

# REGULATION

## — WASHINGTON TOWNSHIP SCHOOL DISTRICT

PROGRAM

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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

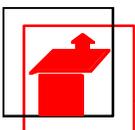
A concussion is a traumatic brain injury caused by a direct or indirect blow to the head or body. Allowing a student-athlete to return to play before recovering from a concussion increases the chance of a more serious brain injury that can result in severe disability and/or death. The following procedures shall be followed to implement N.J.S.A. 18A:40-41.1 et seq. and Policy 2431.4.

#### A. Interscholastic Athletic Head Injury Training Program

1. The school district will adopt an Interscholastic Athletic Head Injury Training Program to be completed by the school physician, licensed athletic trainer(s) involved in the interscholastic athletic program, all staff members that coach an interscholastic sport, 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 before the student-athlete begins participation in an interscholastic athletic program or activity. 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.
2. The Principal or Assistant Principal for Athletics (Director of Athletics) will review educational information for student-athletes on prevention of concussions.
3. All school staff members, student-athletes, and parents of student-athletes shall be informed through the distribution of the "*New Jersey Department of Education Concussion and Head Injury Fact Sheet and Parent/Guardian Acknowledgement Form*" (See Policy 2431.4 - Attachment A) and other communications from the school's licensed athletic trainer (if on staff), the Principal/Assistant Principal for Athletics (Director of Athletics), and/or coaches on the importance of early identification and treatment of concussions to improve recovery.



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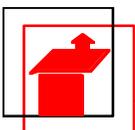
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#### C. Signs or Symptoms of Concussion or Other Head Injury

1. Possible signs of concussions can be observed by coaches, a licensed athletic trainer, school physician, school nurse, or other school staff members. Possible signs of a concussion may be, but are not limited to, the student-athlete:
  - 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 to coaches, licensed athletic trainer, school or team physician, school nurse, and/or parent. Possible symptoms of a concussion are, but not limited to:
  - a. Headache;
  - b. Nausea/vomiting;
  - c. Balance problems or dizziness;
  - d. Double vision or changes in vision;
  - e. Sensitivity to light or sound/noise;
  - f. Feeling sluggish or foggy;
  - g. Difficulty with concentration and short-term memory;
  - h. Sleep disturbance; or
  - i. Irritability.

#### D. Emergency Medical Attention for Concussion or Other Head Injury

1. Any student-athlete who is exhibiting the signs or symptoms of a sports-related concussion or other head injury during practice or competition shall be immediately 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 when the student-athlete is exhibiting signs or symptoms of a sports-related concussion or other head injury shall



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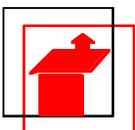
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immediately contact emergency medical assistance (911) when there is a worsening of symptoms, loss of consciousness, direct neck pain associated with the injury, or any other sign which leads the supervising school staff member to determine that emergency medical attention is needed.

- a. In the event the school physician is available when the student-athlete 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 when the student-athlete is exhibiting signs or symptoms of a sports-related concussion or other head injury during practice or competition shall report the occurrence to the school's certified athletic trainer (if on staff), or to the Principal/Assistant Principal for Athletics (Director of Athletics). The school's athletic trainer or Principal/Assistant Principal for Athletics (Director of Athletics) shall contact the student-athlete's parent, guardian, or parent-designated emergency contact and inform the parent, guardian, or parent-designated emergency contact of the suspected sports-related concussion or other head injury. The school's licensed athletic trainer or the Principal/Assistant Principal for Athletics (Director of Athletics) shall ensure that the school nurse and team coach are notified whenever a student-athlete is suspected of having a sports-related concussion or other head injury. The school nurse shall notify the student's guidance counselor and teacher(s) including the physical education teacher regarding the student-athlete's condition with relevant information if, and as appropriate. The school nurse will also advise the student's guidance counselor and teachers that they must inform the school nurse immediately of any cognitive and/or physical symptoms which the student-athlete may experience or express during the course of the school day. The school nurse, in turn, will report any such symptoms to the school's athletic trainer and Director of Guidance.

