
HEAD INJURY/POSSIBLE CONCUSSION: ASSESSMENT AND MANAGEMENT

Purpose

Any student who is observed to, or is suspected of, sustaining a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move rapidly back and forth, may have suffered a concussion. Assessment of the head injury and management of any post-concussion sequelae is necessary.

Additional Authority

Clark County School District Regulation 5150, Health and Welfare: Students
Clark County School District Pub 648, First Aid and Emergency Guidelines
Nevada State Nurse Practice Act: NRS 632 and NAC 632.
NRS 392.452 Adoption of Policy by School District for Prevention and Treatment of Injuries to the Head Which May Occur during Participation in Competitive Sports; Annual Acknowledgment of Policy by Parent and Pupil
NRS 385B.080 Adoption of Policy for Prevention and Treatment of Injuries to the Head Which May Occur During Participation; Requirements of Policy; Annual Acknowledgment of Policy by Parent and Pupil
Nevada Senate Bill 80 Provisions relating to the prevention and treatment of injuries to the head
First Aid and Emergency Guidelines for School Personnel (PUB)

Scope

Health Services Director III / Chief Nurse, Health Services Director I, Health Services Coordinator, School Nurse, Specialized Procedure Nurse, Contracted Agency Nurse, School Health Assistant, Other Unlicensed Assistive Personnel

Responsible Party

Health Services Director III / Chief Nurse

Distribution

Health Services Director III / Chief Nurse, Health Services Director I, Health Services Coordinator IV, School Nurse, Specialized Procedure Nurse (SPN), Contracted Agency Nurse, School Health Assistant (SHA), Other Unlicensed Assistive Personnel (UAP), Health Services Department Secretarial Staff

POLICY

1.0 Policy Statement

- 1.1 School nurses manage and oversee the care of injuries to the head at school to ensure student safety.

- 1.2 Students who have sustained or are suspected of sustaining an injury to the head (e.g., a bump, blow, or jolt to the head or hit to the body that causes the head and brain to move rapidly back and forth) during the instructional day (on campus), during athletic activities, or in any event outside of the school setting that is communicated to the health office, will be observed for signs and symptoms of a concussion, and referred, when appropriate, to a Licensed Healthcare Provider (LHCP) for further evaluation, if warranted.
 - 1.3 The Return to Learn protocol will be followed as outlined below in collaboration with the Concussion Management Team (CMT).
- 2.0 Danger Concussion Signs and Symptoms, indicating a possible concussion
- 2.1 If a student demonstrates or reports any of the following dangerous concussion signs or symptoms, 911 will be called immediately to activate emergency medical services (EMS), and the school nurse will be notified.
 - 2.1.1 Headache that gets worse and does not go away
 - 2.1.2 Neck pain or tenderness
 - 2.1.3 Convulsions or seizure like activity
 - 2.1.4 Loss of vision or double vision or changes in vision, and/or one pupil larger than the other
 - 2.1.5 Loss of consciousness
 - 2.1.6 Increased confusion or becoming less responsive
 - 2.1.7 Weakness or numbness/tingling in more than one arm or leg, and/or decreased coordination

2.1.8 Vomiting

2.1.9 Unusual behavior, increasingly restless, agitated, or combative

2.1.10 Drowsiness or inability to wake up

2.1.11 Slurred speech

2.1.12 Colorless fluid coming from the ears or nose

2.1.13 Head bump or bruise that gets larger

2.1.14 Visible deformity of the skull

3.0 Student-Reported Symptoms of a Potential Concussion

3.1 If a student **reports** any of the following symptoms, the school nurse will be notified, parent/guardian will be notified, and the procedures will be followed as outlined in the Management of Head Injuries below.

3.1.1 Difficulty thinking clearly

3.1.2 Difficulty concentrating or remembering

3.1.3 Feeling sluggish, hazy, foggy, or groggy

3.1.4 Headache or pressure in the head

3.1.5 Nausea

3.1.6 Balance problems or dizziness

3.1.7 Sensitivity to light or noise

3.1.8 Does not feel right

4.0 Management of Head Injuries Occurring at School during the School Day

4.1 Health office personnel will utilize the Health Services Concussion Screening Tool (HS) for any student who has sustained or is suspected of sustaining a head injury/concussion (possible). Observation is required for

a minimum of 30 minutes, unless the student is transported by EMS or picked up by the parent/guardian.

