

PREVENTION AND TREATMENT OF INJURIES TO THE HEAD

The Lyon County School District (LCSD) is committed to the safety and well-being of all students, including the prevention and proper treatment of head injuries. This policy aims to comply with the requirements set forth by the Nevada Legislature and SB80 of the 2023 session regarding head injuries sustained during school activities and the management of head injuries sustained outside of school activities.

There are several possible injuries to the head, but one of the most common is a 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 (Centers for Disease Control and Prevention {CDC}, 2019).

Injuries to the head and/or a concussion may occur while a student participates in interscholastic activities (sports) or other activities in the LCSD. The [CDC Heads Up](#) resources provide valuable information about the prevention of head injuries and/or concussions. The LCSD strongly recommends that parents/guardians and students educate themselves using these resources.

Notice and Warning

Participating in activities or events where a pupil may sustain an injury to the head and/or concussion carries various risks, including:

1. **Head Trauma:** Activities such as contact sports, physical education classes, and recreational activities can expose pupils to the risk of head trauma due to collisions, falls, or impacts with equipment or other objects.
2. **Concussion:** The most common type of head injury in these activities is a concussion, which is a mild traumatic brain injury caused by a blow to the head or body that results in the brain moving rapidly within the skull. Concussions can lead to a range of symptoms including headache, dizziness, nausea, sensitivity to light and noise, difficulty concentrating, and mood changes.
3. **Facial Injuries:** Activities involving projectiles, sticks, or balls increase the risk of facial injuries such as fractures, cuts, and contusions, which can also impact the head.
4. **Neck and Spinal Injuries:** Severe head impacts or falls can also potentially cause neck or spinal injuries, which may have serious consequences for neurological function and long-term health.
5. **Second Impact Syndrome:** If a pupil returns to activity too soon after a concussion or another head injury and sustains a second head injury, they may be at risk for second impact syndrome. This condition involves rapid and often catastrophic swelling of the brain and can be life-threatening.
6. **Long-term Effects:** Repeated head injuries, even mild concussions, may contribute to long-term cognitive deficits, increased risk of future concussions, and potentially neurodegenerative diseases such as Chronic Traumatic Encephalopathy (CTE) in some cases.
7. **Psychosocial Impact:** Head injuries can impact a pupil's emotional well-being, self-confidence, and social interactions, especially if they are unable to participate in activities they enjoy or experience prolonged symptoms.

Given these risks, the LCSD and its associated schools prioritize injury prevention strategies, implement effective safety measures, educate participants and staff about head injury recognition and management, and ensure prompt and appropriate medical care when injuries occur to minimize the impact on pupil health and well-being.

Further, continuing to participate in an event or activity after sustaining an injury to the head and/or concussion can pose several inherent risks, including but not limited to:

1. **Increased Severity of Injury:** Continuing physical activity after a head injury can exacerbate the initial injury. This can lead to more severe symptoms, prolonged recovery times, and potential long-term health consequences.
2. **Delayed Recovery:** Not allowing adequate time for the brain to heal after a head injury can prolong the recovery process. This may result in persistent symptoms such as headaches, dizziness, difficulty concentrating, and sensitivity to light or noise.
3. **Risk of Second Impact Syndrome:** If a second head injury occurs before the brain has fully recovered from the first injury, it can lead to a rare but potentially catastrophic condition known as second impact syndrome. This condition can cause rapid and severe swelling of the brain, which can be fatal or lead to serious neurological damage.
4. **Impaired Cognitive Function:** Even mild head injuries can temporarily impair cognitive function, including memory, attention, and decision-making abilities. Continuing to participate in activities that require concentration and quick reactions can increase the risk of accidents and further injury.
5. **Masking Symptoms:** Adrenaline and the desire to continue participating may mask symptoms of a head injury, making it difficult for the injured person and others to recognize the seriousness of the injury and the need for immediate medical attention.
6. **Long-Term Health Effects:** Research suggests that repeated head injuries, especially without adequate recovery time between injuries, may increase the risk of long-term cognitive decline, neurodegenerative diseases (such as Chronic Traumatic Encephalopathy, or CTE), and mental health issues.

