



**REPORT OF THE  
NCAA COMMITTEE ON COMPETITIVE SAFEGUARDS  
AND MEDICAL ASPECTS OF SPORTS  
JUNE 10-11, 2020, MEETING**

**KEY ITEMS.**

- **World record ratification.** The committee permanently adopted drug-testing policies that had been temporarily established for winter and spring championships during the 2019-20 academic year in sports with the potential for individual world records. These policies are intended to ensure that a world record, if set, is eligible for ratification by World Athletics.

**ACTION ITEMS.**

- **None.**

**INFORMATIONAL ITEMS.**

1. **Approval of March 6, March 17 and April 27, 2020 teleconference reports:** The committee approved the report of its March 6, March 17 and April 27 teleconferences.
2. **COVID-19 operational update:** The committee received updates on the following COVID-19 initiatives:
  - a. **Report from COVID-19 Advisory Panel and COVID-19 Action Team.** The committee received a briefing on several COVID-19 specific issues, including a review of the "Resocialization of Collegiate Sport: Action Plan Considerations" document.
  - b. **Prevention and Performance Subcommittee:** The committee received an update from the Committee on Competitive Safeguards and Medical Aspects of Sports Prevention and Performance Subcommittee. Specifically, the subcommittee provided an overview of its discussions and feedback on several COVID-19 playing and practice season questions posed by the membership (for example, mandatory medical examinations, summer athletic activities) (see Attachment A). The subcommittee will continue to meet weekly to address additional questions that arise as the Association returns to sports.
  - c. **NFHS Sports Medicine Advisory Committee update.** The committee received an update from the National Federation of State High School Associations' Sports Medicine Advisory Committee.
3. **Vacation due to drug-testing ineligibility.** The committee continued its discussion of the vacation of NCAA championships due to drug-testing ineligibility. Specifically, in

December 2019, the committee discussed a recommendation from the NCAA Committee on Infractions to move responsibility for vacating individual-sport championships when a student-athlete competes while ineligible due to a failed drug test. The committee asked staff to explore whether a legislative penalty that would result in championship vacation as an automatic consequence to a failed drug test and unsuccessful appeal effort could provide an effective and administratively efficient solution to the challenges identified by COI. The committee continued to support a path that would clarify application of championship vacation due to drug-testing ineligibility. Additionally, the committee reviewed the current application of the vacation penalty, including: 1) Differences between team and individual sports; 2) Consideration of an individual's contribution to a team title; and 3) Consideration of the category of a banned substance. The committee provided initial feedback on these topics and how application of championship vacation may support the purpose and operation of the NCAA Drug Testing Program. The committee will continue to discuss this issue and may make recommendations at a future meeting.

**4. Governance reports.** The committee received updates from governance staff in each of the three divisions.

**a. Division I.**

- (1) **General update.** The committee received an update on the activity of Division I governance committees. Specifically, the structure remains focused on issues arising from the COVID-19 pandemic. The [Actions Related to Division I Regulations and Policies Impacted by COVID-19](#) document, which is updated weekly, provides a listing of legislative, policy and waiver action taken in Division I. In addition to COVID-19, the division continues to discuss issues related to transfer and name, image, and likeness.
- (2) **Update on the Division I legislative process.** The committee received an update on Division I legislation, including the legislative proposals in the 2019-20 Division I Council-governance legislative cycle and action taken by the Division I Council to limit the scope of Council-introduced legislative proposals for the 2020-21 cycle in order to prioritize and allocate available resources to support business critical COVID-related activities.

**b. Division II.** The committee received an update on recent Division II activities, with an emphasis on decisions made in response to the impact of COVID-19 on the structure of playing and practice seasons. Specifically, the division decreased the minimum number of contests required for sport sponsorship and championship selection, as well as the maximum number of contests and dates of competition allowed for the 2020-21 academic year.

- c. **Division III.** Similar to the other divisions, Division III has focused on responding to the COVID-19 pandemic. For the 2020-21 academic year, the minimum number of contests required for sport sponsorship and championship selection have also been reduced in Division III by 33%. Separately, the division reported continued increases in Injury Surveillance Program participation.
- 5. **Transgender policy considerations.** The committee agreed to continue its conversation on transgender policy considerations at a special meeting to be convened prior to its next regular meeting.
- 6. **Election of vice chair.** The committee elected Dr. Stephanie Chu as the next vice-chair. Dr. Chu's term will begin September 1, 2020. Her term as committee chair will begin September 1, 2021.
- 7. **Drug testing operational updates.**
  - a. **Biannual report of Drug Free Sport.** The committee received a summary report from Drug Free Sport International about the NCAA year-round and championships drug testing programs. The report identified a continued trend of positive tests for anabolic agents identified in contaminated supplements. In addition to the rise in positive tests due to selective androgen receptor modulators (SARMS), there were a high number of positives from banned substances (GW1516 sulfoxide and GW1516 sulfone) in the hormone and metabolic modulators class subsequent to aligning with the World Anti-Doping Agency banned substance list.
  - b. **Drug test appeals subcommittee.** The committee received an update from the subcommittee on operational changes, including the addition of new members and the implementation of medical exception policies for narcotics.
  - c. **Changes to 2020-21 program in response to financial contingencies.** The committee reviewed operational changes to the drug testing program in response to COVID-19.
- 8. **Visiting medical care document.** The committee approved as final the document, "Medical Care and Coverage for Student-Athletes at Away Events" (see Attachment B) and referred it to the NCAA Board of Governors for final consideration. The committee also directed that a companion Frequently Asked Questions document be created to support the membership.
- 9. **Litigation update.** The committee received a privileged and confidential update on several legal issues from the NCAA Office of Legal Affairs.

**10. Concussion.** The committee discussed several concussion-related topics:

- a. NCAA Concussion Safety Protocol Checklist – Historical Summary and CSMAS Acknowledgment.** Given the extensive legislative and other relevant history underlying the development, implementation and role of the NCAA Concussion Safety Protocol Checklist, and for the purpose of clarifying the record, the committee formally acknowledged the historical summary set forth in Attachment C and reiterated its intent with respect to how the Checklist and the role it has and should continue to play in terms of membership tools and compliance.
- b. Grand Alliance update.** The committee received an update about the Mind Matters Challenge. The 17 consensus statements developed from the 2019 Mind Matters Concussion Safety Education and Research Summit have been shared with the NCAA membership and have also contributed to an article entitled: "Actionable approaches to improving concussion care seeking: Consensus from the NCAA-Department of Defense Mind Matters Research & Education Grand Challenge." The article has been accepted in the British Journal of Sports Medicine as well as the Journal of Special Operations Medicine, and publication is expected this summer. In addition, the committee received an update of the CARE Consortium, a partnership between the NCAA and Department of Defense and is the longest concussion and repetitive impact study in history. Currently, it is in its second phase and focused on cumulative effects of concussion.
- c. Concussion reporting system.** The committee received an operational update on the development of an online portal to accommodate the annual concussion reporting mandate. The portal is operational and can be found at [annualconcussionreporting.com](https://annualconcussionreporting.com). In May, comprehensive instructions and a separate Frequently Asked Questions document were released to the membership. These documents are meant to guide and inform the membership about the use of the concussion reporting system.

**11. Institutional Performance Program data review and preliminary survey results.** The committee discussed issues related to the Institutional Performance Program that collects information on administrative and organizational aspects of sports medicine programs.

- a. Review of 2019-20 results.** The committee received a presentation of preliminary information from the 2019-20 version of the Institutional Performance Program Health and Safety survey.

- b. **Update from Institutional Performance Program subcommittee.** The committee received an update from the Institutional Performance Program subcommittee, which maintains primary responsibility for the survey tool, survey distribution strategies and annual review of survey results.

**12. Injury surveillance program.**

- a. **Datalys operational update.** Datalys Center staff provided an operational update for the Injury Surveillance Program. Preparation of data from the 2019-20 academic year is ongoing and will be provided to the committee in September.
- b. **Injury Surveillance Participation update.** The committee was also updated on current Injury Surveillance Program participation levels in each of the three divisions. Overall, there is a 29% participation from the membership. In Division I, 32% have made at least one submission of data during the current academic year, while 32% of Division II schools and approximately 23% of Division III schools have done the same. These numbers are down slightly over those from the 2018-19 academic year. Declines are attributed to COVID-19 resource challenges.

- 13. NCAA Freshmen Experience program.** The committee received a summary report about the 2019-20 Freshman Experience program. The Freshman Experience program is an online curriculum for freshman and transfer student-athletes that addresses topics important to the health and well-being of student-athletes. The program has been provided free of charge to NCAA member schools in all three divisions. In 2019-20, approximately 9% of NCAA member schools enrolled in the program, which was announced late in the summer of 2019. A call for registration for the 2020-21 program will be distributed this summer and staff are anticipating that participation may approach 30% of the membership.

