

18A:40-41 Sudden cardiac arrest pamphlet; development, distribution.

1. a. The Commissioner of Education, in consultation with the Commissioner of Health, the American Heart Association, and the American Academy of Pediatrics, shall develop a pamphlet that provides information about sudden cardiac arrest to student-athletes and the parents or guardians of student athletes and shall post the information on the Department of Education's website. The pamphlet shall include: an explanation of sudden cardiac arrest; its incidence among student athletes; a description of early warning signs, including fainting, labored breathing, chest pains, dizziness and abnormal heart rate, and the risks associated with continuing to play or practice after experiencing one or more of the symptoms; an overview of the options that are privately available to screen for cardiac conditions that may lead to sudden cardiac arrest, including a statement about the limitations of these options ; and a form to be signed by the student athlete and his parent or guardian acknowledging receipt and review of the pamphlet.

b. The commissioner shall distribute the pamphlet, at no charge, to all school districts and nonpublic schools in the State and shall update the pamphlet as necessary.

c. Each school district and nonpublic school shall distribute the pamphlet to the parents or guardians of students participating in athletic activities.

d. A student participating in or desiring to participate in an athletic activity and the student's parent or guardian shall, each year and prior to participation by the student in an athletic activity, sign and return to the student's school the form developed by the commissioner pursuant to subsection a. of this section acknowledging the receipt and review of the informational pamphlet.

e. As used in this section, "athletic activity" means: interscholastic athletics; an athletic contest or competition, other than interscholastic athletics, that is sponsored by or associated with a school district or nonpublic school, including cheerleading and club-sponsored sports activities; and any practice or interschool practice or scrimmage for those activities.

L.2007, c.125, s.1; amended 2012, c.17, s.80; 2013, c.71, s.5; 2013, c.209, s.7.

18A:40-41a Schools required to have automated external defibrillator.

1. a. Notwithstanding the provisions of any law, rule, or regulation to the contrary, beginning on September 1, 2014, the board of education of a public school district and the governing board or chief school administrator of a nonpublic school that includes any of the grades kindergarten through 12 shall ensure that:

(1) each public or nonpublic school has an automated external defibrillator, as defined in section 2 of P.L.1999, c.34 (C.2A:62A-24), which is made available in an unlocked location on school property with an appropriate identifying sign. The defibrillator shall be accessible during the school day and any other time when a school-sponsored athletic event or team practice

is taking place in which pupils of the district or nonpublic school are participating. The defibrillator shall be within reasonable proximity of the school athletic field or gymnasium, as applicable;

(2) a team coach, licensed athletic trainer, or other designated staff member if there is no coach or licensed athletic trainer, who is present during the athletic event or team practice, is trained in cardio-pulmonary resuscitation and the use of the defibrillator in accordance with the provisions of section 3 of P.L.1999, c.34 (C.2A:62A-25). A school district or nonpublic school shall be deemed to be in compliance with this requirement if a State-certified emergency services provider or other certified first responder is on site at the event or practice; and

(3) each defibrillator is tested and maintained according to the manufacturer's operational guidelines and notification is provided to the appropriate first aid, ambulance, or rescue squad or other appropriate emergency medical services provider regarding the defibrillator, the type acquired, and its location in accordance with section 3 of P.L.1999, c.34 (C.2A:62A-25).

b. A school district or nonpublic school and its employees shall be immune from civil liability in the acquisition and use of defibrillators pursuant to the provisions of section 5 of P.L.1999, c.34 (C.2A:62A-27).

L.2012, c.51, s.1.

18A:40-41b Emergency action plan.