#### Sustained Concussion or Other Head Injury

1. A student-athlete who participates in interscholastic athletics 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 his/her physician. The student-athlete's physician 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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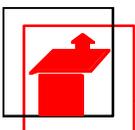
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2. The student-athlete suspected of sustaining a concussion or other head injury shall be provided a copy of Board of Education Policy and Regulation 2431.4 and a copy of Board of Education approved suggestions for management/medical checklist to provide to their parent and their physician. This checklist may be used by school personnel on the sidelines to record any observations and/or symptoms experienced by a student-athlete who may have sustained a concussion or head injury with a copy of the completed checklist to be provided to the student-athlete's parent and/or student-athlete's physician. (*Attachment B: Sports-Related Concussions and Head Injuries: Suggestions for Management/Medical Checklist*)
3. If baseline testing has been included as part of the district's concussion/head injury protocol, available tools such as symptom checklists, ImPACT baseline neuropsychological testing, Sideline Concussion Assessment Test 2 (SCAT2), and/or balance testing may be utilized, if/as available, and approved for use by the school physician. If cognitive testing is available, the athlete must also show successful completion and return to baseline norms or peer norms.
4. The student-athlete's physician, trained in the management of concussions, must provide to the school district, upon the completion of a medical examination, a written medical release/clearance when the student-athlete is able to return to the activity (*See Attachment C – Medical Clearance/ Release Following Student-Athlete Incident Involving Concussion Or Other Head Trauma*). The release/clearance must indicate:
  - a. The medical examination determined the injury was not a concussion or other head injury, the student-athlete is asymptomatic at rest, and the student-athlete may return to the interscholastic athletic activity; or
  - b. The medical examination determined the injury was a concussion or other head injury, the student-athlete is asymptomatic at rest, and can begin the graduated return to activity, 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 may not return to the activity or begin the graduated return to activity, 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 physician.



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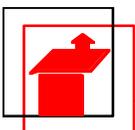
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5. Complete physical, cognitive, emotional, and social rest is advised while the student-athlete is experiencing symptoms and signs of a sports-related concussion or other head injury. (Minimize mental exertion, limit over-stimulation and multi-tasking, etc.)
- F. Graduated Return to Activity, Competition, and Practice Protocol
1. Upon the school physician's acceptance of the written medical release/clearance, the student-athlete may begin a graduated return to activity, competition, and practice protocol supervised by a licensed athletic trainer, school physician, or (in schools in which a licensed athletic trainer is not on staff) a designated school nurse trained in the evaluation and management of concussions and other head injuries (see Attachment D, *Graduated Return to Activity, Competition, and Practice Protocol*). 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 may advance to Step 2 below on the next day. If a re-emergence of any signs or symptoms of a concussion occur, the student-athlete shall be required to have a re-evaluation by the student-athlete's physician. The student-athlete shall not be permitted to begin the graduated return to activity, competition and practice protocol until a medical clearance, as required in E.3. above, is provided and approved by the school 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 may advance to Step 3 below on the next day. If a re-emergence of any signs or symptoms of a concussion occur, the student-athlete 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's heart rate. If there is no return of any signs or symptoms of a concussion, the student-athlete may advance to Step 4 below on the next day. If a re-emergence of any signs or symptoms of a concussion occur, the student-athlete shall return to Step 2.



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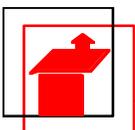
Step 4 - Non-contact training drills such as passing drills, agility drills, throwing, catching, etc. The student-athlete may initiate progressive resistance training. If there is no return of any signs or symptoms of a concussion, the student-athlete may advance to Step 5 below on the next day. If a re-emergence of any signs or symptoms of a concussion occur, the student-athlete shall return to Step 3.

Step 5 - The student/athlete's medical condition, upon completing Step 4 with no return of any signs or symptoms of a concussion, shall be evaluated for medical clearance based upon consultation between the school district's licensed athletic trainer, school physician, designated school nurse (in schools in which a licensed athletic trainer is not on staff), and the student-athlete's physician. After this consultation and upon obtaining written medical release/clearance approved by the student-athlete's physician, approved by the school physician, the student-athlete may participate in normal training activities.