- 14. Bystander intervention strategy.** The committee discussed various strategies related to the future of the Association's bystander intervention education strategy. Based on a broader review of program performance information, the Association has discontinued its sponsorship of the historical Step Up! Program and has proposed the creation of a virtual think tank to be assembled later this year to solicit input and guidance from content and campus experts to further explore and prioritize the educational needs of the membership and to identify those strategies and programs that can most effectively respond to those educational needs.

**15. Sports Medicine Handbook update.**

- a. **Progress report.** The committee received a report on progress made toward a substantive update of the NCAA Sports Medicine Handbook. Content experts have been identified and assigned writing assignments, which will be due over the

summer. Staff will provide an update during the September meeting and anticipate completion before the end of the current calendar year.

- b. Mobile publishing platform.** The committee received an update on the development of a mobile publishing platform. The project, previously reviewed by the committee, had been suspended due to operational challenges. But recently, an alternative solution was identified, and efforts are currently underway to restart the program. An update will be provided during the September meeting.

- 16. Future meeting schedule.** The committee discussed its upcoming meeting schedule and the transition of some meetings to a virtual platform. The next committee meeting will be by teleconference on September 21-22.

<i>Committee Chair:</i>	<i>Jessica Mohler, U.S. Naval Academy, Patriot League</i>
<i>Committee Vice-Chair:</i>	<i>Mark Stovak, University of Nevada, Reno</i>
<i>Staff Liaisons:</i>	<i>John Parsons, NCAA Sport Science Institute</i>
	<i>Anne Rohlman, NCAA Sport Science Institute</i>
	<i>Jessica Wagner, NCAA Sport Science Institute</i>

Committee on Competitive Safeguards and Medical Aspects of Sports June 10-11, 2020 Meeting	
<b>Attendees:</b>	
Pamela Hinton Bruzina, University of Missouri, Columbia	
Stephanie Chu, University of Colorado, Boulder	
Bob Colgate, National Federation High School Associations	
Jeff Dugas, Troy University	
N. Jeremi Duru, American University	
Dave Eavenson, Methodist University	
Josh Elbow, Swarthmore College	
Luis Feigenbaum, University of Miami (Florida)	
R.T. Floyd, University of West Alabama	
Caroline Lee, Southeastern Louisiana University	
Jessica Mohler, U.S. Naval Academy	
Mary Northcutt, Carson-Newman University	
Nicole Pieart, Aurora University	
Julie Rochester, Northern Michigan University	
Mark Stovak, University of Nevada, Reno	
Todd Stull, Inside Performance Mindroom	
Isaiah Swann, University of Texas at Dallas	
Buddy Teevens, Dartmouth College	

Kim Terrell, University of Oregon
Michelle Walsh, Vassar College
Auburn Weisensale, University of Pittsburgh
Kurt Zorn, Indiana University
<b>Guests in Attendance:</b>
Mark Bockelman, Drug Free Sport International
Adrian Boltz, Datalys Center
Avinash Chandran, Datalys Center
Christine Collins, Datalys Center
Michelle Dorsey, Drug Free Sport International
<b>NCAA Staff Liaison in Attendance:</b>
John Parsons, Anne Rohlman and Jessica Wagner
<b>Other NCAA Staff Members in Attendance:</b>
Laura Arnett, Jackie Campbell, Markie Cook, Amanda Dickey, LaGwyn Durden, Jennifer Fraser, Brian Hainline, Ryan Jones, Randy Kelso, Jess Kerr, Joel McGormley, Corbin McGuire, Paul Roetert, Crystal Rogers, Destiny Rogers, Josh Smith, Ali Spungen, Jared Tidemann



**CSMAS PREVENTION & PERFORMANCE SUBCOMMITTEE  
MANDATORY MEDICAL EXAMINATIONS**

<b>Areas of Inquiry / Requests for Input</b>	
Do available health and safety data and/or industry best practices support or contest the possibility that the safety and well-being of new incoming student athletes can be adequately addressed:	
<b>1</b>	If an incoming student-athlete has not completed the mandatory medical exam within the six months prior to his/her participation in applicable athletics-related activities (e.g.; the exam was conducted more than six months prior to start and/or another one isn't conducted until after the start of participation)? Please describe any data or best practices relied on in your response.
<b>2</b>	If the required medical exam is conducted by someone other than a physician or properly licensed nurse practitioner? Please describe any data or best practices relied on in your response.
<b>3</b>	If the exam or evaluation is conducted by means of telehealth appointment? Please describe any data or best practices relied on in your response.

<b>Issue Description/Assumptions</b>
<p>Prior to participation in any practice, competition or out-of-season conditioning activities (or in Division I, permissible voluntary summer conditioning or individual workouts, or permissible required summer athletic activities in basketball and football), any incoming student-athlete is required to undergo a medical examination or evaluation administered or supervised by a physician or properly licensed nurse practitioner and it must be administered within six months prior to participation. In Division I the same requirement applies to participation in permissible voluntary summer conditioning or individual workouts. In Division I football and basketball, it also applies to participation in required summer athletic activities). The exam or evaluation may be conducted on campus or at home prior to arrival but must include a sickle cell solubility test unless documented results of a prior test are provided to the institution or the student-athlete declines the test and signs a written release. The requirement does not currently specifically prohibit or permit the use of telehealth appointments to satisfy the exam or evaluation requirement.</p> <p>It is typical for incoming student-athletes to schedule exam appointments in the spring or summer prior to the start of their participation. Many did not complete the necessary exam prior to the implementation of current COVID-related restrictions. The impact is broad in that it doesn't distinguish between traditional and non-traditional</p>

seasons and any incoming student-athlete looking to participate in any athletic activities commencing over the summer or at any point during the year would be required to meet the requirement.

**Summary of Subcommittee Feedback**

1. The subcommittee noted that while the delivery of health care has undoubtedly changed with the advent of CV-19, general access to health care and the number of available practicing physicians and nurse practitioners has not. For the great majority of individuals, necessary care appointments are still available and very accessible.
  - a. For example, facilities continue to regularly schedule and conduct well exams and vaccinations. Mandatory medical exams would fall into this same category of visits.
2. The subcommittee noted that most mandatory medical exams are conducted before SAs return to campus and are scheduled within 2-4 weeks before return. Therefore, student-athletes should not have difficulty scheduling and completing an appointment with a physician or appropriately licensed nurse practitioner over the summer months.
3. For those student-athletes who are not able to complete an exam before arriving to campus, schools will need to address the requirement once the student arrives. In most cases, this should not create an unreasonable burden on resources, and in fact, many schools have always required that mandatory medical exams be conducted on campus so there would be no change in process for these schools as a result of CV-19. Nevertheless, schools should give operational attention to this issue and begin planning accordingly.
4. The subcommittee believes that, in light of the applicable regulations and unique nature of institutional health care structure and student-athlete needs, determinations around whether and to what extent the use of telehealth to accommodate health care needs should be made at the institutional level.
  - a. However, it identified that the telehealth model was designed to supplement, not replace, the broader point of care structure, and it would be extremely difficult if not impossible to conduct certain aspects of a mandatory medical exam (e.g.; cardio/respiratory and other unique individual medical conditions or considerations) other than as part of an in-person appointment. For these reasons it cautioned that, while the telehealth model may

be appropriate for use with returning student-athletes who are known to the university medical staff, a new incoming student-athlete (e.g., freshman or transfer) would present an entirely different set of best practice considerations.

5. The subcommittee recognized and acknowledged the significant financial and resource constraints facing many members schools and emphasized that, in light of that, it's more important than ever for the school AHCA and school leadership to confirm that an institution is appropriately staffed to provide a safe and healthy environment for any student-athletes who are permitted to return to campus and to adequately address their unique health care needs and requirements, whatever those may be.



**CSMAS PREVENTION & PERFORMANCE SUBCOMMITTEE  
FLEXIBILITY IN SUMMER CARA**

<b>Areas of Inquiry / Requests for Input</b>	
<b>A.</b>	Do available health and safety data and/or industry best practices support or contest the possibility that the safety and well-being of student athletes can be adequately addressed:
	1. If strength and conditioning coaches are permitted to conduct or require physical athletically related activities remotely (i.e., “virtually”), including conditioning and strength training activities?
	2. If sport coaches are permitted to conduct or require skills training and other physical athletically related activities remotely (i.e., “virtually”)?
	3. If required organized team activities are permitted during the summer period for student-athletes who are on campus? Organized team activity period may involve, among others, any of the following: <ul style="list-style-type: none"><li>• On-field/on-court, coach-led, practice-like conditions, focused on skill instruction, including sport-specific activities, drills, and plays;</li><li>• Football only: non-contact; modified protective equipment (e.g., helmets only); and/or</li><li>• 10-14 total organized team sessions during the summer period.</li></ul>
<b>B.</b>	Are there any sport-specific factors (eg; football, basketball, others) that warrant additional call out or consideration with respect to your responses above?
<b>C.</b>	If implementation of one or more of the alternatives identified above would require interim or permanent legislative or policy waiver or change, would you support that?