In summary, the risks associated with continuing to participate in an event or activity after sustaining a head injury underscore the importance of promptly recognizing, assessing, and properly managing head injuries to prioritize the health and safety of individuals involved.

School/District Responsibilities

Each employee of an LCSD 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 an injury to the head must annually complete training regarding the prevention and treatment of injuries to the head, which must include, without limitation, a review of the educational information compiled pursuant to subsection 3 of NRS 385B.080. Each LCSD school shall maintain a record of the training, which is completed by each employee, including their signature acknowledging attendance. These records will be maintained by school administration indefinitely. The LCSD Chief Nurse will oversee and approve the training provided to employees.

Before a student is allowed to participate in competitive sports offered by the LCSD, the student and the parent/guardian must be provided with a copy of LCSD Policy JB and sign a statement acknowledging that they understand the inherent risks of head injuries and/or concussions associated with participation.

Upon notification that a student has, sustained, or is suspected to have sustained a head injury and/or concussion, the LCSD school administrator shall ensure that the student and his/her parent/guardian are provided with a printed or electronic copy of this policy.

If a student has, sustains, or is suspected of having or sustaining an injury to the head and/or concussion, the student must be immediately removed from the event or activity and is NOT allowed to return until the parent/guardian provides a signed statement from a provider of health care acting within his/her scope of practice indicating that the student is medically cleared for participation in the event or activity, including the date upon which the student is medically cleared to return. Any questions or disputes about the validity of the medical clearance will be determined by the LCSD Chief Nurse as applicable.

Return-to-Learn: The effects of 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. In some cases, a concussion can affect multiple aspects of a student's ability to participate, learn, and perform well in school. 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 should be tailored to each student's specific circumstances.

Returning to the classroom or schoolwork should be directed by a provider of health care acting within his/her scope of practice and with experience in the evaluation and management of concussions. Educators will provide appropriate modifications and accommodations for schoolwork per the medical documentation.

Return-to-Play: A student cannot return-to-play until the parent/guardian provides a signed statement from a provider of health care acting within his/her scope of practice indicating that the student is medically cleared for participation in the event or activity, including the date upon which the student is medically cleared to return. Any questions or disputes about the validity of the medical clearance will be determined by the LCSD Chief Nurse as applicable.

Student and Parent/Guardian Responsibilities

The CDC has provided a [parent/guardian fact sheet](#) for the purpose of educating parents/guardians about the prevention, signs, and symptoms of a possible concussion. The LCSD endorses this resource and requires all parents/guardians with a student participating in sports and/or activities to read and understand this document prior to participation. Students who wish to participate in sports and/or activities must read and understand the [CDC handout](#) about head injuries before participating.

Any student participating in sports and/or activities within the LCSD, and the parent/guardian of the student has an obligation to adhere to this policy and all the associated rules and regulations of the sport and/or activity.

LYON COUNTY SCHOOL DISTRICT

BOARD POLICY _____ **JB**

Acknowledgement and Signatures

Parent/Guardian Acknowledgement: I _____ have read the Lyon CSD Board Policy JB: Prevention and Treatment of Injuries to the Head and the CDC's [parent/guardian fact sheet](#). I understand all the aspects of the policy including, but not limited to the notice, warning, school responsibilities, and my responsibilities. I agree to comply with the policy.

Parent/Guardian
Signature _____ Date _____

Student Acknowledgement: I _____ have read the Lyon CSD Board Policy JB: Prevention and Treatment of Injuries to the Head and the [CDC's handout](#). I understand all the aspects of the policy including, but not limited to the notice, warning, school responsibilities, and my responsibilities. I agree to comply with the policy and follow the instructions of my coach/advisor as I participate in the LCSD sport and/or activity.

Student Signature _____ Date _____

Policy JB
Adopted 07/23/24

ADMINISTRATIVE REGULATIONS: PREVENTION AND TREATMENT OF INJURIES TO THE HEAD

Under the direction of the LCSD Chief Nurse, specifically delegated school staff may assist in the initial treatment and management of injuries to the head and/or concussions. School staff will operate within their scope of work and authority as they activate the Emergency Medical Services (EMS) as needed.