4.1.1 In unique circumstances, health office personnel may observe the student in a safe location outside of the health office. Adequate health office coverage must be in place.

4.2 All head injuries, bleeding, swelling, or any other visible injuries will be treated in accordance with the First Aid and Emergency Guidelines for School Personnel (PUB).

4.3 For any student exhibiting any Danger Concussion Signs and Symptoms on the Health Services Concussion Screening Tool (HS), 911 will be called immediately to activate EMS (Emergency Medical Services) and the parent/guardian will be notified.

4.3.1 The student will not be permitted to participate in activities until cleared and released from the Concussion Protocol. This includes but is not limited to, recess, physical education (PE), dance, marching band, Reserve Officer Training Corps (ROTC) physical training drills, cheer, Student Council, art club, intramural sports, or Nevada Interscholastic Activity Association (NIAA)-sanctioned activities or intramural sports.

4.3.2 The injury will be entered into the student's electronic medical record and the school nurse will be notified immediately to provide guidance, as needed, and enter a case management event which initiates Return to Learn procedures in collaboration with the CMT.

- 4.3.2.1 The Concussion Nurse is a school nurse assigned to manage the concussion protocol and clearance to return to learn for those students that continue to exhibit signs and symptoms.
 - 4.3.3 The student's teacher(s), specialists, athletic department/coaches, and any other staff associated with the student will be provided the Head Injury Observation and Fact Sheet for Teacher(s)/Staff (HS) along with a copy of the Health Services Concussion Screening Tool (HS) prior to returning to class.
 - 4.3.4 The health office will notify the Site Administrator and/or Athletic Administrator/Designated administrative personnel to assist with the notification and distribution of the forms to staff outside of the student schedule with a need to know.
 - 4.3.4.1 The Site Administrator must assign two administrative designees to ensure appropriate notification and distribution of forms to staff in a timely manner.
- 4.4 If any Student-Reported Symptoms are present, the parent/guardian will be notified.
 - 4.4.1 If at any time the student exhibits signs/symptoms during the initial visit, returns to the health office, or is notified by a school employee that the student's condition has changed or worsened, 911 will be called to activate EMS, if appropriate, and the parent/guardian will

be notified. The student will not be permitted to ride the bus or walk/drive home.

- 4.4.2 The parent/guardian will be provided a Head Injury Observation and Fact Sheet for Parent/Guardian (HS), a copy of the Health Services Concussion Screening Tool (HS) and the Possible Concussion Return to School Instructions (HS).
- 4.4.3 The student's teacher(s), specialists, athletic department/coaches, and any other staff associated with the student will be provided the Head Injury Observation and Fact Sheet for Teacher(s)/Staff (HS) along with a copy of the Health Services Concussion Screening Tool (HS).
- 4.4.4 The student will not be permitted to participate in activities until cleared and released from the Concussion Protocol. This includes, but is not limited to, recess, physical education (PE), dance, marching band, Reserve Officer Training Corps (ROTC) physical training drills, cheer, Student Council, art club, intramural sports, or Nevada Interscholastic Activity Association (NIAA)-sanctioned activities.
- 4.4.5 The injury will be entered into the student's electronic medical record and the school nurse will be notified immediately to provide guidance as needed and enter a case management event which initiates Return to Learn procedures in collaboration with the CMT.

