

POLICY

Kingsway Regional Board of Education

Section: Program

2431.4. CONCUSSION TESTING AND RETURN-TO-PLAY

Date Created: July, 2011

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2431.4- CONCUSSION TESTING AND RETURN-TO-PLAY

The Board of Education adopts this Policy as a measure to protect the safety, health, and welfare of pupils participating in school-sponsored interscholastic athletic programs and cheerleading programs. The Board believes a concussion testing and return-to-play policy for student-athletes and cheerleaders suspected of sustaining a concussion will protect the student-athlete and cheerleader from risk of more serious health problems.

A concussion is a brain injury that is caused by a direct or indirect blow or jolt to the head or to the body, or from the head striking an object such as the ground or another person. Some people have obvious symptoms of a concussion, such as passing out, headache, dizziness, or double vision, while others do not. With rest, most people fully recover from a concussion; however, on rare occasions concussions can cause more serious health problems. Therefore, the Board requires strict adherence to this Policy in the event a student-athlete sustains a head injury or an injury that could cause a concussion.

A student-athlete and/or cheerleader will be immediately removed from activity if it is suspected they have sustained a concussion or if signs observed by others or symptoms reported by the student-athlete and/or cheerleader are those signs and symptoms of a concussion. The student-athlete and/or cheerleader will not be allowed to return to practice or play until the pupil receives a medical examination conducted by a physician or licensed healthcare provider trained in the evaluation and management of concussions. The physician or licensed healthcare provider must make a determination on the presence/absence of a concussion. The coach or athletic trainer will notify the parents/guardians that there is a suspected concussion.

If the student-athlete and/or cheerleader is concussed, the physician will appropriately treat the student-athlete and/or cheerleader and shall be required to provide a medical release, without limitations, indicating when the pupil may begin the return-to-play protocol outlined in this policy. This protocol will be under the supervision of a licensed athletic trainer, school physician or in cases where the afore mentioned are not available a physician or licensed health care provider trained in the evaluation and management of concussions. The student-athlete and/or cheerleader shall be monitored during this time period for any reoccurrence of concussion symptoms. The asymptomatic period for any concussion may be adjusted at the discretion of the school physician.

If the physician determines the student-athlete and/or cheerleader is not concussed, the physician shall be required to provide a medical release, without limitations, with a return-to-play date. Physician clearance notes that are inconsistent with this concussion policy may not be accepted by the district and will be referred to the school physician. The school physician, at

his discretion, may see it necessary to delay an athlete's return-to-play, refer an athlete for further diagnostic tests, or completely disqualify an athlete from participation following a head injury. Any athlete that suffers more than one concussion may need to be handled on an individual basis.

All coaches, school nurses, school/team physicians and licensed athletic trainers must complete an Interscholastic Head Injury Training Program. The Head Injury Training Program must include, but not limited to:

1. The recognition of the symptoms of head and neck injuries, concussions, and injuries related to second impact syndrome; and
2. The 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.

All coaches shall complete the Athletic Head Injury Training online program "Concussion in Sports" through the National Federation of State High Schools Association or a comparable program that meets the mandated criteria listed above. Upon completion, coaches should print out a record of course completion for the district's records. The school nurses, school/team physicians and licensed athletic trainers shall complete the "Concussion in Sports" online program and any additional head injury training programs that meet the mandated criteria that are in accordance with their accrediting body's continuing education requirements.

The parents/guardians of all student-athletes who participate in interscholastic sports shall receive, on an annual basis, a Concussion and Head Injury information sheet. The district shall obtain a signed acknowledgement of the receipt of the fact sheet by the student-athlete and his/her parent/guardian and kept on file for future reference.

