R 2431.4 PREVENTION AND TREATMENT OF SPORTS-RELATED CONCUSSIONS AND HEAD INJURIES (M)

The following procedures shall be followed to implement N.J.S.A. 18A:40-41.1 et seq., the New Jersey Department of Education Model Policy and Guidance for Districts on the Prevention and Treatment of Sports-Related Head Injuries and Concussions, and Policy 2431.4.

A. Prevention

1. The school district requires pre-season baseline testing of students before the student begins participation in athletic competition or practice. The baseline testing program shall be reviewed and approved by the school physician trained in the evaluation and management of sports-related concussions and other head injuries.

2. All school staff members, students participating in athletic competition or practice, and parents of students participating in athletic competition or practice shall be annually informed through the distribution of the NJDOE Concussion and Head Injury Fact Sheet and Parent/Guardian Acknowledgement Form and other communications from the Principal and coaches on the importance of early identification and treatment of concussions to improve recovery.

1. The following steps may be taken to prevent concussions and head injuries and ensure the safety of student-athletes:

   a. Limit the number of stunts during cheerleading practice.

      (1) When stunting is performed, spotters shall be used and the surface shall be soft and in good condition; and

      (2) Safe stunting techniques shall be taught and student-athletes shall not be permitted to attempt new or difficult stunts without proper instruction and a coach on hand.

   b. Ensure student-athletes have appropriate supervision during practices and a designated safe practice facility in good condition for the activity.

   c. Ensure the use of appropriate fitted and maintained safety equipment.

   d. Ensure student-athletes avoid unsafe actions such as:

(1) Hitting another student-athlete in the head;

(2) Using their head to contact another student-athlete;

(3) Making illegal contacts; and

(4) Trying to injure or put another student-athlete at risk for injury.

e. Limit the amount of contact during practices. This may include:

(1) Limiting the amount of practice time that includes scrimmages or full-speed drills.

f. Teach student-athletes proper techniques and ways to avoid hits to the head.

g. Keep a close eye on student-athletes in positions that are at increased risk for concussion to help spot a potential concussion.

B. Possible Signs or Symptoms of Concussion

1. Some mild traumatic brain injuries and concussion symptoms may appear right away, while others may not appear for hours or days after the injury. These symptoms may be observed by coaches, licensed athletic trainers, school/team physicians, school nurses, teachers, parents, or a teammate. Below are a few examples of possible signs and symptoms of a concussion:

a. The student-athlete grabs or holds head after a play or hit - "Hands to Head";

b. The student-athlete appears to be "shaking it off";

c. The student-athlete appears dazed or "foggy";

d. The student-athlete forgets plays or demonstrates short term memory difficulty;

e. The student-athlete cannot recall injury or events just before or just after the injury;

f. The student-athlete answers questions slowly or inaccurately;

g. The student-athlete has a headache;

h. The student-athlete is nauseous or is vomiting;

i. The student-athlete is experiencing balance problems or dizziness;

j. The student-athlete is experiencing double vision or changes in vision;

k. The student-athlete is experiencing sensitivity to light or sound/noise;

l. The student-athlete is feeling sluggish or foggy;

m. The student-athlete is having difficulty with concentration and short-term memory;

n. The student-athlete is experiencing sleep disturbance; and

o. The student-athlete is experiencing irritability and/or mood changes.

2. Any possible signs or symptoms of a concussion shall be reported by the student-athlete participating in a program of athletic competition to the coach(es), athletic trainer, school or team physician, school nurse, and/or parent.

C. Treatment

1. Pursuant to N.J.S.A. 18A:40-41.4, a student-athlete who participates in a program of athletic competition and who sustains or is suspected of having sustained a concussion or other head injury while engaged in a program of athletic competition shall be immediately removed from the program of athletic competition by the staff member supervising the program of athletic competition.

2. The staff member supervising the student-athlete during the program of athletic competition shall immediately contact the school physician, athletic trainer, or school nurse to examine the student-athlete.

