Student Accidents and Injuries - Treatment and Reporting

Reporting of Non-Athletic Accidents and Injuries

All accidents occurring at school or during school activities shall be reported in the following manner:

1. All accidents that occur in the buildings, on school grounds, en route to and from school, or during school-related activities shall be reported to the school nurse as soon as feasible.
2. The school nurse shall be responsible for completing an accident/injury report form in the form attached as Attachment A.
3. The school nurse shall assess whether accidents are of a repetitive nature or occur repeatedly in a specific area indicating need for repair or adjustment in the environment and advise the building principal of any such concern or observation.
4. The school nurse shall provide a copy of the accident/injury report to the Director of Assessment and Accountability and building principal.
5. The school nurse shall provide monthly reports to the Director of Assessment and Accountability.

Prescribed Medication

1. Medication prescribed by a physician may be administered by the school nurse to students involved in accidents in accordance with Board Policy regarding administration of medication to students.
2. In all such cases, the appropriate approval card shall be signed by the parents/guardians and family physician indicating the approved treatment of student injuries.

Student and Parent Awareness and Education

The following procedures apply to all student-athletes and all coaches (including volunteer coaches) of school-related activities:

1. The District may hold an informational meeting prior to the start of each athletic season for all ages of competitors regarding symptoms of sudden cardiac arrest, concussions and other head injuries, the importance of proper concussion management and how pre-season baseline assessments can aid in the evaluation, management and recovery process.
2. Every student-athlete and parent/guardian of any student participating in an athletic activity is required to sign and return the following documentation to the student’s school:
a. An acknowledgment of receipt and review of the concussion and traumatic brain injury information sheet (attached to this Regulation as Attachment B) which is provided to student-athletes and their parents/guardians every school year.

b. An acknowledgment of receipt and review of a “sudden cardiac arrest symptoms and warning signs information sheet.”(attached to this Regulation as Attachment C) which is provided to student-athletes and their parents/guardians every school year.

Procedures for All Injuries

The general responsibilities of the personnel at each school include:

1. Secure authorized care and give immediate care such as will protect the life and comfort of a student until authorized care is secured. Prompt emergency care is to be limited to first aid treatment.

2. Notify the child’s parent or guardian.

3. Arrange transportation for the child.


The school nurse, teacher, coach, athletic trainer, and other school personnel shall not diagnose. The school nurse, teacher, coach, and other school personnel shall not administer medication of any sort except as prescribed by a physician or in accordance with the medical emergency cards filed in the nurse’s office. All accidents that occur in the buildings, on school grounds, en route to and from school, or during school-related activities shall be reported to the school nurse as soon as feasible.

Additional Procedures for Minor Injuries

Minor injuries to students, which require limited attention (cleansing, antiseptic, band-aid, etc.), shall be treated by the school nurse. In the absence of the school nurse, a designated staff member who has been trained in first-aid procedures shall attend to this type of injury.

Additional Procedures for Serious Injuries

Serious accidents, including any type of head, brain, heart, neck, or back injury, shall be reported as soon as possible to the building principal and to the office of the Superintendent of Schools. In addition, the following persons shall be informed, and in this order:

1. Emergency response personnel;

2. The student's parents/guardians

The school will encourage the parent/guardian to report the student’s injury to the family’s healthcare professional.
In case the parent/guardian cannot be reached, the school nurse, principal, and/or athletic director shall follow parent/guardian instructions on the emergency medical card.

**Additional Procedures for Student and Student-Athlete Injuries Involving Head, Brain, Heart, Neck and Back**

All student and student-athlete injuries involving head, brain, heart, neck and back should be reported to the (head) athletic trainer as soon as possible. Coaches are responsible for reinforcing this requirement with student-athletes.

The athletic training staff shall keep head coaches and the athletic director at each secondary school informed of student-athlete injury status.