2. a. The board of education of a public school district and the governing body or chief school administrator of a nonpublic school that includes any of the grades kindergarten through 12 shall establish and implement an emergency action plan for responding to a sudden cardiac event including, but not limited to, an event in which the use of an automated external defibrillator may be necessary.

b. The emergency action plan shall be consistent with the provisions of section 1 of this act and also, at minimum, include the following:

(1) a list of no less than five school employees, team coaches, or licensed athletic trainers who hold current certifications from the American Red Cross, American Heart Association, or other training program recognized by the Department of Health and Senior Services, in cardio-pulmonary resuscitation and in the use of a defibrillator. The list shall be updated, as necessary, at least once in each semester of the school year; and

(2) detailed procedures on responding to a sudden cardiac event including, but not limited to, the identification of the persons in the school who will be responsible for: responding to the person experiencing the sudden cardiac event, calling 911, starting cardio-pulmonary resuscitation, retrieving and using the defibrillator, and assisting emergency responders in getting to the individual experiencing the sudden cardiac event.

L.2012, c.51, s.2.

18A:40-41c Rules, regulations.

3. The State Board of Education, in consultation with the Commissioner of Health and Senior Services, and in accordance with the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), shall adopt rules and regulations as may be necessary to implement the provisions of this act.

L.2012, c.51, s.3.

18A:40-41d Student-Athlete Cardiac Screening professional development module.

3. a. The Commissioners of Education and Health, in consultation with the New Jersey Chapter of the American Academy of Pediatrics, the New Jersey Academy of Family Physicians, the American Heart Association, and the New Jersey Chapter of the American College of Cardiology, shall develop, by the 2013-2014 school year, a Student-Athlete Cardiac Screening professional development module to increase the assessment skills of those health care practitioners who perform student-athlete physical examinations and screenings. The module shall include, but need not be limited to, the following:

- (1) how to complete and review a detailed medical history with an emphasis on cardiovascular family history and personal reports of symptoms;
- (2) identifying symptoms of sudden cardiac arrest that may require follow up with a cardiologist;
- (3) recognizing normal structural changes of the athletic heart;
- (4) recognizing prodromal symptoms that precede sudden cardiac arrest;
- (5) performing the cardiovascular physical examination;
- (6) reviewing the major etiologies of sudden unexplained cardiac death with an emphasis on structural abnormalities and acquired conditions; and
- (7) when to refer a student to a cardiologist for further assessment.

b. The module developed pursuant to subsection a. of this section and the pamphlet developed pursuant to section 1 of P.L.2007, c.125 (C.18A:40-41) shall be posted on the websites of the Department of Education, the American Academy of Pediatrics, the New Jersey Academy of Family Physicians, the American Heart Association, the American College of Cardiology, the Athletic Trainers' Society of New Jersey, the State Board of Medical Examiners, the New Jersey State Board of Nursing, and the New Jersey State Society of Physician

Assistants.

c. A physician, advanced practice nurse, or physician assistant who performs a student-athlete's annual physical examination prior to the student's participation in a school-sponsored interscholastic or intramural athletic team or squad as required pursuant to subsection a. of section 2 of P.L.2013, c.71 (C.18A:40-41.7) shall complete the Student-Athlete Cardiac Screening professional development module developed pursuant to subsection a. of this section. Upon performing a physical examination required by subsection a. of section 2 of P.L.2013, c.71 (C.18A:40-41.7), the physician, advanced practice nurse, or physician assistant shall sign the certification statement on the Preparticipation Physical Evaluation form required pursuant to subsection a. of section 2 of P.L.2013, c.71 (C.18A:40-41.7) attesting to the completion of the module. The board of education of a public school district and the governing board or chief school administrator of a nonpublic school shall retain the original signed statement to attest to the qualification of the health care practitioner to perform the physical examination required by subsection a. of section 2 of P.L.2013, c.71 (C.18A:40-41.7).

L.2013, c.71, s.3.

18A:40-41e Short title.

1. Sections 2 through 5 of P.L.2013, c.209 (C.18A:40-41f through C.18A:40-41i) and P.L.2007, c.125 (C.18A:40-41) shall be known and may be cited as the "Sudden Cardiac Arrest Prevention Act."

L.2013, c.209, s.1.

18A:40-41f Definition.

2. As used in sections 3 through 5 of P.L.2013, c.209 (C.18A:40-41g through C.18A:40-41i), "athletic activity" means: interscholastic athletics; an athletic contest or competition, other than interscholastic athletics, that is sponsored by or associated with a school district or nonpublic school, including cheerleading and club-sponsored sports activities; and any practice or interschool practice or scrimmage for those activities.