<b>Issue Description/Assumptions</b>
Institutions are currently permitted to provide recommended workouts to student-athletes, to provide them with instructional video and to require student-athletes to report back on voluntary workout activities only to medical providers. However, virtual workouts and coach-led team practices during the summer period are not permitted under NCAA legislation or existing COVID-19 waivers. Schools and conferences have identified the possibility of virtual workouts and summer practices as potential alternatives that could help student-athletes maintain physical fitness and requisite skill levels prior to returning to traditional and non-traditional workouts in the fall. NCAA legislation and policy identify numerous required or recommended health and safety precautions that must be satisfied in connection with student-athlete participation in required practice activities. Because none of the existing legislative or policy provisions contemplated virtual practices or team practice activities occurring during the summer period, stakeholders are soliciting input with respect to whether, if permitted, existing health and safety precautions must apply to these

activities or whether there may be flexibility via alternative measures that might adequately address health and safety considerations in these scenarios.

### Summary of Subcommittee Feedback

#### 1. Required or School-Conducted Virtual Physical Athletically Related Activities

The subcommittee reviewed the various health and safety requirements and considerations set forth in applicable NCAA legislation and association-wide policy including those provisions described in the “Input/Context” section above. It acknowledged that it would be incredibly challenging, but not necessarily impossible, for an institution to adequately address all of the precautions via a virtual model and that the challenge would vary depending on the workout model being utilized (eg; one or two athletes vs. large groups or entire teams). For example, DI legislation requires the presence of first aid/AED/CPR-certified personnel during all physical, countable athletically related activities. Additionally, [association-wide catastrophic injury prevention materials](#) provide that an institution should have emergency action plans that account for:

- Fast access to AED technology;
- Specifics related to the venue, sport and circumstances which, for virtual workouts, would vary further by student-athlete circumstance;
- A wide variety of risks including, among others, head and neck injuries, cardiac arrest, exertional heat illness and heat stroke, exertional rhabdomyolysis, asthma, exertional collapse associated with sickle cell trait and diabetic emergency; and
- Workout plans that should be prepared in advance, documented and should account for various health and safety considerations including a workout location designed to accommodate venue-specific emergency action planning.

With respect to required and/or school-conducted virtual physical athletically related activities, the subcommittee identified that the health & safety risks would be no different than they are for on-campus workouts such that *if all existing health & safety requirements are met*, there would be no student-athlete well-being rationale for prohibiting these types of activities.

#### 2. Voluntary/Discretionary Virtual Workouts

Assuming that a workout is truly voluntary (both in perception and legislatively), the subcommittee identified a potential health & safety benefit related to providing flexibility for strength and conditioning coaches to observe certain aspects of virtual workouts, especially where the observation or specific health and safety feedback (eg; proper form) has been requested, unsolicited, by the student-athlete. While the majority of the various legislative and policy requirements that apply to required or school-conducted workouts would not apply to these types of student-athlete initiated requests for observational support and feedback, the subcommittee did express that a school's willingness to participate in this way should proactively take into consideration the school's overarching responsibility to protect the health of, and provide a safe environment for, each student-athlete and address how the strength and conditioning coach would respond in the event that an unsafe workout environment is observed or in the event that a medical emergency occurs during the observational session. So long as these risks are adequately addressed, the subcommittee agreed that the identified health and safety benefit of virtual involvement of strength and conditioning coaches would support these types of activities. The subcommittee did not agree that the same identified health and safety benefit would apply where coaches are asked to participate in virtual skills training observation.

### **3. Organized Team Activities During Summer Period**

The subcommittee concluded that, generally, assuming activities are conducted in a manner consistent with state and local reopening guidelines and student-athletes are properly transitioned and acclimatized, the health & safety risks related to summer team activities would be no different than they are for on-campus practices during the school year; such that *so long as all existing health & safety requirements are met*, there would be no student-athlete well-being rationale for prohibiting these types of activities. However, the subcommittee highlighted the need for schools to pay close attention to transition and acclimatization best practices (eg; those intended to address heat, altitude, deconditioning risks) including, among others, those identified in the association-wide [catastrophic injury prevention policy](#), as student-athletes return to campus and resume physical training activities and it encouraged schools to consider a more conservative approach (eg; a longer transition period) where individual institutional or student-athlete factors or risks may warrant. Similarly, and in light of acclimatization and other injury data and related risks pertaining to "full pads" workouts, such team activities, if permitted for football, should be limited to no contact "helmet only" activities.



**CSMAS PREVENTION & PERFORMANCE SUBCOMMITTEE  
2020 Summer Access / Fall Preseason Transition Considerations**

<b>Areas of Inquiry / Requests for Input</b>	
<b>A.</b>	Can other student-athlete safety and well-being considerations be adequately addressed via existing legislation and policy requirements or are there COVID-specific factors (e.g., cancellation of spring practice) that may warrant changes:
	1. To existing preseason transition requirements (e.g., preseason practice structure/timelines)?
	2. To existing acclimatization period requirements?
	3. To other required health and safety practices for returning student-athletes (e.g., freshmen/transfers)?
<b>B.</b>	When taking into consideration potential COVID-19-specific impacts (e.g., delayed return to campus) is it possible that the safety and well-being of football student-athletes could be adequately addressed:
	1. Via transition period requirements (e.g., preseason practice structure/timelines) that are more flexible than those that are currently permitted?
	2. Via a football acclimatization period that is more flexible than that which is currently required?
<b>C.</b>	Please describe any specific data or industry best practices that may be applicable to your responses above.
<b>D.</b>	If implementation of one or more of the changes discussed above would require interim or permanent legislative or policy waiver or change, would you support that?

<b>Issue Description/Assumptions</b>
<p>Some higher resourced schools believe a more flexible approach to preseason practice structures and timelines is warranted because of practice time lost during the spring season. Other schools are concerned that delayed campus reopening may result in a truncated amount of time between the start of team activities and the first competition, especially where schools have elected to follow the resocialization principles and implement a phased return to athletics activities. In light of these concerns, the Division I Football Oversight Committee is soliciting input specific to potential health and safety factors that should be considered as part of the broader conversation around potential preseason schedule and workout adjustments. When possible, the feedback provided below is framed to address the needs of all returning fall sports.</p>

<b>Summary of Subcommittee Feedback</b>
<p>The subcommittee agreed that there are numerous COVID-specific factors that will necessitate careful consideration by institutional leadership, athletics and medical staff before and as part of student-athlete return to campus. These considerations will undoubtedly warrant changes to the traditional schedules of activities. Each student-athlete is physically and mentally unique and schools should assume that each has encountered distinct COVID-specific challenges since leaving campus. This means each student-athlete will adjust to re-entry differently. Because of COVID-related factors, planning for pre-workout screening, transition and acclimatization period activities will require increased and intentional focus. In most instances, school staff will be evaluating mental, physical and performance readiness for all student-athletes as they typically would for students who are new to the program (e.g., incoming freshman and transfers).</p> <p><b>COVID Impact on Physical Condition of Student-Athletes</b></p> <p>While traditional spring and summer activities may vary by division and school, the majority of student-athletes would typically be involved in a consistent cadence and mix of voluntary workouts, required workouts and team practices from the start of spring season until the start of preseason in the fall. These traditional routines create the opportunity for frequent and consistent touchpoints between staff and student-athletes, which allow staff to understand the status of a student-athlete's mental and physical condition throughout the spring and summer, and to predict with some certainty any challenges to transition periods ahead of fall sport activities. A shortened or cancelled spring season and any loss of access to on-campus VARA activities that typically follow spring season before the summer period would contribute to increased variability in the physical condition of student-athletes as they entered the summer months.</p> <p>Subsequently, where COVID interrupts and/or disrupts traditional campus and home schedules and routines during the summer months, student-athletes can be expected to experience vast differences in their ability to access proper nutrition, sleep, work out structures and facilities. These factors will only further expand the variability in physical condition from athlete to athlete and the speed with which they are able to safely resume physical workouts when they return in the summer and fall. For reference, examples of traditional spring/summer activities, and the potential COVID-related shift in those activities, are reflected in <a href="#"><u>Attachment 1</u></a>.</p>

### **COVID Impact on Mental Health of Student-Athletes**

Many mental health experts refer to COVID-19 as a “disaster of uncertainty” in that it creates a unique combination of sustained ambiguity and uncertainty that can result in lasting psychological trauma and burnout for those living through it. While students may eventually return to some normalcy on campus and attempt to recover from the first wave of COVID impact, they will simultaneously be dealing with many continuing future unknowns. In a recent [NCAA Survey](#) of more than 37,000 student-athletes, many reported experiencing high rates of mental distress since the discontinuation of formal college athletics activities, with over a third describing sleep difficulties, a quarter reporting feeling sadness and a sense of loss, and 1 in 10 reporting feeling so depressed it has been difficult to function “constantly” or “most every day.” In most instances, the rates of reported mental health concerns were 150% to 250% higher than that historically reported by NCAA student-athletes in the American College Health Association’s National College Health Assessment. In particular, mental health concerns were highest among student-athletes of color, those whose families are facing economic hardship, and those living alone. Not all of these challenges will be fully addressed via the return to campus. Accordingly, it will be critical for medical personnel to focus as much on the student-athletes’ psychological readiness to return as they do their physical state and for all athletics personnel to closely monitor and support the mental well-being of student-athletes, not just as they return but throughout the summer and subsequent preseason and fall season.

