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# 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 or intramural sports program(s), which for the purpose of this policy includes cheerleading (student athlete), and who sustains or is suspected of sustaining a concussion or other head injury shall be immediately removed from the competition or practice. The 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, certified athletic trainers, and other appropriate district personnel 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 Interscholastic 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. The Graduated Six-Step Return to Play Progression developed by the Centers for Disease Control and Prevention (CDC), or subsequent changes or updates developed by the CDC.

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 administrator shall ensure that a signed acknowledgement of the receipt of the fact sheet is completed annually by the student-athlete's parent/guardian and is kept 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 (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;

C. 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;
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. If a student-athlete sustains or is suspected of sustaining a concussion while engaged in practice or competition, the student-athlete must be immediately removed from practice or competition. Before returning to competition and practice, the student-athlete must follow the protocol:

1. 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;
2. 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;
3. The student-athlete must receive written clearance from their physician or licensed healthcare provider trained in the evaluation and management of concussions that the student is asymptomatic and may begin the graduated return-to-play protocol below. School personnel (athletic trainer, school nurse, coach, etc.) may consult with the school/team physician after written clearance is given from the student-athlete's physician or a licensed healthcare provider.

Graduated Return to Competition and Practice Protocol

A. After written medical clearance is given stating that the student-athlete is eligibility to return and asymptomatic, the student-athlete may begin a graduated individualized return-to-play protocol that is in accordance with the Six-Step Return to Play Progression developed by the CDC:

**Step 1:** Back to regular activities such as school;

**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 Athlete 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 CDC toolkit on managing concussions, the board of education may look to address the students' cognitive needs. 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.

Key Words

Health, Concussion, Head Injury, Interscholastic Sports,

Legal References:

N.J.S.A. 18A:16-6, -6.1 Indemnity of officers and employees against civil actions

N.J.S.A. 18A:35-4.6 *et seq.* Parents Right to Conscience Act of 1979

N.J.S.A. 18A:40-1 Employment of medical inspectors, optometrists and nurses; salaries; terms; rules

N.J.S.A. 18A:40-3 Lectures to teachers

N.J.S.A. 18A:40-5 Method of examination; notice to parent or guardian

N.J.S.A. 18A:40-6 In general

N.J.S.A. 18A:40-7, -8, -10, -11 Exclusion of students who are ill

N.J.S.A. 18A:40-23 *et seq.* Nursing Services for Nonpublic School Students

N.J.S.A. 18A:40-41.4 Removal of student athlete from competition, practice; return

N.J.A.C. 6A:16-1.1 *et seq.* Programs to Support Student Development

See particularly:

N.J.A.C. 6A:16-1.1, -1.3, -2.1, -2.3, -2.4

N.J.A.C. 6A:26-12.1 *et seq.* Operation and Maintenance of School Facilities

See particularly:

N.J.A.C. 6A:26-12.3

*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.