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

The following procedures shall be followed to implement N.J.S.A. 18A:40-41.1 et seq., the New Jersey Department of Education Model Policy and Guidance for Districts on the Prevention and Treatment of Sports-Related Head Injuries and Concussions, and Policy 2431.4.

A. Prevention

1. The following steps may be taken to prevent concussions and head injuries and ensure the safety of student-athletes:

   a. Limit the number of stunts during cheerleading practice.

      (1) When stunting is performed, spotters shall be used and the surface shall be soft and in good condition; and

      (2) Safe stunting techniques shall be taught and student-athletes shall not be permitted to attempt new or difficult stunts without proper instruction and a coach on hand.

   b. Ensure student-athletes have appropriate supervision during practices and a designated safe practice facility in good condition for the activity.

   c. Ensure the use of appropriate fitted and maintained safety equipment.

   d. Ensure student-athletes avoid unsafe actions such as:

      (1) Hitting another student-athlete in the head;

      (2) Using their head to contact another student-athlete;

      (3) Making illegal contacts; and

      (4) Trying to injure or put another student-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 student-athletes proper techniques and ways to avoid hits to the head.

g. Keep a close eye on student-athletes in positions that are at increased risk for concussion to help spot a potential concussion.

B. Possible Signs or Symptoms of Concussion

1. Some mild traumatic brain injuries 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, licensed athletic trainers, school/team physicians, school nurses, teachers, parents, or a teammate. Below are a few examples of possible signs and symptoms of a concussion:

a. The student-athlete grabs or holds head after a play or hit - "Hands to Head";

b. The student-athlete appears to be "shaking it off";

c. The student-athlete appears dazed or "foggy";

d. The student-athlete forgets plays or demonstrates short term memory difficulty;

e. The student-athlete cannot recall injury or events just before or just after the injury;

f. The student-athlete answers questions slowly or inaccurately;

g. The student-athlete has a headache;

h. The student-athlete is nauseous or is vomiting;

i. The student-athlete is experiencing balance problems or dizziness;

j. The student-athlete is experiencing double vision or changes in vision;

k. The student-athlete is experiencing sensitivity to light or sound/noise;

l. The student-athlete is feeling sluggish or foggy;

m. The student-athlete is having difficulty with concentration and short-term memory;

n. The student-athlete is experiencing sleep disturbance; and

o. The student-athlete is experiencing irritability and/or mood changes.

2. Any possible signs or symptoms of a concussion shall be reported by the student-athlete participating in a program of athletic competition to the coach(es), athletic trainer, school or team physician, school nurse, and/or parent.

C. Treatment

1. Pursuant to N.J.S.A. 18A:40-41.4, a student-athlete who participates in a program of athletic competition and who sustains or is suspected of having sustained a concussion or other head injury while engaged in a program of athletic competition shall be immediately removed from the program of athletic competition by the staff member supervising the program of athletic competition.

2. The staff member supervising the student-athlete during the program of athletic competition shall immediately contact the school physician, athletic trainer, or school nurse to examine the student-athlete.

3. Emergency medical responders (911) shall be called if the student-athlete is experiencing a deterioration of symptoms, loss of consciousness, or direct neck pain associated with the injury pursuant to D. below.

4. A student-athlete who is removed from a program of athletic competition shall not participate in further programs of athletic competition until:

a. The student-athlete 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 the program of athletic competition; and

(1) The student-athlete's written medical clearance from a physician must indicate a medical examination has determined:

(a) The student-athlete's injury was not a concussion or other head injury, the student-athlete is asymptomatic at rest, and the student-athlete may return to regular school activities and is no longer experiencing symptoms of the injury while conducting those activities; or

(b) The student-athlete's injury was a concussion or other head injury and the student-athlete's physician will monitor the student-athlete to determine when the student-athlete is asymptomatic at rest and when the student-athlete may return to regular school activities and is no longer experiencing symptoms of the injury while conducting those activities.

(2) The student-athlete's written medical clearance shall be reviewed and approved by school personnel (athletic trainer, school nurse, coach, etc.), who may consult with the school/team physician as part of the Return to Play Progression.

(3) A student-athlete who has suffered a concussion or other head injury may not begin the CDC's Six-Step Return to Play Progression as outlined in E. below until the student-athlete receives a medical examination and provides the required written medical clearance by school personnel (athletic trainer, school nurse, coach, etc.), who may consult with the school/team physician as part of the Return to Play Progression.