1. **Pre-Testing/Baseline Testing for Student Athletes**
   
   a. The District uses the ImPACT (Immediate Post Concussion Assessment and Cognitive Testing) Concussion Management System, which is a computerized baseline evaluation of a student’s neurocognitive state that tracks memory, reaction time, brain processing speed, concentration, and visual motor skills.

   b. The ImPACT test is not a diagnostic tool, but it does provide objective data. It is a return-to-play manager that provides data that physicians and athletic trainers can revisit for comparative purposes in the event of a head injury.

   c. The ImPACT test is required and free to District student athletes in selected sports (See below).

   d. ImPACT is not recommended for children younger than age 12.

   e. The District computer labs are utilized when baseline testing an entire team or group of students.

   f. The training room, athletic office or other district computer is utilized when baseline testing an individual student.

   g. Students may also receive baseline testing at any Orthopaedic Specialists location at the family’s expense.

   h. The District currently tests using ImPACT based on assumed risk of specific sports. Students participating at any level--middle school, freshman, junior varsity and varsity--of the following designated interscholastic and club sports complete the ImPACT test:

      - Football
      - Boys Soccer
      - Girls Soccer
      - Boys Lacrosse
      - Girls Lacrosse
- Field Hockey
- Basketball
- Wrestling
- Diving
- Ice Hockey
- Rugby
- Cheerleading
- Volleyball
- Baseball
- Softball

2. **Evaluation and Management: Head Injury or Cardiac Arrest WITHOUT Loss of Consciousness, With Athletic Trainer Present**

   a. Coach or athletic trainer removes student from the contest or activity as well as any other activities that may pose a risk for the student pending further notice.

   b. Athletic trainer checks for symptoms using a District-approved head injury evaluation form (e.g., Acute Concussion Evaluation).

   c. Once removed from play due to a suspected head injury, the student will not be permitted to return to the contest or activity and the coach or athletic trainer will contact the student's parent/guardian.

      1) Parents/guardians are provided a head injury fact sheet.

      2) Parents/guardians are referred to an appropriate medical professional (defined here and hereafter as a medical doctor or psychologist neuropsychologically trained in the evaluation and management of concussions) for an acute concussion evaluation.

   d. Any student who, as determined by a game official, coach from the student’s team, certified athletic trainer, licensed physician, or other official designated by the Superintendent to make this determination, exhibits signs or symptoms of sudden cardiac arrest while participating in an athletic activity or at any time prior to or following an athletic activity, shall be removed by the coach from further participation in the athletic activity at that time.

   e. If the student is diagnosed with concussion or is known to have exhibited signs or symptoms of sudden cardiac arrest the student must be cleared by an appropriate medical professional in order to return to athletic activity. With the signed written permission of the attending medical professional and parents/guardians, the student is approved to begin a gradual return to play. Gradual return to play shall be as outlined in 2(f).

   f. After an appropriate medical professional determines the student is symptom free, the student may begin a gradual return to play. Gradual return to play shall be in the following order:

      1) Low levels of physical activity. This includes walking, light jogging, light stationary biking, and light weightlifting (lower weight, higher reps; no bench, no squat).
2) Moderate levels of physical activity with body/head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, and moderate-intensity weightlifting (reduced time and/or reduced weight from typical routine).

3) Heavy non-contact physical activity. This includes sprinting/running, high-intensity stationary biking, regular weightlifting routine, and non-contact sport-specific drills.

4) Full contact in controlled practice.

5) Full contact in game play.

g. If, upon return to play, symptoms have not resolved or have returned in the estimation of the athletic trainer or other school medical personnel, the family will be referred to an appropriate medical professional once again for re-evaluation and clearance. With the signed written permission of the attending medical professional and parents/guardians, the student is approved to begin a gradual return to play. Gradual return to play shall be as outlined in 2(f).

3. Evaluation and Management: Head Injury or Cardiac Arrest WITH Loss of Consciousness, With Athletic Trainer Present

a. Student is transferred immediately to nearest emergency room by emergency medical services.

b. Student’s parents/guardians are immediately contacted.

c. An acute concussion evaluation is performed by an appropriate medical professional noting signs and symptoms, characteristics of the injury, and risk factors associated with recovery such as previous concussions or learning disability.

d. The student must be cleared by an appropriate medical professional in order to return to activity. With the signed written permission of the attending medical professional and parents/guardians, the student is approved to begin a gradual return to play. Gradual return to play shall be as outlined in 2(f).

e. After an appropriate medical professional determines the student is symptom free, the student may begin a gradual return to play. Gradual return to play shall be in the following order:

1) Low levels of physical activity. This includes walking, light jogging, light stationary biking, and light weightlifting (lower weight, higher reps; no bench, no squat).

2) Moderate levels of physical activity with body/head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, and moderate-intensity weightlifting (reduced time and/or reduced weight from typical routine).