- 4.4.6 The health office will notify the Site Administrator and/or Athletic Administrator/Designated Administrative personnel to assist with the notification and distribution of the forms to staff outside of the student schedule with a need to know.
 - 4.4.6.1 The Site Administrator must assign two administrative designees to ensure appropriate notification and distribution of forms to staff in a timely manner.
- 4.5 If there are no Danger Concussion Signs or Symptoms present and the student's condition is not worsening, the student may return to class after the 30 minute observation period.
 - 4.5.1 The parent/guardian will be notified and the Head Injury Observation and Fact Sheet for Parent/Guardian (HS) will be sent home along with a copy of the Health Services Concussion Screening Tool (HS) and Possible Concussion Return to School Instructions (HS).
 - 4.5.2 The student's teacher(s), specialists, athletic department/coaches, and any other staff associated with the student will be provided the Head Injury Observation and Fact Sheet for Teacher(s)/Staff (HS) along with a copy of the Health Services Concussion Screening Tool (HS).
 - 4.5.3 The student will not be permitted to participate in activities until cleared and released from the Concussion Protocol. This includes but is not limited to, recess, physical education (PE), dance,

marching band, Reserve Officer Training Corps (ROTC) physical training drills, cheer, Student Council, art club, intramural sports, or Nevada Interscholastic Activity Association (NIAA)-sanctioned activities.

4.5.4 The injury will be entered into the student's electronic medical record and the school nurse will be notified immediately to provide guidance as needed and enter a case management event which initiates Return to Learn procedures in collaboration with the CMT.

4.5.5 The health office will notify the Site Administrator and/or Athletic Administrator/Designated Administrative Personnel to assist with the notification and distribution of the forms to staff outside of the student schedule with a need to know.

4.5.5.1 The Site Administrator must assign two administrative designees to ensure appropriate notification and distribution of forms to staff in a timely manner.

4.6 The Health Services Concussion Screening Tool (HS) will be filed in the Concussion Notebook.

5.0 Management of Head Injuries Occurring During CCSD Athletic Events and Activities

5.1 Any student athlete, participating in a Nevada Interscholastic Activity Association (NIAA)-sanctioned activity, with a suspected concussion must be withheld from the competition or practice and should not be allowed to return to activity until cleared (NIAA, 2024).

- 5.2 Student athletes, participating in a NIAA-sanctioned activity, who have been diagnosed with a concussion will require a written release from a LHCP specifying the date of their return to school and remain out of all athletic participation until cleared by a LHCP (NIAA, 2024).
- 5.3 The Healthcare Provider Clearance Form-Concussion will be completed by the LHCP and returned to the school/athletic office. A copy must be provided to the health office to return to school to initiate Return to Learn Protocols.
 - 5.3.1 Under SB80, “provider of healthcare” means a physician or physician assistant licensed under chapter 630 or 633 of NRS, an advanced practice registered nurse licensed under chapter 632 of NRS, a physical therapist licensed under chapter 640 of NRS or an athletic trainer licensed under chapter 640B of NRS (NIAA, 2024).
- 5.4 Once the athletic trainer and athletic office notifies the health office of the head injury/possible concussion, the injury will be entered into the student’s electronic medical record, and Return to Learn procedures will be initiated in collaboration with the CMT.
- 5.5 The student’s teacher(s), specialists, athletic department/coaches, and any other staff associated with the student will be provided the Head Injury Observation and Fact Sheet for Teacher/Staff (HS).
 - 5.5.1 For students participating in athletic/intramurals or clubs/activities, the Athletic Administrator/Designated Administrative Personnel will

assist with the notification and distribution of the forms to staff outside of the student schedule with a need to know.

5.5.2 The Site Administrator must assign two administrative designees to ensure appropriate notification and distribution of forms to staff in a timely manner.

5.6 If at any time the student's symptoms worsen or there are any Danger Concussion Signs or Symptoms, 911 will be called to activate EMS, if appropriate, and a medical referral may be issued for further evaluation by a LHCP.

6.0 Management of Head Injuries Reported to the School that Occurred Outside of the School Setting

6.1 When the health office is notified by the parent/guardian that the student has sustained a head injury/concussion outside of the school setting, the school nurse will be notified immediately and the injury will be entered into the student's electronic medical record as a Case management event to initiate Return to Learn procedures in collaboration with the CMT.

6.2 The student's teacher(s), specialists, athletic department/coaches, and any other staff associated with the student will be provided the Head Injury Observation and Fact Sheet for Teacher/Staff (HS).