3. Emergency medical responders (911) shall be called if the student-athlete is experiencing a deterioration of symptoms, loss of consciousness, or direct neck pain associated with the injury pursuant to D. below.

4. A student-athlete who is removed from a program of athletic competition shall not participate in further programs of athletic competition until:

a. The student-athlete 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 the program of athletic competition; and

(1) The student-athlete's written medical clearance from a physician must indicate a medical examination has determined:

(a) The student-athlete's injury was not a concussion or other head injury, the student-athlete is asymptomatic at rest, and the student-athlete may return to regular school activities and is no longer experiencing symptoms of the injury while conducting those activities; or

(b) The student-athlete's injury was a concussion or other head injury and the student-athlete's physician will monitor the student-athlete to determine when the student-athlete is asymptomatic at rest and when the student-athlete may return to regular school activities and is no longer experiencing symptoms of the injury while conducting those activities.

(2) The student-athlete's written medical clearance shall be reviewed and approved by the school physician.

(3) A student-athlete who has suffered a concussion or other head injury may not begin the CDC's Six-Step Return to Play Progression as outlined in E. below until the student-athlete receives a medical examination and provides the required written medical clearance to the Principal or designee.

(4) A written medical clearance not in compliance with the provisions of C.4.a. above will not be accepted.

b. A student-athlete who has suffered a concussion or other head injury returns to regular school activities without the need for additional support and is no longer experiencing symptoms of the injury when conducting those activities.

(1) If school is in session, a student-athlete who has suffered a concussion or other head injury must return to regular school activities without symptoms or need for additional support before returning to a program of athletic competition as part of the CDC's Six-Step Return to Play Progression.

(2) If school is not in session, a student-athlete who has suffered a concussion or other head injury must return to their normal daily

activities without symptoms as part of the CDC's Six-Step Return to Play Progression.

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      (1) The student-athlete's written medical clearance from a physician must indicate a medical examination has determined:

         (a) The student-athlete's injury was not a concussion or other head injury, the student-athlete is asymptomatic at rest, and the student-athlete may return to regular school activities and is no longer experiencing symptoms of the injury while conducting those activities; or

         (b) The student-athlete's injury was a concussion or other head injury and the student-athlete's physician will monitor the student-athlete to determine when the student-athlete is asymptomatic at rest and when the student-athlete may return to regular school activities and is no longer experiencing symptoms of the injury while conducting those activities.

(2) The student-athlete's written medical clearance shall be reviewed and approved by the school physician.

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b. A student-athlete who has suffered a concussion or other head injury returns to regular school activities without the need for additional support and is no longer experiencing symptoms of the injury when conducting those activities.

(1) If school is in session, a student-athlete who has suffered a concussion or other head injury must return to regular school activities without symptoms or need for additional support before returning to a program of athletic competition as part of the CDC's Six-Step Return to Play Progression.

(2) If school is not in session, a student-athlete who has suffered a concussion or other head injury must return to their normal daily activities without symptoms as part of the CDC's Six-Step Return to Play Progression.

D. Symptoms Requiring Immediate Medical Assessment (911/Emergency Evaluation)

1. The following symptoms requiring immediate medical assessment include, but are not limited to:

a. The student-athlete loses consciousness;

b. The student-athlete has a headache that gets worse and does not go away;

c. The student-athlete is experiencing weakness, numbness, decreased coordination, convulsions, or seizure;

d. The student-athlete is experiencing repeated vomiting and/or intractable retching;

e. The student-athlete is slurring speech or exhibiting unusual behavior (disoriented);

f. The student-athlete has one pupil (the black part in the middle of the eye) larger than the other; and

g. The student-athlete cannot recognize people or places and/or gets confused, restless, or agitated.