The objective of this Step is to restore the student-athlete's confidence and for the coaching staff to assess the student-athlete's functional skills. 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, the student athlete will be removed from exertional activities and referred to his/her physician. The student athlete's physician shall determine the student-athlete's return to competition and practice protocol. At the discretion of the school district's licensed trainer, the student-athlete's return to competition and practice protocol may be subject to review and approval by the school physician.

Step 6 - Return to play involving normal exertion or game activity. If the student-athlete 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 referred to his/her physician who shall determine the appropriate course of action and the student-athlete's return to practice and competition protocol.

NOTE: In the absence of daily testing by knowledgeable school district staff (i.e. Licensed Athletic Trainer, School Physician) to clear a student-athlete to begin the graduated return-to-play protocol, a student-athlete should observe a 7-day rest/recovery period after they are symptom-free at rest before commencing the protocol, if this is the first concussion or head injury sustained by the student. The asymptomatic period of any concussion may be adjusted at the discretion of the student-athlete's physician or the school physician. Factors that may be considered when determining to modify the management of a concussion include the number,



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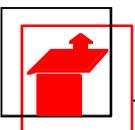
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duration and severity of the symptoms reported by the pupil, the age of the pupil and the frequency or timing of recent concussions. For example, if the student has had a prior concussion or head injury (Second Impact Syndrome), the rest period may need to be extended to 10-14 days after they are symptom-free at rest upon the orders of the student athlete's physician or school physician. A physician trained in the evaluation and management of concussion as well as the parents/guardians of the student-athlete shall monitor the student-athlete in the absence of knowledgeable school district staff (i.e., Athletic Trainer, School Physician). School Nurses may serve as an advocate for student-athletes in communicating signs and symptoms to the physician and parents/guardians.

#### G. Temporary Accommodations for Student-Athletes 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 student-athlete to the stimulating school environment may delay the resolution of symptoms needed for recovery. Accordingly, consideration of the cognitive effects in returning to the classroom is also an important part of the treatment of sports-related concussions and head injuries.
2. Mental exertion increases the symptoms from concussions and affects recovery. To recover, cognitive rest is just as important as physical rest. Reading, studying, computer usage, testing, texting, and watching movies if a pupil is sensitive to light/sound, can slow a pupil's recovery. In accordance with the Centers for Disease Control's toolkit on managing concussions, the Board of Education may look to address the pupil's cognitive needs in the following ways. Pupils who return to school after a concussion may need to:
  - a. Take rest breaks as needed;
  - b. Spend fewer hours at school;
  - c. Be given more time to take tests or complete assignments (all courses should be considered);
  - d. Receive help with schoolwork;
  - e. Reduce time spent on the computer, reading, and writing; and/or
  - f. Be granted early dismissal from class to avoid crowded hallways.



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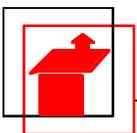
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Adopted: 26 July 2011

[Policy Alert 194]



## **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 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. 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 parent/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 acknowledgement 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 concussion 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 prior to 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 being 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, 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 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). 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](http://www.cdc.gov/concussion/sports/index.html)

[www.nfhs.com](http://www.nfhs.com)

[www.ncaa.org/health-safety](http://www.ncaa.org/health-safety)

[www.bianj.org](http://www.bianj.org) [www.atsnj.org](http://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 to read 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 IN HIGH SCHOOL SPORTS

### A FACT SHEET FOR **ATHLETES**

#### 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](http://www.cdc.gov/Concussion).

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

(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  
situationBe alert for  
signs and  
symptomsContact 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.

<b>OBSERVED SIGNS</b>	<b>0 MINUTES</b>	<b>15 MINUTES</b>	<b>30 MINUTES</b>	<input type="text"/> MINUTES Just prior to leaving
Appears dazed or stunned				
Is confused about events				
Repeats questions				
Answers questions slowly				
Can't recall events <i>prior</i> to the hit, bump, or fall				
Can't recall events <i>after</i> the hit, bump, or fall				
Loses consciousness (even briefly)				
Shows behavior or personality changes				
Forgets class schedule or assignments				
<b>PHYSICAL SYMPTOMS</b>				
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"				
<b>COGNITIVE SYMPTOMS</b>				
Difficulty thinking clearly				
Difficulty concentrating				
Difficulty remembering				
Feeling more slowed down				
Feeling sluggish, hazy, foggy, or groggy				
<b>EMOTIONAL SYMPTOMS</b>				
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](http://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:

## 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

**Medical Clearance/Release Following Student Athlete Incident Involving Concussion Or Other Head Trauma (cont.)**

**SECTION B: SCHOOL PHYSICIAN’S REVIEW OF HOME PHYSICIAN’S CLEARANCE/MEDICAL RELEASE OF STUDENT-ATHLETE’S FOLLOWING INCIDENT OF CONCUSSION OR OTHER HEAD TRAUMA.**

I have reviewed the medical clearance/release provided by the home physician of \_\_\_\_\_ (Name of Student) and; **(Check (✓) below as applicable):**

Based on the home physician’s determination that the student athlete, \_\_\_\_\_ (name of student) did not sustain a concussion or other head injury; **and**

I **concur** that the student-athlete may return to full athletic participation.

**OR**

I **do not give** medical clearance for the student-athlete to return to full athletic participation.

**OTHER/SPECIFY**

**Additional Limitations, Guidelines, and/or Information from Home Physician:**

Based on the home physician’s determination that the student athlete sustained a concussion or head trauma and having reviewed the home physician’s medical clearance/release, **(Check (✓) below as applicable):**

I **concur with the student-athlete’s home physician’s** medical clearance for the student-athlete to begin Steps 1 to 4 of the “Graduated Return to Activity, Competition, and Practice Protocol” with the following limitations or guidelines:

**Additional Limitations, Guidelines, and/or Information from Home Physician:**

I **do not give** medical clearance for the student-athlete to return to begin Steps 1 to 4 of the “Graduated Return to Activity, Competition, and Practice Protocol” beginning on \_\_\_\_\_ (date) with the following limitations or guidelines (if any):

**OTHER/SPECIFY:** \_\_\_\_\_

**Additional Limitations, Guidelines, and/or Information from Home Physician:**

\_\_\_\_\_  
School Physician’s Name

\_\_\_\_\_  
School Physician’s Signature

\_\_\_\_\_  
Date

School Physician’s Stamp

\_\_\_\_\_

**Internal Office Use:**

Date Home Physician’s Release Received: \_\_\_\_\_ Date School Physician’s Release Received: \_\_\_\_\_ Date Copy Sent to School Nurse: \_\_\_\_\_

## Handling of Student-Athlete Who Sustains a Concussion

(P/R 2413.4 Concussion Testing & Return to Play)

Name of Student: \_\_\_\_\_

Grade: \_\_\_\_\_ Phone No: \_\_\_\_\_

Name of Pupil’s Physician: \_\_\_\_\_ Physician’s Phone No: \_\_\_\_\_

Date of Initial Injury: \_\_\_\_\_

Description of Injury: \_\_\_\_\_

A student athlete who has sustained a concussion may return to full game play when he/she meets the following criteria:

Submission of Medical Release/Clearance from the Student-Athlete’s Physician trained in the evaluation and management of concussion indicating that the injury was not a concussion or head injury, the Student-Athlete is asymptomatic at rest (with no use of medications to mask headache or other symptoms) , and the student-athlete may return to the Interscholastic Athletic activity.

NOTE: The Medical Release/Clearance must be accepted/confirmed by the School Physician and reviewed by the School’s licensed Athletic Trainer or School Nurse (if licensed Athletic Trainer is not on staff).

*Attach a copy of medical release signed by the pupil’s physician with sign-off by the school physician indicating his confirmation of the medical release.*

**OR**

Submission of a Medical Release/Clearance from the Student Athlete’s Physician trained in the evaluation and management of concussion indicating that the injury was a concussion or other head injury, and that the student-athlete is asymptomatic at rest (with no use of medications to mask headache or other symptoms). and may begin the district’s “Graduated Return to Activity, Competition, and Practice Protocol”. NOTE: The Medical Release/Clearance must be accepted/confirmed by the School Physician and reviewed by the School’s licensed Athletic Trainer (or by the School Nurse in schools in which there is no licensed Athletic Trainer on staff).