The Board will require, as part of the required medical examination every pupil in grades 9-12 wishing to participate in a contact sport and/ or limited contact sport, as determined by the Board and the American Academy of Pediatrics, an initial computerized, non-invasive, baseline ImPACT (Immediate Post- Concussion Assessment and Cognitive Test) prior to the beginning of that sport. If it is suspected a student-athlete and/or cheerleader sustained a concussion, he/she will be required to complete a post-injury, computerized, non-invasive concussion assessment to assist in determining the extent of the injury, monitor recovery, and in making safe return-to-play decisions. A post-injury assessment may be shared with the pupil's treating physician and/or primary physician. An initial baseline assessment is good for two years from the date of testing; therefore, a pupil may not be required to complete a new baseline assessment before participating in every sport or activity. These computerized assessments will be conducted by the school district at the school district's expense. This computerized concussion assessment is only one tool used in conjunction with a complete physical and neurological examination along with scholastic activity assessment to evaluate a pupil's recovery.

A consent form, signed by the pupil and their parent/guardian will need to be submitted prior to baseline testing. The consent form shall be submitted with other required pre-participation forms.

Student-athletes that have sustained a concussion may return to full game play when he/she meets the following criteria:

1. Medical release from a physician or licensed healthcare provider trained in the evaluation and management of concussion stating when that student-athlete may begin the graduated

return-to-play protocol.

2. Post-injury computerized assessment (ImPACT) test scores at or above baseline level.
3. The Return-to-Activity Protocol as outlined below is initiated once the student-athlete is asymptomatic for at least twenty-four hours. (exceptions to this provision must be approved by the school physician); and;
4. Completion of the Return-to-Activity Protocol (a. through f. below) which is based on recommendations in the Zurich Consensus Statement from the 3rd International Congress on Concussion in Sport 2008 and is recommended by the New Jersey State Interscholastic Athletic Association:
 - a. Step 1 – No activity with physical and cognitive rest. Academic accommodations are to be specified by treating physician in writing. Academic accommodations will be forwarded to that student-athlete’s guidance counselor. The objective of this step is recovery.
 - b. Step 2 – Light aerobic exercise which includes walking, swimming, or stationary cycling keeping the intensity less than seventy percent maximum predicted heart rate and no resistance training. The objective of this step is to increase heart rate.
 - c. Step 3 – Sport-specific exercises such as running drills in soccer, increased running intensity, agility drills, and non-contact, sport-specific drills. The objective of this step is to add movement.
 - d. Step 4 –Non-contact practice activities and training drills involving to more complex training drills, e.g., passing drills. Student-athlete may initiate progressive resistance training. The objective of this step is exercise, coordination, and cognitive load.
 - e. Step 5 – Full-contact practice/normal training activities following medical clearance. The objective of this step is to restore athlete’s confidence and assess functional skills by coaching staff.
 - f. Step 6 –Return to normal game play.

Each step outlined above shall be separated by twenty-four hours. If any concussion symptoms occur during the Return-to-Activity Progression, the student-athlete will be required to drop back to the previous step of activity where the student-athlete had no symptoms and try to progress again after twenty-four hours of rest has passed.

If the pupil exhibits any re-emergence of any post-concussion signs or symptoms once they have completed Step 5, they will be removed from activity immediately and referred back to his/her primary care physician or the school physician for re-evaluation.

All medical examinations conducted by a physician when the student-athlete is suspected of

having a concussion shall be reviewed by the school physician.

This Policy shall be reviewed and approved by the school district's physician prior to Board of Education approval.

¹New Jersey State Interscholastic Athletic Association Medical Advisory Board. *NJSIAA Policy Statement*, April 2010

²McCrory et al. Consensus Statement on Concussion in Sport: The 3rd International Conference on Concussion in Sport. *Journal of Athletic Training*, 2009: 44(4): 434-448.

³P.L. 2010, Chapter 94, N.J.S.A 18A:40-41.3 signed by Governor Christie December 2010

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REGULATION

Kingsway Regional School District

Section: Program

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

Date Created: July, 2012

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

A concussion is a traumatic brain injury caused by a direct or indirect blow to the head or body. Allowing a student-athlete or cheerleader 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. The following procedures shall be followed to implement N.J.S.A. 18A:40-41.1 et seq. and Policy 2431.4.

