

POLICY GUIDE

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Prevention and Treatment of Sports-Related
Concussions and Head Injuries
Jan 22
M

[See POLICY ALERT Nos. 190, 194, 197, and 226]

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

A concussion is a traumatic brain injury caused by a blow or motion to the head or body that disrupts the normal functioning of the brain and can cause significant and sustained neuropsychological impairments including, but not limited to, problem solving, planning, memory, and behavioral problems. In order to ensure safety, it is imperative that students participating in athletic competition, coaches, and parents are educated about the nature and treatment of sports-related concussions and other head injuries. Allowing a student to return to athletic competition before recovering from a concussion increases the chance of a more serious brain injury.

For the purpose of this Policy and Regulation 2431.4, programs of athletic competition shall include high school interscholastic athletic programs, middle school interscholastic athletic programs where school teams or squads play teams or squads from other school districts, intramural athletic programs within a school or among schools in the district, and any cheerleading program or activity in the school district.

The school district shall adopt an athletic head injury safety training program. The program shall be completed by the school physician, any individual who coaches in an athletic competition, an athletic trainer involved in any athletic competition, and the school nurse. The training program shall be in accordance with guidance provided by the New Jersey Department of Education (NJDOE) and the requirements of N.J.S.A. 18A:40-41.2.

The school district shall annually distribute the NJDOE-developed educational fact sheet regarding sports-related concussions and other head injuries to all parents of students participating in any athletic competition or practice and shall obtain a signed acknowledgement of the receipt of the fact sheet by the student and their parent in accordance with N.J.S.A. 18A:40-41.2(c).



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A student who participates in an athletic competition or practice and who sustains or is suspected of sustaining a concussion or other head injury shall be immediately removed from athletic competition or practice. A student removed from athletic competition or practice shall not participate in further athletic competition or practice until they are 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 athletic competition or practice; and the student returns to regular school activities and is no longer experiencing symptoms of the injury when conducting those activities in accordance with N.J.S.A. 18A:40-41.4.

The return of a student to athletic competition or practice shall also be in accordance with the graduated, six-step "Return to Play Progression" recommendations and any subsequent changes or other updates to these recommendations as developed by the Centers for Disease Control and Prevention (CDC). The Board shall revise this Policy and Regulation 2431.4 whenever the CDC changes or otherwise updates the "Return to Play Progression" recommendations.

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 of an 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 this Policy and Regulation 2431.4.

Pursuant to N.J.S.A. 18A:40-41.5 and for the purpose 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.



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This Policy and Regulation 2431.4 shall be reviewed and approved by the school physician annually and updated as necessary to ensure it reflects the most current information available on the prevention, risk, and treatment of sports-related concussions and other head injuries in accordance with N.J.S.A. 18A:40-41.3.

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:



CONCUSSION TESTING AND RETURN-TO-PLAY

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. The Board believes a concussion testing and return-to-play policy for student-athletes suspected of sustaining a concussion will protect the student-athlete 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.

If it is suspected a student-athlete sustained an injury that could cause a concussion or if signs observed by others or symptoms reported by the student-athlete are those signs and symptoms of a concussion, the student-athlete will be immediately removed from the activity and the student-athlete will not be allowed to return to practice or play until the pupil receives a medical examination conducted by the pupil's physician. The pupil's physician must make a determination on the presence/absence of a concussion.

If the student-athlete is concussed or injured, the physician will appropriately treat the student-athlete and shall be required to provide a medical release, without limitations, indicating when the pupil is able to return to the activity. A student-athlete diagnosed with a concussion shall be required to complete a symptom-free week (seven days) initiated on the first asymptomatic day before initiating the Return-to-Activity Progression outlined in this Policy. The student-athlete 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 is not concussed or injured, 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. All medical examinations conducted by the student-athlete's



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physician when the student-athlete is suspected of sustaining a concussion shall be reviewed by the school physician.

