

Category:	Procedure:	
Instructional Goals and Objectives	Concussion Guidelines	
Descriptor Code:	Issued Date:	Revised Date:
AP-I-171-3	February 2014	

1
2 A concussion is a traumatic brain injury caused by a direct or indirect blow to the head. In order to ensure
3 the safety of students that participate in interscholastic athletics, it is imperative that student athletes,
4 coaches, school administrators and parents/guardians are educated about the nature and treatment of sports
5 related concussions. Knox County Schools recognizes that a concussion can be a serious health concern and
6 should be treated according to the recommendations set forth by the Tennessee Department of Health.
7

8 Knox County Schools abides by the guidelines and other pertinent information and forms developed by the
9 Tennessee Department of Health. These guidelines and/or information will be utilized to inform and educate
10 student athletes, coaches, school administrators and parents/guardians about the nature, risk and symptoms
11 of a concussion and head injury, including continuing to play after a concussion or head injury.
12

13 These guidelines shall govern all activities and those individuals involved in those activities which constitute
14 an organized athletic game or competition against another team or in practice or preparation for an organized
15 game or competition.
16

17 **REQUIRED TRAINING**

- 18
- 19 1. The Knox County Schools Athletic Director shall ensure that each school athletic director; coaches
20 (including non-faculty and club sports coaches) annually complete the “Concussion in Sports – What
21 You Need to Know” online course. This course may be viewed at www.nffhslearn.com.
22
 - 23 2. A concussion and head injury information sheet must be signed by each coach (including non-faculty
24 and club sport coaches) and athletic director on an annual basis.
25
 - 26 3. School administrators will distribute a “Concussion and Head Injury” information sheet prior to the
27 initiation of practice or competition to all student athletes and their parent (s)/guardian (s) for review.
28 This form must be signed and returned by the student athlete to their athletic director and/or coach.
29
 - 30 4. All completed documentation of the concussion recognition training, head safety education course
31 program, signed parental concussion form and the head injury information sheets shall maintained for a
32 period of three (3) years.
33

34 **REMOVAL FROM ATHLETICS**

- 35
- 36 1. Any student exhibiting signs/symptoms and/or behaviors consistent with a concussion during an athletic
37 activity or competition shall be immediately removed for evaluation by a licensed healthcare
38 professional, coach or other designated individuals.
39
 - 40 2. The Centers for Disease Control concussion signs/symptoms checklist must be used by the school teams’
41 medical provider or other designated personnel in making a determination as to whether the athlete is
42 exhibiting signs/symptoms or behaviors consistent with a concussion.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49

3. A student athlete presenting with symptoms of a concussion cannot participate in any supervised team activities involving physical exertion to include games, competitions or practices until he/she is evaluated by and received written clearance on the “Tennessee Concussion Return to Play Form” from a licensed healthcare provider (medical doctor, osteopathic physician or a clinical neuropsychologist) with concussion training. A copy of this form must be kept on file at the school.