

2431.4. PREVENTION AND TREATMENT OF SPORTS-RELATED CONCUSSIONS AND HEAD INJURIES

TO BE INCLUDED IN ALERT 194

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[See POLICY ALERT Nos. 190 and 194]

A concussion is a traumatic brain injury caused by a direct or indirect blow to the head or body. In order to ensure the safety of pupils that participate in interscholastic athletics, it is imperative that student-athletes, coaches, and parents are educated about the nature and treatment of sports-related concussions and other head injuries. Allowing a student-athlete to return to play before recovering from a concussion increases the chance of a more serious brain injury.

Every school district that participates in interscholastic athletics is required to adopt a policy concerning the prevention and treatment of sports-related concussions and other head injuries among student-athletes in accordance with the provisions of N.J.S.A. 18A:40-41.1 et seq. For the purpose of this Policy, "interscholastic athletics" shall be Kindergarten through twelfth grade school-sponsored athletic programs where teams or individuals compete against teams or individuals from other schools or school districts.

The school district will adopt an Interscholastic Athletic Head Injury Training Program to be completed by the team or school physician, licensed athletic trainer(s) involved in the interscholastic athletic program, all staff members that coach an interscholastic sport, designated school nurses, and other appropriate school district personnel as designated by the Superintendent. This Training Program shall be in accordance with guidance provided by the New Jersey Department of Education and the requirements of N.J.S.A. 18A:40-41.2.

The Principal or designee shall distribute the New Jersey Department of Education Concussion and Head Injury Fact Sheet and Parent/Guardian Acknowledgement Form to every student-athlete who participates in interscholastic sports. The Principal or designee shall obtain a signed acknowledgement of the receipt of the Fact Sheet by the student-athlete's parent and keep on file for future reference.

Prevention of a sports-related concussion and head injuries is an important component of the school district's program. The school district may require pre-season baseline testing of all student-athletes before the student-athlete begins participation in an interscholastic athletic program.

Any student-athlete who exhibits the signs or symptoms of a sports-related concussion or other head injury during practice or competition shall be immediately removed from play and may not return to play that day. Emergency medical assistance shall be contacted when symptoms get worse, loss of consciousness, direct neck pain associated with the injury, or any other sign the supervising school staff member determines emergency medical attention is needed. If available when the student-athlete is exhibiting signs or symptoms, the student-athlete will be evaluated by the school or team physician. The Principal or designee shall contact the student-athlete's parent and inform the parent of the suspected sports-related concussion or other head injury.

Possible signs of a concussion can be observed by any school staff member or the school or team physician. Any possible symptoms of a concussion can be reported by the student-athlete to: coaches; licensed athletic trainer; school or team physician; school nurse; and/or parent. The Principal or designee shall provide the student-athlete with Board of Education approved suggestions for management/medical checklist to provide to their parent and physician or other licensed healthcare professional trained in the evaluation and management of sports-related concussions and other head injuries.

A student-athlete who participates in interscholastic athletics and who sustains or is suspected of sustaining a concussion or other head injury shall be required to have a medical examination conducted by their physician or licensed health care provider. The student-athlete's physician or licensed health care provider shall be trained in the evaluation and management of concussion to determine the presence or absence of a sports-related concussion or head injury.

The student-athlete's physician or licensed health care provider must provide to the school district a written medical release/clearance for the student-athlete indicating when the student-athlete is able to return to the activity. The medical release/clearance must indicate the student-athlete is asymptomatic at rest and either may return to the interscholastic athletic activity because the injury was not a concussion or other head injury or may begin the district's graduated return to competition and practice protocol outlined in Regulation 2431.4. A medical release/clearance not in compliance with this Policy will not be accepted. The medical release/clearance must be reviewed and approved by the school or team physician.

The school district shall provide a copy of this Policy and Regulation 2431.4 to all youth sports team organizations that operate on school grounds. In accordance with the provisions of N.J.S.A. 18A:40-41.5, the school district shall not be liable for the injury or death of a person due to the action or inaction of persons employed by, or under contract with, a youth sports team organization that operates on school grounds, if the youth sports team organization provides the school district proof of an insurance policy in the amount of not less than \$50,000 per person, per occurrence insuring the youth sports team organization against liability for any bodily injury suffered by a person and a statement of compliance with the school district's Policy and

Regulation 2431.4 - Prevention and Treatment of Sports-Related Concussions and Head Injuries.

For the purposes of this Policy a “youth sports team organization” means one or more sports teams organized pursuant to a nonprofit or similar charter or which are member teams in a league organized by or affiliated with a county or municipal recreation department.

This Policy and Regulation shall be reviewed and approved by the school physician and shall be reviewed annually, and updated as necessary, to ensure it reflects the most current information available on the prevention, risk, and treatment of sports-related concussion and other head injuries.