The Board will require, as part of the required medical examination every pupil wishing to participate in a contact/collision sport or activity, as determined by the Board, an initial computerized, non-invasive, concussion assessment prior to the beginning of a sport or activity. Results of all initial assessments will be reviewed by the school physician and will provide baseline data that could be helpful in the event it is suspected the student-athlete subsequently sustains a concussion. If it is suspected a student-athlete 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. The results of all post-injury assessments will be reviewed by the school physician. A post-injury assessment may be shared with the student-athlete's physician with consent of the student-athlete's parent or guardian. An initial baseline assessment may be applicable for longer than one season or activity period; therefore, a pupil may not be required to complete an initial assessment before beginning to participate in every sport or activity. These computerized assessments will be conducted by the school district at the school district's expense.

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

1. Medical release with no limitations from the student-athlete's physician and confirmed by the school physician;
2. The student-athlete must complete a symptom-free week (seven days) initiated on the first asymptomatic day before initiating the Return-to-Activity Progression outlined below (exceptions to this provision must be approved by the school physician); and
3. Completion of the Return-to-Activity Progression (a. through f. below) which is based on recommendations in the Zurich Consensus Statement from the 3rd International Congress on Concussion in Sport 2009 and is recommended by the New Jersey State Interscholastic Athletic Association:
 - a. Step 1 – No activity with complete physical and cognitive rest;



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- b. Step 2 – Light aerobic exercise which includes walking, swimming, or stationary cycling keeping the intensity less than seventy percent maximum percentage heart rate and no resistance training;
- c. Step 3 – Functional exercises such as increased running intensity, agility drills, and non-contact, sport-specific drills;
- d. Step 4 – Non-contact practice activities and training drills involving progression to more complex training drills. Student-athlete may initiate progressive resistance training;
- e. Step 5 – Full normal training activities following medical clearance; and
- f. Step 6 – Return-to-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.

This Policy shall be reviewed and approved by the school district's physician prior to Board of Education approval. A copy of this Policy will be provided to the parents or guardians of all student-athletes prior to their participation in a school-sponsored interscholastic athletic program. Parent or guardians shall be required to acknowledge receipt of this Policy.

New Jersey Interscholastic Athletic Association Concussion Policy
Zurich Consensus Statement from the 3rd International Congress on Concussion in Sport, 2009

Adopted: 06 December 2010



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Jan 22

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[See **POLICY ALERT Nos. 194, 197, and 226**]

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

A concussion is a traumatic brain injury caused by a blow or motion to the head or body that disrupts the normal functioning of the brain and can cause significant and sustained neuropsychological impairments including, but not limited to, problem solving, planning, memory, and behavioral problems. Allowing a student to return to athletic competition or practice before recovering from a concussion increases the chance of a more serious brain injury. The following procedures shall be followed to implement N.J.S.A. 18A:40-41.1 et seq. and Policy 2431.4.

A. Athletic Head Injury Safety Training Program

1. The school district will adopt an athletic head injury safety training program.
2. The training program shall be completed by the school physician, any individual who coaches in an athletic competition, an athletic trainer involved in any athletic competition, and the school nurse.
3. This training program shall be in accordance with the guidance provided by the New Jersey Department of Education (NJDOE) and the requirements of N.J.S.A. 18A:40-41.2.

B. Prevention

1. The school district may require 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.



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2. The Principal or designee will review educational information for students participating in athletic competition or practice on the prevention of concussions.
3. 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.

C. Signs or Symptoms of Concussion or Other Head Injury

1. Possible signs of concussions may be observed by coaches, 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:
 - a. Appearing dazed, stunned, or disoriented;
 - b. Forgetting plays or demonstrating short-term memory difficulty;
 - c. Exhibiting difficulties with balance or coordination;
 - d. Answering questions slowly or inaccurately; and/or
 - e. Losing consciousness.
2. Possible symptoms of concussion shall be reported by the student participating in athletic competition or practice to coaches, athletic trainer, school or team physician, school nurse, and/or parent. Possible symptoms of a concussion may be, but are not limited to:
 - a. Headache;
 - b. Nausea/vomiting;



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- 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. Medical Attention for a Student Suspected of a Concussion or Other Head Injury

- 1. A student who participates in athletic competition or practice and who sustains or is suspected of having sustained a concussion or other head injury while engaged in an athletic competition or practice shall be immediately removed from athletic competition or practice.
 - a. A staff member supervising the student during the athletic competition or practice shall immediately contact the school physician, athletic trainer, or school nurse to examine the student.
 - (1) The school physician, athletic trainer, or school nurse shall determine if the student has sustained or may have sustained a concussion or other head injury. The school physician, athletic trainer, or school nurse shall determine if emergency medical responders shall be called to athletic competition or practice.
 - (2) In the event the school physician, athletic trainer, or school nurse determine the student did not sustain a concussion or other head injury, the student shall not be permitted to participate in any further athletic competition or practice until written medical clearance is provided in accordance with E. below.