E. CDC's Six-Step Return to Play Progression for Students Who Have Suffered a Concussion or Other Head Injury

1. The return of a student-athlete to a program of athletic competition shall be in accordance with the CDC's Six-Step Return to Play Progression recommendations and any subsequent changes or other updates to those recommendations as developed by the CDC. Recovery is individual.

a. As applicable, the student-athlete's treating healthcare provider may guide the student-athlete through the return to play protocol while experiencing mild symptoms as part of the treatment.

b. In addition, the student-athlete's treating healthcare provider may adjust the treatment plan prior to Step Six, full return to competition.

c. Clearance from a student-athlete's physician trained in the evaluation and management of concussions is required before returning to full competition.

2. Six-Step Return to Play Progression

a. Step 1: Back to Regular Activities

The student-athlete is back to their regular activities (such as school).

b. Step 2: Light Aerobic Activity

The student-athlete shall begin with light aerobic exercise only to increase a student-athlete's heart rate. This means about five to ten minutes on an exercise bike, walking, or light jogging. No weightlifting at this point.

c. Step 3: Moderate Activity

The student-athlete shall continue with activities to increase a student-athlete's heart rate with body or head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, or moderate-intensity weightlifting (less time and/or less weight from their typical routine).

d. Step 4: Heavy, Non-Contact Activity

The student-athlete shall add heavy, non-contact physical activity, such as sprinting/running, high-intensity stationary biking, regular weightlifting routine, or non-contact sport-specific drills (in three planes of movement).

e. Step 5: Practice & Full Contact

The student-athlete may return to practice and full contact (if appropriate for the sport) in controlled practice.

f. Step 6: Competition

The student-athlete may return to competition.

3. It is important for a student-athlete's parent(s), coach(es), and teachers to watch for concussion symptoms after each day's Six-Step Return to Play Progression activity.

4. A student-athlete should only move to the next step if they do not exhibit any new symptoms at the current step.

5. If a student-athlete's symptoms return or if they develop new symptoms, this could be a sign the student-athlete is overexerting. The student-athlete shall stop these activities and the student-athlete's medical provider shall be contacted. After more rest and no concussion symptoms, the student-athlete can start at the previous step.

F. Temporary Supports for Student-Athletes with Sports-Related Head Injuries or Concussions

1. Initial rest followed by a gradual return to activity during healing is recommended. Accordingly, 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.

2. Mental exertion increases the symptoms from concussions and affects recovery. To recover, cognitive rest is just as important as physical rest. Reading, studying, computer usage, texting, even watching movies if a student-athlete is sensitive to light/sound, can slow a student-athlete's recovery. Managing the symptoms through a balance of rest and activity is the key to recovery.

    a. The district will provide support for student-athletes diagnosed with a concussion.

    b. The student-athlete's health care provider will handle short-term medical accommodations.

3. Collaboration between the student-athlete's health care provider and the school may be necessary. If accommodations are needed for an extended time, the district may want to consider implementing accommodations via a formalized 504 plan.

4. The Principal or designee may address the student-athlete's cognitive needs in the following ways:

    a. Limit the student-athlete's screen time;

    b. Have the student-athlete take rest breaks as needed;

    c. Have the student-athlete spend fewer hours at school;

    d. Provide the student-athlete more time to take tests or complete assignments. (All courses should be considered);

    e. Provide the student-athlete help with schoolwork;

    f. Reduce the student-athlete's time spent on the computer, reading, and writing;

    g. Provide or grant the student-athlete early passing time to avoid crowded hallways; and/or

    h. Allow the student-athlete extra time to complete tests or coursework.

5. These supports and/or short-term medical accommodations may be addressed in an individualized healthcare plan for a student-athlete who has suffered a concussion or other head injury.

6. Concussions affect several aspects of brain function, including cognition, balance and coordination, visual tracking and processing, behavior, and others. The symptoms experienced, difficulties faced, and timeline for recovery will vary for each individual.

7. A brief period of relative rest followed by a gradual return to lighter activities is generally considered the best "medicine" for healing concussions or other head injuries. This may include relative rest from both physical and cognitive activities. Each injury, and therefore each treatment plan, is different. School personnel, in collaboration with the student-athlete, parents, and the student-athlete's health care provider, are in the best position to create flexible, temporary supports to meet the needs of each student-athlete.

