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R2431.4

Prevention and Treatment of Sports-Related Concussions and Head Injuries (M)

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

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

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

B. Prevention

1. The school district may require pre-season baseline testing of students before the student begins participation in athletic competition or practice. The baseline testing program shall be reviewed and approved by the school physician trained in the evaluation and management of sports-related concussions and other head injuries.

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

3. All school staff members, students participating in athletic competition or practice, and parents of students participating in athletic competition or practice shall be annually informed through the distribution of the NJDOE Concussion and Head Injury Fact Sheet and Parent/Guardian Acknowledgement Form and other communications from the Principal and coaches on the importance of early identification and treatment of concussions to improve recovery.

C. Signs or Symptoms of Concussion or Other Head Injury

1. Possible signs of concussions may be observed by coaches, athletic trainer, school or team physician, school nurse, or other school staff members. Possible signs of a concussion may be, but are not limited to:



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- a. Appearing dazed, stunned, or disoriented;
- b. Forgetting plays or demonstrating short-term memory difficulty;
- c. Exhibiting difficulties with balance or coordination;
- d. Answering questions slowly or inaccurately; and/or
- e. Losing consciousness.

2. Possible symptoms of concussion shall be reported by the student participating in athletic competition or practice to coaches, athletic trainer, school or team physician, school nurse, and/or parent. Possible symptoms of a concussion may be, but are not limited to:

- a. Headache;
- b. Nausea/vomiting;
- c. Balance problems or dizziness;
- d. Double vision or changes in vision;
- e. Sensitivity to light or sound/noise;
- f. Feeling sluggish or foggy;



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g. Difficulty with concentration and short-term memory;

h. Sleep disturbance; or

i. Irritability.

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

1. A student who participates in athletic competition or practice and who sustains or is suspected of having sustained a concussion or other head injury while engaged in an athletic competition or practice shall be immediately removed from athletic competition or practice.

a. A staff member supervising the student during the athletic competition or practice shall immediately contact the school physician, athletic trainer, or school nurse to examine the student.

(1) The school physician, athletic trainer, or school nurse shall determine if the student has sustained or may have sustained a concussion or other head injury. The school physician, athletic trainer, or school nurse shall determine if emergency medical responders shall be called to athletic competition or practice.

(2) In the event the school physician, athletic trainer, or school nurse determine the student did not sustain a concussion or other head injury, the student shall not be permitted to participate in any further athletic competition or practice until written medical clearance is provided in accordance with E. below.

2. The staff member supervising a student who has been removed from athletic competition or practice in accordance with D.1. above or another staff member shall contact the student's parent and the Principal or designee as soon as possible after the student has been removed from the athletic competition or practice.



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a. A parent shall monitor their student for symptoms of a concussion or other head injury upon receiving such notification.

E. Medical Examination and Written Medical Clearance

1. A student who was removed from athletic competition or practice in accordance with D.1. shall not participate in further athletic competition or practice until:

a. The student is examined by a physician or other licensed healthcare provider trained in the evaluation and management of concussions;

b. The student receives written medical clearance from a physician trained in the evaluation and management of concussions to return to competition or practice; and

c. The student returns to regular school activities and is no longer experiencing symptoms of the injury while conducting those activities.

2. The student's written medical clearance from a physician must indicate a medical examination has determined:

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

b. The student's injury was a concussion or other head injury and the student's physician will monitor the student to determine when the student is asymptomatic at rest and



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

3. The student's written medical clearance must be reviewed and approved by the school physician.

 4. The student may not begin the graduated return to athletic competition and practice protocol in F. below until the student receives a medical examination and provides the required written medical clearance.

 5. A written medical clearance not in compliance with the provisions of E. will not be accepted.
- F. Graduated Return to Athletic Competition and Practice Protocol
1. The return of a student to athletic competition and practice shall be in accordance with the graduated, six-step "Return to Play Progression" recommendations and any subsequent changes or updates to those recommendations as developed by the Centers for Disease Control and Prevention.

- a. Back to Regular Activities (Such as School)

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

- b. Light Aerobic Activity

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



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c. Moderate Activity

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

d. Heavy, Non-Contact Activity

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

e. Practice and Full Contact

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

f. Athletic Competition

The student may return to athletic competition or practice.

2. It is important for a student's parent(s) and coach(es) to watch for concussion symptoms after each day's "Return to Play Progression" activity. A student should only move to the next step if they do not have any new symptoms at the current step.

3. If a student's symptoms return or if they develop new symptoms, this is a sign that a student is pushing too hard. The student should stop these activities and the student's health care provider should be contacted. After more rest and no concussion symptoms, a student can start at the previous step if approved by the student's healthcare provider and provides written medical clearance to the school physician.



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

1. The concussed brain is affected in many functional aspects as a result of the injury. Memory, attention span, concentration, and speed of processing significantly impact learning. Further, exposing the concussed student to the stimulating school environment may delay the resolution of symptoms needed for recovery. Accordingly,

consideration of the cognitive effects in returning to the classroom is also an important part of the treatment of sports-related concussions and head injuries.

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

- a. Take rest breaks as needed;
- b. Spend fewer hours at school;
- c. Be given more time to take tests or complete assignments (all courses should be considered);
- d. Receive help with schoolwork;
- e. Reduce time spent on the computer, reading, and writing; and/or
- f. Be granted early dismissal from class to avoid crowded hallways.

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