

POLICY

FRANKLIN TOWNSHIP BOARD OF EDUCATION

File Code:5141.8

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.

For the purpose of this policy a Licensed Health Professional is defined as: a physician, physician assistant, or nurse practitioner.

Requirements

A student who participates in interscholastic athletics, and who sustains or is suspected of sustaining a concussion or other head injury shall be immediately removed from the completion or practice. Student-athlete may not return to play until they obtain medical clearance in compliance with local school district return-to-play policy;

All Coaches, School Nurses, School/Team Physicians and Certified Athletic Trainers must complete an Interscholastic Head Injury Training Program pursuant to N.J.S.A. 18A:40-41.2.

The district shall monitor school district employees in the completion of an interscholastic head injury training program; such as the CDC "Heads Up to Youth Sports" online training program, National Federation of State High Schools Association online "Concussion in Sports" training program or a comparable program that meets mandated criteria.

The Athletic Head Injury training program must include:

1. The recognition of the signs and 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 Center for Disease Control and Prevention (CDC), or any subsequent changes or other updates developed by the CDC.

Distribution of NJ Department of Education Concussion and Head Injury fact sheet to every student-athlete who participates in interscholastic sports. 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.

Model Concussion Protocol for the Prevention and Treatment of Sports Related Concussions and Head Injuries

Prevention

- A. Limit the number of stunts during cheerleading practices.
 - 1. When stunting is performed, always use spotters, and make sure the surface is soft and in good condition.
 - 2. Teach safe stunting techniques and do not allow athletes to attempt new or difficult stunts without proper instruction and a coach on hand.
- B. Ensure athletes have appropriate supervision during practices and a designated and safe practice facility.
- C. Ensure use of appropriate fitted and maintained safety equipment
- D. Ensure athletes avoid unsafe actions such as:
 - 1. Hitting another athlete in the head.
 - 2. Using their head to contact another athlete.
 - 3. Making illegal contacts.
 - 4. Trying to injure or put another 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 athletes proper techniques and ways to avoid hits to the head.
- G. Keep a close eye on athletes in positions that are at increased risk for concussion to help spot a potential concussion.

Treatment

- A. Pursuant to N.J.S.A.18A:40-41, a student who participates in an interscholastic sports program, intramural sports program, or cheerleading program, and who sustains or is suspected of having sustained a concussion or other head injury while engaged in a competition or practice shall be immediately removed from the competition or practice.

B. Symptoms that require immediate medical assessment (911 or emergency evaluation):

1. Loss of consciousness
2. Athlete has headache that gets worse and does not go away
3. Experiences weakness, numbness, decreased coordination, convulsions, or seizure (shaking or twitching)
4. Repeated vomiting / intractable retching
5. Slurred speech or unusual behavior (disoriented)
6. Have one pupil (the black part in the middle of the eye) larger than the other
7. Cannot recognize people or places, gets confused, restless, or agitated
8. Drowsiness / inability to wake up

C. Possible Signs and Symptoms of Concussion. Some mild traumatic brain injuries (TBI) 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, Athletic Trainers, School / Team Physicians, School Nurses, Teachers or even a teammate:

1. Appears dazed, "foggy", 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. Athlete grabs or holds head after a play or hit ("Hands to Head")
6. Appears to be "shaking it off"
7. Cannot recall injury or events just before or just after the injury
8. Irritability, mood changes

D. 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, trouble reading
5. Sensitivity to light or sound / noise
6. Feeling sluggish or foggy
7. Difficulty with concentration and short term memory
8. Sleep disturbance

911 should be called if there is a deterioration of symptoms, loss of consciousness, or direct neck pain associated with the injury.

E. 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 parent / guardian of the student-athlete with local school district approved information / medical checklist or copy of the return to play protocols including the requirement of written clearance from a Licensed Health Professional trained in the evaluation and management of concussions before the athlete is able to return to practice or competition.
4. The student-athlete is evaluated by a Licensed Healthcare Professional trained in the evaluation and management of concussions, and receives written clearance from a Licensed Healthcare Professional trained in the evaluation and management of concussions to return to competition or practice. School personnel (Athletic Trainer, School Nurse, Coach, etc.) may consult with School / Team Physician after medical clearance is given from student-athlete's physician; and
5. The student-athlete returns to regular school activities without the need for additional support, and is no longer experiencing symptoms of the injury when conducting those activities*.