### **Anticipated Changes to Medical Clearance Process**

In addition to considering the incorporation of mental health readiness as part of the mandatory medical clearance process, staff should also consider other expanded screening practices designed to account for certain COVID-specific health impacts. For example, data is showing that previously undiagnosed and silent cardiac symptoms can be “unmasked” by COVID infection and, in some, the virus can create oxygen challenges or heart muscle inflammation that can lead to heart rhythm disturbances, cardiac muscle damage and compromised ability of the heart to pump blood optimally. These are issues beyond the expected pulmonary and respiratory challenges associated with the virus and they can manifest in individuals who are otherwise asymptomatic and previously healthy. In addition to these COVID-related medical complexities which may require additional screening steps, basic COVID-specific distancing and sanitation recommendations will require more space for exam activities and more time between visits. The culmination of all these changes will undoubtedly translate into longer and more complex medical clearance periods, especially for those institutions that have historically managed these activities entirely on campus. While there is great flexibility in how

schools design the return to play clearance process, and at least some of the screening activities can occur prior to return to campus, the subcommittee agreed that it is imperative that a thorough medical screening and clearance protocol be completed before preseason physical activities begin, as is currently legislated, and that schools proactively plan and account for these health and safety resource and scheduling adjustments.

#### **COVID-Specific Transition and Acclimatization Period Considerations**

In addition to the expected changes in the medical clearance process, schools should anticipate that the COVID-related considerations described above will impact traditional transition and acclimatization period considerations. The loss of structured physical workouts in the spring and summer and resulting changes to training loads will, for many student-athletes, impact various aspects of physiology (e.g., cardiovascular conditioning, musculoskeletal, soft tissue). Traditional transition and acclimatization considerations (e.g., cardiovascular conditioning, heat, altitude) are still very relevant and, when coupled with the loss of spring and summer activities and other physical and non-physical COVID-related impacts, they can create complex re-entry challenges for student-athletes. While athletes traditionally experience stress and fatigue on a regular basis, stress-coping ability is unique to each student-athlete and these COVID-specific considerations are not typical. It will be important for staff to carefully assess and evaluate, closely monitor and understand the impact of COVID-specific stressors in order to successfully manage overall physiological and psychological stress loads in order to avoid stress overload, during the transition and acclimatization periods.

#### *Initial Transition Period Before Other Required Physical Athletically Related Activities*

Data has demonstrated that student-athletes are generally more susceptible to injury during transition period training, and during assessments and evaluations of physical conditioning levels that are conducted during these same periods. Recommendation 3 of the NCAA's *Interassociation Recommendations: Preventing Catastrophic Injury and Death in Collegiate Athletes* (Catastrophic Materials) speaks to the vulnerability of student-athletes during the first week of activity of a transition period in training and the importance of establishing a 7-10 day initial transition period during which student-athletes are afforded the time to properly progress through the physiologic and environmental stresses placed upon them as they return to required activities. This initial transition opportunity becomes an increasingly imperative health and safety

consideration when the COVID-specific impacts described above are piled on to the traditional challenges of returning to formal physical activities following an extended break.

Given the significant variability in the physical and mental conditions of student-athletes as they begin to resume physical activities on campus this summer and fall, it will be critical for athletic departments to design proper assessments, evaluations and physiologic progressions that are based in exercise science and are sport and athlete-specific with respect to, among other things, the volume, intensity, mode and duration of conditioning and the incorporation of game-like movements. The subcommittee believes that this initial transition period, starting whenever student-athletes return to required and organized activities, should be 7-10 days in duration and otherwise consistent with the Catastrophic Materials and should be completed before the start of any other required physical activities. The subcommittee contemplated that the training and conditioning sessions conducted during this initial transition period will occur on campus, so that student-athletes can be properly observed, and that they will be intentionally administered and properly calibrated. Finally, if student-athletes participate in a material break from training (e.g.,  $\geq$  one week) between the end of required summer physical activities and the start of preseason activities, institutions should again consider and incorporate as necessary the same types of transition period considerations. For reference, examples of four different return to campus schedules, including applicable transition periods, are reflected in Attachment 2.

As part of its discussion and analysis of these issues, the subcommittee mentioned various evidence-based resources that have been published by relevant professional organizations, including but limited to, the National Strength and Conditioning Association, the Collegiate Strength and Conditioning Coaches Association, the National Athletic Trainers' Association, the College Athletic Trainers Society, and the Kori Stringer Institute, that may be helpful to the membership as it strategizes and navigates the design and implementation of appropriate assessment and evaluation activities and physical conditioning sessions during these COVID-impacted transitions periods.

*Football Acclimatization Period*

Separate from the transition period considerations described above, legislation in all three divisions contemplates a five-day acclimatization period in football that is intended to address the specific environmental and other physiological stressors related to the return to full gear and full team practices and playing environment. This acclimatization period

should remain at least five days in duration and otherwise adhere to legislative health and safety requirements. It should precede the start of any other preseason full practice (e.g., full speed/full pads) activities and should place particular focus on the impact of heat, altitude and other environmental stressors when combined with the introduction of full playing gear and other game-like factors. Where programs are participating in required summer athletic activities, the 5-day acclimatization period would happen after summer access activities and precede the start of full team preseason practices. Where programs are not participating in required summer athletic activities, the subcommittee believes that the 5-day acclimatization can happen as part of the 7-10 transition period. For reference, examples of three different return to campus schedules, including recommended acclimatization periods, are reflected in [Attachment 2](#).

*Necessary Adjustments to Summer/Fall Calendars and Limitations on Hours*

The subcommittee reviewed various preseason models shared by different athletic conferences, and it discussed the theory that leniency in weekly CARA hour restrictions and/or additional weeks may be needed within a traditional summer or preseason schedule to more fully address the health and safety needs of returning student-athletes.

The subcommittee agreed that the relevant transition period considerations can be properly accommodated within the traditional eight hours of required summer athletic activities; but, it acknowledged the potential value of providing some flexibility in hourly restrictions as teams move closer to full team practices, specifically where the additional hours are not used for full contact activities but are otherwise used to properly address transition and acclimatization considerations.

Because of the variations in state and local guidance and institutional application of the resocialization guidance, and in light of the unique nature of institutional risks, it is anticipated that the timing and details related to student-athlete return to campus will vary greatly from school to school. While some schools might return to campus in the very near future and incorporate many of the traditional voluntary and countable athletically related summer activities before returning for fall preseason, other schools may forego summer activities on campus altogether. Due to these variations and the unique and individualized nature of the institutional return to campus risks and requirements, the subcommittee believes that athletic departments, in consultation with institutional medical personnel and risk management and other school and conference leadership, are in the best position to design and implement appropriate preseason timelines.

*Application to Other Fall Sports and Required Activities*

The subcommittee considered and discussed whether and to what extent the initial transition period considerations would apply to other sports that will resume required activities in the fall (e.g., teams with traditional fall seasons and those participating in required workouts as part of a non-traditional season). The subcommittee agreed that the same risks and considerations would apply and, since other sports do not participate in summer access, the 7-10-day transition period would occur on the front end of preseason before other required team practice activities commence. For reference, see the last of the sample return to campus schedules reflected in Attachment 2. Similarly, scheduling flexibility should also be contemplated for these other sports if and to the extent adjustments to traditional fall schedules are determined to be necessary to address COVID-related health and safety considerations that may apply uniquely to a particular sport.

#### **Conclusion**

Regardless of variation in return to campus and return to athletics schedules, the subcommittee believes that the completion of appropriate pre-workout screening activities to assess mental and physical well-being and the proper design and incorporation of one or more transition periods, and for football, a final acclimatization period, before the start of fall preseason physical activities is critical to student-athlete health and safety. COVID-19 has undoubtedly increased the complexities, and will continue to impact health and safety considerations, related to return to athletics and preseason activities. Schools should be afforded appropriate flexibility with respect to their efforts to adequately account for and address these new challenges, and more specifically as they relate to the scheduling and completion of necessary medical clearance activities and transition and acclimatization periods. The subcommittee stressed that, above all, student-athlete health and safety must be prioritized over the start of team practice activities and fall scheduling challenges wherever those issues may be in conflict.