(4) A written medical clearance not in compliance with the provisions of C.4.a. above will not be accepted.

b. A student-athlete who has suffered a concussion or other head injury returns to regular school activities without the need for additional support and is no longer experiencing symptoms of the injury when conducting those activities.

(1) If school is in session, a student-athlete who has suffered a concussion or other head injury must return to regular school activities without symptoms or need for additional support before returning to a program of athletic competition as part of the CDC's Six-Step Return to Play Progression.

(2) If school is not in session, a student-athlete who has suffered a concussion or other head injury must return to their normal daily activities without symptoms as part of the CDC's Six-Step Return to Play Progression.

D. Symptoms Requiring Immediate Medical Assessment (911/Emergency Evaluation)

1. The following symptoms requiring immediate medical assessment include, but are not limited to:

a. The student-athlete loses consciousness;

b. The student-athlete has a headache that gets worse and does not go away;

c. The student-athlete is experiencing weakness, numbness, decreased coordination, convulsions, or seizure;

d. The student-athlete is experiencing repeated vomiting and/or intractable retching;

e. The student-athlete is slurring speech or exhibiting unusual behavior (disoriented);

f. The student-athlete has one pupil (the black part in the middle of the eye) larger than the other; and

g. The student-athlete cannot recognize people or places and/or gets confused, restless, or agitated.

E. CDC's Six-Step Return to Play Progression for Students Who Have Suffered a Concussion or Other Head Injury

1. The return of a student-athlete to a program of athletic competition shall be in accordance with the CDC's 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.

   a. As applicable, the student-athlete's treating healthcare provider may guide the student-athlete through the return to play protocol while experiencing mild symptoms as part of the treatment.

   b. In addition, the student-athlete's treating healthcare provider may adjust the treatment plan prior to Step Six, full return to competition.

   c. Clearance from a student-athlete's physician trained in the evaluation and management of concussions is required before returning to full competition.

2. Six-Step Return to Play Progression

   a. Step 1: Back to Regular Activities

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

   b. Step 2: Light Aerobic Activity

      The student-athlete shall begin with light aerobic exercise only to increase a student-athlete's heart rate. This means about five to ten minutes on an exercise bike, walking, or light jogging. No weightlifting at this point.

   c. Step 3: Moderate Activity

      The student-athlete shall continue with activities to increase a student-athlete's heart rate with body or head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, or moderate-

intensity weightlifting (less time and/or less weight from their typical routine).

d. Step 4: Heavy, Non-Contact Activity

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

e. Step 5: Practice & Full Contact

The student-athlete may return to practice and full contact (if appropriate for the sport) in controlled practice.

f. Step 6: Competition

The student-athlete may return to competition.

3. It is important for a student-athlete's parent(s), coach(es), and teachers to watch for concussion symptoms after each day's Six-Step Return to Play Progression activity.

4. A student-athlete should only move to the next step if they do not exhibit any new symptoms at the current step.

5. If a student-athlete's symptoms return or if they develop new symptoms, this could be a sign the student-athlete is overexerting. The student-athlete shall stop these activities and the student-athlete's medical provider shall be contacted. After more rest and no concussion symptoms, the student-athlete can start at the previous step.

F. Temporary Supports for Student-Athletes with Sports-Related Head Injuries or Concussions

1. Initial rest followed by a gradual return to activity during healing is recommended. 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, texting, even watching movies if a student-athlete is sensitive to light/sound, can slow a student-athlete's recovery. Managing the symptoms through a balance of rest and activity is the key to recovery.

   a. The district will provide support for student-athletes diagnosed with a concussion.

   b. The student-athlete's health care provider will handle short-term medical accommodations.

3. Collaboration between the student-athlete's health care provider 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.

4. The Principal or designee may address the student-athlete's cognitive needs in the following ways:

   a. Limit the student-athlete's screen time;

   b. Have the student-athlete take rest breaks as needed;

   c. Have the student-athlete spend fewer hours at school;

   d. Provide the student-athlete more time to take tests or complete assignments. (All courses should be considered);

   e. Provide the student-athlete help with schoolwork;

   f. Reduce the student-athlete's time spent on the computer, reading, and writing;

   g. Provide or grant the student-athlete early passing time to avoid crowded hallways; and/or

h. Allow the student-athlete extra time to complete tests or coursework.