L.2013, c.209, s.2.

18A:40-41g Informational meeting.

3. A school district or nonpublic school may hold an informational meeting prior to the start of each athletic season for students-athletes, their parents or guardians, coaches, athletic trainers, the school physician, school nurses, and other school officials on the nature, risk, symptoms and early warning signs, prevention, and treatment of sudden cardiac arrest.

L.2013, c.209, s.3.

18A:40-41h Removal of athlete showing warning signs from activity; violations, penalties.

4. a. A student who exhibits symptoms or early warning signs of sudden cardiac arrest, as determined by an athletic trainer if one is on site, or if an athletic trainer is not on site, then a game official, team coach, licensed physician, or other official designated by the student's school, while participating in an athletic activity, shall be immediately removed from the athletic activity by the coach. The student shall not be eligible to return to athletic activity until he is evaluated and receives written clearance from a licensed physician.

b. A student who exhibits symptoms or early warning signs of sudden cardiac arrest at any time prior to or following an athletic activity shall be prohibited from participating in an athletic activity. The student shall not be eligible to return to athletic activity until he is evaluated and receives written clearance from a licensed physician.

c. The board of education of a school district or the governing body or chief school administrator of a nonpublic school, as appropriate, shall ensure that a person who coaches a school district or nonpublic school athletic activity who knowingly violates the provisions of subsection a. or b. of this section shall be:

(1) suspended from coaching any athletic activity for the remainder of the season for a first violation;

(2) suspended from coaching any athletic activity for the remainder of the season and the entire next season for a second violation; and

(3) permanently suspended from coaching any athletic activity for a third violation.

L.2013, c.209, s.4.

18A:40-41i Certification required for coaches.

5. A person who coaches a school district or nonpublic school athletic activity shall hold a current certification in cardio-pulmonary resuscitation from the American Red Cross, American Heart Association, or other training program recognized by the Department of Health.

L.2013, c.209, s.5.

18A:40-41j Nonprofit youth-serving organizations encouraged to promulgate information protocol.

6. All nonprofit youth-serving organizations as defined in section 1 of P.L.1999, c.432 (C.15A:3A-1) including, but not limited to, Little Leagues, Babe Ruth Leagues, Pop Warner Leagues, Police Athletic Leagues, and youth soccer leagues, which organize, sponsor, or are otherwise affiliated with youth athletic events, are encouraged to:

a. direct the parent or guardian of each child participating in a youth athletic event to the sudden cardiac arrest information posted on the Department of Education's website pursuant to section 1 of P.L.2007, c.125 (C.18A:40-41); and

b. follow the protocol concerning removal-from-play established pursuant to section 4 of P.L.2013, c.209 (C.18A:40-41h) of a child who exhibits symptoms or early warning signs of sudden cardiac arrest during a youth athletic event, or who exhibits symptoms or early warning signs of sudden cardiac arrest at any time prior to or following a youth athletic event.

L.2013, c.209, s.6.

18A:40-41.1 Findings, declarations relative to head injuries of student athletes.

1. The Legislature finds and declares that:

a. A concussion is caused by a blow or motion to the head or body that disrupts the normal functioning of the brain, and can cause significant and sustained neuropsychological impairments including, but not limited to, problem solving, planning, memory, and behavioral problems;

b. The federal Centers for Disease Control and Prevention estimates that 300,000 concussions are sustained during sports-related activity in the United States, and more than 62,000 concussions are sustained each year in high-school contact sports;

c. Although concussions are one of the most commonly reported injuries in children and adolescents who participate in sports and recreational activities, little effort and resources have been committed to inform athletes, coaches, and parents and guardians about the causes and symptoms of concussions;

d. If a person 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 victim, and is referred to as second-impact syndrome; and

e. In order to ensure the safety of student-athletes, it is imperative that athletes, coaches, and parents and guardians are educated about the nature and treatment of concussions and other sports-related head injuries, and that all measures are taken to prevent a student-athlete from experiencing second-impact syndrome.

L.2010, c.94, s.1.

