

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, which for the purpose of this policy includes cheerleading, and who sustains or is suspected of sustaining a concussion or other head injury shall be immediately removed from the competition or practice. Student athletes inclusive of cheerleaders may not return to play until they obtain medical clearance in compliance with local school 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 such as the National Federation of State High School Associations online "Concussion in Sports" training program or a comparable program that meets mandated criteria;
- C. The District shall monitor school district employees in the completion of an interscholastic head injury training program;
- D. 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. A description of the need for appropriate time to delay the return to sports competition or practice of a student-athlete who has sustained a concussion 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 to the student-athlete stating that he/she is asymptomatic, and the student-athlete has completed an appropriate graduated individualized return-to-play protocol.
- E. Distribution of NJ Department of Education Concussion and Head Injury fact sheet to every student-athlete who participates in interscholastic sports and his or her parents. Each district must obtain a signed acknowledgement of the receipt of the fact sheet by the student-athlete's parent/guardian and keep on file for future reference.

Required Concussion Protocol

- A. 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;
- B. Possible signs and symptoms of concussion:
 - 1. Signs (could be observed by coaches, athletic trainer, school/team physician, school nurse):
 - a. Appears dazed, stunned, or disoriented;
 - b. Forgets plays, or demonstrates short term memory difficulty;
 - c. Exhibits difficulties with balance or coordination;
 - d. Answers questions slowly or inaccurately;
 - e. Loses consciousness;

2. Symptoms (reported by the student-athlete to coaches, athletic trainer, school/team physician, school nurse, parent/guardian):
 - a. Headache;
 - b. Nausea/vomiting;
 - c. Balance problems or dizziness;
 - d. Double vision or changes in vision;
 - e. Sensitivity to light or sound/noise;
 - f. Feeling sluggish or foggy;
 - g. Difficulty with concentration and short term memory;
 - h. 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-athlete's 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 the student-athlete with approved information/medical checklist to provide to their parent/guardian and physician or other licensed healthcare professional;
 4. The student-athlete must receive written clearance from their physician that the student is asymptomatic and may begin the graduated return-to-play protocol. School personnel (athletic trainer, school nurse, coach, etc.) may consult with the school/team physician after medical clearance is given from the student-athlete's physician.

Graduated Return to Competition and Practice Protocol

- A. After written medical clearance is given to the student-athlete stating that they are asymptomatic, the student-athlete may begin a graduated individualized return-to-play protocol such as:
 1. Step 1: No activity, complete physical and cognitive rest. The objective of this step is recovery;
 2. 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;
 3. Step 3: Sport-specific exercise including skating, and/or running; no head impact activities. The objective of this step is to add movement;
 4. Step 4: Non-contact training drills (e.g. passing drills). The student-athlete may initiate progressive resistance training;
 5. Step 5: Following medical clearance (consultation between school personnel and student athlete's physician), participation in normal training activities. The objective of this step is to restore confidence and assess functional skills by the coaching staff;
 6. 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

- A. 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;
- B. Mental exertion increases the symptoms from concussions, and affects recovery;

- C. To recover, cognitive rest is just as important as physical rest. Reading, studying, testing, texting -- even watching movies if a student is sensitive to light -- can slow down a student's recovery;
- D. In accordance with the Centers for Disease Control and Prevention toolkit on managing concussions, the Board of Education may look to address the students' cognitive needs in the following ways;
- E. Students who return to school after a concussion may need to:
 1. Take rest breaks as needed, including physical education;
 2. Spend fewer hours at school;
 3. Be given more time to take tests or complete assignments;
 4. Receive help with schoolwork;
 5. Reduce time spent on the computer, reading, and writing;
 6. Be granted early dismissal from classes to avoid crowded hallways.

Annual Review

This policy shall be reviewed annually, and updated as necessary to ensure that it reflects the most current information available on the prevention, risk, and treatment of sports-related concussions and other head injuries.