5. These supports and/or short-term medical accommodations may be addressed in an individualized healthcare plan for a student-athlete who has suffered a concussion or other head injury.

6. 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.

7. 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-athlete, parents, and the student-athlete's health care provider, are in the best position to create flexible, temporary supports to meet the needs of each student-athlete.

G. Education

1. The CDC offers tips for health professionals and educators on their website. Interscholastic Head Injury Training Programs are available via the CDC website or the National Federation of State High School Associations.

2. This training shall be completed by the school/team physician, licensed athletic trainer, school nurses, coaches, and other relevant school personnel.

H. Other Considerations

1. Educational information for student-athletes on the prevention of concussions shall be reviewed.

2. The importance of early identification and treatment of concussions to improve recovery shall be reinforced.

3. School personnel shall contact the student-athlete's parent and inform them of the suspected sports-related concussion or head injury before allowing the student-athlete to go home after a program of athletic competition.

4. School personnel shall provide the parent of the student-athlete with a checklist or copy of the return to play protocols including the requirement of written clearance from a physician trained in the evaluation and management of concussions before the student-athlete is able to return to a program of athletic competition.

I. Interscholastic Head Injury Training Program

1. The district will adopt an Interscholastic Head Injury Training Program to be completed by the school/team physician, licensed athletic trainer, coaches, and other appropriate district personnel pursuant to N.J.S.A. 18A:40-41.2. The training program shall include:

a. The recognition of the signs of head and neck injuries, concussions, and second impact syndrome; and

(1) Pursuant to N.J.S.A. 18A:40-41.1.d., if a student-athlete sustains a second concussion while still having symptoms of a previous concussion, it can lead to the severe impairment and even the death of the student-athlete, and is referred to as second-impact syndrome.

b. The CDC's Six-Step Return to Play Progression or any subsequent changes or other updates developed by the CDC.

J. "Return to Play Progressions" vs. "Therapeutic Progressions"

1. 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 CDC's Six-Step Return to Play Progression, it is different in the goals and intent from "return to play."

a. "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.

b. "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.

c. "Therapeutic progressions" should be recommended and supervised by a health care provider familiar with the evaluation and management of concussions, and monitored by a team including the student-athlete, parents, health care provider, and school personnel. Adjustments to the program should be in response to the student-athlete's overall symptom load and progress. It should be remembered that student-athletes 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. 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. A successful treatment plan is one that can adapt appropriately for each student-athlete.

K. Educating the Community on the District Sports-Related Concussions and Head Injuries Policy

1. The Board shall review Policy 2431.4 and this Regulation annually, and update as necessary to ensure Policy 2431.4 and this Regulation reflect the most current information available on the prevention, risk, and treatment of sports-related concussions and head injuries.

2. The district may provide regular education and training for staff including administrators, teachers, paraprofessionals, and school counselors regarding concussions and other head injuries as head injuries can happen at any time during the school day or outside of school.

3. The district is in a unique position to promote healthy behaviors. The district can embed education related to the prevention and treatment of concussions and head injuries through the New Jersey Student Learning Standards Comprehensive Health

and Physical Education Standard 2.3 – Safety. In addition, N.J.S.A. 18A:6-2 requires education in accident and fire prevention and N.J.S.A. 18A:35-5 requires education in injury or illness emergencies.

Adopted: 26 July 2011	[Policy Alert 194]
Revised & Approved: 15 March 2022	[Policy Alert 226]
Revised: 4 December 2024	[Policy Alert 232]

Sports-Related Concussion and Head Injury Fact Sheet and Parent/Guardian Acknowledgement Form

A concussion is a brain injury that can be caused by a blow to the head or body that disrupts the normal functioning of the brain. Concussions are a type of Traumatic Brain Injury (TBI), which can range from mild to severe and can disrupt the way the brain normally functions. Concussions can cause significant and sustained neuropsychological impairment affecting problem-solving, planning, memory, attention, concentration, and behavior.

The Centers for Disease Control and Prevention estimates that 300,000 concussions are sustained during sports-related activities nationwide, and more than 62,000 concussions are sustained each year in high school contact sports. The second-impact syndrome occurs when a person sustains a second concussion while still experiencing symptoms of a previous concussion. It can lead to severe impairment and even death of the victim.