## Sample Fall Sport Athletic Activities

Spring through Preseason

Spring			Summer	
S&C	Spring Season	S&C	Voluntary	Preseason
<ul style="list-style-type: none"><li>• Required strength and conditioning.</li><li>• 8 hrs/week.</li></ul>	<ul style="list-style-type: none"><li>• Practice.</li><li>• Competition.</li></ul>	<ul style="list-style-type: none"><li>• Required strength and conditioning.</li><li>• 8 hrs/week.</li></ul>	<ul style="list-style-type: none"><li>• Supervised S&amp;C.</li></ul>	<ul style="list-style-type: none"><li>• Practice.</li></ul>

## Sample Division I Football Athletic Activities

Spring through Preseason

Spring		Summer		
S&C	Spring Practice	Voluntary	Required	Preseason
<ul style="list-style-type: none"><li>• Required strength and conditioning.</li><li>• 8 hrs/week.</li></ul>	<ul style="list-style-type: none"><li>• 34 days.</li><li>• 15 practices.</li><li>• 1 scrimmage.</li></ul>	<ul style="list-style-type: none"><li>• Supervised S&amp;C.</li></ul>	<ul style="list-style-type: none"><li>• 8 weeks.</li><li>• 8 hrs/week.</li><li>• Conducted S&amp;C, film review.</li></ul>	<ul style="list-style-type: none"><li>• Five-day acclimatization.</li><li>• 29 days.</li><li>• 25 practices.</li></ul>

## Sample Fall Sport Athletic Activities

### Spring through Preseason

Spring			Summer	
S&C	Spring Season	S&C	Voluntary	Preseason
<ul style="list-style-type: none"><li>• Required strength and conditioning.</li><li>• 8 hrs/week.</li></ul>	<ul style="list-style-type: none"><li>• Practice.</li><li>• Competition.</li></ul>	<ul style="list-style-type: none"><li>• Required strength and conditioning.</li><li>• 8 hrs/week.</li></ul>	<ul style="list-style-type: none"><li>• Supervised S&amp;C.</li></ul>	<ul style="list-style-type: none"><li>• Practice.</li></ul>

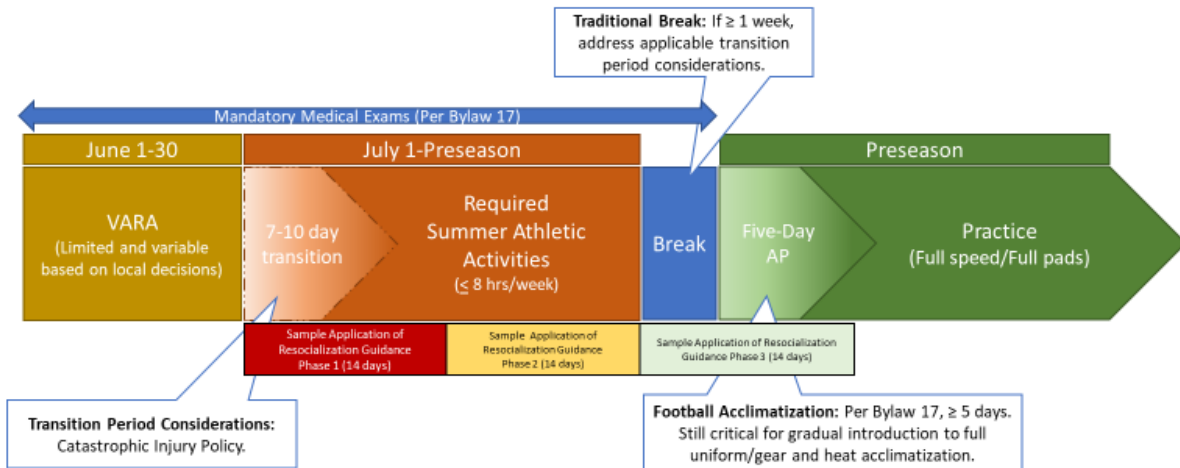
## 2019-20 Division I Football Athletic Activities

### Spring through Preseason Due to COVID-19

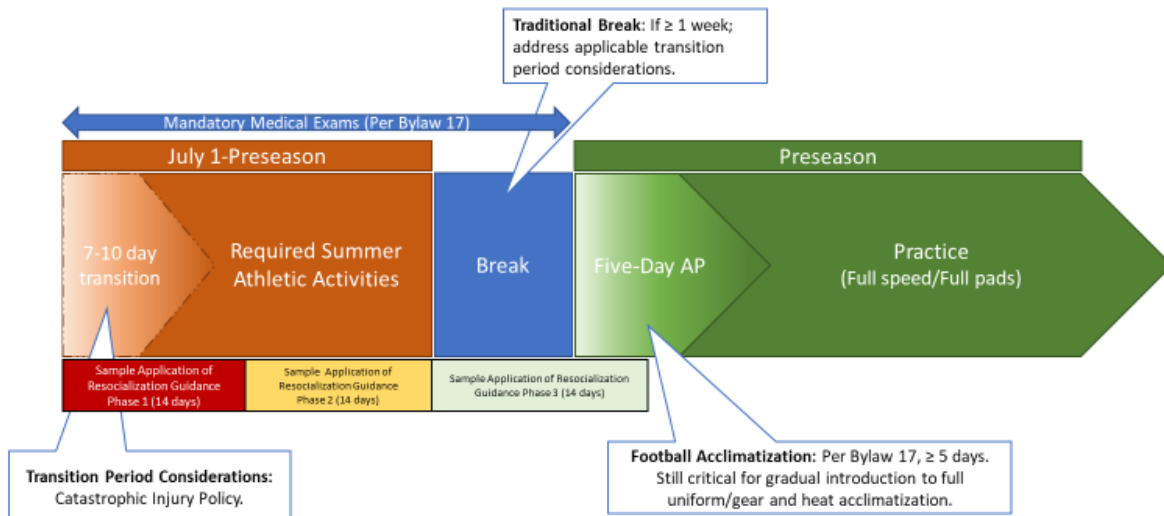
Spring		Summer		
S&C	Spring Practice	Voluntary	Required	Preseason
<ul style="list-style-type: none"><li>• Required strength and conditioning.</li><li>• 8 hrs/week.</li></ul>	<ul style="list-style-type: none"><li>• 34 days.</li><li>• 15 practices.</li><li>• 1 scrimmage.</li></ul>	<ul style="list-style-type: none"><li>• Supervised S&amp;C.</li></ul>	<ul style="list-style-type: none"><li>• ≤ 8 weeks.</li><li>• 8 hrs/week.</li><li>• Conducted S&amp;C, film review.</li></ul>	<ul style="list-style-type: none"><li>• Five-day acclimatization.</li><li>• 29 days.</li><li>• 25 practices.</li></ul>

