

# Decatur County Board of Education

Monitoring: <b>Review: Annually, in May</b>	Descriptor Term: <b>Prevention and Treatment of Sports Related Concussions</b>	Descriptor Code: <b>6.413</b>	Issued Date: <b>07/13/17</b>
		Rescinds: <b>6.413</b>	Issued: <b>07/14/16</b>

1 A concussion is a traumatic brain injury caused by a direct or indirect blow to the head or body. In order  
2 to ensure the safety of students that participate in interscholastic athletics, it is imperative that student  
3 athletes, coaches, and parents are educated about the nature and treatment of sports related concussions.  
4 The Board recognizes that con-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  
6 Department of Health to inform, and educate coaches, school administrators, student athletes, and  
7 parent(s) / guardian(s) of the nature, risk and symptoms of concussions and head injuries. These  
8 guidelines and materials may be viewed on the Department of Health's website and shall be made  
9 available to interested parties through the Central Office.

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

## 15 **REQUIRED TRAINING<sup>1</sup>**

16 The director of schools shall ensure that each school's athletic director and coaches, employed or  
17 volunteer, annually complete the *Concussion in Sports-What You Need to Know* online course. This  
18 course may be accessed online at [www.nfhslearn.com](http://www.nfhslearn.com).

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

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

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

## 31 **REMOVAL FROM ATHLETICS<sup>1</sup>**

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

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

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

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

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#### Legal References

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