Legislation (P.L. 2010, Chapter 94) signed on December 7, 2010, mandated measures to be taken in order to ensure the safety of K-12 student-athletes involved in interscholastic sports in New Jersey. It is imperative that athletes, coaches, and parents/guardians are educated about the nature and treatment of sports-related concussions and other head injuries. The legislation states that:

- All Coaches, Athletic Trainers, School Nurses, and School/Team Physicians shall complete an Interscholastic Head Injury Safety Training Program by the 2011-2012 school year.
- All school districts, charter, and non-public schools that participate in interscholastic sports will distribute annually this educational fact to all student-athletes and obtain a signed acknowledgment from each parent/guardian and student-athlete.
- Each school district, charter, and non-public school shall develop a written policy describing the prevention and treatment of sports-related concussions and other head injuries sustained by interscholastic student-athletes.
- Any student-athlete who participates in an interscholastic sports program and is suspected of sustaining a concussion will be immediately removed from competition or practice. The student-athlete will not be allowed to return to competition or practice until he/she has written clearance from a physician trained in concussion treatment and has completed his/her district's graduated return-to-play protocol.

Quick Facts

- Most concussions do not involve loss of consciousness
- You can sustain a concussion even if you do not hit your head
- A blow elsewhere on the body can transmit an "impulsive" force to the brain and cause a concussion

Signs of Concussions (Observed by Coach, Athletic Trainer, Parent/Guardian)

- Appears dazed or stunned
- Forgets plays or demonstrates short-term memory difficulties (e.g. unsure of game, opponent)
- Exhibits difficulties with balance, coordination, concentration, and attention
- Answers questions slowly or inaccurately
- Demonstrates behavior or personality changes
- Is unable to recall events before or after the hit or fall

Symptoms of Concussion (Reported by Student-Athlete)

- Headache
- Nausea/vomiting
- Balance problems or dizziness
- Double vision or changes in vision
- Sensitivity to light/sound
- Feeling of sluggishness or fogginess
- Difficulty with concentration, short-term memory, and/or confusion

What Should a Student-Athlete do if they think they have a concussion?

- **Don't hide it.** Tell your Athletic Trainer, Coach, School Nurse, or Parent/Guardian.
- **Report it.** Don't return to competition or practice with symptoms of a concussion or head injury. The sooner you report it, the sooner you may return to play.
- **Take time to recover.** If you have a concussion your brain needs time to heal. While your brain is healing you are much more likely to sustain a second concussion. Repeat concussions can cause permanent brain injury.

What can happen if a student-athlete continues to play with a concussion or returns to play too soon?

- Continuing to play with the signs and symptoms of a concussion leaves the student-athlete vulnerable to second impact syndrome.
- Second impact syndrome is when a student-athlete sustains a second concussion while still having symptoms from a previous concussion or head injury.
- Second impact syndrome can lead to severe impairment and even death in extreme cases.

Should there be any temporary academic accommodations made for Student-Athletes who have suffered a concussion?

- To recover cognitive rest is just as important as physical rest. Reading, texting, testing-even watching movies can slow down a student-athletes recovery.
- Stay home from school with minimal mental and social stimulation until all symptoms have resolved.
- Students may need to take rest breaks, spend fewer hours at school, be given extra time to complete assignments, as well as be offered other instructional strategies and classroom accommodations.

Student-athletes who have sustained a concussion should complete a graduated return-to-play before they may resume competition or practice, according to the following protocol:

- **Step 1**: Completion of a full day of normal cognitive activities (school day, studying for tests, watching practice, interacting with peers) without reemergence of any signs or symptoms. If no return of symptoms, the next day advance.
- **Step 2:** Light Aerobic exercise, which includes walking, swimming, and stationary cycling, keeping the intensity below 70% maximum heart rate. No resistance training. The objective of this step is to increase 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). Student-athlete may initiate resistance training.
- **Step 5:** Following medical clearance (consultation between school health care personnel and student-athlete's physician), participation in normal training activities. The objective of this step is to restore confidence and assess functional skills by coaching and medical staff.
- **Step 6:** Return to play involving normal exertion or game activity.

For further information on Sports-Related Concussions and Other Head Injuries, please visit:

www.cdc.gov/concussion/sports/index.html www.nfhs.com
www.ncaa.org/health-safety www.bianj.org www.atsnj.org

Sports-Related Concussion and Head Injury Fact Sheet and Parent/Guardian Acknowledgement Form *(Please complete, detach, and return this form to the school's Athletic Department)*

I/we have received a copy of the WTPS Sports-Related Concussion and Head Injury Fact Sheet and Parent/Guardian Acknowledgement Form and understand that I/we are responsible for reading and understand its contents.

