

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 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 and certified athletic trainers must complete an interscholastic head injury training program;
- C. The athletic 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. Describe the appropriate time to delay the return to sports competition or practice of a student – athlete who has sustained a head injury or other head injury, but if no additional time is specified for a particular age-group or sport, the student-athlete may return when written medical clearance is given the student-athlete stating that he/she is asymptomatic, and the student-athlete has completed an appropriate graduated individualized return-to-play protocol.
- D. An athletic head injury training program such as the National Federation of State High Schools Association online "Concussion in Sports" training program or a comparable program that meets mandated criteria shall be completed by all staff or others required by the district policy;
- E. Distribution of New Jersey Department of Education, *Concussion and Head Injury Fact Sheet* to every student-athlete who participates in interscholastic sports. The superintendent shall ensure that a signed acknowledgement of the receipt of the fact sheet is completed by the student-athlete's parent/guardian and is kept on file for future reference.

Prevention and Treatment of Sports Related Concussions and Head Injuries

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.

- A. 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;
- B. 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;

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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. 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 student-athlete with the approved information/medical checklist to provide their parent/guardian and physician or other licensed healthcare professional;
4. Student-athlete must receive written clearance from their physician that student is asymptomatic and may begin the graduated return-to-play protocol. School personnel (athletic trainer, school nurse, coach, etc. may consult with school/team physician after medical clearance is given from student-athlete's physician).

Graduated Return to Competition and Practice Protocol

A. After written medical clearance is given stating that the student athlete is asymptomatic, the student-athlete may begin a graduated individualized return-to-play protocol:

Step 1: No activity, complete physical and cognitive rest. The objective of this step is recovery;

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;~~ **Medical clearance by ATC or additional physician clearance needed before returning to play;**

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-Athletes with Sports Related Head Injuries

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. Mental exertion increases the symptoms from

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concussions and affects recovery. 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.

In accordance with the Centers for Disease Control (CDC) toolkit on managing concussions, the board may look to address the cognitive needs of students who return to school after a concussion in the following ways:

- A. Take rest breaks as needed;
- B. Spend fewer hours at school;
- C. Be given more time to take tests or complete assignments;
- D. Receive help with schoolwork;
- E. Reduce time spent on the computer, reading, and writing;
- F. Be granted early dismissal from classes to avoid crowded hallways.

Implementation

- A. A training program and policy for the prevention and treatment of sports related concussions and head injuries shall be completed by the school/team physician, coaches, athletic trainer, school nurse, and any other school employee the superintendent deems necessary;
- B. The superintendent or his or her designee shall monitor that all assigned staff and/or others complete the interscholastic head injury training program such as the National Federation of State High Schools Association's online, "Concussion in Sports" program, which includes:
 - 1. The recognition of the symptoms of head and neck injuries, concussions, and injuries related to second-impact syndrome;
 - 2. The protocol for a return to competition or practice, which may specify an 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.
- C. The NJDOE educational fact sheet shall be distributed annually to the parents or guardians of student-athletes. A signed acknowledgement of the receipt of the fact sheet shall be obtained from the student-athlete and his parent or guardian and retained by the school;
- D. Any student who participates in an interscholastic sports program and is suspected of sustaining a concussion or other head injury in competition or practice shall be immediately removed from the sports competition or practice. A student-athlete who is removed from competition or practice shall not participate in further sports activity until he/she is 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 competition or practice. **After being evaluated for a concussion by a physician or licensed healthcare provider if it has been determined the student has sustained a head injury they may not return to participation until medical clearance has been given and return to play protocol has been completed.**

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Key Words

Concussion, Head Injury, Sports, Athletics,

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<u>Legal References:</u>	<u>N.J.S.A.</u> 18A:16-6, -6.1	Indemnity of officers and employees against civil actions
	<u>N.J.S.A.</u> 18A:35-4.6 <u>et seq.</u>	<u>Parents Right to Conscience Act of 1979</u>
	<u>N.J.S.A.</u> 18A:40-1	Employment of medical inspectors, optometrists and nurses; salaries; terms; rules
	<u>N.J.S.A.</u> 18A:40-3	Lectures to teachers
	<u>N.J.S.A.</u> 18A:40-5	Method of examination; notice to parent or guardian
	<u>N.J.S.A.</u> 18A:40-6	In general
	<u>N.J.S.A.</u> 18A:40-7, -8, -10, -11	Exclusion of students who are ill
	<u>N.J.S.A.</u> 18A:40-23 <u>et seq.</u>	Nursing Services for Nonpublic School Students
	<u>N.J.S.A.</u> 18A:40-41.4	Removal of student athlete from competition, practice; return
	<u>N.J.A.C.</u> 6A:16-1.1 <u>et seq.</u>	Programs to Support Student Development
	<u>See particularly:</u>	
	<u>N.J.A.C.</u> 6A:16-1.1, -1.3, -1.4, -2.1, -2.3, -2.4	
	<u>N.J.A.C.</u> 6A:26-12.1 <u>et seq.</u>	Operation and Maintenance of School Facilities
	<u>See particularly:</u>	
	<u>N.J.A.C.</u> 6A:26-12.3	

Plainfield Board of Education v. Cooperman, 105 NJ 587 (1987)

Possible

<u>Cross References:</u>	*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.