6.3 The health office will notify the Site Administrator and/or Athletic Administrator/Designated administrative personnel to assist with the notification and distribution of the forms to staff outside of the student schedule with a need to know.

6.3.1 The Site Administrator must assign two administrative designees to ensure appropriate notification and distribution of forms to staff in a timely manner.

6.4 If at any time the student's symptoms worsen or there are any Danger Concussion Signs or Symptoms, 911 will be called to activate EMS, if appropriate, and a medical referral may be issued for further evaluation by a LHCP.

7.0 Procedure for Management of Head Injuries Occurring at School during the School Day

ESSENTIAL STEPS	KEY POINTS - PRECAUTIONS
1. For any student who has sustained or is suspected of sustaining a bump, blow, or jolt to the head or hit to the body, observation and monitoring is required for a minimum of 30 minutes.	Open an Office Visit in the student's electronic medical record - Select the "Concussion Possible" template The student will not be permitted to participate in physical activities. This includes but is not limited to, recess, physical education (PE), dance, marching band, Reserve Officer Training Corps (ROTC) physical training drills, cheer, Student Council, art club, intramural sports, or return to Nevada Interscholastic Activity Association (NIAA).
2. If there are any Danger Signs present, call 911 immediately to activate EMS.	
3. If there are no Danger Signs, continue screening for student-reported symptoms to be completed upon initial arrival to the Health Office, in 15 minutes, in 30 minutes.	Print Letter: "Concussion Protocol Packet" (multiple Health Services forms will print). The Head Injury (Possible Concussion) Checklist provides steps for initiating concussion protocol. Utilize the Health Services Concussion Screening Tool (HS) to monitor the student and document findings.

4. Notify the School Nurse of injury, immediately.	
5. After 30 minutes of monitoring the student and they continue to have NO Danger Signs and symptoms do not worsen, the student may return to class.	<p>If at any time the student exhibits signs/symptoms during the initial visit, returns to the health office, or is notified by a school employee that the student's condition has changed or worsened, 911 will be called to activate EMS, if appropriate, and the parent/guardian will be notified.</p> <p>The student will not be permitted to ride the bus or walk/drive home.</p>
6. Notify the parent/guardian, if not completed earlier.	
7. Provide a copy of the completed Health Services Concussion Screening Tool (HS) to the student's Teacher(s)/ Specialists/ School Administrator/ Athletic Administrator and Parent/Guardian.	The health office will notify the Site Administrator and/or Athletic Administrator/Designated administrative personnel to assist with the notification and distribution of the forms to staff outside of the student schedule with a need to know.
8. Provide a copy of the Head Injury Observation and Fact Sheet for Teacher(s)/ Staff.	This form lists possible concussion signs and symptoms and teacher actions.
9. Provide a copy of the Head Injury Observation and Fact Sheet for Parent/Guardian or (Spanish) Head Injury Observation and Fact Sheet for Parent/Guardian.	These forms list Danger Signs of possible concussion and other signs and symptoms.
10. The optional CCSD HS Possible Concussion Return to School Instructions may be provided to the parent/guardian for the Healthcare Provider to complete, if warranted.	This form should be considered for significant head injuries that require EMS Notification and/or the student goes home with the parent/guardian.
11. The Health Services Concussion Screening Tool (HS) will be filed in the Concussion Notebook.	
12. Complete the Office Visit documentation in the student's EMR.	