*Attach a copy of medical release signed by the pupil’s physician with sign-off by the school physician indicating his confirmation of the medical release.*

- The student athlete must complete an individualized “Graduated Return to Activity, Competition, and Practice Protocol” outlined below which shall begin following receipt of the School Physician’s confirmation/acceptance of the Medical Release/Clearance from the Student-Athlete’s Physician including review by the Licensed Athletic Trainer (or by the School Nurse in schools in which there is no licensed athletic trainer on staff).

Completed (Yes? or No?) <u>Please Circle Below</u>	<u>Date Received</u> <u>Please List Date Below .</u>
YES      NO	Date: _____
Date Medical Release Received from Student-Athlete’s Physician	
YES      NO	Date: _____
Date Medical Release Confirmed by the School Physician	
YES      NO	Date: _____
Date Medical Release Reviewed by the School Athletic Trainer	
YES      NO	Date: _____
Date Medical Release Reviewed by the School Nurse	
YES      NO	Date: _____
Date Medical Release Received from Student-Athlete’s Physician	
YES      NO	Date: _____
Date Medical Release Confirmed by the School Physician	
YES      NO	Date: _____
Date Medical Release Reviewed by the School Athletic Trainer	
Date Medical Release Reviewed by the School Nurse	
YES      NO	Date: _____
Date “Graduated Return to Activity, Competition, and Practice Protocol” initiated?	

2. Completion of the “Graduated Return to Activity, Competition, and Practice Protocol” as delineated below. *(Refer to and complete chart below as supporting documentation.)*

YES          NO          Date:  
 \_\_\_\_\_  
 Date “Graduated Return to Activity, Competition, and Practice Protocol” Completed?

3. Verification of student-athlete’s completion of Steps 1 through 4 of the “Graduated Return to Activity, Competition, and Practice Protocol” with approval from student athlete’s physician and school physician and review of same by school athletic trainer (or by the school nurse in schools in which there is no licensed athletic trainer on staff) to undertake Steps 5 and 6 under of the “Graduated Return to Activity, Competition, and Practice Protocol.”

YES          NO          Date:  
 \_\_\_\_\_  
 Date Sections II and III A, B, C, and D of this document were completed.

4. Completion of Step 5 of the “Graduated Return to Activity, Competition, and Practice Protocol” by the student-athlete without the return of symptoms.

YES          NO          Date:  
 \_\_\_\_\_  
 Date Step 5 of the “Graduated Return to Activity, Competition, and Practice Protocol” completed.

**NOTE:** If symptoms are experienced during or after Step 5, indicate date and time of contact with student-athlete’s physician. Upon approval of the Student Athlete’s Physician, the student-athlete will resume the “Graduated Return to Activity, Competition, and Practice Protocol,” dropping back to the previous step of activity where the student-athlete had no symptoms and he/she shall try to progress again after 24 hours of rest has passed.

YES          NO          Date:  
 \_\_\_\_\_  
 Date contact made with the Student Athlete’s Physician, with receipt of further directives/approvals.

5. Completion of Step 6 of the “Graduated Return to Activity, Competition, and Practice Protocol” by the student-athlete without the return of symptoms.

YES          NO          Date:  
 \_\_\_\_\_  
 Date Step 6 of the “Graduated Return to Activity, Competition, and Practice Protocol” completed.

**NOTE:** If symptoms are experienced during or after Step 6, indicate date and time of contact with student-athlete’s physician. Upon approval of the Student Athlete’s Physician, the student-athlete will resume the “Graduated Return to Activity, Competition, and Practice Protocol,” dropping back to the previous step of activity where the student-athlete had no symptoms and he/she shall try to progress again after 24 hours of rest has passed.

YES          NO          Date:  
 \_\_\_\_\_  
 Date contact made with the Student Athlete’s Physician, with receipt of further directives/approvals.

6. Approval of student-athlete to return to full play and participation in interscholastic sport/athletic activity.

YES          NO          Date:  
 \_\_\_\_\_  
 Date or approval from Student Athlete’s physician to return to play and full participation following completion of all Steps 1 through 6 with no symptoms.