ADMINISTERING MEDICATION

The Township of Union Board of Education shall not be responsible for the diagnosis and treatment of student illness. The administration of medication to a student during school hours will be permitted only when failure to take such medicine would jeopardize the health of the student, or the student would not be able to attend school if the medicine were not made available to him/her during school hours.

For purposes of this policy, "medication" shall include all medicines prescribed by a physician for the particular student, including emergency medication in the event of bee stings, medication for asthma, diabetes or other medical diagnosis requiring medication during the school day, and all non-prescription "over the counter" medication (see policy 5141 Health).

Before any medication may be administered to or by any student during school hours, the board shall require the written request of the parent/guardian which shall give permission for such administration and relieve the board and its employees of liability for administration of medication. In addition, the board requires the written order of the prescribing physician which shall include:

- A. The purpose of the medication;
- B. The dosage;
- C. The time at which or the special circumstances under which medication shall be administered;
- D. The length of time for which medication is prescribed;
- E. The possible side effects of the medication.

Both documents shall be kept on file in the office of the school nurse.

The district medical inspector shall develop procedures for the administration of medication which provide that:

- A. All medications, whether prescribed or "over the counter", shall be administered by the medical inspector, school nurse or substitute school nurse, the parent/guardian or the student himself/herself where the parent/guardian so permits and with the school nurse present;
- B. Medications shall be securely stored and kept in the original labeled container;
- C. The school nurse shall maintain a record of the name of the student to whom medication may be administered, the prescribing physician, the dosage and timing of medication and a notation of each instance of administration;
- D. All medications shall be brought to school by the parent/guardian or adult student and shall be picked up at the end of the school year or the end of the period of medication, whichever is earlier;
- E. A student may self-administer medication without supervision of the school nurse for asthma or other life-threatening illnesses. "Life-threatening illness" has been defined as an illness or condition that requires an immediate response to specific symptoms or sequelae that if left untreated may lead to potential loss of life such as, but not limited to, the use of an inhaler to treat an asthma attack or the use of an adrenalin injection to treat a potential anaphylactic reaction.

ADMINISTERING MEDICATION (continued)

Each school in the district shall have and maintain at least one nebulizer in the office of the school nurse or at a similar accessible location. The superintendent shall prepare and the board shall adopt regulations on the administration of asthma medication through the use of a nebulizer by the school nurse or his/her designee(s). Regulations shall be in accord with New Jersey statute and administrative code and shall include, but not be limited to the following:

- A. Requirement that each school nurse shall be authorized to administer asthma medication through use of a nebulizer;
- B. Requirement that each school nurse receive training in airway management and in the use of nebulizers and inhalers consistent with nationally recognized standards;
- C. Requirement that each student authorized to use asthma medication or a nebulizer have an asthma treatment plan prepared by the student's physician that identifies, at a minimum, asthma triggers and an individualized health care plan for meeting the medical needs of the student while attending school or a school-sponsored event.

Student Self-Administration of Medication

The board shall permit self-administration of medication for asthma, diabetes or other potentially life-threatening illnesses by students who have the capability for self-administration of medication, both on school premises during regular school hours and off-site or after regular school hours when a student is participating in field trips or extracurricular activities. Parents/guardians of the student must meet the following conditions:

- A. Provide the board with written authorization for the student's self-administration of medication;
- B. Provide written certification from the student's physician that the student has asthma or another potentially life-threatening illness and is capable of and has been instructed in the proper method of self-administration of medication;
- C. Sign a statement acknowledging that the district shall incur no liability as a result of any injury arising from the self-administration of medication by the student and that the parents/guardians shall indemnify and hold harmless the district and its employees or agents against any claims arising out of the self-administration of medication by the student.

The board shall:

- A. Inform the student and his/her parents/guardians that permission is effective for the school year for which it is granted and must be renewed for each subsequent school year upon fulfillment of requirements listed above;
- B. Inform parents/guardians in writing that the district and its employees or agents shall incur no liability as a result of any injury arising from the self-administration of medication;
- C. Maintain the right to revoke a student's permission to self-medicate if he/she has failed to comply with all conditions of this policy and/or has violated in any way the tenets of the agreement to self-medicate. The superintendent shall confer with the school physician and school nurse prior to recommending termination of a student's permission to self-medicate and shall also consult with the student, the student's parents/guardians and the student's physician.

Upon written request of the parent or guardian and as provided in the individualized health care plan, the student shall be allowed to attend to the management and care of his/her diabetes in the classroom or on school grounds, if evaluated and determined to be capable of doing so consistent with the plan, and N.J.S.A. 18A:40-12.15 and board policy 5141 Health for specific rules regarding diabetes management.

