



TENNESSEE STATE SOCCER ASSOCIATION (TSSA)

CONCUSSION POLICY 31

(The following information and forms comply with the Tennessee Sports Concussion law.)

In compliance with *Tennessee Code Annotated Section 68-55-503*, TSSA has adopted guidelines and forms as developed by the Tennessee Department of Health (TDH) to inform and educate coaches, athletes, and their parents/legal guardians of the nature, risk and symptoms of concussion and head injury.

Every individual involved in youth athletics must become more proactive in identifying and treating athletes who show signs of concussion or head injury. In order to address this critical issue, TSSA has created the following policy for publication by all its member associations:

Any player who exhibits signs, symptoms or behaviors consistent with a concussion such as loss of consciousness, headache, dizziness, confusion or balance problems, shall be immediately removed from the game and shall not return to play until cleared by an appropriate health care professional.*

Education is the key to identifying and treating athletes who show signs of a concussion during athletic participation. It is very important that every administrator, coach, parent, official, athlete, and health-care professional know the symptoms and steps to take when dealing with athletes that display signs of a possible concussion. Concussion can be a serious health issue and should be treated as such.

TSSA is asking every member team and club/association to adopt and comply with the terms set forth below in compliance with Tennessee law (Public Chapter 148).

1. Member clubs/associations will distribute information concerning the nature, risk and symptoms of concussion and head injury. This information should be reviewed by all board of directors, club staff/administrators, coaches, athletes and their parent/legal guardian. Every individual involved in athletics at the member club/association must review concussion information **annually** and sign a form that states this process has been completed as set forth below. The TDH has concussion information available on its website at <http://health.state.tn.us/tbi/concussion.htm>. (See Signs/Symptoms of Concussion attached).
2. All coaches, managers, and staff of member clubs/associations, whether employed or volunteer, shall **annually** complete a concussion recognition and head injury safety education course program approved by the TDH. The concussion recognition and head injury safety education

training programs are available on the TDH website at <http://health.state.tn.us/tbi/concussion.htm>.

3. Prior to the annual initiation of practice or competition the following persons must review and sign a concussion and head injury information sheet: all coaches, managers, club staff, board of directors, and any appointed licensed health care professional. (See Concussion Acknowledgement Form: Coaches/Managers/Board Members, attached). This form is to be signed **annually**.
4. Prior to the annual initiation of practice or competition, all athletes and the athlete's parent/legal guardian should review a concussion and head injury information sheet. A form confirming this review (See Concussion Acknowledgement Form: Athletes/Parents/Legal Guardians, attached) shall be signed and returned by the athlete, if the athlete is 18 years of age or older; or, by the athlete's parent/legal guardian, for athletes younger than 18 years of age. This form is to be signed **annually**.
5. All documentation of the completion of a concussion recognition and head injury safety education course program and signed concussion and head injury information sheets shall be maintained by the member club/association for a period of **three years**.
6. Any athlete who shows signs, symptoms, and behavior consistent with a concussion shall immediately be removed from the activity or competition for evaluation by a licensed medical doctor, if available, and if not, by the coach or other designated person. (See Tennessee Protocol for Response of Schools/ Community-Based Youth Athletic Organization Representatives). In determining whether a youth athlete suffered from a possible concussion, the centers for disease control and prevention's concussion signs and symptoms checklist shall be utilized. (See CDC Concussion Signs and Symptoms Checklist, attached).
7. No athlete who has been removed from play due to suspected concussion shall return to practice or competition until the youth athlete is evaluated by a health care provider and receives written clearance from the health care provider for a full or gradual return to play.¹ The attached TSSA Return to Play Form (Concussion) has been approved by TDH and should be used in practices and games. The form contains specific instructions that shall be followed before an athlete can return to sports. The form is to be completed and signed by a licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training before an athlete that has been removed from practice or a game may return to participate. A copy of the form must be kept on file by the member club/association for a period of **three years**.
8. The member club/association shall establish as policy that an athlete who has been removed from play shall not return to the practice or competition during which the athlete experienced symptoms consistent with concussion and not return to play or participate in any supervised

¹ This is not required if there is a legitimate explanation other than a concussion for the signs, symptoms or behavior observed. Tenn. Code Ann. § 68-55-503(b)(1)(G).

team activities involving physical exertion, including games, tournaments, showcases, college combines, or practices until the athlete has been evaluated by a health care provider and receives written clearance from the health care provider for a full or gradual return to play.

9. After an athlete who has experienced symptoms consistent with concussion has been evaluated and received clearance for a gradual return to play from a health care provider, then a club/association may allow a gradual return to play based upon the recommendations provided by the health care provider. The club/association should make sure that regular updates to the health care provider are being made on a weekly basis until the athlete has been fully cleared by the health care provider.
10. No licensed health care professional or other person acting in good faith within the authority prescribed under this policy shall be liable on account of any act or omission in good faith while so engaged. As stated in this policy, “good faith,” shall not include willful misconduct, gross negligence, or reckless disregard.
11. Any person found to be in violation of ignoring this policy, the signs and symptoms associated with concussion, or allowing an athlete to return to practice or competition during which the athlete experienced the symptoms without written clearance from the health care provider for a full return to play shall be suspended in the following manner:
 - a. For a first violation, suspension from coaching or administration for the remainder of the season;
 - b. For a second violation, suspension from coaching or administration for the remainder of the season and the next season;
 - c. For a third violation, permanent suspension from coaching or administration.

Concussion Forms and Checklists

[Concussion Acknowledgement Form \(Athlete/Parents/Legal Guardian\)](#)

[Concussion Acknowledgement Form \(Coach/Manager/Board Member\)](#)

[Concussion Signs and Symptoms Checklist](#)

[Heads Up: Customizable Materials](#)

[Online Training Courses](#)

[TSSA Return to Play Form \(Concussion\)](#)