8.0 Procedure for Management of Head Injuries Occurring During CCSD Athletic Events and Activities

ESSENTIAL STEPS	KEY POINTS - PRECAUTIONS
<p>1. Student athletes, participating in a NIAA-sanctioned activity, who have been diagnosed with a concussion will require a written release from a LHCP specifying the date of their return to school and remain out of all athletic participation until cleared by a LHCP.</p>	
<p>2. A copy of the completed Healthcare Provider Clearance Form-Concussion must be provided to the health office to return to school to initiate Return to Learn Protocols.</p>	<p>The Healthcare Provider Clearance Form must be completed by a LHCP who is a physician, physician assistant, advanced practice registered nurse, physical therapist, or an athletic trainer.</p> <p>Any student athlete, participating in a Nevada Interscholastic Activity Association (NIAA)-sanctioned activity, with a suspected concussion must be withheld from the competition or practice and must not be allowed to return to activity until cleared.</p>
<p>3. Once the athletic trainer and/or athletic office notifies the health office of the head injury/possible concussion, the injury will be entered into the student's EMR, and Return to Learn procedures will be initiated in collaboration with the CMT.</p>	
<p>4. Notify the school nurse immediately of the injury.</p>	
<p>5. Provide a copy of the Head Injury Observation and Fact Sheet for Teacher(s)/ Staff.</p>	<p>This form lists possible concussion signs and symptoms and teacher actions.</p> <p>The health office will notify the Site Administrator and/or Athletic Administrator/Designated administrative personnel to assist with</p>

	the notification and distribution of the forms to staff outside of the student schedule with a need to know.
6. If at any time the student's symptoms worsen or there are any Danger Concussion Signs or Symptoms, 911 will be called to activate EMS, if appropriate, and a medical referral may be issued for further evaluation by a LHCP.	

9.0 Procedure for Management of Head Injuries Reported to the School that Occurred Outside of the School Setting

ESSENTIAL STEPS	KEY POINTS - PRECAUTIONS
1. When the health office is notified by the parent/guardian that the student has sustained a head injury/concussion outside of the school setting, the injury will be entered into the student's electronic medical record as a Case management event to initiate Return to Learn procedures in collaboration with the CMT.	
2. Notify the school nurse of the injury, immediately.	
3. Provide a copy of the Head Injury Observation and Fact Sheet for Teacher(s)/ Staff.	<p>This form lists possible concussion signs and symptoms and teacher actions.</p> <p>The health office will notify the Site Administrator and/or Athletic Administrator/Designated administrative personnel to assist with the notification and distribution of the forms to staff outside of the student schedule with a need to know.</p>
4. If at any time the student's symptoms worsen or there are any Danger Concussion Signs or Symptoms, 911 will be called to activate EMS, if appropriate, and a medical referral may be issued for further evaluation by a LHCP.	

10.0 Return to Learn (Return to Coursework)

10.1 Any student who exhibited any potential signs or symptoms of a concussion or who has been diagnosed with a concussion must complete the Return to Learn protocol.

10.2 A written release from a LHCP specifying the date of return to school may be requested, particularly in the event the student continues to exhibit significant signs and symptoms of a concussion or may require accommodations in the school setting.

10.2.1 Student athletes, participating in a NIAA sanctioned activity, who have been diagnosed with a concussion will require a written release from a LHCP specifying the date of return to school and remain out of all athletic participation until evaluated and cleared by a LHCP (NIAA, 2024).

10.2.2 The LHCP will complete the Healthcare Provider Clearance Form for all NIAA athletes and return it to the school/athletic office. A copy must be provided to the health office to return to school and initiate Return to Learn.

10.2.3 Return to Learn and Return to Play for athletics can be done simultaneously, but Return to Learn must be fully completed before Return to Play as per NIAA guidance.

10.3 Full Return to Learn Status will be achieved when the student no longer displays any signs/symptoms on the CMT Concussion Monitoring Tool

and is able to return to full participation in their school or course work.

The student can then progress to Return to Play process, if participating in athletics or sports.

- 10.4 The health office will provide the Health Office Anywhere (HOA) Report to the site administrator or Athletic Administrator/Designated administrative personnel daily to update student progress/status of Return to Learn.

10.4.1 The Athletic Administrator will notify the athletic trainer/coaches when the student athletes have completed the Return to Learn protocol.

- 10.5 If at any time the student's symptoms worsen or there are any Danger Concussion Signs or Symptoms, 911 will be called to activate EMS, if appropriate, and a medical referral may be issued for further evaluation by a LHCP.