18A:40-41.2 Interscholastic athletic head injury safety training program.

2. a. The Department of Education shall work to develop and implement, by the 2011-2012 school year, an interscholastic athletic head injury safety training program. The program shall be completed by a school physician, a person who coaches a public school district

or nonpublic school interscholastic sport or cheerleading program, and an athletic trainer involved in a public or nonpublic school interscholastic sports program or cheerleading program. The safety training program shall include, but need not be limited to, the following:

(1) the recognition of the symptoms of head and neck injuries, concussions, and injuries related to second-impact syndrome; and

(2) the appropriate amount of time to delay the return to competition or practice of a student-athlete or cheerleader who has sustained a concussion or other head injury.

b. The department shall update the safety training program as necessary to ensure that it reflects the most current information available on the nature, risk, and treatment of sports-related concussions and other head injuries.

c. The department shall develop an educational fact sheet that provides information about sports-related concussions and other head injuries. A school district or a nonpublic school that participates in an interscholastic sports program or cheerleading program shall distribute the educational fact sheet annually to the parents or guardians of student-athletes and cheerleaders and shall obtain a signed acknowledgment of the receipt of the fact sheet by the student-athlete or cheerleader and his parent or guardian.

L.2010, c.94, s.2; amended 2011, c.168, s.1.

18A:40-41.3 Written policy for school district concerning prevention, treatment of sports-related head injuries.

3. a. Each school district shall develop a written policy concerning the prevention and treatment of sports-related concussions and other head injuries among student-athletes and cheerleaders. The policy shall include, but need not be limited to, the procedure to be followed when it is suspected that a student-athlete or cheerleader has sustained a concussion or other head injury. When developing the district policy, a school district shall review the model policy established by the Commissioner of Education pursuant to subsection b. of this section, the policies established by the New Jersey State Interscholastic Athletic Association, the National Collegiate Athletic Association, and the recommendations made by the Brain Injury Association of New Jersey Concussion in Sports Steering Committee, the Athletic Trainers' Society of New Jersey, and other organizations with expertise in the area of preventing or treating sports-related concussions and other head injuries among student-athletes and cheerleaders. Each school district shall implement the policy by the 2011-2012 school year.

The policy shall be reviewed annually, and updated as necessary, by the district to ensure that it reflects the most current information available on the prevention, risk, and treatment of sports-related concussions and other head injuries.

b. To assist school districts in developing policies concerning the prevention and treatment of sports-related concussions and other head injuries among student-athletes and

cheerleaders, the Commissioner of Education shall develop a model policy applicable to grades kindergarten through 12. This model policy shall be issued no later than March 31, 2011.

L.2010, c.94, s.3; amended 2011, c.168, s.2.

18A:40-41.4 Removal of student athlete from competition, practice; return.

4. A student who participates in an interscholastic sports program or cheerleading program and who sustains or is suspected of having sustained a concussion or other head injury while engaged in a competition or practice shall be immediately removed from the competition or practice. A student-athlete or cheerleader who is removed from competition or practice shall not participate in further sports or cheerleading activity until he is evaluated by a physician or other licensed healthcare provider trained in the evaluation and management of concussions, and receives written clearance from a physician trained in the evaluation and management of concussions to return to competition or practice.

L.2010, c.94, s.4; amended 2011, c.168, s.3.

18A:40-41.5 Immunity from liability.

5. a. A school district and nonpublic school shall not be liable for the injury or death of a person due to the action or inaction of persons employed by, or under contract with, a youth sports team organization that operates on school grounds, if the youth sports team organization provides the district or nonpublic school, as applicable, with the following:

(1) proof of an insurance policy of an amount of not less than \$50,000 per person, per occurrence insuring the youth sports team organization against liability for any bodily injury suffered by a person; and

(2) a statement of compliance with the school district or nonpublic school's policies for the management of concussions and other head injuries.

b. As used in this section, a "youth sports team organization" means one or more sports teams organized pursuant to a nonprofit or similar charter or which are member teams in a league organized by or affiliated with a county or municipal recreation department.

