

KIPP: Nashville Board of Directors

Monitoring:	Descriptor Term:	Policy:	Issued:
Annually	Sports Related Concussions	6413	12/6/2019

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

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

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

16 **REQUIRED TRAINING¹**

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

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

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

1 All documentation of the completion of a concussion recognition and head injury safety
2 education course program and signed concussion and head injury information sheets shall be
3 maintained by the school for a period of three (3) years.

4 **REMOVAL FROM ATHLETICS¹**

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

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

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

Legal References

1. TCA § 68-55-502
2. TCA § 68-55-501

Cross References

SBE LEA Policy 6413
TSBA 6.413