11.0 Concussion Management Team

- 11.1 The Concussion Management Team (CMT) coordinates the student's concussion management plan to help the student return to learning. The team may include the Concussion Nurse, school nurse, athletic trainer, athletic administrator or site administrator, teacher(s), school counselor, and Physical Education teacher as appropriate or others based upon the student injury. This team will collaborate to create a concussion management plan. The plan will include:

- 11.1.1 The Teacher Concussion Academic Monitoring Tool will be provided to the student's teacher(s) for completion, as needed, and reviewed by the CMT.
- 11.1.2 The CMT should consider a referral to the Section 504 or IEP team for possible educational accommodations, if appropriate.
- 11.1.3 The Concussion Nurse will monitor the student's progress weekly until symptoms are resolved.
- 11.1.4 The parent/guardian will be notified of any increase in the monitoring score, and if necessary, a medical referral will be issued to the LHCP.
- 11.1.5 The Concussion Nurse will collaborate with the parent/guardian, as needed, to obtain additional information, medical records, and/or discuss additional needs as needed.
- 11.1.6 If the student does not show progress after 4 weeks, a medical referral will be issued for recommended follow-up with a LHCP or School-Based Health Center as soon as possible.

12.0 Definitions

- 12.1 Concussion: A trauma-induced brain injury resulting from the brain moving back and forth or twisting rapidly inside the skull causing a temporary alteration of brain function following a bump, blow, or jolt to the head or by a hit to the body.
- 12.2 Concussion Management Team: Coordinates the student's concussion management plan to support the student returning to learn. The team may

consist of the Concussion Nurse, school nurse, athletic trainer, athletic administrator/site administrator, teacher(s), school counselor, and PE teacher as appropriate or others based upon the student injury.

12.3 Return to Learn (Return to Coursework): A student's ability to return to full participation in their school or course work.

12.4 Return to Play: The student is no longer exhibiting any signs or symptoms and no longer requires accommodations at school for the head injury and is ready to return to physical activities/athletic activities.

13.0 Documentation

13.1 Document procedure in electronic medical record (Health Office Anywhere)

14.0 References, Sources, Bibliography

14.1 Centers for Disease Control and Prevention (2019). Heads up to schools.

Retrieved from <https://stacks.cdc.gov/view/cdc/130511>

14.2 Children's Healthcare of Atlanta (2019). Concussion Toolkit for Healthcare Providers. Retrieved from

<https://www.choa.org/~media/files/Childrens/medical-services/concussion/concussion-toolkit.pdf?la=en>

14.3 Concussion Legacy Foundation (n.d.). What is post-concussion syndrome (PCS)? Retrieved from [https://concussionfoundation.org/PCS-](https://concussionfoundation.org/PCS-resources/what-is-PCS)

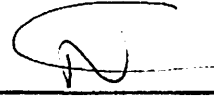
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14.4 Nevada Department of Education (2024). Sample School Health Office Head Injury Policy.

- 14.5 Nevada Department of Education (2024). Proposed Regulation of the Superintendent of Public Instruction LCB File No. R071-24. Retrieved from https://webapp-strapipaas-prod-nde-001.azurewebsites.net/uploads/r071_24p_packet_27730e66b3.pdf
- 14.6 Nevada Interscholastic Activities Association (NIAA) (2024). Concussion Policy.
- 14.7 Nevada Senate Bill 80: Provisions relating to the prevention and treatment of injuries to the head
- 14.8 NRS 392.452 Adoption of Policy by School District for Prevention and Treatment of Injuries to the Head Which May Occur during Participation in Competitive Sports; Annual Acknowledgment of Policy by Parent and Pupil
- 14.9 NRS 385B.080 Adoption of Policy for Prevention and Treatment of Injuries to the Head Which May Occur During Participation; Requirements of Policy; Annual Acknowledgment of Policy by Parent and Pupil
- 14.10 Nurse Practice Act: NRS 632 and NAC 632.
- 14.11 State of New York, Office of Student Support Services. (2013). Guidelines for concussion management in the school setting. Retrieved from <http://www.p12.nysed.gov/sss/schoolhealth/ConcussionManagementGuidelines.pdf>.

15.0 Authorizations

Sheni McPartin  8/1/2024
Health Services Director (Print) Signature Date

Natasha Sidhu  8/4/2024
Medical Consultant (Print) Signature Date