

## **POLICY AND PROCEDURE FOR CONCUSSION AND HEAD INJURIES**

Utah Code Annotated §26-53-101 *et. seq.*

It is the intent of Beaver City to provide conscientious and safe athletic events. In compliance with state law, Beaver City has adopted and shall implement certain policies and procedures requiring adherence by all coaches, volunteers, parents, legal guardians, participants (athletes), and agents of Beaver City. This policy and procedure shall be distributed to all coaches and players prior to any player practicing or participating in any sporting activity. A "sporting activity" includes any game, practice, sports camp, physical education class, leagues, tournaments, tryouts or competitions but does not include drop in events, open swimming, temporary day park events, or other similar activities. Prior to participating in a sporting activity, each participant, or the parent or guardian of a participant, shall sign an acknowledgment that they have received a copy of this policy and procedure prior to participation in the sporting activity.

### **GENERAL CONCUSSION DESCRIPTION**

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, all concussions are potentially serious and may result in complications including prolonged brain damage and even death if not recognized and managed properly. In other words, even a "ding" or bump on the head can be serious.

Symptoms and signs of concussions (see traumatic head injury below) may show up right after the injury or can take hours or days to fully appear. If a participant reports any symptoms of concussion, or if any person notices the symptoms or signs of concussion, medical attention must be sought right away.

### **NATURE AND RISK**

Continuing to participate in a sporting event after sustaining a concussion or a traumatic head injury can leave the athlete vulnerable to greater injury or death. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first. This can lead to prolonged recovery, or even severe brain swelling with devastating and even fatal consequences. As a result, when there is any doubt that a concussion or head injury has occurred, the participant shall be held out of further participation until cleared.

## **POLICY REQUIREMENTS**

If Beaver City, its agents, coaches, volunteers, parents or legal guardians suspects an athlete (a child who is under the age of 18) of sustaining a concussion or traumatic head injury while participating in a sporting activity; the athlete shall be removed immediately. **Upon removal of athlete suspected of sustaining concussion or a traumatic head injury, a written medical clearance from a qualified health care provider is required before the athlete can return to participate in any sporting activity.**

1. ***“Qualified Health Care Provider”*** means a health care provider who: (a) is licensed under Title 58, Occupations and Professions; (b) may evaluate and manage a concussion within the health care provider’s scope of practice; and (c) within three years before the day on which the written statement is made, have successfully completed a continuing education course in the evaluation and management of a concussion.
2. ***“Traumatic head injury”*** means an injury to the head arising from blunt trauma, an acceleration force, or a deceleration force, with one of the following observed or self-reported conditions attributable to the injury: (a) transient confusion, disorientation, memory problems, balance problems, or impaired consciousness, (b) dysfunction of memory, (c) loss of consciousness, or (d) signs of other neurological or neuropsychological dysfunction, including: (i) seizures, (ii) irritability, (iii) lethargy, (iv) vomiting, (v) headache, (vi) dizziness, (vii) fatigue, (viii) blurry vision, or (viii) does not “feel right”.
3. ***“Repeated Concussions”*** occurs when more than one concussion is incurred by a participant prior to full recovery. Repeated concussions will significantly increase the likelihood of further problems and trauma and a participant shall not be permitted to participate in any sporting activity until full recovery has occurred.

## **CONCUSSION ACTION PLAN**

The following actions must be taken upon suspicion of a head injury or concussion:

1. Report the suspicion to the coach and parent:
  - a. Review the participant for any symptoms and signs of a concussion;
  - b. Remove the athlete from play if any traumatic head injury is suspected;
2. Ensure that the athlete is evaluated right away:
  - a. Do not try to judge the severity yourself;
  - b. Get assistance from a qualified Health Care Professional as soon as possible;
3. Allow athlete to return to play only with written permission from the qualified Health Care Provider; and
4. Both coach and parent should record each head injury event and deliver a copy of the same to Beaver City for filing within 48 business hours. The participant will not be permitted to participate in any further sporting activity until such time as a medical release clearing the participant for further participation is filed with

Beaver City. The written report shall contain the following information:

- a. The cause of the head injury and with what force;
- b. Any loss of consciousness and for how long;
- c. Any memory loss immediately after the injury ;
- d. Any seizures immediately after the injury; and
- e. Any other pertinent information you may think will help the Health Care Provider

## **AGREEMENT TO TERMS**

### *Acknowledgment*

After reading Beaver City's Concussion and Head Injury Policy; I understand what a concussion is, have been informed on how to recognize the signs and symptoms and agree to abide by the policy. I understand if any participant is suspected of having a concussion, he/she will be removed from the sporting activity and will not be permitted to continue participating in any upcoming sporting activities until a qualified Health Care Professional has determined it to be safe. I will provide Beaver City with a written statement by a qualified Health Care Professional acknowledging that the participant is cleared to resume participation.

\_\_\_\_\_  
Signature of a parent or legal guardian of participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name (parent or legal guardian)

\_\_\_\_\_  
Athlete's Name (Please Print)

\_\_\_\_\_  
League/ Day of League/ Age of Athlete

\_\_\_\_\_  
Team Name (If applicable)