Approved: October 26, 2011
 Revised: May 20, 2015

Monitored
 Mandated
 Other Reasons

Mandated:

** If the district has an interscholastic sports program.

The board of education acknowledges that the Centers for Disease Control and Prevention estimates that 300,000 concussions are sustained during sports related activity in the United States. A concussion is a traumatic brain injury (TBI) and in order to ensure the safety of student-athletes (inclusive of cheerleaders), it is imperative that athletes, coaches, and parents/guardians are educated about the nature and treatment of concussions and sports related head injuries. Allowing a student-athlete to return to play before recovering from a concussion increases the chance of a more serious brain injury that can result in severe disability and/or death.

N.J.S.A. 18A:40-41.3 requires each school district to adopt a policy concerning the prevention and treatment of sports related concussions and other head injuries among student athletes. The policy shall be reviewed annually, and updated as necessary, by the district to ensure that it reflects the most current information available on the prevention, risk, and treatment of sports-related concussions and other head injuries.

The above statute required the Commissioner of Education to issue a model policy applicable to grades kindergarten through twelve (K-12), and further requires review of the model policy in the board's annual review and adoption of this policy.

Recommendations:

Guidance for local policy development:

- A. Statutory Requirement

The board of education must comply with the minimum requirements stated in N.J.S.A. 18A:40-41.4 in regard to the care and treatment of a student-athlete who is suspected of sustaining a sports related concussion or head injury.

B. Professional Development

1. Each of the following professional staff members shall complete the Interscholastic Head Injury Training program developed by the Department of Education: school and/or team physician, athletic trainer, interscholastic sport and cheerleading coaches, school nurses, and other appropriate district personnel pursuant to N.J.S.A. 18A:40-41.2;
 2. Alternatively, each staff member shall successfully complete the National Federation of State High School Associations "Concussion in Sports" training program or comparable program;
 3. The board will review the sports related concussion and head injury policy annually, and update as necessary, to ensure that it reflects the most current information available on the prevention, risk, and treatment of sports related concussions and head injuries pursuant to N.J.S.A. 18A:40-41.3. A student who sustains or is suspected of having suffered a concussion or other head-injury shall be immediately removed from practice or competition and shall not participate further until written clearance from a physician or other licensed healthcare provider trained in the evaluation and management of concussions;
- C. Nothing in the model policy language or in the legislation and regulations is meant to preclude a school district from including additional provisions, or from using language and formats that are consistent with the district board of education's approved policies and procedures;
- D. The "Sports Injury and Concussion Factsheet," developed by the New Jersey Department of Education, and incorporated herein by reference, shall be provided to each student who participates in interscholastic sports. Documentation of delivery shall be maintained by the district;
- E. District procedures for the implementation of the policy should be based on the "Model Concussion Protocol for the Prevention and Treatment of Sports-Related Concussions and Head-Injuries," issued by the Department of Education.

Approved: October 26, 2011
Revised: *first reading May 6, 2015*

Legal References:

<u>N.J.S.A. 18A:16-6, -6.1</u>	Indemnity of officers and employees against civil actions
<u>N.J.S.A. 18A:35-4.6 et seq.</u>	Parents Right to Conscience Act of 1979
<u>N.J.S.A. 18A:40-1</u>	Employment of medical inspectors, optometrists and nurses; salaries; terms; rules
<u>N.J.S.A. 18A:40-3</u>	Lectures to teachers
<u>N.J.S.A. 18A:40-5</u>	Method of examination; notice to parent or guardian
<u>N.J.S.A. 18A:40-6</u>	In general
<u>N.J.S.A. 18A:40-7, -8, -10, -11</u>	Exclusion of students who are ill
<u>N.J.S.A. 18A:40-23 et seq.</u>	Nursing Services for Nonpublic School Students
<u>N.J.S.A. 18A:40-41.4</u>	Removal of student athlete from competition, practice; return
<u>N.J.A.C. 6A:16-1.1 et seq.</u>	Programs to Support Student Development
See particularly:	
<u>N.J.A.C. 6A:16-1.1, -1.3, -2.1, -2.3, -2.4</u>	
<u>N.J.A.C. 6A:26-12.1 et seq.</u>	Operation and Maintenance of School Facilities
See particularly:	
<u>N.J.A.C. 6A:26-12.3</u>	

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

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