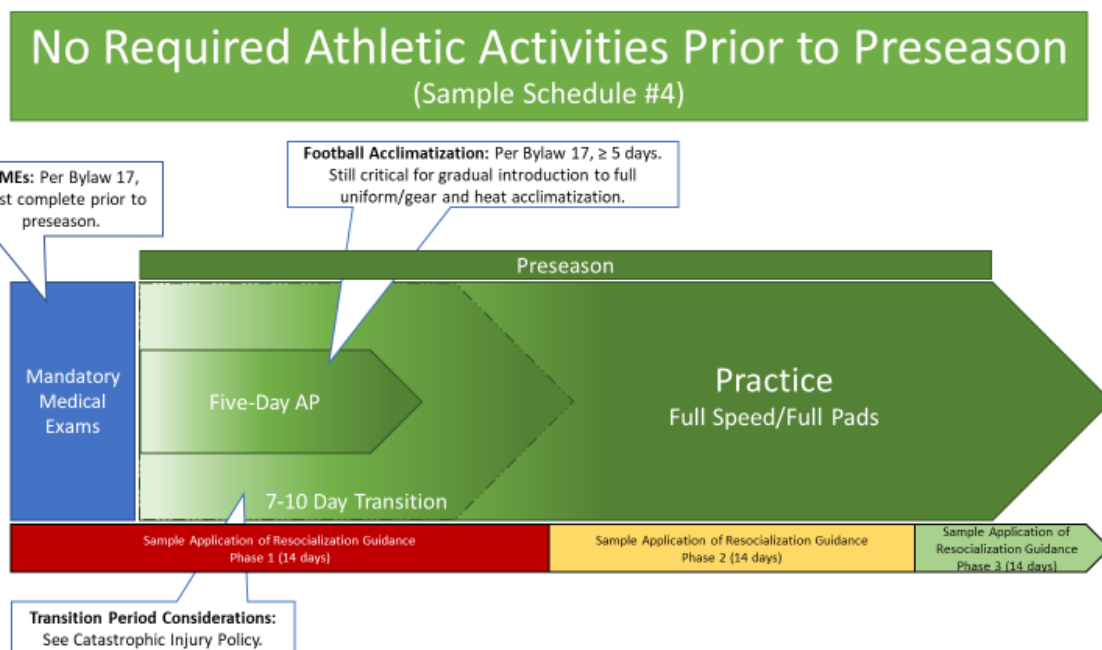
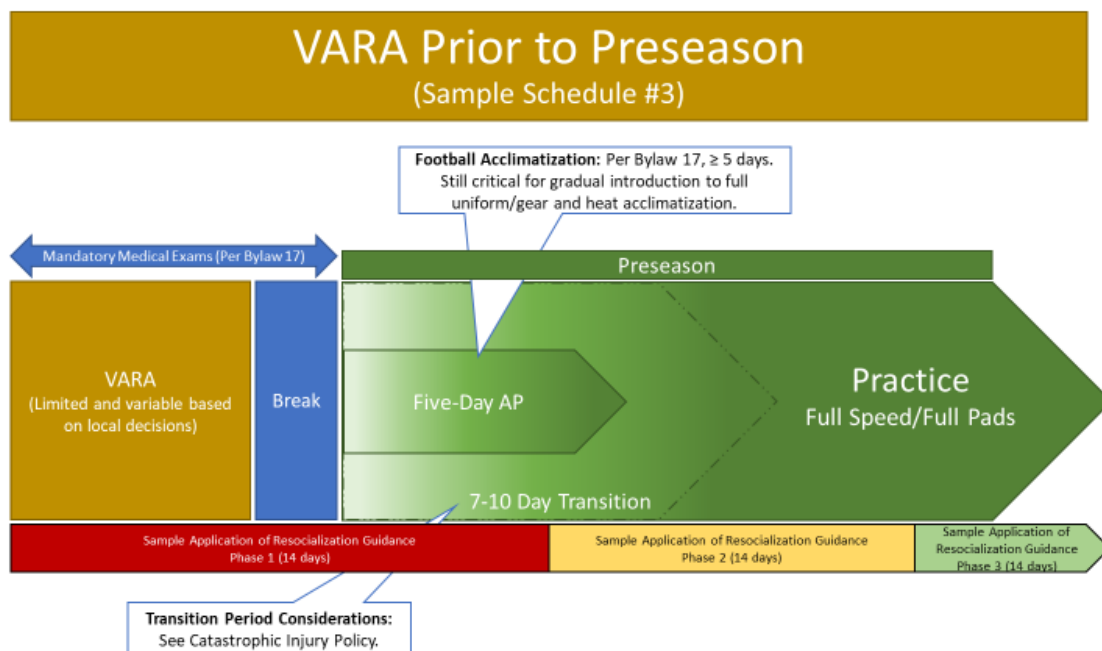


## VARA and Required Summer Athletic Activities Prior to Preseason (Sample Schedule #1)



## Required Summer Athletic Activities Prior to Preseason (Sample Schedule #2)







## **GUIDANCE MEDICAL CARE AND COVERAGE FOR STUDENT-ATHLETES AT AWAY EVENTS**

### **Purpose.**

Each institution has a legislative responsibility to provide medical care and coverage for its own student-athletes who are participating in sanctioned athletic activities, regardless of whether the events are occurring on campus or at another location. Despite common historical practice, an institution should not assume that a host institution will agree to take on those responsibilities for its visiting student-athletes. Rather, it should carefully consider all its obligations related to the provision of medical care at away events, and proactively assess the alternatives through which it might satisfy those responsibilities. Similarly, before agreeing to assume responsibility for visiting student-athletes, a host institution should carefully consider the various medical and legal implications of doing so.

This document is intended to provide guidance to the membership on the institutional obligations, and some of the more relevant corresponding considerations, related to the provision of medical care and coverage for NCAA student-athletes who are participating in school-sponsored practice and competition at locations other than their home institutional facilities.

The information contained in these materials is for educational purposes only and is not intended to constitute, or be a substitute for, medical or legal advice. The information provided is not intended to be exhaustive, and we encourage membership to review these materials with applicable campus medical, legal and risk management authorities to determine whether and how best to use this information to address individual institutional risks and requirements.

### **Who should read this document?**

Those who may be involved with the oversight or delivery of athletic health care, including, but not limited to:

1. Athletics Health Care Administrators.
2. Compliance staff.
3. Conference commissioners.
4. Directors of Athletics.
5. Faculty Athletic Representatives.
6. Coaching staff.
7. Presidents and Chancellors.
8. Team physicians, Athletic trainers and other team health care providers.

9. Legal Counsel and Risk Management Staff.
10. Student-Athletes.

**Applicable institutional obligations.**

There are several association-wide legislative and policy provisions that apply to an institution's provision of medical care and coverage for NCAA student-athletes who are participating in school-sponsored practice and competition at locations other than their home institution facilities. For example:\*

1. An active member institution must conduct its athletic program in a manner designed to protect and enhance the physical well-being of student-athletes and it has a responsibility to protect the health of, and provide a safe environment for, each student-athlete.<sup>i</sup>
2. An active member institution must designate a properly credentialed and licensed physician for each of its teams and that individual must have authority to oversee the medical services incidental to the participation of the members of the team.<sup>ii</sup>
3. An active member institution must establish an administrative structure that ensures that the primary athletics health care providers (i.e., the team physicians and athletic trainers) have unchallengeable autonomous authority to determine the medical management and return-to-play decisions related to student-athletes.<sup>iii</sup>
4. An active member institution's policies should provide that any student-athlete who exhibits signs, symptoms or behaviors consistent with concussion must be evaluated by a medical staff member (e.g.; sports medicine staff, team physician) with experience in the evaluation and management of concussions; and, if diagnosed with a concussion, cleared to return to athletics activity only as determined by the team physician or physician's designee.<sup>iv</sup>
5. An active member institution's policies should provide that medical personnel with training in the diagnosis, treatment and initial management of acute concussion must be on site at the campus or arena of each competition, and available to be contacted at any time via telephone, messaging, email, beeper or other immediate communication means during all practices involving specified contact/collision sports (basketball, equestrian, field hockey, football, ice hockey, lacrosse, pole vault, rugby, skiing, soccer, wrestling).<sup>v vi</sup>
6. An active member institution must have a properly rehearsed emergency action plan for *all* venues (home and away) in which practices or competitions are conducted and the plan must specifically address medical care related to concussions and catastrophic injuries, including head and neck injuries, cardiac arrest, heat illness and heat stroke, exertional

rhabdomyolysis, exertional collapse associated with sickle cell trait, any exertional or nonexertional collapse, asthma, diabetic emergency and mental health emergency.<sup>vii viii</sup>

7. An active member institution must provide medical care and coverage for student-athletes for all athletically related injuries incurred during intercollegiate sports activities including team travel, competition, practices and conditioning.<sup>ix</sup>
8. An institution is required to collect and submit data detailing concussion and catastrophic events involving student-athletes.<sup>x xi</sup>

*\* Some of the more relevant NCAA legislative provisions and policies have been summarized above for simplicity and convenience. They are not intended to reflect the full text of the legislation or policies or to provide an exhaustive list of applicable materials. The full text of all relevant NCAA institutional obligations can be found in the applicable divisional manuals and Board of Governors materials located on the NCAA website.*

### **Obligations related to away activities.**

Each institution is responsible for complying with the above membership obligations for each of its respective teams and student-athletes regardless of whether athletic activities occur on campus or at another location. The obligations do not change when a team departs campus for an away practice or competition. That said, applicable legislation and policy provide institutions with significant flexibility in determining how to satisfy these obligations. For example, the above provisions do not mandate that institutional staff must fulfill the various requirements involving medical personnel. In fact, historically, many host schools have made primary athletics health care providers available to provide health care to visiting teams traveling without medical personnel. Some teams have also contracted services from independent third-party care providers for certain events. Each institution should carefully consider all available options, and the corresponding risks and benefit considerations, to identify which alternatives best support its individual compliance needs. Some of the more relevant considerations are identified and described below.

### **Considerations.**

Whether an institution elects to send their own medical personnel to away events or coordinate care through the host institution or a third-party provider, it is important to evaluate all of the medical and legal factors that may impact its ability to comply with legislative, policy and other applicable obligations. Because the considerations are different for visiting programs and host institutions, they are addressed in separate sections below and members are encouraged to carefully review both perspectives. While these materials identify some of the more relevant considerations, these materials are not exhaustive in nature and we encourage each institution to work with applicable campus medical, legal and risk management authorities to evaluate these considerations and to identify any others that may impact institutional risks and requirements.

### **Other applicable laws, policies, obligations.**

NCAA legislative and policy requirements reflect only one of many sources of potential obligations for an institution. There may also be state or federal laws and institutional or educational system policies or obligations that govern or impact how an institution elects to manage medical care and coverage at events occurring away from campus facilities. For example, state and federal laws and institutional policies may impact who can or must provide medical services at non-campus events and whether and which medical and personal information can or must be shared with non-institutional staff as part of medical decision making. For example, while [\*The Sports Medicine Licensure Clarity Act of 2018\*](#) offers general protection for most health care professionals who provide care outside their home state of licensure, the law, as well as how it intersects with state and federal laws governing the transport and dispensing of pharmaceuticals, can be nuanced and require thoughtful review and clear understanding. Similarly, institutional agreements (with employees, student-athletes and third parties) may limit or require certain practices or processes related to the sharing of information or the provision or oversight of medical care beyond those that are contemplated in NCAA legislation and policy. It is important to work closely with legal and other knowledgeable institutional advisors to identify, understand and address these additional obligations to the extent they exist.