# 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 1<sup>st</sup> Phase of the Return-to-Play Protocol involves 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	<u>Objective</u>	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	<p><b>Completion of a full day of original cognitive activities</b> (school day, studying for tests, watching practice, interacting with peers) without re-emergence of any signs or symptoms.</p> <p><b>Required 24 hour separation between steps.</b></p>	<u>Recovery</u>					

\_\_\_\_\_  
Student-Athlete Signature/Date

\_\_\_\_\_  
School Athletic Trainer Signature/Date

Step No.	Description of Required Activities	<u>Objective</u>	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	<p><u>24 hours after symptom-free completion of Step 1:</u>                      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;</p>	<u>Increase heart rate</u>					

\_\_\_\_\_  
 Student-Athlete Signature/Date

\_\_\_\_\_  
 School Athletic Trainer Signature/Date

Name of Student: \_\_\_\_\_

Step No.	Description of Required Activities	<u>Objective</u>	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	<p><u>24 Hours after symptom-free completion of Step 2:</u> Functional exercises such as increased running intensity, agility drills, and non-contact, sport-specific drills;</p>	<p>Add movement and continue to increase heart rate.</p>					

\_\_\_\_\_  
Student-Athlete Signature/Date

\_\_\_\_\_  
School Athletic Trainer Signature/Date

Name of Student: \_\_\_\_\_

Step No.	Description of Required Activities	<u>Objective</u>	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	<p><u>24 Hours after symptom-free completion of Step 3:</u> Non-contact practice activities and training drills involving progression to more complex training drills. Student-athlete may initiate progressive resistance training;</p>	<p>Exercise, coordination, and cognitive load</p>					

\_\_\_\_\_  
Student-Athlete Signature/Date

\_\_\_\_\_  
School Athletic Trainer Signature/Date

**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 A**

**Home Physician’s Review and Verification of Return to Play:**

I certify that I am a Physician trained and updated in the management of concussions and head injuries.

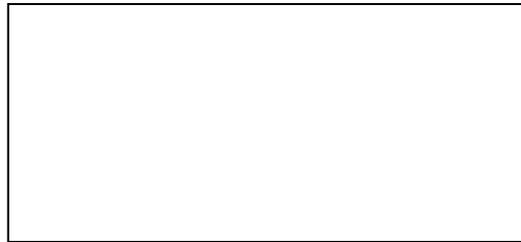
I have reviewed the **completion of Steps 1 through 4 of the “Graduated Return to Activity, Competition, and Practice Protocol” Report** submitted for my patient, \_\_\_\_\_ (*Name of Student*), and I approve him/her to undertake Steps 5 and 6 of the “Graduated Return to Activity, Competition, and Practice Protocol”. The student-athlete can resume full athletic participation upon successful completion of Steps 5 and 6, provided that there is no return of symptoms.

\_\_\_\_\_  
Home Physician’s Name

\_\_\_\_\_  
Home Physician’s Signature

\_\_\_\_\_  
Date

Home Physician’s Stamp



**Section III B**

**School Physician’s Review and Verification of Return to Play:**

I have reviewed the **completion of Steps 1 through 4 of the “Graduated Return to Activity, Competition, and Practice Protocol” Report** as submitted for \_\_\_\_\_ (*Name of Student*), as well as the student-athlete’s home physician’s review and approval of the student’s return to play. I verify that the student-athlete can undertake Steps 5 and 6 of the “Graduated Return to Activity, Competition, and Practice Protocol” and that he/she may return to full athletic participation upon successful completion of Steps 5 and 6, provided that there is no return of symptoms.

\_\_\_\_\_  
School Physician’s Name

\_\_\_\_\_  
School Physician’s Signature

\_\_\_\_\_  
Date

School Physician’s Stamp



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	<u>Objective</u>	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	<u>24 Hours after symptom-free completion of Step 4:</u> 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

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	<u>Objective</u>	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	<u>24 Hours after symptom-free completion of Step 5:</u> Return-to-play involving normal exertion or game activity.	<u>Return-to-play</u>					

\_\_\_\_\_  
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 staff.)