

Policy

SPORTS RELATED CONCUSSION AND HEAD INJURY

A concussion is a traumatic brain injury (TBI) caused by a direct or indirect blow to the head or body.

Requirements

- A. A student who participates in interscholastic athletics and who sustains or is suspected of sustaining a concussion or other head injury shall be immediately removed from the completion or practice. Student athlete may not return to play until they obtain medical clearance in compliance with the district return-to-play policy;
- B. All coaches, school nurses, school/team physicians and certified athletic trainers must complete an interscholastic head injury training program;
- C. The athletic head injury training program must include:
 - 1. The recognition of the symptoms of head and neck injuries, concussions, and injuries related to second impact syndrome; and
 - 2. Describe the appropriate time to delay the return to sports competition or practice of a student – athlete who has sustained a head injury or other head injury, but if no additional time is specified for a particular age-group or sport, the student-athlete may return when written medical clearance is given the student-athlete stating that he/she is asymptomatic, and the student-athlete has completed an appropriate graduated individualized return-to-play protocol.
- D. An athletic head injury training program such as the National Federation of State High Schools Association online “Concussion in Sports” training program or a comparable program that meets mandated criteria shall be completed by all staff or others required by the district policy;
- E. Distribution of New Jersey Department of Education, *Concussion and Head Injury Fact Sheet* to every student-athlete who participates in interscholastic sports. The chief school shall ensure that a signed acknowledgement of the receipt of the fact sheet is completed by the student-athlete’s parent/guardian and is kept on file for future reference.

Prevention and Treatment of Sports Related Concussions and Head Injuries

A student-athlete who is suspected of sustaining a sports related concussion or other head injury during competition or practice shall be immediately removed from play and may not return to play that day.

- A. Possible signs (could be observed by coaches, athletic trainer, school/team physician, school nurse):
 - 1. Appears dazed, stunned, or disoriented;
 - 2. Forgets plays, or demonstrates short term memory difficulty;
 - 3. Exhibits difficulties with balance or coordination;
 - 4. Answers questions slowly or inaccurately;
 - 5. Loses consciousness;
- B. Possible symptoms (reported by the student athlete to coaches, athletic trainer, school/team physician, school nurse, parent/guardian):
 - 1. Headache;
 - 2. Nausea/vomiting;
 - 3. Balance problems or dizziness;

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4. Double vision or changes in vision;
5. Sensitivity to light or sound/noise;
6. Feeling sluggish or foggy;
7. Difficulty with concentration and short term memory;
8. Sleep disturbance.

C. To return to competition and practice the student-athlete must follow the protocol:

1. Immediate removal from competition or practice;
2. School personnel (athletic trainer, school nurse, coach, etc.) should make contact with the student-athletes parent/guardian and inform them of the suspected sports related concussion or head injury;
3. School personnel (athletic trainer, school nurse, coach, etc.) shall provide student-athlete with the approved information/medical checklist to provide their parent/guardian and physician or other licensed healthcare professional.
4. Student-athlete must receive written clearance from their physician that student is asymptomatic and may begin the graduated return-to-play protocol. School personnel (athletic trainer, school nurse, coach, etc. may consult with school/team physician after medical clearance is given from student-athletes physician).

Graduated Return to Competition and Practice Protocol

A. After written medical clearance is given stating that the student athlete is asymptomatic, the student-athlete may begin a graduated individualized return-to-play protocol:

Step 1: No activity, complete physical and cognitive rest. The objective of this step is recovery;

Step 2: Light aerobic exercise, which includes walking, swimming, or stationary cycling, keeping the intensity less than 70% maximum percentage heart rate: no resistance training. The objective of this step is increased heart rate;

Step 3: Sport-specific exercise including skating, and/or running; no head impact activities. The objective of this step is to add movement;

Step 4: Non-contact training drills (e.g. passing drills). The student-athlete may initiate progressive resistance training;

Step 5: Following medical clearance (consultation between school personnel and students athletes physician), participation in normal training activities. The objective of this step is to restore confidence and assess functional skills by the coaching staff;

Step 6: Return to play involving normal exertion or game activity.

B. Symptom checklists, baseline testing and balance testing may be utilized;

C. If the student athlete exhibits a re-emergence of any post concussion signs or symptoms once he or she returns-to-play, they will be removed from exertional activities and returned to their school/team physician or primary care physician;

D. If concussion symptoms reoccur during the graduated return-to-play protocol, the student-athlete will return to the previous level of activity that caused no symptoms.