*If school is in session, the student-athlete must return to regular school activities without symptoms or need for additional support before returning to practice or competition as part of the return to play progression. If school is not in session the student-athlete must return to their normal daily activities without symptoms as part of the return to play progression.

Six-Step Return to Play Progression

- A. The return of a student-athlete to competition or practice shall be in accordance with the 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.
1. As applicable, the treating Licensed Health Professional may guide the student-athlete through the return to play protocol while experiencing mild symptoms as part of the treatment.
 2. In addition, the treating Licensed Health Professional may adjust the treatment plan prior to Step 6: full return to competition.

B. Clearance from a Licensed Health Professional trained in the evaluation and management of concussions is required before returning to full competition.

Step 1: Back to Regular Activities (such as school)

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

Step 2: Light Aerobic Activity

- Begin with light aerobic exercise only to increase an athlete's heart rate. This means about 5 to 10 minutes on an exercise bike, walking, or light jogging. No weightlifting at this point.

Step 3: Moderate Activity

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

Step 4: Heavy, Non-Contact Activity

- Add heavy non-contact physical activity, such as sprinting / running, high-intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills (in 3 planes of movement).

Step 5: Practice & Full Contact

- Student-athletes may return to practice and full contact (if appropriate for the sport) in controlled practice.

Step 6: Competition

- Student-athletes may return to competition.

C. It is important for an athlete's parent(s) / guardian(s), coach(es) and teachers to watch for concussion symptoms after each day's return to play progression activity.

1. An athlete should only move to the next step if they do not have any new symptoms at the current step.
2. If an athlete's symptoms return or if they develop new symptoms, this could be a sign that they are overexerting.
3. The athlete should stop these activities and the athlete's medical provider should be contacted.
4. After more rest and no concussion symptoms, the athlete can start at the previous step.

Other considerations

A. Symptom checklists, baseline testing and balance testing may be utilized;

- B. 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 Licensed Health Professional;
- C. 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 Supports for student-athletes with sports-related head injuries or concussions

- A. Initial rest followed by a gradual return to activity during healing is recommended.
- B. 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.
- C. Mental exertion increases the symptoms from concussions and affects recovery.
- D. 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.
- E. Managing the symptoms through a balance of rest and activity is the key to recovery.
- F. Collaboration between the Licensed Health Professional 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.
- G. In accordance with the Centers for Disease Control's toolkit on managing concussions, local Boards of Education may look to address the students cognitive needs in the following ways.

Students who return to school after a concussion may need to:

1. Limit screen time
2. Take rest breaks as needed
3. Spend fewer hours at school
4. Be given more time to take tests or complete assignments
5. Receive help with schoolwork
6. Reduce time spent reading and writing
7. Be granted early dismissal from classes to avoid crowded hallways

- H. These supports and / or short-term medical accommodations may be addressed in an individualized healthcare plan.
- I. 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.
- J. 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, parent / guardian, and the student's health care professional, are in the best position to create flexible, temporary supports to meet the needs of each student.
- K. 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 "graduated return to play progression," it is different in the goals and intent from "return to play."
1. "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.
 2. "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.
 3. "Therapeutic progressions" should be recommended and supervised by a health care professional familiar with the evaluation and management of concussion, and monitored by a team including the student, parent(s) / guardian(s), health care provider and school personnel.
 4. Adjustments to the program should be in response to the student's overall symptom load and progress.
 5. It should be remembered that students 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.
 6. 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.
 7. A successful treatment plan is one that can adapt appropriately for each student.

Annual Review

This policy shall be reviewed annually by the District, 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.

References:

N.J.S.A. 18A:40-41.2

CDC "Heads Up to Youth Sports"

NJ Department of Education - Concussion Fact Sheet

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