

2.28 Traumatic Brain Injuries

Resolution passed 2023; amended 2024

Whereas, the Centers for Disease Control and Prevention (CDC) defines a traumatic brain injury (TBI) as an injury that affects how the brain works and can include short-term effects such as loss of consciousness, seizures, blurred vision, headaches, or lethargy, and/or long-term effects such as organ damage, coma, or even death; and

Whereas TBIs are a significant public health problem that can cause temporary problems with normal brain function or can lead to severe and permanent disability or death. Some TBIs are primary, meaning the damage is immediate, but others are secondary, meaning they can occur gradually over the course of hours, days, or even weeks; and

Whereas, data show that TBIs are a major cause of death and disability in the United States with approximately 1.7 million TBI related deaths, hospitalizations, and emergency department visits occur each year; and

Whereas, some of the common causes of TBIs are falls, motor vehicle crashes, sports injuries, child abuse (most common cause in children under age 4), some suicide attempts, and being struck by an object; and

Whereas, children have the highest rate of emergency department visits for TBI of all age groups. TBIs affect children differently than adults and may disrupt a child’s development and/or limit their ability to participate in school and other activities. As a result of a TBI, children may experience changes in their health, thinking, and behavior that affect learning, self-regulation, and social participation, all of which are important to becoming a productive adult; and

Whereas, amongst American children and adolescents, sports and recreational activities contribute to over 21% of all traumatic brain injuries. These activities include cycling, football, baseball/softball, basketball, soccer, skateboards, skating, hockey, rugby/lacrosse, swimming/diving, boxing, snow skiing/snowboarding, cheerleading, horseback riding, power recreational vehicles, exercise equipment, playground equipment, trampolines, and more. In 2019, about 15% of all U.S. high-school students self-reported one or more sports or recreation-related concussions within the preceding 12 months; and

Whereas, there is frequently an incomplete understanding about the effects of TBI beyond the initial injury among parents, healthcare professionals, and educators. Many students who sustain a TBI will need post-injury support at school, ranging from informal academic support specific to their symptoms to longer-term formalized support; and

Whereas, in May 2009, the State of Washington passed the “Zackery Lystedt Law” to address concussion management in youth athletics. This was the first state law to require a “removal and clearance for Return to Play” among youth athletes. Now all 50 states have a Return to Play law. Similar guidance does not exist to guide students to “Return to Learn” and schools are responsible for their own concussion management; and

Whereas, the Traumatic Brain Injury Reauthorization Act of 2014 directed the CDC to compile a Report to Congress on the management of TBI in children and the Washington State Traumatic Brain Injury Strategic Partnership Advisory Council (TBI Council) in collaboration with the Department of Social and Health Services (DSHS) developed the TBI Comprehensive Statewide Plan to strategically partner with, and advise, DSHS and other state agencies on resources, services, and systems that impact people with TBI, caregivers, service providers, and the residents of the state; and

Whereas, research strongly supports that helmets can reduce mild and severe TBI, and the Center for Disease Control and Prevention recommends wearing a helmet to reduce TBI when riding a bike, motorcycle, scooter skateboard, or horse; when playing football, hockey, baseball or softball; or when skiing or in-line skating.

Therefore be it

Resolved, that Washington State PTA and its local PTAs and councils will advocate for the “opportunities for action” in the CDC’s Report to Congress “The Management of Traumatic Brain Injury in Children” to improve TBI care in children and youth:

- Enhancing Healthcare Services to Improve the Management of TBI in Children (during and post-injury)
- Improving Children’s Return to School, Activity, and Independence After a TBI (models of care, monitoring and service delivery, and school transitions)
- Improving the Transition to Adulthood for Children with TBI (models of care and evidence-based approaches)
- Improving Professional Training for those Involved in the Management of TBI in Children (health professionals and educators)
- Filling Knowledge Gaps (research); and be it further

Resolved, that Washington State PTA and its local PTAs and councils will advocate for a statewide helmet law for children and youth, with training to ensure equitable enforcement, programs to support distribution of helmets at free or reduced cost, and a public awareness campaign about the need to wear a helmet while riding bikes, scooters, skateboards, and skates; and it be further

Resolved, that Washington State PTA and its local PTAs and councils will advocate for mandated statewide “return to learn/school” guidelines and protocols for students who have experienced a TBI; and be it further

Resolved, that Washington State PTA and its local PTAs and councils educate families, coaches, athletes, and school personnel on the seriousness of head injuries, prevention strategies, the importance of wearing helmets, the importance of school personnel being trained to recognize TBIs, and the need to immediately contact families if a head injury occurs in the school setting.