Temporary Accommodations for Student-Athletes with Sports Related Head Injuries

Consideration of the cognitive effects in returning to the classroom is also an important part of the treatment of sports related concussions and head injuries. Mental exertion increases the symptoms from concussions and affects recovery. To recover, cognitive rest is just as important as physical rest. Reading,

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studying, testing, texting – even watching movies if a student is sensitive to light – can slow down a student's recovery.

In accordance with the Centers for Disease Control (CDC) toolkit on managing concussions, the board may look to address the cognitive needs of students who return to school after a concussion in the following ways:

- A. Take rest breaks as needed;
- B. Spend fewer hours at school;
- C. Be given more time to take tests or complete assignments;
- D. Receive help with schoolwork;
- E. Reduce time spent on the computer, reading, and writing;
- F. Be granted early dismissal from classes to avoid crowded hallways.

Implementation

- A. A training program and policy for the prevention and treatment of sports related concussions and head injuries shall be completed by the school/team physician, coaches, athletic trainer, school nurse, and any other school employee the chief school administrator deems necessary;
- B. The chief school administrator or his or her designee shall monitor that all assigned staff and/or others complete the interscholastic head injury training program such as the National Federation of State High Schools Association's online, "Concussion in Sports" program, which includes:
 - 1. The recognition of the symptoms of head and neck injuries, concussions, and injuries related to second-impact syndrome;
 - 2. The protocol for a return to competition or practice, which may specify an appropriate amount of time to delay the return to sports competition or practice of a student-athlete who has sustained a concussion or other head injury.
- C. The educational fact sheet shall be distributed annually to the parents or guardians of student-athletes. A signed acknowledgement of the receipt of the fact sheet shall be obtained from the student-athlete and his parent or guardian and retained by the school;
- D. Any student who participates in an interscholastic sports program and is suspected of sustaining a concussion or other head injury in competition or practice shall be immediately removed from the sports competition or practice. A student-athlete who is removed from competition or practice shall not participate in further sports activity until he/she is evaluated by a physician or other licensed healthcare provider trained in the evaluation and management of concussions, and receives written clearance from a physician trained in the evaluation and management of concussions to return to completion or practice.

Adopted:

Key Words

Concussion, Head Injury, Sports, Athletics,

Legal References: N.J.S.A. 18A:16-6, -6.1
N.J.S.A. 18A:35-4.6 et seq.
N.J.S.A. 18A:40-1

Indemnity of officers and employees against civil actions
Parents Right to Conscience Act of 1979
 Employment of medical inspectors, optometrists and nurses; salaries; terms; rules

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<u>N.J.S.A.</u> 18A:40-3	Lectures to teachers
<u>N.J.S.A.</u> 18A:40-5	Method of examination; notice to parent or guardian
<u>N.J.S.A.</u> 18A:40-6	In general
<u>N.J.S.A.</u> 18A:40-7, -8, -10, -11	Exclusion of students who are ill
<u>N.J.S.A.</u> 18A:40-23 et seq.	Nursing Services for Nonpublic School Students
<u>N.J.S.A.</u> 18A:40-41.4	Removal of student athlete from competition, practice; return
<u>N.J.A.C.</u> 6A:16-1.1 et seq.	Programs to Support Student Development
<u>See particularly:</u>	
<u>N.J.A.C.</u> 6A:16-1.1, -1.3, -1.4, -2.1, -2.3, -2.4	
<u>N.J.A.C.</u> 6A:26-12.1 et seq.	Operation and Maintenance of School
<u>See particularly:</u>	
<u>N.J.A.C.</u> 6A:26-12.3	Facilities

Plainfield Board of Education v. Cooperman, 105 NJ 587 (1987)

Possible

Cross References:

*1410	Local units
1420	County and intermediate units
*3510	Operation and maintenance of plant
*3516	Safety
*4131/4131.1	Staff development; inservice education/visitations/conferences
4151.2/4251.2	Family illness/quarantine
*5125	Student records
*5141	Health
*5141.1	Accidents
*5141.2	Illness
*5141.3	Health examinations and immunizations
*5141.21	Administering medication
*5142	Student safety
*5200	Nonpublic school students
*6142.4	Physical education and health

*Indicates policy is included in the Critical Policy Reference Manual.

FIRST READING: Board of Education Meeting: 6/23/11

SECOND READING & ADOPTION: Board of Education Meeting: 8-16-11