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

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. If directed by the LCSD Chief Nurse, 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 911.
 - 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 911 **immediately**.
11. Complete documentation including the screening tool per school district policy and as directed by the LCSD Chief Nurse.
12. Per school district policy, complete an accident/injury incident report.

APPENDIX A

Under the direction of the LCSD Chief Nurse, specifically delegated school staff may assist in the initial treatment and management of injuries to the head and/or concussions. School staff will operate within their scope of work and authority as they activate the Emergency Medical Services (EMS) as needed.

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.
 - a. 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.
 - b. It is not required for all other students to receive clearance from a licensed healthcare provider, but it is encouraged.
 - c. 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).
 - a. If the student is turning the documentation in upon return to school complete the symptom questionnaire with the student.
 - b. 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.
 - c. 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.
 - a. 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.
 - a. 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

- b. 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.
 - c. A student who has experienced a head injury should not participate in physical education classes, or other classes that require physical exertion.
 - d. 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.
 - a. Consider working in four-week increments.
 - b. If the student's symptom(s) increase or change it is encouraged for them to be seen in the school health office
 - i. The school health office staff should refer to the Head Injury Protocol section for guidance.
 - c. If the student is not progressing encourage the student to be seen by a licensed healthcare provider as soon as possible.
 - d. 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 student's teachers.
 - a. It is individualized how soon a student can complete Return to Learn
 - b. See resource section on sample forms to be used to support communication amongst the CMT team.
 - i. Academic Monitoring Tool
 - ii. Elementary Symptom Management Tool
 - iii. Middle/High School Symptom Management Tool
 - c. Consider creating a medical alert for the student who is going through the RTL pathway.
 - d. Consider a system to track which students are on the RTL pathway.
 - e. 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.
 - a. Important to note that a student's progress through the RTL pathway may not be linear.

APPENDIX B

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.



APPENDIX C

**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	Week 2	Week 3	Week 4	Week 5	Week 6
		Date	Date	Date	Date	Date	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

APPENDIX D

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
		Date	Date	Date	Date	Date	Date
Rate Symptom Severity		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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CONCUSSION MANAGEMENT TEAM
 Middle & High School Symptom Monitoring Tool

APPENDIX E

**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:

CONCUSSION MANAGEMENT TEAM
Academic Monitoring Tool

APPENDIX F

Resources/Educational Links:

1. Concussion Education for Coaches (mandatory)
<https://nfhslearn.com/courses?searchText=Concussion> National Federation of State High Schools
2. Center for Disease Control HEADS UP to Youth Sports: Online Training
<https://www.cdc.gov/headsup/youthsports/training/index.html>
3. Center for Disease Control HEADS UP to Youth Sports: Parents
<https://www.cdc.gov/headsup/youthsports/parents.html>
4. National Athletic Trainers Association Position Statement on Concussion
https://www.nata.org/sites/default/files/concussion_management_position_statement.pdf
5. Concussion Information and Home Care Instructions
CDC Caring for your Child's Concussion:
https://www.cdc.gov/traumaticbraininjury/pdf/pediatricmtbiguidelineeducationaltools/2018-cdc_mtbi_discharge-instructions-508.pdf

APPENDIX G

Healthcare Provider Concussion Clearance Form for Student-Athletes

***Student-athletes must have this form completed and returned to the school office**

Student-athlete’s Name _____ Date of Birth _____

School _____ Team/Sport _____

Injury History Section (to be completed prior to evaluation by healthcare provider)

Name/Title of person completing the history section:

Date of Injury: _____

Description of Injury: _____

HEALTHCARE PROVIDER RECOMMENDATIONS (to be completed by healthcare provider)

**Medical Providers evaluating patients are encouraged to use a validated concussion assessment tool such as SCOA6 for standardization of evaluation process.*

RETURN TO SPORTS

- Student-athletes are **NOT** allowed to practice or play the same day that their head injury occurred
- Student-athletes should **NEVER** return to play or practice if their symptoms are not a baseline levels or can be linked to the injury
- Student-athletes, be sure that your coach and/or athletic trainer are aware of your injury, symptoms, and has the contact information for your treating medical provider