ADMINISTERING MEDICATION (continued)Emergency Administration of Epinephrine

The board shall permit the school nurse or medical inspector to administer epinephrine via epi-pen or other pre-filled auto-injector mechanism in emergency situations. In their absence, a designee or designees who are employees of the board may do so.

The designees must be properly trained by the school nurse in the administration of the epi-pen or other pre-filled auto-injector mechanism using the standardized training protocol designated by the State Department of Education. Each designee shall receive individual training for each student for whom he/she is designated.

The board shall inform the student's parents/guardians in writing that if the specified procedures are followed, the district, its employees and agents shall have no liability as a result of any injury arising from the administration of the epi-pen or other pre-filled auto-injector mechanism to the student.

Parents/guardians shall provide the board with the following:

- A. Written orders from the physician that the student requires the administration of epinephrine for anaphylaxis and does not have the capability for self-administration of the medication;
- B. Written permission for the administration of epinephrine via epi-pen or other pre-filled auto-injector mechanism by the school nurse or designee(s);
- C. A signed statement acknowledging their understanding that if the specified procedures are followed, the district shall have no liability as a result of any injury arising from the administration of the epi-pen or other pre-filled auto-injector mechanism by the school nurse or designee(s) to the student and that the district, its employees, and agents shall be indemnified and held harmless against any claims arising out of the administration of the epi-pen or other pre-filled auto-injector mechanism to the student.

Permission for the administration of epinephrine via epi-pen or other pre-filled auto-injector mechanism shall be granted annually and must be renewed each school year upon the fulfillment of the above requirements.

Placement and Availability of Epinephrine, and Transportation to Hospital Emergency Room

Pursuant to P.L. 2007, C. 57, school policy requires:

- A. The placement of a student's prescribed epinephrine in a secure but unlocked location easily accessible by the school nurse and designees to ensure prompt availability in the event of an allergic emergency at school or at a school-sponsored function. The location of the epinephrine shall be indicated on the student's emergency care plan. Back-up epinephrine shall also be available at the school if needed;
- B. The school nurse or designee to be promptly available on site at the school and school-sponsored functions in the event of an allergic reaction; and
- C. The transportation of the student to a hospital emergency room by emergency services personnel after the administration of epinephrine, even if the student's symptoms appear to have resolved.

Implementation

The board may adopt additional regulations on all aspects of the administration of medication. When implementing school policy and P.L. 2007, C. 57, staff will consult these NJ Department of Education guidance documents:

- A. Training Protocols for the Emergency Administration of Epinephrine (9/08);

ADMINISTERING MEDICATION (continued)

B. Guidelines for the Management of Life-Threatening Food Allergies in Schools (9/08).

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Key Words

Administering Medication, Medication in School, Nebulizer

Legal References: N.J.S.A. 18A:11-1 General mandatory powers and duties
N.J.S.A. 18A:40-1 Employment of medical inspectors, optometrists and nurses; salaries; terms; rules
N.J.S.A. 18A:40-3.2 et seq. Medical and Nursing Personnel
N.J.S.A. 18A:40-4 Examination for physical defects and screening of hearing of students
N.J.S.A. 18A:40-7 Exclusion of students who are ill
N.J.S.A. 18A:40-12.3 Self-administration of medication by student; conditions
 through -12.4
N.J.S.A. 18A:40-12.5 Policy for emergency administration of epinephrine to public school students
N.J.S.A. 18A:40-12.6 Administration of epinephrine; primary responsibility; parental consent
N.J.S.A. 18A:40-12.7 Nebulizer
N.J.S.A. 18A:40-12.8 Administration of asthma medication by school nurse through nebulizer; training; student asthma treatment plan
N.J.S.A. 18A:54-20 Powers of board (county vocational schools)
N.J.S.A. 45:11-23 Definitions
N.J.A.C. 6A:16-1.1 et seq. Programs to Support Student Development
 See particularly:
N.J.A.C. 6A:16-1.3,
 -1.4(a), -2.1, -2.2, -2.3, -2.4

Bernards Township Education Association v. Bernards Township Board of Education, 1981 S.L.D. (9/29/81), aff'd State Board, 1982 S.L.D. 4/7/82, aff'd App. Div., unpublished opinion (A-4211-81T3, 5/18/83)

Communications Workers of America, Local 1033, On behalf of Karen Norton, Barbara Woolston, Mary Ellen Schoen et al. v. New Jersey State Department of Education, Marie H. Katzenbach School for the Deaf, State Board Docket #52-91

Policy Advisory #1 on N.J.S.A. 18A:40-12.3 et seq. Self-Administration of Medication By a Student, New Jersey State Department of Education, June 5, 1995

Protocol and Implementation Plan for the Emergency Administration of Epinephrine by a Delegate Trained by the School Nurse, New Jersey State Department of Education, October, 1998

Possible

Cross References: *5131.6 Drugs, alcohol, tobacco (substance abuse)
 *5141 Health

ADMINISTERING MEDICATION (continued)

- *5141.1 Accidents
- *5141.2 Illness
- *5141.3 Health examinations and immunizations
- *6153 Field trips

*Indicates policy is included in the Critical Policy Reference Manual.