G. Education

1. The CDC offers tips for health professionals and educators on their website. Interscholastic Head Injury Training Programs are available via the CDC website or the National Federation of State High School Associations.

2. This training shall be completed by the school/team physician, licensed athletic trainer, school nurses, coaches, and other relevant school personnel.

H. Other Considerations

1. Educational information for student-athletes on the prevention of concussions shall be reviewed.

2. The importance of early identification and treatment of concussions to improve recovery shall be reinforced.

3. School personnel shall contact the student-athlete's parent and inform them of the suspected sports-related concussion or head injury before allowing the student-athlete to go home after a program of athletic competition.

4. School personnel shall provide the parent of the student-athlete with a checklist or copy of the return to play protocols including the requirement of written clearance from a physician trained in the evaluation and management of concussions before the student-athlete is able to return to a program of athletic competition.

I. Interscholastic Head Injury Training Program

1. The district will adopt an Interscholastic Head Injury Training Program to be completed by the school/team physician, licensed athletic trainer, coaches, and other appropriate district personnel pursuant to N.J.S.A. 18A:40-41.2. The training program shall include:

   a. The recognition of the signs of head and neck injuries, concussions, and second impact syndrome; and

      (1) Pursuant to N.J.S.A. 18A:40-41.1.d., if a student-athlete sustains a second concussion while still having symptoms of a previous concussion, it can lead to the severe impairment and even the death of the student-athlete, and is referred to as second-impact syndrome.

   b. The CDC's Six-Step Return to Play Progression or any subsequent changes or other updates developed by the CDC.

J. "Return to Play Progressions" vs. "Therapeutic Progressions"

   1. In many cases, after the initial rest period, concussed individuals may be encouraged to resume limited activities, including light physical and cognitive activities, even in the presence of some continued symptoms. This may be referred to as "therapeutic progressions," and while some of the activities may overlap with the CDC's Six-Step Return to Play Progression, it is different in the goals and intent from "return to play."

      a. "Return to play" progressions are intended to test the concussed individual's readiness to perform the activity correctly, and to do so with no symptoms.

      b. "Therapeutic" progressions are intended to help the individual recover and to help them improve their performance and tolerance to those activities. This may take several days, or longer, at any given step.

      c. "Therapeutic progressions" should be recommended and supervised by a health care provider familiar with the evaluation and management of concussions, and monitored by a team including the student-athlete, parents, health care provider, and school personnel. Adjustments to the program should be in response to the student-athlete's overall symptom load and progress. It should be remembered that student-athletes may progress at different rates for various aspects of their injury, such as tolerating light to moderate aerobic activity before tolerating being in the classroom, or tolerating schoolwork done at home before tolerating the classroom and school environment. Of note, progressions in one aspect of the

treatment plan can have a positive effect on other areas as the brain is returning to a more typical overall level of function. A successful treatment plan is one that can adapt appropriately for each student-athlete.

K. Educating the Community on the District Sports-Related Concussions and Head Injuries Policy

1. The Board shall review Policy 2431.4 and this Regulation annually, and update as necessary to ensure Policy 2431.4 and this Regulation reflect the most current information available on the prevention, risk, and treatment of sports-related concussions and head injuries.

2. The district may provide regular education and training for staff including administrators, teachers, paraprofessionals, and school counselors regarding concussions and other head injuries as head injuries can happen at any time during the school day or outside of school.

3. The district is in a unique position to promote healthy behaviors. The district can embed education related to the prevention and treatment of concussions and head injuries through the New Jersey Student Learning Standards Comprehensive Health and Physical Education Standard 2.3 – Safety. In addition, N.J.S.A. 18A:6-2 requires education in accident and fire prevention and N.J.S.A. 18A:35-5 requires education in injury or illness emergencies.

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