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2. The staff member supervising a student who has been removed from athletic competition or practice in accordance with D.1. above or another staff member shall contact the student's parent and the Principal or designee as soon as possible after the student has been removed from the athletic competition or practice.
 - a. A parent shall monitor their student for symptoms of a concussion or other head injury upon receiving such notification.

E. Medical Examination and Written Medical Clearance

1. A student who was removed from athletic competition or practice in accordance with D.1. shall not participate in further athletic competition or practice until:
 - a. The student is examined by a physician or other licensed healthcare provider trained in the evaluation and management of concussions;
 - b. The student receives written medical clearance from a physician trained in the evaluation and management of concussions to return to competition or practice; and
 - c. The student returns to regular school activities and is no longer experiencing symptoms of the injury while conducting those activities.
2. The student's written medical clearance from a physician must indicate a medical examination has determined:
 - a. The student's injury was not a concussion or other head injury, the student is asymptomatic at rest, and the student may return to regular school activities and is no longer experiencing symptoms of the injury while conducting those activities; or
 - b. The student's injury was a concussion or other head injury and the student's physician will monitor the student to determine when the student is asymptomatic at rest and



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when the student may return to regular school activities and is no longer experiencing symptoms of the injury while conducting those activities.

3. The student's written medical clearance must be reviewed and approved by the school physician.
4. The student may not begin the graduated return to athletic competition and practice protocol in F. below until the student receives a medical examination and provides the required written medical clearance.
5. A written medical clearance not in compliance with the provisions of E. will not be accepted.

F. Graduated Return to Athletic Competition and Practice Protocol

1. The return of a student to athletic competition and practice shall be in accordance with the graduated, six-step "Return to Play Progression" recommendations and any subsequent changes or updates to those recommendations as developed by the Centers for Disease Control and Prevention.

a. Back to Regular Activities (Such as School)

The student is back to their regular activities (such as school) and has the green-light from the student's physician approved by the school physician to begin the return to play process. A student's return to regular activities involves a stepwise process. It starts with a few days of rest (two-three days) and is followed by light activity (such as short walks) and moderate activity (such as riding a stationary bike) that do not worsen symptoms.

b. Light Aerobic Activity

Begin with light aerobic exercise only to increase the student's heart rate. This means about five to ten minutes on an exercise bike, walking, or light jogging. No weight lifting at this point.



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c. Moderate Activity

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

d. Heavy, Non-Contact Activity

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

e. Practice and Full Contact

The student may return to practice and full contact (if appropriate for the athletic competition) in controlled practice.

f. Athletic Competition

The student may return to athletic competition or practice.

2. It is important for a student's parent(s) and coach(es) to watch for concussion symptoms after each day's "Return to Play Progression" activity. A student should only move to the next step if they do not have any new symptoms at the current step.
3. If a student's symptoms return or if they develop new symptoms, this is a sign that a student is pushing too hard. The student should stop these activities and the student's health care provider should be contacted. After more rest and no concussion symptoms, a student can start at the previous step if approved by the student's healthcare provider and provides written medical clearance to the school physician.



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G. Temporary Accommodations for Student's Participating in Athletic Competition with Sports-Related Head Injuries

1. 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 student 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. To recover, cognitive rest is just as important as physical rest. Reading, studying, computer usage, testing, texting, and watching movies if a student is sensitive to light/sound can slow a student's recovery. The Principal or designee may look to address the student's cognitive needs as described below. Students 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.

Adopted:



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

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

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



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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



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- 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.



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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



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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



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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:



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- 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.

Adopted: 21 October 2013