L.2010, c.94, s.5.

18A:40-41.6 Short title.

1. Sections 2 through 4 of this act shall be known and may be cited as the "Scholastic Student-Athlete Safety Act."

L.2013, c.71, s.1.

18A:40-41.7 Preparticipation Physical Evaluation Form required for student-athletes; certification statement.

2. a. The board of education of a public school district and the governing board or chief school administrator of a nonpublic school shall require that prior to the participation of any student enrolled in grades six to 12 on a school-sponsored interscholastic or intramural athletic team or squad, the student shall have a physical examination using the "Preparticipation Physical Evaluation" form developed jointly by the American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. The Preparticipation Physical Evaluation form shall include the History and Physical Examination components. The Preparticipation Physical Evaluation form shall also include a certification statement, to be signed by the licensed physician, advanced practice nurse, or physician assistant who performed the physical examination, attesting to the completion of the current professional development module developed pursuant to subsection a. of section 3 of P.L.2013, c.71 (C.18A:40-41d).

b. The physical examination required by subsection a. of this section shall be conducted within 365 days prior to the first day of official practice in an athletic season and shall be conducted by a licensed physician, advanced practice nurse, or physician assistant. Each student whose physical examination was completed more than 90 days prior to the first day of official practice in an athletic season shall provide a health history update questionnaire, completed and signed by the student's parent or guardian. The completed health history update questionnaire shall be reviewed by the school nurse and, if applicable, the school athletic trainer and shall include information as to whether, in the time period since the date of the student's last preparticipation physical examination, the student has:

- (1) been advised by a licensed physician, advanced practice nurse, or physician assistant not to participate in a sport;
- (2) sustained a concussion, been unconscious or lost memory from a blow to the head;
- (3) broken a bone or sprained, strained, or dislocated any muscles or joints;
- (4) fainted or blacked out;
- (5) experienced chest pains, shortness of breath, or heart racing;
- (6) had a recent history of fatigue and unusual tiredness;
- (7) been hospitalized, visited an emergency room, or had a significant medical illness;
- (8) started or stopped taking any over the counter or prescribed medications; or

(9) had a sudden death in the family, or whether any member of the student's family under the age of 50 has had a heart attack or heart trouble.

c. A board of education of a public school district and the governing board or chief school administrator of a nonpublic school shall not permit a student enrolled in grades six to 12 to participate on a school-sponsored interscholastic or intramural athletic team or squad unless the student has completed a Preparticipation Physical Evaluation form and, if applicable, a completed health history update questionnaire as required by subsections a. and b. of this section.

L.2013, c.71, s.2.

18A:40-41.8 Findings, declarations relative to protective eyewear for children participating in sports.

1. The Legislature finds and declares that:

a. Eye injuries are the leading cause of preventable blindness and visual impairment in children, and most injuries occurring in school-aged children are sports-related;

b. Every 16 minutes a child incurs a sports-related eye injury severe enough to require a visit to the emergency room;

c. According to Prevent Blindness America, 90% of all eye injuries can be avoided by the use of appropriate eye protection; and

d. It is necessary and prudent to educate parents and children about sports-related eye injuries in order to reduce the needless loss of sight that can occur during sports activities.

L.2013, c.183, s.1.

18A:40-41.9 Development of educational fact sheet providing information relative to sports-related eye injuries.

2. a. The Commissioner of Education shall develop within 120 days of the effective date of this act, an educational fact sheet that provides information about sports-related eye injuries. The educational fact sheet shall include, but need not be limited to:

(1) a list of the most common sports-related eye injuries and the recognition of the symptoms of those injuries;

(2) a recommendation that children seek treatment and advice from a licensed health care professional regarding the appropriate amount of time to delay the return to sports competition or practice after sustaining an eye injury;

(3) a recommendation that all children participating in school sports or recreational

sports wear protective eyewear;

- (4) information concerning the purchase of appropriate protective eyewear; and
- (5) any other information the commissioner deems appropriate.

b. Each school district and nonpublic school shall distribute the educational fact sheet annually to the parents or guardians of the students.

L.2013, c.183, s.2.