



**STATE OF NEVADA**  
**DEPARTMENT OF EDUCATION**  
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### **School Health Office Head Injury Policy:**

**Background:** Individuals who work in the School Health Office are usually the first to respond when a student has a potential head injury. It is important that these individuals know how to identify if the injury requires immediate medical care and be a critical member of the concussion management team for those students who are returning to school after a head injury or concussion.

A *concussion* is a type of traumatic brain injury (TBI) caused by 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. This sudden movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging brain cells (CDC, 2019).

Here are some common considerations of head injuries:

- *Head wounds may bleed easily and form large bumps*
- *Small bumps to the head may not be serious, but head injuries from falls, physical activity, sports and violence are serious, even without visible signs of injury*
- *Symptoms of a head injury can occur immediately or develop slowly over time*
- *With a head injury, always suspect neck injury as well. Do NOT move or twist the back or neck*
- *Concussion's have a more serious effect on a young, developing brain*
- *Concussions can result from a fall, or any time a student's head encounters a hard object (i.e. A floor, desk, another person, etc.)*
- *Most concussions occur without loss of consciousness*

### **HEAD INJURY PROTOCOL:**

#### **Identification:**

1. Ask the injured student or witness:
  - a. Was there **ANY** kind of forceful blow to the head or to the body?
  - b. Was there **ANY** change in the student's behavior, thinking or physical functioning?

2. If a student demonstrates **ANY** of the following Danger Concussion Signs or symptoms activate emergency medical services (EMS) **immediately**:
  - a. **Headache that gets worse and does not go away**
  - b. **Repeated vomiting**
  - c. **Unusual behavior, increased confusion, restlessness, agitation**
  - d. **Drowsiness or inability to wake up**
  - e. **Slurred speech**
  - f. **Weakness, numbness, tingling, decreased coordination**
  - g. **Convulsions or seizure like activity**
  - h. **Loss of consciousness**
  - i. **One pupil larger than the other**
  - j. **Colorless fluid coming from the ears or nose**
  - k. **Neck pain**
3. Symptoms that may be reported by the student and require a referral to be seen by a healthcare provider:
  - a. Difficulty thinking clearly
  - b. Difficulty concentrating or remembering
  - c. Feeling more slowed down, fatigued, tired
  - d. Feeling sluggish, hazy, foggy, or groggy
  - e. Irritable, sad, or nervous
  - f. More emotional than usual
  - g. Headache or pressure in the head
  - h. Nausea or vomiting
  - i. Balance problems or dizziness
  - j. Shows behavior or personality changes
  - k. Blurry or double vision
  - l. Sensitivity to light or noise
  - m. Does not feel right

**Actions:**

1. Activate EMS for any of the Concussion Danger Signs **immediately**.
2. The student is removed from the activity **immediately**.
3. Contact the parent/guardian in ALL cases of head injury.
4. Apply ice or ice pack as tolerated.
5. Use an evidence-based screening tool to evaluate students for signs/symptoms of a head injury and record findings.
  - a. If the student does not pass the screening they are sent home, and the parent/guardian are encouraged to have the student seen by a healthcare provider.
  - b. When the parent/guardian arrives to pick student up, review the screening

- tool, and the policy with them, and send home. Additionally encourage the parent/guardian to share the screening with the healthcare provider.
- c. Educate the parent/guardian that if **ANY** of the Concussion Danger Signs appear to call 9-1-1 **immediately**.
  6. Observe for a minimum of 30 minutes.
  7. Observe for secondary injuries (e.g. bleeding, swelling, laceration, neck/shoulder injury) and any behavioral changes.
  8. If symptoms at any time progress/worsen activate EMS **immediately**.
  9. If no signs/symptoms present, may return to class after 30-minute observation, but the student should not participate in any physical activities or sports on the day of the injury
    - a. Notify the parent/guardian, teacher, athletic department and educate that if any symptoms begin to appear to take the student to a healthcare provider and if any of the Concussion Danger Signs appears to take the student to the emergency room/call 9-1-1.
    - b. Send a copy of a concussion fact sheet, head injury policy and the screening tool home to the parent/guardian with the student and to the teacher.
  10. 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, notify the parent/guardian of the student's condition, and recommend that the student be seen by a healthcare provider.
    - a. When the parent/guardian arrives to pick student up, review the screening tool, and the policy with them and send with them a copy for the healthcare provider.
    - b. Educate the parent/guardian that if **ANY** of the Concussion Danger Signs appear to call 9-1-1 **immediately**.
  11. Complete documentation including the screening tool per school district policy.
  12. Per school district policy, complete an accident/injury incident report.

### **RETURN TO LEARN (RTL):**

The effects of a concussion on a student's return to school experience are unique to each student. In most cases, a concussion will not significantly limit a student's participation in school. However, in some cases, a concussion can affect multiple aspects of a student's ability to participate, learn, and perform well in school. In turn, the experience of learning and engaging in academic activities that require concentration can cause a student's concussion symptoms to reappear or worsen. Given this connection and the way concussion effects can vary across students, academic adjustments need to be tailored to each student's specific circumstances. In the regulation the term "return to learn" is not used, it is referred to as "ready to return to full participation in their course work". To keep the terminology simple, "return to learn" will be used throughout this sample policy.