### **Other institutional considerations for traveling teams.**

- 1. Appropriate staffing:** Some membership obligations require that medical personnel with certain credentials or skill sets be available or present in certain specific scenarios to provide care and/or decision making.<sup>iv-vi</sup> With respect to institutions sending teams to away events, compliance with these obligations will require a clear understanding of event logistics and staff resources, credentials and availability. Whether sending its own staff or relying on third-party staffing, a visiting institution should consider clarifying and documenting which medical personnel (visiting and hosting) will be assigned to cover each away event and the specific roles/responsibilities of each. If relying on third-party staffing, the institution should consider a written agreement reflecting the same.
- 2. Emergency action plan (EAP):** An institution must have an EAP for *all* venues (home and away) in which practices or competitions are conducted and the plan must speak specifically to catastrophic injuries and various other injury categories.<sup>vii viii</sup> The EAP must be properly understood and rehearsed by applicable personnel. Whether sending its own staff or relying on third-party staffing, an institution should consider requesting a copy of the host school's EAP and reviewing as necessary to confirm whether it can be relied upon to adequately satisfy the visiting institution's obligations. If an institution is sending its own medical personnel to the away event, personnel should become familiar with and have access to necessary emergency equipment and treatment facilities. Again, regardless of how it elects to staff away events, a visiting institution should consider clarifying and documenting which medical professionals and other staff (visiting and hosting) will play a

role in the implementation of the EAP and the roles/responsibilities of each. If relying on third-party staffing, the institution should consider a written agreement reflecting the same.

3. **Independent medical care:** NCAA independent medical care legislation empowers team physicians and athletic trainers with final decision-making authority regarding the diagnosis, management and return-to-sport determinations for student-athletes, free from influence exerted by non-medical professionals such as coaches or athletic administrators.<sup>iii</sup> While other members of the institutional sports medicine team, and providers at host institutions and contracted third party providers, may work with the institutional health care providers in an integrative and consultative manner, the primary athletics health care providers (team physicians and athletic trainers) at the visiting team's institution are ultimately responsible when it comes to medical management and return-to-play decisions related to their traveling student-athletes. If an institution's primary athletics health care providers will not travel with a team to an away event, coaches and other staff will be expected to follow the protocols established by them prior to the trip. A visiting institution should consider whether existing travel policies and guidelines adequately account for independent medical care and decision making in the absence of institutional medical personnel. If an institution intends to rely on the care and decision making of the host institution or third party medical staff, the institution should consider clearly documenting that delegation of authority and the acknowledgement of responsibility by the host institution or third party, prior to the away event as part of the paperwork to be executed by the host institution. This type of written delegation and acknowledgement of authority would be interpreted as a delegation of the corresponding independent medical care authority of the visiting institution's or contracted third party's medical personnel such that the medical decision making of the host institution or third party medical providers should not be challenged by visiting team coaches or others.
4. **Equipment and supplies:** The availability of adequate medical equipment and supplies at an away event will impact a visiting institution's ability to satisfy its medical care obligations. Accordingly, and whether sending its own staff or relying on third-party staffing, an institution should consider proactively coordinating with medical personnel at the host institution or third party provider to identify any specific equipment and supply needs that will not be met through the visiting team's travel practices. Similarly, because regulations related to the transport and dispensation of controlled substances can be nuanced and can vary from state to state, a visiting institution should consider careful review of applicable regulations to evaluate whether traveling medical staff or, if applicable, visiting institution medical personnel can properly accommodate visiting team pharmaceutical needs as intended.
5. **Confidentiality and consent to treat:** Visiting team medical personnel should consider the types of student-athlete medical records and personal information that may be required at an away event in order to adequately satisfy medical care obligations. If access to

necessary materials requires the visiting institution to travel with student-athlete medical records or other confidential information, or to provide a host institution or third party provider with access to such information, it should consider whether and to what extent those activities may be impacted by applicable privacy regulations and obligations. Similarly, any visiting institution that intends to rely on host institution or third-party medical staff should consider whether its standard student-athlete consent to treat protocols adequately account for and permit those activities.

6. **Reporting:** An institution is required to collect and submit data detailing concussion and catastrophic events involving student-athletes<sup>x xi</sup>, whether they occur as part of athletic events played at home or away from campus and it may have other institutional data collection and reporting obligations as well. An institution should consider reviewing its travel policies and guidelines and intended travel staffing plans to confirm whether they adequately address these reporting needs and requirements.
7. **Insurance:** An institution must provide medical coverage for student-athletes for all athletically related injuries incurred during intercollegiate sports activities including those that occur at away events or otherwise as part of team travel activities.<sup>ix</sup> Each visiting institution should consider reviewing its student-athlete medical coverage to confirm that it adequately extends to events away from campus and, to the extent it intends to rely on host institution or third party medical staff for student-athlete medical care and coverage, whether and to what extent that may impact existing policies and coverage. Similarly, each visiting institution should consider reviewing its employee-related policies to confirm that all services and responsibilities that it intends to be performed by institutional medical and other staff at or as part of away events are adequately covered.

#### **Other institutional considerations for hosting teams.**

1. **Appropriate staffing:** Some of the membership obligations require that medical personnel with certain credentials or skill sets be available or present in certain specific scenarios to provide care and/or decision making.<sup>iv-vi</sup> While it is permissible for a visiting institution to delegate these responsibilities to a host institution, before agreeing to assume responsibility for these obligations, a host institution should consider the specific needs of the visiting team, event logistics, and the availability, scope of employment, credentials and state licensing limitations of its institutional staff, and confirm that it can appropriately accommodate and fulfill the obligations. For example, the host institution should consider whether the scope of existing employment agreements and state licensing requirements for their primary athletics health care providers permit the provision of medical care and the dispensation of controlled substances to student-athletes from outside institutions and/or different states. If a host institution agrees to assume NCAA legislative or policy obligations related to the medical care of visiting student-athletes, it should consider clarifying and documenting in a written agreement with the visiting institution which of its

medical personnel and other staff will be assigned to cover applicable events and the specific roles/responsibilities of each.

2. **Emergency action plan (EAP):** Whether it has agreed to provide medical care and coverage to visiting student-athletes or not, and regardless of whether it is specifically requested, the host institution should consider proactively sharing a copy of its EAP with visiting teams. If and to the extent a host institution agrees to assume responsibility for medical care for visiting student-athletes, it should consider reviewing its own EAP to understand and confirm whether it can adequately address those additional assumed responsibilities. If there is any need to change or supplement its EAP in connection with the provision of care to visiting student-athletes or otherwise in connection with an athletics event, it should consider reviewing the revised EAP with all individuals, including visiting team staff, who may be involved with implementation of the EAP. Finally, a host institution should consider clarifying and documenting in a written agreement with the visiting institution which medical professionals and other staff (visiting and hosting) will play a role in the implementation of the EAP and the roles/responsibilities of each.
3. **Independent medical care:** NCAA independent medical care legislation empowers team physicians and athletic trainers with final decision-making authority regarding the diagnosis, management and return-to-sport determinations for student-athletes, free from influence exerted by non-medical professionals such as coaches or athletic administrators.<sup>iii</sup> A host institution should consider proactively contacting a visiting institution to confirm whether its primary athletics health care providers are planning to travel with the visiting team. Where a visiting team does not intend to travel with its medical personnel, the host institution should consider requesting a copy of institutional protocols pertaining to the diagnosis, management and return-to-sport determinations for visiting student-athletes. Similarly, if there is any question about who will be providing medical care to the visiting student-athletes, the host institution should consider clarifying expectations and resolving any open issues well before the date of the event. Where the visiting institution has delegated, and the host institution has formally agreed to assume, responsibility for the provision of medical care and decision making for visiting team student-athletes, and unless its otherwise indicated in conference guidelines or as part of the agreement between the institutions, it would be considered a delegation of the corresponding independent medical care authority of the visiting institution's medical personnel such that the medical decision making of the host institution medical providers should not be challenged by visiting team coaches or others.
4. **Equipment and supplies:** The availability of adequate medical equipment and supplies will impact an institution's ability to satisfy its medical care obligations. Accordingly, and whether or not it agrees to provide any medical care for visiting student-athletes, a host institution should consider proactively coordinating with medical personnel at the visiting institution to identify any specific equipment and supply needs that will not be met through

its own travel transport practices. Similarly, regulations related to the storage and dispensation of controlled substances are nuanced and vary from state to state. Before agreeing to store or dispense any controlled substances for a visiting institution, a host institution should consider careful review of applicable regulations to confirm how they may impact those the requested services. The host institution should consider discussing and documenting how the institutions agree to address those unmet needs and what, if any, obligations the visiting institution has agreed to fulfill.