N.J.S.A. 18A:40-41.1; 18A:40-41.2; 18A:40-41.3; 18A:40-41.4;
18A:40-41.5

Adopted:

5310.1 - CONCUSSION PROCEDURE

Athletic trainer completes the primary survey and athlete is conscious and there are no signs of a neck injury. Check athlete's orientation, memory, if all with in normal limits athlete can be removed from the field. If there is no athletic trainer present the coach must check the athlete's orientation, memory, vision, and look for the following signs.

Signs of head injury:

- A. ANY loss of consciousness
- B. Amnesia
- C. Nausea or vomiting
- D. Blurred vision
- E. Ringing in the ears
- F. Lack of balance
- G. Severe headache that worsens over time

The athlete must be referred to a physician if one or more of these symptoms are present. The athlete must be checked every five minutes for orientation, memory, vision and other symptoms. If symptoms worsen or new ones appear the athlete must be referred to a physician. Any head injury were symptoms last over 15 minutes must also be referred to a physician.

Any athlete that has been diagnosed with a concussion may not participate in their sport until they have been cleared by a physician or have been administered the Exertional testing.

Return to play

If a physician sees the athlete, they need physician's clearance in order to return to activity and are required to pass a series of tests. If a physician does not see the athlete, they must pass a series of tests which can be administered 24 hours after their symptoms resolve. They will then do a low impact bike test. If no symptoms return within the following 24 hour period, the athlete may progress to a more aggressive/sport specific Exertional test. If they continue to be asymptomatic for the next 24 hours they may return to a non-contact practice. After the non-contact practice if the athlete is symptom free in that 24 hour period, they may return to full contact practice.

Return to Play Schedule:

(Following a full 24 hours after the athlete states their symptoms have resolved or clearance by physician and each consecutive day that is asymptotic may progress to the next stage.)

Day 1 - Low Impact Bike Test:

- 5 minute warm-up
- 1 minute hard with a 2 minute rest (repeat four times)
- 5 minute cool-down

Day 2 - Aggressive/sport exertion exercise (includes but is not limited to):

20 yard build ups (repeat 5 times)

Super Sets of the following exercises (repeat 3 times):

- 10 push ups
- 10 sit ups
- 10 burpees
- 10 jumping jacks
- 20 yard sprint

Day 3 - Non-contact practice:

Athlete may participate in practice with the understanding they are to have no direct contact with another athlete.

May participate in any drill or activity that does not involve contact.

Athletic trainer will clear appropriate activities with the coach prior to the start of practice.

Day 4 – Contact practice:

Athlete may return to a full practice with no limitations

Football will have specific contact drills the athlete may participate in. Athletic trainer and coach will decide appropriate incorporation of contact to the athletes practice.

Day 5 – If the athlete has had no reoccurrence of signs and symptoms they may return to full activity with their teams.

CHECKLIST IN THE EVENT OF A CONCUSSION

Athlete's Name: _____ Date: _____

Sport: _____ Grade: _____

Coach: _____ School: _____

Parent/Guardian's Name: _____ Phone # (____) _____

Date of Concussion: _____ **Date of Doctor's Clearance:** _____

In the event that a student-athlete is removed from Physical Education and their sport due to a concussion, the following steps **MUST** be completed before the athlete is allowed to return to their sport.

- The **coach must fill out an accident report** with the appropriate school nurse.
- A copy of the injury report must be forwarded to Meg Berry.
- The school nurse should contact the Principal of the building, as well as notify Meg Berry or Linda Ionta that the athlete has been removed from sports and Physical Education due to a *doctor diagnosed concussion*.
- Once the athlete is symptom free, they will return to their physician for a clearance note. This note must state that the student-athlete may return to Physical Education **AND** Sports. Once this note has been obtained, the athlete is **not cleared** to return to play their sport. Once a doctor's clearance note is received, Meg Berry or Linda Ionta must be notified so the athlete may begin the return to play protocol (RTPP) (detailed on the following page). Once the student-athlete has passed the exertional component of the RTPP, he/she must pass the ImPACT test in order to progress to a non-contact practice. Once the student-athlete has passed the test and participated in a contact practice and remains symptom free they may full return to their sport. Meg Berry will contact the coach, nurse and building principle when the student-athlete is allowed to return to play.

Check List:

- _____ Coach and Nurse completes an accident report with the building Nurse.
- _____ Nurse sends a copy of the report and doctor's note to Meg Berry (High School Athletic Trainer)
- _____ Nurse will notify the building principal and the Athletic Director that there is an athlete that has been removed from Physical Education and their sport due to a diagnosed concussion.
- _____ The student-athlete will return to their diagnosing physician when they have been 24 hours symptom free.
- _____ Doctor's clearance note: must state the athlete is able to return to sports. (Clearance for Physical Education is **NOT** adequate)
- _____ Exertional Testing (5 day progression to be administered by a designated Athletic Trainer)
- _____ ImPACT Testing
- _____ Full clearance to return to play

Building Principal's Signature: _____

Nurse's Signature: _____

Athletic Trainer's Signature: _____

Concussion Training

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