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CITY OF CAPE MAY

TOWNSHIP OF LOWER

BOROUGH OF WEST CAPE MAY

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**STATEMENT OF COMPLIANCE  
ACKNOWLEDGEMENT**

\_\_\_\_\_ hereby acknowledges that we have reviewed the  
**Name of Organization/Group**  
  
school district policy for the management of concussions and other head injuries and  
agree to fully comply with all requirements of that policy.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Attached are the LCMR District Policy and Regulation 2431.4 Prevention and Treatment of Sports-Related Concussions and Head Injuries.**

# POLICY

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

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

#### M

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. With rest, most people fully recover from a concussion.

The Board of Education and legislation NJSA 18A:40-41.4 requires a concussion test and return-to-play protocol for student-athletes suspected of sustaining a concussion or other head injury to protect the student-athlete or cheerleader from risk of more serious health problems. The Board of Education adopts this policy as a measure to protect the safety, health and welfare of pupil's participating in school-sponsored interscholastic athletic or cheerleading programs. For the purpose of this Policy, "cheerleading program" shall be seventh through twelfth grade school-sponsored cheerleading programs. The Board of Education requires strict adherence of this policy in the event a student-athlete or cheerleader sustains a head injury or an injury that could cause a concussion. All Coaches, School Nurses, School/Team Physicians and Licensed Athletic Trainers must complete an Interscholastic Head Injury Training Program.

A student who participates in interscholastic athletics or cheerleading programs and who sustains or is suspected of sustaining a concussion or other head injury shall be immediately removed from practice or competition. The student-athlete or cheerleader must receive a written clearance from their Primary Care Physician (trained in the evaluation and management of concussion) or Neurologist who has completed a physical and neurological examination stating the student-athlete or cheerleader is asymptomatic at rest and is cleared for sports competition. Emergency Room Doctor's notes are not acceptable for clearance.

#### Graduated return to Practice and Competition Protocol:

1. Completion of a full days of normal cognitive activities (school day, studying for tests, watching practice, interacting with peers) without re-emergence of any signs or symptoms. If no return of symptoms, and post-injury Impact scores are within normal limits of baseline scores, next day advance to:



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2. Light aerobic exercise, which includes walking, swimming, or stationary cycling, keeping the intensity <70% maximum percentage heart rate; no resistance. The objective if this step is increased heart rate. If no return of symptoms, next day advance to:
3. Sport-specific exercise including skating, and or running; no head impact activities. The objective of this step is to add movement and continue to increase heart rate. If no return of symptoms, next day advance to:
4. Non-contact training drills (e.g. passing drills). The student-athlete or cheerleader may initiate progressive resistance training. If no return of symptoms, next day advance to:
5. Following medical clearance (consultation between school health care professionals, i.e., Licensed Athletic Trainer, School/Team Physician, School Nurse and student-athlete's or cheerleader's physician), participation in normal training activities. The objective of this step is to restore confidence and to assess functional skills by the coaching staff. If no return of symptoms, next day advance to:
6. Return to play involving normal exertion or game activities.

Each step outlined above shall be separated by 24 hours. If any concussion symptoms occur during the Return to Activity Progression, the student-athlete will be required to drop back to the previous step of activity where the student-athlete had no symptoms and try to progress again after 24 hours of rest has passed.

Any loss of consciousness, signs or symptoms lasting 7 days or longer, or repeat concussions will require a minimum of 7 days asymptomatic rest and medical clearance before beginning the Graduated Return to Competition and Practice Protocol.

N.J.S.A. 18A:40-41.1; 18A:40-41.2; 18A:40-41.3; 18A:40-41.4; 18A:40-41.5

Adopted: 28 October 2010  
Revised: 22 September 2011  
Revised: 23 August 2012



# REGULATION

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

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

#### M

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

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

1. The school district will adopt an Interscholastic Athletic/Cheerleading Program Head Injury Training Program to be completed by the school or team physician, licensed athletic trainer(s) involved in the interscholastic athletic program, all staff members that coach an interscholastic sport or cheerleading program, designated school nurses, and other appropriate school district personnel as designated by the Superintendent.
2. This Training Program shall be in accordance with the guidance provided by the New Jersey Department of Education and the requirements of N.J.S.A. 18A:40-41.1 et seq.

#### B. Prevention

1. The school district may require pre-season baseline testing of all student-athletes and cheerleaders before the pupil begins participation in an interscholastic athletic program or activity or cheerleading program. The baseline testing program shall be reviewed and approved by the school or team physician trained in the evaluation and management of sports-related concussions and other head injuries.
2. The Principal or designee will review educational information for student-athletes and cheerleaders on prevention of concussions.
3. All school staff members, student-athletes, cheerleaders, and parents of student-athletes and cheerleaders shall be informed through the distribution of the New Jersey Department of Education Concussion and Head Injury Fact Sheet and Parent/Guardian Acknowledgement Form and other communications from the Principal and coaches on the importance of early identification and treatment of concussions to improve recovery.



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

1. Possible signs of concussions can be observed by coaches, licensed athletic trainer, school or team physician, school nurse, or other school staff members. Possible signs of a concussion may be, but are not limited to, the student-athlete or cheerleader:
  - a. Appears dazed, stunned, or disoriented;
  - b. Forgets plays, or demonstrates short-term memory difficulty;
  - c. Exhibits difficulties with balance or coordination;
  - d. Answers questions slowly or inaccurately; and/or
  - e. Loses consciousness.
2. Possible symptoms of concussion shall be reported by the student-athlete or cheerleader to coaches, licensed athletic trainer, school or team physician, school nurse, and/or parent. Possible symptoms of a concussion are, but not limited to:
  - a. Headache;
  - b. Nausea/vomiting;
  - c. Balance problems or dizziness;
  - d. Double vision or changes in vision;
  - e. Sensitivity to light or sound/noise;
  - f. Feeling sluggish or foggy;
  - g. Difficulty with concentration and short-term memory;
  - h. Sleep disturbance; or
  - i. Irritability.



