

Concussion Guidelines

Many students within Lakeland Joint School District, No. 272 participate in extra-curricular activities of a nature whereby physical injury may result. Though the District takes care to ensure all extra-curricular activities are as safe as practicable, it is not possible to remove all danger from such activities, and the District acknowledges that concussions may result. The purpose of this policy is to address situations in which student concussions have occurred or are suspected to have occurred.

This policy only applies to organized athletic league or sport in which any District student participates as an athlete or youth athlete. For the purposes of this policy, athlete or youth athlete means an individual who is eighteen (18) years of age or younger and who is a participant in any, high school athletic league or sport. A school athletic league or sport shall not include participation in a physical education class.

Pre-Season Education

The Administration and coaches will work to ensure that athletes, youth athletes, parents, volunteers, and assistant coaches are educated about concussions. (Coaches are required by Idaho Code to complete concussion education every two years) Prior to being allowed to engage or participate in any school athletic league or sport:

1. Each student desiring to participate in such school athletic league or sport, and the student's parents or guardians, shall be provided notice of and/or copies of any concussion guidelines or information available from the State Department of Education and the Idaho High School Activities Association, and also this policy.
2. Each student desiring to participate in such school athletic league or sport, and the student's parents or guardians, shall acknowledge that they have been provided the guidelines or information available from the State Department of Education and the Idaho High School Activities Association, as well as this policy, and have had the opportunity to review and have reviewed such information. Further, each student and the student's parents or guardians shall sign an applicable waiver for participating in such school athletic league or sport.
3. The signed waiver and acknowledgment of review of the appropriate information shall be returned to the District.
4. The athlete will be required to receive a preseason baseline concussion test prior to participating in any extra-curricular activities or being allowed to participate in a school athletic league or sport. The athlete will be required, at the athlete's cost, to obtain a preseason baseline concussion test one time prior to participating in such school athletic

leagues or sports, provided, however, in the event there is a suspected concussion as provided for hereinafter, the athlete may be required to obtain another baseline concussion test during the athlete's participation in school athletic leagues or sports. The District must be provided with written confirmation that the test was completed by a qualified and trained health care professional, although the results of the testing shall not be provided to the District unless such test results are authorized to be provided by the athlete, or the athlete's parents in the event the athlete has not yet attained the age of 18.

Athletes will not be allowed to participate in school athletic leagues or sports until the above requirements are met.

Protocol on Suspected Concussion

If, during any school athletic league or sport practice, game, or competition, an athlete exhibits signs or symptoms of a concussion, makes any complaint indicative of a possible concussion, or a coach, assistant coach, volunteer coach, or other school District employee has reason to believe a concussion has occurred, such student shall be removed from play or participation in the practice, game, or competition. According to the Centers for Disease Control and Prevention, and for the purposes of this policy, signs observed by coaching staff which could be indicative of a concussion include if the athlete:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (*even briefly*)
- Shows mood, behavior, or personality changes
- Can't recall events *prior* to hit or fall
- Can't recall events *after* hit or fall

According to the Centers for Disease Control and Prevention, and for the purposes of this policy, symptoms reported by the athlete which could be indicative of a concussion include:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Does not "feel right" or is "feeling down"

Coaches should not try to judge the severity of the injury themselves. Health care professionals have a number of methods that they can use to assess the severity of concussions. Coaches should record the following information, if possible, to help health care professionals in assessing the athlete after the injury:

- Cause of the injury and force of the hit or blow to the head or body
- Any loss of consciousness (passed out/knocked out) and if so, for how long
- Any memory loss immediately following the injury
- Any seizures immediately following the injury
- Number of previous concussions (if any)

Athletes may not be returned to play or participate in any student athletic league or sport (except on an administrative basis, such as team manager), until and unless the athlete has been evaluated and is authorized to return to play or participate by a qualified health care professional who is trained in the evaluation and management of concussions, including a physician or physician's assistant licensed under Chapter 18, Title 54, Idaho Code, an advanced practice nurse licensed under Idaho Code 54-1409, or a licensed health care professional trained in the evaluation and management of concussions who is supervised by a directing physician who is licensed under Chapter 18, Title 54, Idaho Code. Such authorization must be in writing and must be provided to the District prior to the student being returned to play. If the authorization is signed by a licensed health care professional trained in the evaluation and management of concussions, such authorization must also be countersigned by the directing physician.

Legal Reference: I.C. § 33-1625 Youth athletes – concussion and head injury guidelines
Title 54, Chapter 18 Idaho Code
HIPPA

Other Reference: <http://www.idhsaa.org/concussions/default.asp>
<http://www.cdc.gov/concussion/sports/index.html>
<http://www.cdc.gov/concussion/sports/recognize.html>

Policy History:

Adopted on: December 10, 2012

Revised on: July 8, 2013

ACKNOWLEDGMENT OF RECEIPT OF CONCUSSION GUIDELINES

Parent's/Guardian's Signature

I, (print name) _____, acknowledge that I am the parent or guardian of the student (below), that I have received from the District information related student athlete concussions, including information from the State Department of Education, the Idaho High School Activities Association, and District Policy 3505, and have had the opportunity to review and have reviewed such information. I understand that participation in school athletics leagues or sports is dangerous, and hereby agree to waive all liability against Lakeland Joint School District, No. 272, its employees, agents, and trustees, related to any injury or damages that my student may experience or incur as a result of participation in such school athletics leagues or sports.

Signature

Date

Student's Signature

I, (print name) _____, acknowledge that I am a student of Lakeland Joint School District, No. 272, or otherwise am allowed to participate in school athletics leagues or sports, that I have received from the District information related student athlete concussions, including information from the State Department of Education, the Idaho High School Activities Association, and District Policy 3505, and have had the opportunity to review and have reviewed such information. I understand that participation in school athletics leagues or sports is dangerous, and accept the risk of the potential consequences of such dangers.

Signature

Date

NOTE: Both signature lines must be filled in and this form must be provided to the District prior to the student athlete participating in any school athletic leagues or sports.

Policy History:

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