SENATE BILL 589
By Finney L

HOUSE BILL 312

By Fitzhugh

AN ACT to amend Tennessee Code Annotated, Title 49, Chapter 1; Title 49, Chapter 2; Title 49, Chapter 5 and Title 49, Chapter 6, relative to sports-related injuries in extracurricular athletic activities.

WHEREAS, concussions are one of the most commonly reported sports-related injuries in children and adolescents. According to the Centers for Disease Control and Prevention, an estimated 3.8 million sports- and recreation-related concussions occur in the United States each year. Of that estimate U.S. emergency departments treat approximately 135,000 sports- and recreation-related traumatic brain injuries, including concussions, among children ages 5 to 18; and

WHEREAS, a concussion is a type of traumatic brain injury that may be caused by a bump, blow, or jolt to the head resulting in the brain moving rapidly inside the skull. A concussion may also occur from a blow to the body resulting in a significant whiplash force with no direct contact being made with the head; and

WHEREAS, concussions occur with or without loss of consciousness, but the vast majority occur without loss of consciousness and the appearance of symptoms may be delayed several hours following a concussive episode; and

WHEREAS, a concussion can disrupt the way the brain normally works. Even a mild bump or blow to the head can be serious. The risk of catastrophic injuries or death is significant when a concussion or head injury is not properly evaluated and managed; and

WHEREAS, the Third International Conference on Concussion in Sport Held in Zurich, November 2008, issued a *Consensus Statement on Concussion in Sport:* which states that a "player should not be left alone following . . . [an] injury, and serial monitoring for deterioration is essential over the initial few hours following injury" and that "[a] player with a diagnosed

concussion should not be allowed to return to play on the day of injury", except in very limited circumstances in the case of an adult athlete; and

WHEREAS, a student-athlete sustaining a concussion, may experience post-concussive syndrome, with attendant symptoms including, but not limited to, headaches, fatigue, incoordination, changes in smell and taste, memory problems, slowed information processing speed, decreased ability to concentrate, irritability, and anxiety. Students with post-concussive syndrome may have difficulties academically and socially following their concussions; and

WHEREAS, coaches, student-athletes, and parents should be aware of the gravity of a concussion or other head injury sustained by a student-athlete and that the student-athlete must be promptly removed from play, evaluated by trained medical personnel and not return to play prematurely; now, therefore,

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Title 49, Chapter 6, is amended by adding the following language as a new, appropriately designated part:

(a) As used in this part, unless the context otherwise requires, "extracurricular athletic activity" includes all Tennessee Secondary School Athletic Association or Tennessee Middle School Athletic Association sponsored sports and cheerleading, dance or other spirit activity.

(b) The department of education shall develop and distribute to LEAs guidelines concerning educational and informational policies for coaches, student-athletes and their parents or guardians on the nature and risk of concussions and head injuries, criteria for removal from and return to play following a suspected concussion, and risks associated with not reporting an injury and continuing to play. In developing guidelines for LEAs, the department may collaborate with and seek assistance from the Tennessee

Secondary School Athletic Association, governmental departments and agencies, including, but not limited to, the department of health and other interested parties.

(c) Each LEA shall develop policies and procedures regarding the identification and handling of suspected concussions and head injuries sustained by student-athletes that are consistent with the department's guidelines. Such policies shall require that:

(1) Each school year, prior to the beginning of practice for an extracurricular athletic activity, each coach or other school employee involved in such activity, as well as all volunteer coaches, shall review information on concussions and head injuries provided by the LEA. Such information shall include, but not be limited to, the nature and risk of brain injuries associated with athletic activities; signs, symptoms and behaviors consistent with brain injuries; the need to remove the student-athlete from play and to alert appropriate medical professionals for urgent diagnosis or treatment when a concussion or other head injury is suspected to have occurred; and the need to follow medical direction with respect to return to play. Each coach, school employee and volunteer coach working with an athletic team shall sign a statement acknowledging receipt and review of such information, in a manner approved by the department of education.

(2) In order to participate each school year in any extracurricular athletic activity, a student-athlete and the student-athlete's parent or guardian shall review the information on concussions and head injuries provided by the LEA. After having reviewed materials describing concussions and the short- term and long-term health effects of concussions and other head injuries, each student-athlete and the student-athlete's parent or guardian shall sign a statement acknowledging receipt of such information, in a manner approved by the

department of education. Such statement shall be signed and on file with the student-athlete's school prior to participation in or practice for the extracurricular athletic activity in that school year.

(3) A student-athlete suspected by one (1) of the student-athlete's coaches, any other school employee, a volunteer coach or team athletic trainer or physician of sustaining a concussion or head injury in a practice or game shall be removed from the activity at that time.

(4) A student-athlete who has been removed from play may not return to play until the student-athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and receives written clearance to return to play from such health care provider. The licensed health care provider may be a volunteer. A volunteer health care provider who authorizes a student-athlete to return to play shall not be liable for civil damages resulting from any act or omission in the rendering of such care, other than acts or omissions constituting gross negligence or willful or wanton misconduct.

SECTION 2. This act shall take effect July 1, 2011, the public welfare requiring it, and shall apply to all extracurricular athletic activities occurring in the 2012-2013 school year and thereafter.