#### **RTL Pathway:**

- Students who have sustained or suspected of having sustained a head injury, whether they are a student athlete or a non-student athlete, the following protocol is one that

could be used to complete the RTL pathway:

1. A student returns to school once they are cleared by a licensed healthcare provider.
  - For all students who sustained the injury during a NIAA sanctioned activity, the student must be seen and cleared to return to school by a healthcare provider.
  - It is not required for all other students to receive clearance from a licensed healthcare provider, but it is encouraged.
  - It is encouraged to have a system in place to notify the school health office staff of all student head injuries.
2. The school health office staff will receive notification and documentation associated with the injury (i.e. licensed healthcare provider letter).
  - If the student is turning the documentation in upon return to school complete the symptom questionnaire with the student.
  - If the documentation is turned in prior to the student returning to school, complete the symptom questionnaire as soon as reasonably practicable upon their return.
  - It is discouraged to have the student complete the questionnaire independently since they will be experiencing the effects from a head injury.
3. After the documentation is reviewed, contact the family/guardian of the student for additional information.
  - If it is unlicensed personnel that is completing the symptom questionnaire with the student, the school nurse is encouraged to review all the documentation along with the symptom questionnaire.
4. The concussion management team (CMT) will coordinate a concussion management plan with the student to review if/what accommodations would support the student in returning to learn.
  - This is a resource on what accommodations to consider based on what the student's symptom(s) is  
[https://www.cde.state.co.us/cokidswithbraininjury/building\\_blocks/fundamental](https://www.cde.state.co.us/cokidswithbraininjury/building_blocks/fundamental)
  - If the student is symptom free on the day they return to school, consider collaborating with the concussion management team as soon as reasonably possible.
  - A student who has experienced a head injury should not participate in physical education classes, or other classes that require physical exertion.
  - Consider the following to be members of the Concussion Management Team (CMT): school nurse, health aide, athletic trainer, athletic director/administrator, teacher, school counselor, physical education teacher.
5. Once a concussion management plan has been created for the student, it is recommended that the symptom questionnaire be completed on a routine basis (i.e. weekly) to monitor student progress.
  - Consider working in four-week increments.

- If the student's symptom(s) increase or change it is encouraged for them to be seen in the school health office
    - The school health office staff should refer to the Head Injury Protocol section for guidance.
  - If the student is not progressing encourage the student to be seen by a licensed healthcare provider as soon as possible.
  - Student athletes will be working with the athletic lead person on the concussion management team on their return to play.
6. The CMT lead will share regular updates (i.e. weekly) on the student's progress with the CMT team and with the students' teachers.
- It is individualized how soon a student can complete Return to Learn
  - See the resource section on sample forms to be used to support communication amongst the CMT team.
    - Academic Monitoring Tool
    - Elementary Symptom Management Tool
    - Middle/High School Symptom Management Tool
  - Consider creating a medical alert for the student who is going through the RTL pathway.
  - Consider a system to track which students are on the RTL pathway.
  - Consider placing a student on a 504 plan if it is taking them longer to complete the RTL pathway.
7. Once the student has completed the RTL pathway, the student should seek medical clearance to return to physical activity.
- Important to note that a student's progress through the RTL pathway may not be linear.
8. At least once every 5 years review the policy and update the policy to reflect current best practices in the prevention and treatment of injuries to the head.
9. Each employee of the a public school who supports the academics or health, including, without limitation, mental or physical health, of a pupil who has sustained or is suspected of having sustained a head injury must annually complete training regarding the prevention and treatment of injuries to the head, which must include, without limitation, a review of the education information compiled pursuant to subsection 3 of NRS 385B.080. Each school shall maintain a record of the required training by each employee of the public school and provide such a record upon request.

**\*Sample Forms:**

# RETURN TO LEARN AFTER A HEAD INJURY



## STAGE 1

**Stay at home and get some rest.** The school receives clearance for the student to return to school (required for students participating in NIAA events). After resting for 24-48 hours, gradually resume daily activities that do not worsen symptoms. Engage in regular tasks like reading with limited screen time, starting with 5-15 minutes and increasing slowly as tolerated.



## STAGE 2

**Transition back to school.** The concussion management team leader will meet with student to review health care provider release and conduct concussion screening. Develop initial concussion management plan (i.e. who is on the team, roles, check-ins, accommodations, etc.). Homework, reading, or other activities are tolerated in a controlled environment without discomfort.



## STAGE 3

**Return to school part-time** with a gradual re-entry into the classroom, allowing for breaks throughout the day. Initially, consider having the student return on a part-time basis. The student should gradually increase academic activities without experiencing any discomfort. Utilize a student concussion questionnaire\* and if the student shows a two-point increase, STOP and revert to the previous stage for at least 24 hours.



