no staff witnessed injury, students seeing the accident should seek immediate assistance. If the injured child is not able to be escorted, then the office should be informed to assess the student at the site of the accident. Staff can take the decision to telephone for an ambulance if determined the injury is serious. If the child is symptomatic of a head injury, or has lost consciousness at all, the child should be transported to the hospital for further evaluation by ambulance with an adult escort. The parents or guardian of the child should be informed as soon as possible following the injury.

An incident report form and DV Head Injury Form should be completed and a Gallagher form provided to the parent or guardian. School nurse and administration should be notified.

### **First Aid for Neck Injuries**

There is a risk of neck injury at DaVinci School mainly through sports, if the injury is not life threatening a child or staff member should in the first instance contact the first aid staff and ask the injured person to remain still until assistance arrives. If it is obvious the injury is serious, then follow the guidelines as below.

Neck pain is an injury common to injured person and is not regularly a serious cause for concern, with symptoms disappearing over the course of a few days with correct rest and treatment. First aid for neck injuries can significantly prevent an individual from suffering further damage.

**Causes**

Any severe blow, fall or other accident may result in injury to the neck.

**Symptoms**

Unconsciousness, breathing difficulty, pain, swelling, loss of sensation, headache, loss of sensation or paralysis.

**Emergency Treatment**

- Dial 911 immediately and then contact first aid staff.
- DO NOT move injured person unless absolutely necessary to save life.
- DO NOT bend or twist victim's neck or body. Careful handling is extremely important
- Check injured person's breathing. If breathing stops, open airway.
- Maintain position in which injured person was found, even if neck or back is bent, and immobilize head, neck, shoulders and torso.
- Roll up towels, blankets, or clothing and place around head, neck, shoulders and torso.
- Await ambulance or medical assistance

Approved and Adopted by the Da Vinci Schools Board on November 20, 2019

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