

Greene County Board of Education

Monitoring: Review: Annually, in June	Descriptor Term: Prevention and Treatment of Sports Related Concussions	Descriptor Code: 6.413	Issued Date: 02/23/17
		Rescinds: 6.413	Issued: 09/22/16

1 A concussion is a traumatic brain injury caused by a direct or indirect blow to the head or body. In
2 order to ensure the safety of students that participate in interscholastic athletics, it is imperative that
3 student athletes, coaches, and parents are educated about the nature and treatment of sports related
4 concussions. The Board recognizes that concussions can be a serious health issue and should be
5 treated as such.

6
7 The Board adopts the guidelines and other pertinent information and forms developed by the
8 Tennessee Department of Health to inform and educate coaches, school administrators, student
9 athletes, and parent(s) / guardian(s) of the nature, risk and symptoms of concussions and head
10 injuries. These guidelines and materials may be viewed on the Department of Health's website and
11 shall be made available to interested parties through the Central Office.

12 This policy shall govern all activities and those individuals involved in those activities which
13 constitute an organized athletic game or competition against another team or in practice or
14 preparation for an organized game or competition. It does not govern those activities or individuals
15 involved in those activities which are entered into for instructional purposes only or those that
16 are incidental to a nonathletic program or lesson.

17 **REQUIRED TRAINING¹**

18 The director of schools shall ensure that each school's athletic director and coaches, employed or
19 volunteer, annually complete the *Concussion in Sports - What You Need to Know* online course.
20 This course may be accessed online at www.nfhslearn.com.

21 Prior to the annual initiation of practice or competition, the following persons must review and sign
22 a concussion and head injury information sheet approved by the Tennessee Department of Health:
23 the director of schools, licensed healthcare professionals (if appointed), each school athletic director,
24 and each coach, employed or volunteer.

25 In addition, prior to the annual initiation of practice or competition, all student athletes and their
26 parent(s) / guardian(s) shall review the concussion and head injury information sheet approved by
27 the Tennessee Department of Health. A form confirming this review shall be signed and returned
28 by the student athlete, if the athlete is eighteen (18) years of age or older; or by the student athlete's
29 parent(s) / guardian(s), for athletes younger than eighteen (18) years of age.

30 All documentation of the completion of a concussion recognition and head injury safety education
31 course program and signed concussion and head injury information sheets shall be maintained by the
32 director of schools or his/her designee for a period of three (3) years.

1 **Removal from Athletics**¹

2 Any student athlete who shows signs, symptoms and/or behaviors consistent with a concussion during
3 an athletic activity or competition shall be immediately removed for evaluation by a licensed
4 healthcare professional, if available, and if not, by the coach or other designated individuals.

5 No student athlete who has been removed from an athletic activity or competition due to a concussion
6 or suspected concussion shall be allowed to return to any supervised team activities involving
7 physical exertion, including games, competitions, or practices, until the student athlete has been
8 evaluated by and received written clearance on forms approved by the Department of Health from a
9 licensed health care provider for a full or graduated return. "Health care provider" means a
10 Tennessee licensed medical doctor (M.D.), osteopathic physician (D.O.), or a clinical
11 neuropsychologist with concussion training, or a physician's assistant (P.A.) with concussion training
12 who is a member of a health care team supervised by a Tennessee licensed medical doctor or
13 osteopathic physician.²

14 This requirement for clearance prior to a student athlete returning to an athletic activity shall not
15 apply if there is a legitimate explanation other than a concussion for the signs, symptoms, and/or
16 behaviors observed.

17 The director of schools or his/her designee shall ensure that all protocols approved by the Tennessee
18 Department of Health or required by law relative to the provisions of this policy are followed and
19 implemented within each school.

Legal References

1. TCA 68-55-502
2. Public Chapter No. 948

Procedure References

- Concussion Information and Signature Form for Coaches 6.413 Exhibit A
- Concussion Information and Signature Form for Student-Athletes & Parents/Legal Guardians 6.413 Exhibit B