Signature of Student-Athlete	**Print Student-Athlete's Name**	**Date**
Signature of Parent/Guardian	**Print Parent/Guardian's Name**	**Date**

HEADS UP CONCUSSION

A FACT SHEET FOR ATHLETES

IN HIGH SCHOOL SPORTS

What is a concussion?

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head or body.
- Can change the way your brain normally works.
- Can occur during practices or games in any sport or recreational activity.
- Can happen even if you haven't been knocked out.
- Can be serious even if you've just been "dinged" or "had your bell rung.

"All concussions are serious. A concussion can affect your ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving, or exercising). Most people with a concussion get better, but it is important to give your brain time to heal.

What are the symptoms of a concussion?

You can't see a concussion, but you might notice ***one or more*** of the symptoms listed below or that you "don't feel right" soon after, a few days after, or even weeks after the injury.

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion

What should I do if I think I have a concussion?

- **Tell your coaches and your parents.** Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach right away if you think you have a concussion or if one of your teammates might have a concussion.
- **Get a medical check-up.** A doctor or other healthcare professional can tell if you have a concussion and when it is OK to return to play.
- **Give yourself time to get better.** If you have a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have another concussion. Repeat concussions can increase the time it takes for you to recover and may cause more damage to your brain. It is important to rest and not return to play until you get the OK from your health care professional that you are symptom-free.

How can I prevent a concussion?

Every sport is different, but there are steps you can take to protect yourself.

- Use the proper sports equipment, including personal protective equipment. In order for equipment to protect you, it must be:- The right equipment for the game, position, or activity- Worn correctly and the correct size and fit- Used every time you play or practice
- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

If you think you have a concussion:

Don't hide it. Report it. Take time to recover.

It's better to miss one game than the whole season.

For more information and to order additional materials ***free-of-charge***, visit: **www.cdc.gov/Concussion**.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

June 2010

(Regulation 2431.4 Prevention/Treatment of Sports Related Concussion and Injuries)

Concussion Signs and Symptoms

Checklist

Heads Up to Schools:

KNOW YOUR CONCUSSION

ABCs

Assess the situation	Be alert for signs and symptoms	Contact a Health care professional

Student's Name: _____ **Student's Grade:** _____ **Date/Time of Injury:** _____

Where and How Injury Occurred: *(Be sure to include cause and force of the hit or blow to the head.)* _____

Description of Injury: *(Be sure to include information about any loss of consciousness and for how long, memory loss, or seizures following the injury, or previous concussions, if any. See the section on Danger Signs on the back of this form.)* _____

DIRECTIONS:

Use this checklist to monitor students suspected of having a head injury. Students should be monitored for a minimum of 30 minutes. Check for signs or symptoms when the injury first occurred, fifteen minutes later, and at the end of 30 minutes.

Students, who experience *one or more* of the signs or symptoms of concussion after a bump, blow, or jolt to the head should be referred to a his/her physician trained in the evaluation and management of concussions.

For those instances when a parent is coming to take the student to a physician, observe the student for any new or worsening symptoms right before the student leaves. Send a copy of this checklist with the student for the physician to review.

OBSERVED SIGNS	0 MINUTES	15 MINUTES	30 MINUTES	☐ MINUTES Just prior to leaving
Appears dazed or stunned				
Is confused about events				
Repeats questions				
Answers questions slowly				
Can't recall events *prior* to the hit, bump, or fall				
Can't recall events *after* the hit, bump, or fall				
Loses consciousness (even briefly)				
Shows behavior or personality changes				
Forgets class schedule or assignments				
PHYSICAL SYMPTOMS				
Headache or "pressure" in head				
Nausea or vomiting				
Balance problems or dizziness				
Fatigue or feeling tired				
Blurry or double vision				
Sensitivity to light				
Sensitivity to noise				
Numbness or tingling				
Does not "feel right"				
COGNITIVE SYMPTOMS				
Difficulty thinking clearly				
Difficulty concentrating				
Difficulty remembering				
Feeling more slowed down				
Feeling sluggish, hazy, foggy, or groggy				
EMOTIONAL SYMPTOMS				
Irritable				
Sad				
More emotional than usual				
Nervous				

More

Danger Signs:

Be alert for symptoms that worsen over time. The student should be seen in an emergency department right away if s/he has:

- ❒ **One pupil (the black part in the middle of the eye) larger than the other**
- ❒ **Drowsiness or cannot be awakened**
- ❒ **A headache that gets worse and does not go away**
- ❒ **Weakness, numbness, or decreased coordination**
- ❒ **Repeated vomiting or nausea**
- ❒ **Slurred speech**
- ❒ **Convulsions or seizures**
- ❒ **Difficulty recognizing people or places**
- ❒ **Increasing confusion, restlessness, or agitation**
- ❒ **Unusual behavior**
- ❒ **Loss of consciousness (even a brief loss of consciousness should be taken seriously)**

Additional Information About This Checklist:

This checklist is also useful if a student appears to have sustained a head injury outside of school or on a previous school day. In such cases, be sure to ask the student about possible sleep symptoms. Drowsiness, sleeping more or less than usual, or difficulty falling asleep may indicate a concussion.

To maintain confidentiality and ensure privacy, this checklist is intended only for use by appropriate school professionals, health care professionals, and the student's parent(s) or guardian(s).

For a free tear-off pad with additional copies of this form, or for more information on concussion, visit: www.cdc.gov/Concussion

SIGNATURE OF SCHOOL PROFESSIONAL COMPLETING THIS FORM: _____

TITLE: _____

Resolution of Injury:

__ Student returned to class

__ Student sent home

__ Student referred to his/her physician who is trained in the evaluation and management of concussions

COMMENTS:

(Regulation 2431.4 Prevention/Treatment of Sports-Related Concussions and Injuries)

WASHINGTON TOWNSHIP PUBLIC SCHOOLS

(Prevention/Treatment of Sports-Related Concussion and Injuries, P/R 2431.4)

Medical Clearance/Release Following Student-Athlete Incident Involving Concussion Or Other Head Trauma

Name of Student: _____

Grade: _____ **Phone No:** _____

Name of Pupil's Physician: _____ **Physician's Phone No:** _____

Date of Initial Injury: _____

Description of Injury: _____

_____

SECTION A: MEDICAL CLEARANCE/RELEASE BY STUDENT-ATHLETE'S PHYSICIAN

I certify that I am a ❒ physician trained in the evaluation and management of concussions and head injuries

(Check (✓) below as applicable):

❒ **I have examined my patient, _____(Name of Student) on _____ (date of medical examination) and have determined that he/she is asymptomatic at rest (with no use of medications to mask headache or other symptoms) and that he/she *has not sustained* a concussion or other head injury and hereby release him/her to return to full athletic participation.**

OR

❒ **I have examined my patient, _____(Name of Student) on _____ (date of medical examination) and have determined that:**

- ❒ **He/she *has sustained* a concussion or other head injury.**
- ❒ **He/she is asymptomatic at rest (with no use of medications to mask headache or other symptoms).**
- ❒ I give **medical clearance for him/her to begin Steps 1 to 4 of the "Graduated Return to Activity, Competition, and Practice Protocol" with the following limitations or guidelines (if any):**

Additional Limitations, Guidelines, and/or Information from Student Athlete's Physician:

OR

- ❒ I do not give **medical clearance for him/her to begin Steps 1 to 4 of the "Graduated Return to Activity, Competition, and Practice Protocol" at this time.**

Additional Limitations, Guidelines, and/or Information from Student Athlete's Physician:

_____ _____ _____

Name of Student Athlete's Physician **Signature of Student Athlete's Physician** **Date**

Student Athlete's Physician's Stamp

Name of Student: _____

Graduated Return to Activity, Competition, and Practice Protocol

(P 2413.4 Concussion Testing & Return to Play)

SECTION I:

The *Graduated Return-to-Activity, Competition, and Practice Protocol* is comprised of 6 steps. The 1st Phase of the Return-to-Play Protocol involves the successful completion of steps 1 through step 4 of the Return-to-Play Protocol. Steps 1 through 4 are outlined below:

Each step shall be separated by twenty-four hours. If any concussion symptoms occur during the *Graduated Return-to-Activity, Competition, and Practice Protocol*, 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.

