

Kingsport City Schools

Monitoring: Review: Annually, in May	Descriptor Term: Prevention and Treatment of Sports Related Concussions	Descriptor Code: 6.413	Issued Date: 01/14/14
		Rescinds:	Issued:

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

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

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

14 **REQUIRED TRAINING**

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

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

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

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

28 **REMOVAL FROM ATHLETICS**

29 Any student athlete who shows signs, symptoms and/or behaviors consistent with a concussion during an athletic
30 activity or competition shall be immediately removed for evaluation by a licensed healthcare professional, if avail-
31 able, and if not, by the coach or other designated individuals.

32 No student athlete who has been removed from an athletic activity or competition due to a concussion or suspected
33 concussion shall be allowed to return to any supervised team activities involving physical exertion, including games,
34 competitions, or practices, until the student athlete has been evaluated by and received written clearance on forms
35 approved by the Department of Health from a licensed health care provider for a full or graduated return. "Health
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1 care provider" means a Tennessee licensed medical doctor (M.D.), osteopathic physician (D.O.), or a clinical neu-
2 ropsychologist with concussion training.

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

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7 The superintendent of schools or his/her designee shall ensure that all protocols approved by the Tennessee Depart-
8 ment of Health or required by law relative to the provisions of this policy are followed and implemented within
9 each school.

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