

Book: District Policy

Section: J - STUDENTS

Title: Student Activities: Student Extra-Curricular Participation: Prevention and Treatment of Head Injuries

Number: JHGC

Status: Approved

Legal: AB455; NAC 386.820

Adopted: July 26, 2011

Administrative Regulation: Yes

Coverage: This Policy covers competitive sports not governed by the NIAA pursuant to NRS 386.420 and participants in those sports.

Definition: A concussion/head injury is type of traumatic brain injury that interferes with normal function of the brain. It occurs when the brain is rocked back and forth or twisted inside the skull as a result of a blow to the head or body. What may appear to be only a mild jolt or blow to the head or body can result in a concussion/head injury.

Prevention: Although all concussion/head injuries cannot be prevented, many can be minimized or avoided. Proper coaching techniques, good officiating or the existing rules and use of properly fitted equipment can minimize the risk of head injury.

Nature and Risks of Injuries: Continuing to participate in physical activity after a concussion/head injury can lead to worsening concussion/head injury symptoms, increased risk for further injury, and even death.

Before Participation: Before a student participates in competitive sports, and on an annual basis thereafter, the student and his or her parent or legal guardian:

- a. Must be provided with a copy of this Policy; and
- b. Must sign a statement on a form prescribed by the board of trustees acknowledging that the student and his or her parent or guardian have read and understand the terms and conditions of this Policy.

Removal from Participation: If a student sustains or is suspected of sustaining an injury to the head while participating in competitive sports, the student:

- a. Must be immediately removed from the competitive sport;
- b. May return to competitive sport if a parent or legal guardian of the student provides a signed statement of a provider of health care indicating that the pupil is medically cleared for participation in the competitive sport and the date on which the pupil may return to the competitive sport; and

- c. A "provider of health care" means a physician licensed under chapter 630 or 633 of NRS, a physical therapist licensed under chapter 640 of NRS or an athletic trainer licensed under chapter 640B of NRS.

To the extent that this policy is not consistent with any policy adopted by the NIAA on injuries to the head, including concussions, occurring during a student's participation in interscholastic activities and events, the NIAA Policy shall govern as though such competitive sports were governed by the NIAA.

Recognition and Management

- A. Immediate Post-Concussion/head injury Assessment and Cognitive Testing (ImPACT) is a test that will assist in the evaluation and treatment of head injuries.
 - The computerized exam is given to athletes before beginning contact sport practices or competition. This non-invasive "baseline" test is essentially a preseason physical of the brain.
 - The preseason "baseline" test is only required one time during the athlete's high school career.
 - Following the "baseline" test, an athlete will not be required to be re-tested unless the athlete, parent, coach or physician is concerned that the athlete may be demonstrating signs of a concussion/head injury or brain injury.
 - Additional tests may be administered as needed or at the request of a physician.
 - In the event of suspected concussion/head injury or brain injury, the "baseline" test and the post-injury test data will be reviewed by a qualified physician.
 - **For the athlete to return to participation he/she must receive clearance from ImPACT AND must have written clearance from a physician.**
- B. If an athlete exhibits any signs, symptoms, or behaviors that make you suspicious that he or she may have had a concussion/head injury, that athlete must be removed from all physical activity, including sports and recreation. Continuing to participate in physical activity after a concussion/head injury can lead to worsening concussion/head injury symptoms, increased risk for further injury, and even death.

Parental Statement for Student Extra-Curricular Participation

Student Name: _____

Parent/Guardian Name: _____

Pursuant to Board Policy JHGC (the “Policy”), the undersigned above named student, and parent/guardian of the above named student, hereby acknowledge: (1) receipt of a copy of the Policy; and (2) that the student and parent/guardian have read and understand the terms and conditions of the Policy.

Dated: _____

STUDENT SIGNATURE

Dated: _____

PARENT/GUARDIAN SIGNATURE