## STAGE 4

**Return to school and activities.** Gradual progression until a full day can be tolerated with no more than mild symptom exacerbation. Is able to fully return to school, catch up on missed work, and return to physical activity (i.e. physical education, school related activities)\*



\*Mild exacerbation is described as a maximum increase of 2 points on the symptom checklist, rated on a 0-10 scale (0 = no symptoms, 10 = excruciating), compared to the severity of symptoms before engaging in cognitive activities (no more than a 2-point rise after reading for 30 minutes compared to symptoms prior to reading).

\*While RTL and return-to-play (RTP) can be carried out simultaneously, RTL should be concluded before RTP.



# CMT Student Concussion Symptom Monitoring Tool

## Elementary School Version\*

Meet with student weekly while he/she is symptomatic. Using the 3-point severity scale, have the student rate each symptom he/she is currently experiencing, that were not present prior to the concussion.

### Severity of Problem

0= No  
1= A little  
2= A lot

Student Name:	Before the Injury	Week 1 Date	Week 2 Date	Week 3 Date	Week 4 Date	Week 5 Date	Week 6 Date
Rate Symptom Severity		Time	Time	Time	Time	Time	Time
Does your head hurt?							
Does your stomach hurt or upset/do you feel sick to your stomach?							
Do you feel wobbly? Do you feel like you lose your balance?							
Do you feel like things are spinning?							
Do you feel tired?							
Are you having trouble seeing? Do things look double or blurry?							
Do the lights or sun hurt your eyes?							
Does noise hurt your head?							
Do you feel like you have no energy?							
Are you thinking more slowly?							
Do you have trouble remembering things in class?							
Do you have trouble paying attention in class?							
Do you feel sad?							
Do you feel worried or scared?							
Do you feel cranky?							
Do you feel sleepy at school?							
Total # of Symptoms							

\*Adapted from Post-Concussion Symptom Inventory, Gioia, Janusz, Sady, Vaughan, Schneider, & Natale, 2012

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## CMT Student Concussion Symptom Monitoring Tool

### Middle & High School Version

Meet with student weekly while he/she is symptomatic.  
Using the severity scale, have the student rate each symptom he/she is currently experiencing that were not present prior to the concussion.

#### Severity of Problem

0=No problem

1=Mild

2=Moderate

3=Severe

Student Name:	Before the Injury	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
Rate Symptom Severity		Date	Date	Date	Date	Date	Date
		Time	Time	Time	Time	Time	Time
Headache							
Nausea							
Balance problems							
Dizziness (spinning or movement sensation)							
Lightheadedness							
Fatigue, drowsiness, tired							
Blurry or double vision							
Sensitivity to light							
Sensitivity to noise							
Feeling slowed down, groggy, sluggish, or having no energy							
Feeling like "in a fog" or foggy							
Difficulty concentrating							
Difficulty remembering							
Sad or depressed							
Nervous or anxious							
Feeling more emotional							
Irritable							
Trouble falling asleep (at home)							
Sleeping more (at home)							
Sleeping less (at home)							
Total # of Symptoms							

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## CMT - TEACHER CONCUSSION ACADEMIC MONITORING TOOL

The Concussion Management Team would like each teacher to fill out and return this form on a weekly basis to monitor student concussion symptoms in the classroom.

Please return it to your CMT Academic Monitor on this date:

STUDENT:

DATE:

TEACHER:

CLASS:

DATE	CLASSWORK, HOMEWORK, PROJECTS	SCORE/ GRADE	COMMENTS

DATE	TESTS and QUIZZES (if student is not under test or quiz restriction)	SCORE/ GRADE	COMMENTS

Behaviors: Place an X next to any behaviors that this student displayed this past week that were not observed prior to his/her concussion, or are worse than before his/her concussion.

YES		YES		YES	
	Anxious or nervous		Slow to respond to instructions/questions		Disorganized
	Increased irritability		Difficulty concentrating		Explosive behavior
	Easily frustrated or angered		Needed more time to complete work		Problems remembering, forgetful
	Sad or depressed		Less able to cope in stressful situations		Fatigue
	Social isolation, loss of friends, lack of interest in peer group		Impulsive or inappropriate behavior		Light sensitivity
	Headaches		Dizziness or balance issues		Noise sensitivity
	Absences # of Days:		Foggy, spacey, daydreaming		

**ADDITIONAL COMMENTS ABOUT STUDENT:**

## Resources:

- [CDC HEADS UP](#)
  - [Returning to School](#)
  - [Returning to Sports and Activities](#)
  - [Concussion Signs and Symptoms Checklist](#)
  - [Concussion Online Training](#)
  - [School Sports](#)
- Clark County School District *First Aid & Emergency Guidelines for School Personnel* (2017)
- Colorado Department of Education Brain Injury Team
- [Developing Concussion Policies: A Guide for School Districts \(Oklahoma Department Health, 2021\)](#)
- [National Athletic Trainers' Association Bridge Statement: Management of Sport-Related Concussion \(2024\)](#)
- [Nevada Interscholastic Activities Association \(NIAA\) Concussion Policy](#)
  - This document has sample forms (i.e. healthcare provider release form)
- [Remove/Reduce, Educate, Adjust/Accommodate, Pace \(REAP\) Concussion Guidance](#)