A. Interscholastic Athletic/Cheerleading Program Head Injury Training Program

1. The school district will adopt an Interscholastic Athletic/Cheerleading Program Head Injury Training Program to be completed by the school or team physician, licensed athletic trainer(s) involved in the interscholastic athletic program, all staff members that coach an interscholastic sport or cheerleading program, designated school nurses, and other appropriate school district personnel as designated by the Superintendent.
2. This Training Program shall be in accordance with the guidance provided by the New Jersey Department of Education and the requirements of N.J.S.A. 18A:40-41.1 et seq.

B. Prevention

1. The school district may require pre-season baseline testing of all student-athletes and cheerleaders before the pupil begins participation in an interscholastic athletic program or activity or cheerleading program. The baseline testing program shall be reviewed and approved by the school or team physician trained in the evaluation and management of sports-related concussions and other head injuries.
2. The Principal or designee will review educational information for student-athletes and cheerleaders on prevention of concussions.
3. All school staff members, student-athletes, cheerleaders, and parents of student-athletes and cheerleaders shall be informed through the distribution of the New Jersey Department of Education 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.

C. Signs or Symptoms of Concussion or Other Head Injury

1. Possible signs of concussions can be observed by coaches, licensed athletic trainer, school or team physician, school nurse, or other school staff members. Possible signs of a concussion may be, but are not limited to, the student-athlete or cheerleader:
 - 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; and/or
 - e. Loses consciousness.

2. Possible symptoms of concussion shall be reported by the student-athlete or cheerleader to coaches, licensed athletic trainer, school or team physician, school nurse, and/or parent. Possible symptoms of a concussion are, but not limited to:
 - 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; or
 - i. Irritability.

D. Emergency Medical Attention for Concussion or Other Head Injury

1. Any student-athlete or cheerleader who is exhibiting the signs or symptoms of a sports-related concussion or other head injury during practice or competition shall immediately be removed from play and activities and may not return to the practice or competition that day.

2. The school staff member supervising the student-athlete or cheerleader when the pupil is exhibiting signs or symptoms of a sports-related concussion or other head injury shall immediately contact emergency medical assistance 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.

- a. In the event the school or team physician is available when the student-athlete or cheerleader is exhibiting signs or symptoms of a sports-related concussion or other head injury, the physician may make the determination to call emergency medical assistance.
3. The school staff member supervising the student-athlete or cheerleader when the pupil is exhibiting signs or symptoms of a sports-related concussion or other head injury during practice or competition shall report the occurrence to the Principal or designee. The Principal or designee shall contact the pupil's parent and inform the parent of the suspected sports-related concussion or other head injury.

E. Sustained Concussion or Other Head Injury

1. A student-athlete or cheerleader who participates in interscholastic athletics or cheerleading program and who sustains or is suspected of sustaining a concussion or other head injury shall immediately be removed from practice or competition and shall be required to have a medical examination conducted by their physician or licensed health care provider. The pupil'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.
2. The student-athlete or cheerleader suspected of sustaining a concussion or other head injury shall be provided a copy of Board of Education Policy and Regulation 2431.4 and a copy of Board of Education approved suggestions for management/medical checklist to provide to their parent and their physician or licensed health care professional.
3. The student-athlete or cheerleader's physician must provide to the school district, upon the completion of a medical examination, a written medical release/clearance when the pupil is able to return to the activity. The release/clearance must indicate:
 - a. The medical examination determined the injury was not a concussion or other head injury, the pupil is asymptomatic at rest, and the pupil may return to the interscholastic athletic or cheerleading activity; or
 - b. The medical examination determined the injury was a concussion or other head injury, the pupil is asymptomatic at rest, and can begin the graduated return to competition and practice protocol outlined in F. below.

A medical release/clearance not in compliance with this requirement will not be accepted. The student-athlete or cheerleader may not return to the activity or begin the graduated return to competition and practice protocol until he/she receives a medical evaluation and provides a medical clearance/release that has been reviewed and approved by the

school or team physician.

4. Complete physical, cognitive, emotional, and social rest is advised while the pupil is experiencing symptoms and signs of a sports-related concussion or other head injury. (Minimize mental exertion, limit over-stimulation and multi-tasking, etc.)