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

1. Any student-athlete or cheerleader who is exhibiting the signs or symptoms of a sports-related concussion or other head injury during practice or competition shall immediately be removed from play and activities and may not return to the practice or competition that day.
2. The school staff member supervising the student-athlete or cheerleader when the pupil is exhibiting signs or symptoms of a sports-related concussion or other head injury shall immediately contact emergency medical assistance when symptoms get worse, loss of consciousness, direct neck pain associated with the injury, or any other sign the supervising school staff member determines emergency medical attention is needed.
  - a. In the event the school or team physician is available when the student-athlete or cheerleader is exhibiting signs or symptoms of a sports-related concussion or other head injury, the physician may make the determination to call emergency medical assistance.
3. The school staff member supervising the student-athlete or cheerleader when the pupil is exhibiting signs or symptoms of a sports-related concussion or other head injury during practice or competition shall report the occurrence to the Principal or designee. The Principal or designee shall contact the pupil's parent and inform the parent of the suspected sports-related concussion or other head injury.

#### E. Sustained Concussion or Other Head Injury

1. A student-athlete or cheerleader who participates in interscholastic athletics or cheerleading program and who sustains or is suspected of sustaining a concussion or other head injury shall immediately be removed from practice or competition and shall be required to have a medical examination conducted by their physician or licensed health care provider (trained in the evaluation and management of concussion) or Neurologist. The pupil's physician or licensed health care provider shall be trained in the evaluation and management of concussion to determine the presence or absence of a sports-related concussion or head injury.
2. The student-athlete or cheerleader suspected of sustaining a concussion or other head injury shall be provided a copy of Board of Education Policy and Regulation 2431.4 and a copy of Board of Education approved suggestions for



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management/medical checklist to provide to their parent and their physician or licensed health care professional.

3. The student-athlete or cheerleader's physician (trained in the evaluation and management of concussion) or Neurologist must provide to the school district, upon the completion of a medical examination, a written medical release/clearance when the pupil is able to return to the activity. The release/clearance must indicate:
  - a. The medical examination determined the injury was not a concussion or other head injury, the pupil is asymptomatic at rest, and the pupil may return to the interscholastic athletic or cheerleading activity; or
  - b. The medical examination determined the injury was a concussion or other head injury, the pupil is asymptomatic at rest, and can begin the graduated return to competition and practice protocol outlined in F. below.

A medical release/clearance not in compliance with this requirement will not be accepted. The student-athlete or cheerleader may not return to the activity or begin the graduated return to competition and practice protocol until he/she receives a medical evaluation and provides a medical clearance/release that has been reviewed and approved by the school or team physician.

4. Complete physical, cognitive, emotional, and social rest is advised while the pupil is experiencing symptoms and signs of a sports-related concussion or other head injury. (Minimize mental exertion, limit over-stimulation and multi-tasking, etc.)

#### F. Graduated Return to Competition and Practice Protocol

1. Completion of a full days of normal cognitive activities (school day, studying for tests, watching practice, interacting with peers) without re-emergence of any signs or symptoms. If no return of symptoms, and post-injury ImPact scores are within normal limits of baseline scores, next day advance to:
2. Light aerobic exercise, which includes walking, swimming, or stationary cycling, keeping the intensity <70% maximum percentage heart rate: no resistance. The objective if this step is increased heart rate. If no return of symptoms, next day advance to:



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3. Sport-specific exercise including skating, and or running; no head impact activities. The objective of this step is to add movement and continue to increase heart rate. If no return of symptoms, next day advance to:
  4. Non-contact training drills (e.g. passing drills). The student-athlete may initiate progressive resistance training. If no return of symptoms, next day advance to:
  5. Following medical clearance (consultation between school health care professionals, i.e., Licensed Athletic Trainer, School/Team Physician, School Nurse and student-athlete's or cheerleader's physician), participation in normal training activities. The objective of this step is to restore confidence and to assess functional skills by the coaching staff. If no return of symptoms, next day advance to:
  6. Return to play involving normal exertion or game activities.
- G. Temporary Accommodations for Student-Athletes and Cheerleaders with Sports-Related Head Injuries
1. Rest is the best "medicine" for healing concussions or other head injuries. The concussed brain is affected in many functional aspects as a result of the injury. Memory, attention span, concentration, and speed of processing significantly impact learning. Further, exposing the concussed pupil to the stimulating school environment may delay the resolution of symptoms needed for recovery. Accordingly, consideration of the cognitive effects in returning to the classroom is also an important part of the treatment of sports-related concussions and head injuries.
  2. Mental exertion increases the symptoms from concussions and affects recovery. To recover, cognitive rest is just as important as physical rest. Reading, studying, computer usage, testing, texting, and watching movies if a pupil is sensitive to light/sound, can slow a pupil's recovery. In accordance with the Centers for Disease Control's toolkit on managing concussions, the Board of Education may look to address the pupil's cognitive needs in the following ways. Pupils who return to school after a concussion may need to:
    - a. Take rest breaks as needed;
    - b. Spend fewer hours at school;





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- c. Be given more time to take tests or complete assignments (all courses should be considered);
- d. Receive help with schoolwork;
- e. Reduce time spent on the computer, reading, and writing; and/or
- f. Be granted early dismissal from class to avoid crowded hallways.

Adopted: 22 September 2011

Revised: 23 August 2012