Step No.	Description of Required Activities	Objective	Specific Description of Assigned Activities Undertaken	Date/Time Step/Activity Started	Indication/Comments by Student-Athlete Relative to Any Symptoms Experienced/ Presented (If no symptoms/ complaints indicate as "No symptoms/ complaints")	Indications/Comments by Supervising School Athletic Trainer (If no symptoms/ complaints indicate as "No symptoms/ complaints")	Date & Time Step/Activity Completed
Step 1	Completion of a full day of original cognitive activities **(school day, studying for tests, watching practice, interacting with peers) without re-emergence of any signs or symptoms.** Required 24 hour separation between steps.	Recovery					

_____ Student-Athlete Signature/Date

_____ School Athletic Trainer Signature/Date

Name of Student: _____ Graduated Return to Activity, Competition, and Practice Protocol (cont.)

Step No.	Description of Required Activities	Objective	Specific Description of Assigned Activities Undertaken	Date/Time Step/Activity Started	Indication/Comments by Student-Athlete Relative to Any Symptoms Experienced/ Presented (If no symptoms/ complaints indicate as "No symptoms/ complaints")	Indications/Comments by Supervising School Athletic Trainer (If no symptoms/ complaints indicate as "No symptoms/ complaints")	Date & Time Step/Activity Completed
Step 2	24 hours after symptom-free completion of Step 1: **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;**	Increase heart rate					

_____ Student-Athlete Signature/Date

_____ School Athletic Trainer Signature/Date

Name of Student: _____

Step No.	Description of Required Activities	Objective	Specific Description of Assigned Activities Undertaken	Date/Time Step/Activity Started	Indication/Comments by Student-Athlete Relative to Any Symptoms Experienced/ Presented (If no symptoms/complaints indicate as "No symptoms/ complaints")	Indications/Comments by Supervising Coach or Athletic Trainer (If no symptoms/complaints indicate as "No symptoms/ complaints")	Date & Time Step/Activity Completed
Step 3	24 Hours after symptom-free completion of Step 2: **Functional exercises such as increased running intensity, agility drills, and non-contact, sport-specific drills;**	Add movement and continue to increase heart rate.					

_____ Student-Athlete Signature/Date

_____ School Athletic Trainer Signature/Date

Name of Student: _____

Step No.	Description of Required Activities	Objective	Specific Description of Assigned Activities Undertaken	Date/Time Step/Activity Started	Indication/Comments by Student-Athlete Relative to Any Symptoms Experienced/ Presented (If no symptoms/ complaints indicate as "No symptoms/ complaints")	Indications/Comments by Supervising School Athletic Trainer (If no symptoms/ complaints indicate as "No symptoms/ complaints")	Date & Time Step/Activity Completed
Step 4	24 Hours after symptom-free completion of Step 3: **Non-contact practice activities and training drills involving progression to more complex training drills. Student-athlete may initiate progressive resistance training;**	Exercise, coordination, and cognitive load					

_____ _____

Student-Athlete Signature/Date School Athletic Trainer Signature/Date

Name of Student: _____

Section II

REVIEW AND VERIFICATION OF STUDENT-ATHLETE'S SUCCESSFUL COMPLETION OF *STEPS 1 THROUGH 4 OF THE "GRADUATED ACTIVITY, COMPETITION, AND PRACTICE PROTOCOL"*

Prior to undertaking Steps 5 and 6 of the *Graduated Return to Activity, Competition, and Practice Protocol*, the student-athlete returning to play, the following sections must be completed verifying that all required documentation is submitted, and the student-athlete has completed Steps 1 through 4 of the *Graduated Return to Activity, Competition, and Practice Protocol* **without experiencing any concussion symptoms.**

Note: If student-athlete experiences any concussion symptoms during the *Graduated Return to Activity, Competition, and Practice Protocol*, 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 24 hours of rest has passed.

Date of Successful Completion of Steps 1 through 4 of the *Graduated Return to Activity, Competition, and Practice Protocol*: _____.