F. Graduated Return to Competition and Practice Protocol

1. Upon the school physician's acceptance of the written medical release/clearance, the student-athlete or cheerleader may begin a graduated return to competition and practice protocol supervised by a licensed athletic trainer, school or team physician, or designated school nurse trained in the evaluation and management of concussions and other head injuries. The following steps shall be followed:

Step 1 - Completion of a full day of normal cognitive activities (attendance at school, studying for tests, watching practice, interacting with peers, etc.) without re-emergence of any signs or symptoms. If there is no return of signs or symptoms of a concussion, the student-athlete or cheerleader may advance to Step 2 below on the next day. If a re-emergence of any signs or symptoms of a concussion occur, the pupil shall be required to have a re-evaluation by their physician or licensed healthcare provider. The pupil shall not be permitted to begin the graduated return to competition and practice protocol until a medical clearance, as required in E.3. above, is provided and approved by the school or team physician.

Step 2 - Light aerobic exercise, which includes walking, swimming, or stationary cycling, keeping the intensity less than 70% maximum percentage heart rate. There shall be no resistance training. The objective of this Step is increased heart rate. If there is no return of any signs or symptoms of a concussion, the student-athlete or cheerleader may advance to Step 3 below on the next day. If a re-emergence of any signs or symptoms of a concussion occur, the pupil shall return to Step 1.

Step 3 - Sport-specific exercise including skating and/or running. There shall be no head impact activities. The objective of this Step is to add movement and continue to increase the student-athlete or cheerleader's heart rate. If there is no return of any signs or symptoms of a concussion, the pupil may advance to Step 4 below on the next day. If a re-emergence of any signs or symptoms of a concussion occur, the pupil shall return to Step 2.

Step 4 - Non-contact training drills such as passing drills, agility drills, throwing, catching, etc. The student-athlete or cheerleader may initiate progressive resistance training. If there is no return of any signs or symptoms of a concussion, the pupil may advance to Step 5 below on the next day. If a re-emergence of any signs or symptoms of a concussion

occur, the pupil shall return to Step 3.

Step 5 - The pupil's medical condition, upon completing Step 4 with no return of any signs or symptoms of a concussion, shall be evaluated for medical clearance based upon consultation between the school district's licensed athletic trainer, school or team physician, designated school nurse, and the pupil's physician. After this consultation and upon obtaining written medical release/clearance approved by the school or team physician, the pupil may participate in normal training activities. The objective of this Step is to restore the pupil's confidence and for the coaching staff to assess the pupil's functional skills. If there is no return of any signs or symptoms of a concussion, the pupil may advance to Step 6 below on the next day. If a re-emergence of any signs or symptoms of a concussion occur or if the pupil does not obtain medical release/clearance to proceed to Step 6, the school or team physician, in consultation with the pupil's physician, shall determine the pupil's return to competition and practice protocol.

Step 6 - Return to play involving normal exertion or game activity. If the pupil exhibits a re-emergence of any concussion signs or symptoms once he/she returns to physical activity, he/she will be removed from further activities and returned to Step 5.

G. Temporary Accommodations for Student-Athletes and Cheerleaders with Sports-Related Head Injuries

1. Rest is the best "medicine" for healing concussions or other head injuries. The concussed brain is affected in many functional aspects as a result of the injury. Memory, attention span, concentration, and speed of processing significantly impact learning. Further, exposing the concussed pupil to the stimulating school environment may delay the resolution of symptoms needed for recovery. 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, testing, texting, and watching movies if a pupil is sensitive to light/sound, can slow a pupil's recovery. In accordance with the Centers for Disease Control's toolkit on managing concussions, the Board of Education may look to address the pupil's cognitive needs in the following ways. Pupils who return to school after a concussion may need to:
 - a. Take rest breaks as needed;
 - b. Spend fewer hours at school;
 - c. Be given more time to take tests or complete assignments (all courses should be considered);

- d. Receive help with schoolwork;
- e. Reduce time spent on the computer, reading, and writing; and/or
- f. Be granted early dismissal from class to avoid crowded hallways.

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