3) Heavy non-contact physical activity. This includes sprinting/running, high-intensity stationary biking, regular weightlifting routine, and non-contact sport-specific drills.

4) Full contact in controlled practice.

5) Full contact in game play.
f. If, upon return to play, symptoms have not resolved or have returned in the estimation of the athletic trainer or other school medical personnel, the family will be referred to an appropriate medical professional once again for re-evaluation and clearance. With the signed written permission of the attending medical professional and parents/guardians, the student is approved to begin a gradual return to play. Gradual return to play shall be as outlined in 2(f).

Management of Concussion When Athletic Trainer is Not Present

All coaches, including of club sports, are instructed to contact parents/guardians and/or emergency medical services and the athletic director when there is suspicion of a head injury. The athletic director will be responsible for contacting the athletic trainer and the school nurse. Loss of consciousness always warrants a 911 call.

Record Keeping

All District personnel involved in the above procedures regarding student and student-athlete injuries involving head, brain, heart, neck and back shall keep accurate and complete records regarding ImPACT base-line testing, injuries, evaluations, symptoms, recovery periods, ImPACT re-testing, communications with parents/guardians, communications with medical doctors, and any other pertinent information related to the student.

Mandatory Reporting

a. The District requires that coaches, trainers, and parents/guardians report student-athlete injuries involving head, brain, heart, neck and back to the Building Principal as soon as is possible, but after the student’s present safety is ensured.

b. The District holds parents/guardians responsible for reporting any injuries involving head, brain, heart, neck and back, including concussions and cardiac arrest, which their children may have experienced while participating in out-of-school activities. This information is critical concerning the District’s ability to accurately evaluate a student in the event of a repeat injury involving head, brain, heart, neck and back. It also allows the District to accurately monitor the student in regard to any future, critical symptoms.

Mandatory Coach Education

a. Once each school year, a coach shall complete, in whatever convenient location, the (free) online concussion management certification training course offered by the Centers for Disease Control and Prevention, the National Federation of State High School Associations or another provider approved by the Department of Health.

b. Once each school year, every coach shall complete the sudden cardiac arrest training course offered by a provider approved by the Pennsylvania Department of Health.

c. A coach shall not coach an athletic activity until the two required training courses have been completed.
d. A coach shall verify completion of the training courses by way of a course certificate, statement of course completion or other verification provided by the course provider.

e. A coach found in violation of the mandatory course training requirements shall be subjected to the following penalties:
   a. For a first violation, suspension from coaching any athletic activity for the remainder of the season.
   b. For a second violation, suspension from coaching any athletic activity for the remainder of the season and for the next season.
   c. For a third violation, permanent suspension from coaching any athletic activity.

Employee Disciplinary Consequences

a. Any District employee who fails to follow this administrative regulation and the procedures contained herein in relation to student injuries involving head, brain, heart, neck and back will be subject to disciplinary consequences as appropriate and/or as allowed under any applicable Collective Bargaining Agreement, the Safety in Youth Sports Act, and the Cardiac Arrest Prevention Act.
b. A District employee’s direct supervisor will be responsible for both investigating any alleged failure of an employee to act in compliance with this administrative regulation and for implementing any appropriate disciplinary consequences, which may include warnings, suspensions, and/or termination. Acknowledgment by Parents/Guardians

No student shall be permitted to participate in any District interscholastic or club sport unless their parents/guardians acknowledge in writing that they have reviewed a copy of this Administrative Regulation and concussion and traumatic brain injury information sheet. It shall be the obligation of the Athletic Director for each building to ensure that these signed acknowledgments have been obtained.

Cross reference: Policy 5406 Administration of Medication to Students
Tredyffrin/Easttown School
Student Health Services
Student Accident

Student Name: Birthdate:
Grade: School:
Guardian: Telephone:
Address:

Date of Accident: Time of Accident:
Location Where Accident Occurred:
Person supervising area or activity:
Type of injury:
Accident Description and Specific Injuries:

First Aid Given:

Name of Person Giving First Aid:
Parent Notified? Time Notified:
Nurse Notified? Time Notified:

First Aid Given By Nurse:

Student was dismissed from school at: accompanied by:
Student returned to school on:
Treatment provided by:
Diagnosis:

Signature of person filling out this form

Date form completed

3 copies: District Office, Building Principal, H.S.5/00