1. School/Academics

_____ Out of school until follow-up visit with medical provider

_____ May return to school now without academic modifications.

_____ May return to school now with academic modifications. (See list below)

Academic Modifications

Following a concussion, individuals need both cognitive and physical rest to allow for recovery. Activities such as reading, watching TV or movies, video games, working/playing on a computer and/or texting heavily stimulates the brain and can delay recovery. These are not prohibited but if a 2-point increase in any symptoms occur, they should refrain from that activity. If unable to gauge the increase, follow a simple 15-30min on/off activity rule to promote recovery. Health care providers need to consider if modifications to school activities should be made to help facilitate recovery.

LYON COUNTY SCHOOL DISTRICT

BOARD POLICY

JB

The following modifications may be helpful:

Return to school with the following academic support:

Shortened day. Recommend _____ hours per day until (Date) _____

Allow extra time to complete course work/assignments and tests

No significant classroom or standardized testing at this time

Take rests breaks during the day (15-30 minutes per break) as needed with return of symptoms

Patient will follow-up with provider to determine academic support status in _____ days/weeks

OR

Can return to full academic participation on (Date) _____

2. Sports/PE-check all that apply

Do not return to PE/sports practice or competition at this time

Must return to medical provider for clearance to return to competition in _____ days/weeks(s)

OR

May start Return to Play Progression under supervision of designated on-site school health care provider. PLEASE call provider’s office to discuss once Return to Play Progression completed.

Additional comments/instructions:

Healthcare Provider Name/Title (please print):

Signature (required): _____

Telephone: _____

Date: _____

APPENDIX H

Concussion Training

The state of Nevada is relying upon the expertise of the Centers for Disease Control (CDC) on training for the various individuals who will interact with concussions. This includes coaches, sports officials, parents, teachers, athletic trainers, and community members. For a full list of the trainings, please see the link below:

<https://www.cdc.gov/heads-up/communication-resources/training.html>

Please check with the LCSD Chief Nurse for specific instructions or directions on which concussion training you should be pursuing.

APPENDIX I

Parent/Guardian Fact Sheet

A FACT SHEET FOR High School Parents



This sheet has information to help protect your teens from concussion or other serious brain injury.

What Is a Concussion?

A concussion is a type of traumatic brain injury—or 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 quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Teens Safe?

Sports are a great way for teens to stay healthy and can help them do well in school. To help lower your teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
 - Work with their coach to teach ways to lower the chances of getting a concussion.
 - Emphasize the importance of reporting concussions and taking time to recover from one.
 - Ensure that they follow their coach's rules for safety and the rules of the sport.
 - Tell your teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. There is no "concussion-proof" helmet. Even with a helmet, it is important for teens to avoid hits to the head.

How Can I Spot a Possible Concussion?

Teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents

- Appears dazed or stunned
- Forgets an instruction, is confused about an assignment or position, or is unsure of the 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* or *after* a hit or fall

Symptoms Reported by Teens

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness, or double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Confusion, or concentration or memory problems
- Just not "feeling right," or "feeling down"

Talk with your teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some teens think concussions aren't serious or worry that if they report a concussion they will lose their position on the team or look weak. Remind them that *it's better to miss one game than the whole season.*

GOOD TEAMMATES KNOW:
IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.



cdc.gov/HEADSUP

CONCUSSIONS AFFECT EACH TEEN DIFFERENTLY.

While most teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your teens' healthcare provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.



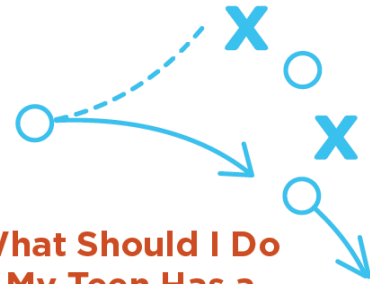
Plan ahead. What do you want your teen to know about concussion?

What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1, or take your teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other
- Drowsiness or inability to wake up
- A headache that gets worse and does not go away
- Slurred speech, weakness, numbness, or decreased coordination
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching)
- Unusual behavior, increased confusion, restlessness, or agitation
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously

Teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious, and can affect a teen for a lifetime. It can even be fatal.



