

RESPONSE TO SUSPECTED CONCUSSIONS (STUDENTS)

(Regulation)

- 1) Each school principal shall be responsible for ensuring that at a minimum, all physical education teachers, school nurses and at least one front office staff person at each elementary, middle and high school complete an annual concussion recognition education course. The concussion recognition education course shall include the following:
 - a. Information on how to recognize the signs and symptoms of a concussion;
 - b. The necessity of obtaining proper medical attention for a person suspected of having a concussion; and
 - c. Information on the nature and risk of concussions, including the danger of continuing to play after sustaining a concussion and the proper method of allowing a youth athlete who has sustained a concussion to return to athletic activity.
- 2) An organization or association of which the District is a member may designate specific education courses as sufficient to meet the requirements of subsection (1).
- 3) If it is suspected that a student has sustained a concussion following an observed or suspected blow to the head or body, the student shall immediately be removed from any and all activity for further observation by a physical education teacher, front office staff person, or school nurse. The student shall not participate in any sort of recreation activities on the same day the injury occurred. "Activity" includes, but is not limited to, physical education class, sports practices or games, or physical activity at recess.
- 4) If a student is removed from activity pursuant to subsection (3) and the signs and symptoms cannot be readily explained by a condition other than concussion, the student's parent or legal guardian shall be notified of the suspected concussion and that the student shall not be permitted to return to activity until he or she is evaluated by a health care provider and receives written clearance to return to activity from the health care provider. A health care provider means a licensed physician, licensed doctor of osteopathic medicine, licensed nurse practitioner, licensed physician assistant, or licensed doctor of psychology with training in neuropsychology or concussion evaluation and management.
- 5) The responding physical education teacher, school nurse or front office staff member is encouraged to engage in follow up parent communication after medical treatment for concussion symptoms. During the period of recovery, it is important for the student, parents, and school staff to understand that physical and cognitive rest is required in the first few days after an injury and those activities that require concentration and attention may exacerbate the symptoms and delay recovery.
- 6) The 9-1-1 emergency response system should be activated if any of the following are present: loss of consciousness unresolved; cervical spine complaints; focal neurological deficit; recurrent vomiting; bleeding/clear fluid leakage from ears and nose; unresolved balance or gait disturbance; headaches that worsen; looks drowsy/cannot wake up; cannot recognize

people/places; convulsions or seizures; weakness/numbness in arms/legs; slurred speech; increasing confusion, restlessness, or agitation; unusual behavior.

CROSS REFS.: JLCG-R, Regulation to Policy JLCG, Response to Suspected Concussions/Student Athletes
JLCG-R-2, Regulation to Policy JLCG, Response to Suspected Concussions/Students

LEGAL REFS.: C.R.S. 25-43-101 through 103 (the Jake Snakenburg Youth Concussion Act)