Student: (Please print) _____ _____**(Signature)** _____**(date)**

Parent/Guardian: (Please print) _____ _____**(Signature)** _____**(date)**

School Athletic Trainer: (Please print) _____ _____**(Signature)** _____**(date)**

School Nurse: (Please print) _____ _____**(Signature)** _____**(date)**
(*In Schools in which there is no licensed athletic trainer on staff*)

Name of Student: _____

Section III C

School Athletic Trainer's Review of Student-Athlete Physician's and School Physician's Verification of Return to Play

I have reviewed the student-athlete's, _____ (*Name of Student***),** completion of Steps 1 through 4 of the *"Graduated Return to Activity, Competition, and Practice Protocol"*, **which has been reviewed and approved by the Student-Athlete's home physician and the school physician.**

_____

School Athletic Trainer (Please print) **School Athletic Trainer's Signature** **Date**

Section III D

School Nurse's Review of Student-Athlete Physician's and School Physician's Verification of Return to Play
(*Required if Licensed Athletic Trainer is not on Staff*)

I have reviewed the completion of Steps 1 through 4 of the *"Graduated Return to Activity, Competition, and Practice Protocol"* **which has been reviewed and approved by the Student-Athlete's home physician and the school physician.**

_____

School Nurse's Name (Please print) **School Nurse's Signature** **Date**

Name of Student: _____

Section IV: Undertaking and Completion of Steps 5 and 6 of the *Graduated Return to Activity, Competition, and Practice Protocol*

Upon completion of the requirements of Sections II and Section III A, B, C, and D above, the student may undertake Steps 5 and 6 of the *Graduated Return to Activity, Competition, and Practice Protocol.* Each step shall be separated by twenty-four hours. If there is no return of any signs or symptoms of a concussion, the Student Athlete 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 a student-athlete does not obtain medical release /clearance to proceed to Step 5, the student-athlete's physician shall determine the student athlete's return to competition and practice protocol in consultation with the school physician.

Step No.	Description of Required Activities	Objective	Specific Description of Assigned Activities Undertaken	Date/Time Step/Activity Started	Indication/Comments by Student-Athlete Relative to Any Symptoms Experienced/ Presented (If no symptoms/ complaints indicate as "No symptoms/ complaints")	Indications/Comments by Supervising School Athletic Trainer (If no symptoms/ complaints indicate as "No symptoms/ complaints")	Date & Time Step/Activity Completed
Step 5	24 Hours after symptom-free completion of Step 4: **Full normal training activities following medical clearance.**	Restore confidence and assess functional skills by coaching staff					

_____ _____

Student-Athlete Signature/Date School Athletic Trainer Signature/Date

Name of Student: _____

After 24 hours following successful symptom-free completion of Step 5 of the "*Graduated Return-to-Activity, Competition, and Practice Protocol*," the student-athlete will undertake Step 6 of the "*Graduated Return-to-Activity, Competition, and Practice Protocol*." If the student-athlete exhibits any concussion signs or symptoms once he/she returns to physical activity, he/she will be removed from further activities pending a consultation with the student-athlete's physician who shall determine the appropriate course of action and the student's athlete's return to practice and competition protocol.

Step No.6	Description of Required Activities	Objective	Specific Description of Assigned Activities Undertaken	Date/Time Step/Activity Started	Indication/Comments by Student-Athlete Relative to Any Symptoms Experienced/ Presented (If no symptoms/ complaints indicate as "No symptoms/ complaints")	Indications/Comments by Supervising School Athletic Trainer (If no symptoms/ complaints indicate as "No symptoms/ complaints")	Date & Time Step/Activity Completed
Step 6	24 Hours after symptom-free completion of Step 5: **Return-to-play** involving normal exertion or game activity.	Return-to-play					

_____ Student-Athlete Signature/Date

_____ School Athletic Trainer Signature/Date

Name of Student:_____

Section V: REVIEW AND VERIFICATION OF STUDENT ATHLETE SUCCESSFUL COMPLETION OF ALL STEPS (INCLUDING STEPS 5 AND 6)
OF THE "*GRADUATED ACTIVITY, COMPETITION, AND PRACTICE PROTOCOL*" -

Prior to the student-athlete returning to play, the following sections must be completed verifying that all required documentation is submitted and the student-athlete has completed all steps (including Steps 5 and 6) of **the *Graduated Return to Activity, Competition, and Practice Protocol*.**

Note: If student-athlete experiences any concussion symptoms during the *Graduated Return to Activity, Competition, and Practice Protocol*, 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 24 hours of rest has passed.

Date of Successful Completion of Graduated Return to Activity, Competition, and Practice Protocol: _____

Student: (Please print) _____ _____**(Signature)** _____**(date)**

Parent/Guardian: (Please print) _____ _____**(Signature)** _____**(date)**

School Athletic Trainer: (Please print) _____ _____**(Signature)** _____**(date)**

***School Nurse: (Please print)** _____ _____**(Signature)** _____**(date)**

***(In schools in which there is no licensed athletic trainer on st**