What Should I Do If My Teen Has a Possible Concussion?

As a parent, if you think your teen may have a concussion, you should:

1. Remove your teen from play.
2. Keep your teen out of play the day of the injury. Your teen should be seen by a healthcare provider and only return to play with permission from a healthcare provider who is experienced in evaluating for concussion.
3. Ask your teen's healthcare provider for written instructions on helping your teen return to school. You can give the instructions to your teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess a teen for a possible concussion. You may not know how serious the concussion is at first, and some symptoms may not show up for hours or days. A teen's return to school and sports should be a gradual process that is carefully managed and monitored by a healthcare provider.

Revised January 2019

To learn more,
go to [cdc.gov/HEADSUP](https://www.cdc.gov/HEADSUP)



APPENDIX J

CDC's Handout



Did you know that
your brain can get hurt?



A hit to the head can hurt your brain.

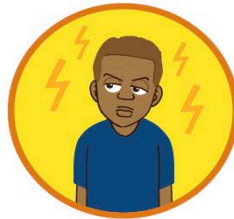
When your brain gets hurt, you might get a headache or feel:



Dizzy



Tired



Grumpy



Sick to your stomach

If this happens, you might have a brain injury called a concussion.

Did you hit your head and don't feel well?



Tell a grown up about it:
your parent, teacher, coach,
or the school nurse.



Get checked out by a doctor.
Doctors know how to check
for a concussion and can
help you feel better.



Your brain needs time
to get better when you
have a concussion.

That might mean taking
a break from sports or
other activities.

To help keep your brain safe:



Always wear your helmet when riding your bike.



Always buckle up when in the car.



Play safe and avoid hits to the head when playing sports.



Ask your parents or coach for **MORE TIPS** to help keep your brain safe.

Word Search

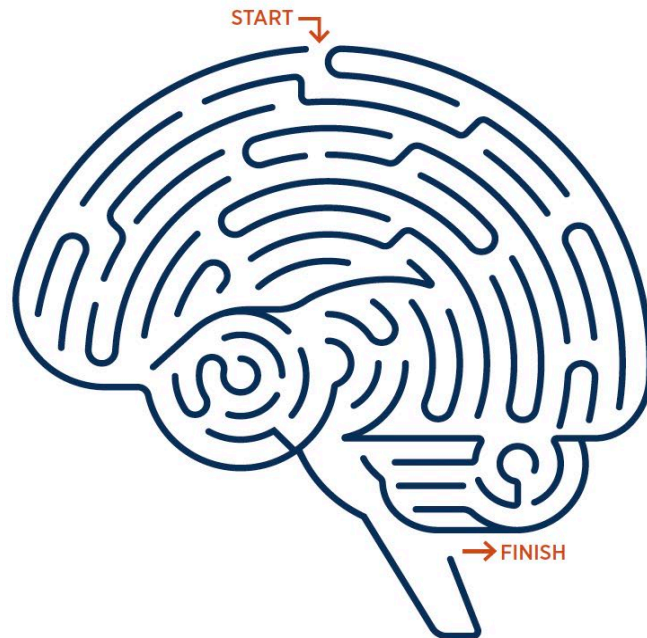
Find these hidden words below:

DIZZY TIRE GRUMPY SICK

GROWN UP DOCTOR REST

D	O	C	T	O	R	S	Z	R	Z
X	B	U	C	Y	R	R	Q	P	P
G	T	I	R	E	D	E	E	U	R
R	Q	T	S	I	X	Q	Z	V	N
O	W	N	I	N	D	S	T	M	F
W	Q	B	C	U	D	I	Z	Z	Y
N	R	N	K	J	H	I	X	Q	Z
U	J	K	H	B	S	O	F	R	I
P	G	R	U	M	P	Y	D	A	P
S	X	D	I	K	R	E	S	T	E

Brain Maze



Your parents and coaches can learn more about concussion at:

[cdc.gov/HEADSUP](https://www.cdc.gov/HEADSUP)