5. **Confidentiality and consent to treat:** Where the host institution has agreed to provide medical care for visiting student-athletes, its medical personnel should consider the types of student-athlete medical records and personal information that may need to be readily available or accessible to adequately satisfy those assumed medical care responsibilities and should consider proactively coordinating with the visiting team medical personnel about those needs. If a visiting institution has asked the host institution to review or access medical records or other confidential information related to visiting team athletes, or the visiting team may require access to such information to fulfill assumed responsibilities related to the provision of medical care, it should consider whether and to what extent those activities may be limited or otherwise impacted by applicable privacy regulations and obligations. Similarly, a host institution that has agreed to provide medical care for visiting student-athletes should consider proactively consulting with the visiting team providers to confirm whether applicable student-athlete consent to treat protocols adequately account for and permit treatment by host institution medical personnel. It should also consider documenting that information as part of a written agreement with the visiting team's institution.
6. **Reporting:** A visiting institution is required to collect and submit data detailing concussion and catastrophic events involving student-athletes<sup>x xi</sup>, whether they occur as part of athletic events played at home or away from campus and it may have other institutional data collection and reporting obligations as well. If a host institution has agreed to provide medical care for visiting student-athletes, it should consider proactively consulting with the visiting institution to confirm whether it intends for host institution personnel to capture and record any injury data as part of those responsibilities and, if so, it should consider the impact of applicable privacy regulations and obligations on those activities. The host institution should consider including a description of applicable injury data recording and reporting responsibilities, if any, as part of a written agreement with the visiting team's institution.
7. **Insurance:** A host institution should consider reviewing its insurance policies that may involve or apply to visiting student-athletes and staff, event officials and non-employee staff to understand any underlying policy requirements or limitations and whether coverage applies as intended. Similarly, the host institution should consider reviewing its employee-related policies to confirm whether and to what extent they may impact its decision to agree

to assume responsibilities related to the provision of medical care for visiting student-athletes.

**Key takeaways.**

The NCAA has identified the potential for a gap in medical care for visiting teams during NCAA-sanctioned events. Such a gap would put visiting student-athletes at heightened risk. The NCAA Board of Governors has requested the creation and dissemination of these materials to remind member institutions about their obligations related to medical care and coverage as they relate to NCAA student-athletes who are participating in school-sponsored practice and competition at locations other than their home institutional facilities and to provide guidance with respect to related risks and considerations. In order to appropriately address the identified potential gap in care, each member institution should consider the following evaluative steps:

- ☐ Careful review of these materials, along with all athletics program scheduling and anticipated staffing models, with applicable campus medical, legal and risk management authorities to determine whether proposed staffing plans adequately address applicable medical care obligations for *both* home and away events.
- ☐ Identification of potential gaps that may result in non-compliance and identification of a plan (e.g., collaboration with conference or campus leadership to secure additional internal resources and/or creation of a plan to coordinate with host team institutions or licensed third parties) to address identified needs.
- ☐ Evaluation of whether any obligations or related issues might be most effectively managed at the conference level and coordination with conference membership and leadership to explore alternatives.
- ☐ Evaluation of relevant insurance policies with applicable campus medical, legal and risk management authorities to confirm adequacy of coverage and identify and resolve any unintended gaps in coverage.
- ☐ Documentation of institution-wide expectations as part of conference/departmental/team travel policies and guidelines.
- ☐ Documentation of the details related to the delegation by a visiting institution of any of its medical care and coverage responsibilities and the assumption of those responsibilities by the conference, the host institution or another party.\*\*
- ☐ Timely communication to and education of all applicable athletics and other institutional staff about the details of team travel policies and guidelines, and any arrangements with

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other institutions or third-party medical providers related to the medical care and coverage of student-athletes participating in away events.

**\*\*** *As highlighted in the sections describing institution obligations and considerations above, each institution retains medical care and coverage obligations for its own student-athletes regardless of whether they are participating in home or away events. Despite common historical practice, an institution should not assume that a host institution will agree to take on those responsibilities with respect to its visiting student-athletes. Rather, if an institution anticipates that it will require the assistance of the conference, the host institution or another third party to fulfill its obligations related to the provision of medical care at away events, it should proactively communicate and coordinate with those other parties and come to an agreement around which responsibilities will be delegated by the visiting institution and assumed by the third party. These types of agreed upon details are best documented in a written agreement between the parties or, in the case of conference management, in the applicable conference policies and guidelines. The parties should consider simultaneously discussing and addressing, as applicable, the other considerations described above and, as necessary, including the same as part of their written documentation.*

## Endnotes

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	<b>DIVISION I</b>	<b>DIVISION II</b>	<b>DIVISION III</b>
<b>i.</b>	Constitution §2.2	Constitution §2.2	Constitution §2.2
<b>ii.</b>	Constitution §3.2.4.18	Constitution §3.2.4.20	Constitution §3.2.4.19
<b>iii.</b>	Constitution §3.2.4.19	Constitution §3.2.4.19	Constitution §3.2.4.20
<b>iv.</b>	Constitution §3.2.4.20(b)	Constitution §3.2.4.17(b)	Constitution §3.2.4.17(b)
<b>v.</b>	Constitution §3.2.4.20.1	Constitution §3.3.4.17	Constitution §3.2.4.17
<b>vi.</b>	NCAA Concussion Safety Protocol <a href="#">CHECKLIST</a>		
<b>vii.</b>	<a href="#">Report of the NCAA Board of Governors: April 30, 2019</a>		
<b>viii.</b>	<a href="#">Interassociation Recommendations</a> : Preventing Catastrophic Injury & Death in Collegiate Athletes		
<b>ix.</b>	Bylaws §16.4.1	Constitution §3.3.4.14	Constitution §3.2.4.8
<b>x.</b>	Constitution §4.3.4.21	Constitution §3.3.4.18	Constitution §3.2.4.18
<b>xi.</b>	Constitution §3.2.4.21	Constitution §3.3.4.21	Constitution §3.2.4.18

Citations Last Updated 2020-March-03



**NCAA Concussion Safety Protocol Checklist:  
Historical Summary and Committee on Competitive Safeguards  
and Medical Aspects of Sports Acknowledgement  
June 2020**

1. In 2010, all three divisions adopted legislation requiring an active member institution to have a concussion management plan for its student athletes.
2. In 2014, the NCAA and the College Athletic Trainers' Society (CATS) facilitated a Safety in College Football Summit which assembled a group of stakeholders from all disciplines in collegiate athletics including athletic trainers, neurologists, team physicians, sports medicine program directors, the American Football Coaches Association, college football coaches, administrators and conference commissioners, for the purpose of bring the athletics community and the medical community to the same table to evaluate key areas of player health and safety, to evaluate available research and to construct recommendations from the ground up. Their efforts resulted in the creation of a set of guidelines titled *Interassociation Consensus: Diagnosis and Management of Sport-Related Concussion Best Practices* (Consensus Guidelines) which were endorsed by numerous independent industry organizations and intended to be flexible in design to facilitate necessary change as science and medicine in the concussion space continued to evolve.
3. In early 2015, additional language was incorporated into the Division I Constitution (3.2.4.20.1) to require each autonomy five institution to submit annually its Concussion Safety Protocol for review by the NCAA Concussion Safety Protocol Committee. Simultaneously and to facilitate and support institutional compliance with this new concussion legislation and the Consensus Guidelines, the Division I Concussion Safety Protocol Committee (CSPC) developed a Concussion Safety Protocol Checklist (Checklist). Since that time, the Checklist has been widely distributed to institutions in all three divisions as a tool to inform the development and maintenance of concussion protocols. In Division I, the Checklist is also used to evaluate concussion protocols that are submitted as part of the annual review process
4. In February 2016 the NCAA and the CATS facilitated the second Safety in College Football Summit which resulted in a number of updates to the original Consensus Guidelines. The 5th International Conference on Concussion in Sport was held in Berlin, Germany, in October 2016. Participants published a 2017 Concussion in Sport Group (CISG) Consensus Statement which was designed to develop further conceptual understanding of sport-related concussion using an international expert consensus-based approach.
5. In early 2018, Divisions II and III adopted supplemental constitutional language (3.2.4.16) requiring that a school's legislatively required concussion management plan "*adhere to the process and format prescribed by the Board of Governors or designee*" and the language

specifically references the concussion protocol checklist as an example of such process and format by parenthetical.

6. Shortly thereafter, in June 2018, the NCAA Committee on Competitive Safeguards and Medical Aspects of Sport (CSMAS) recommended the creation of an Interassociation Concussion Safety Advisory Group (a/k/a the Concussion Safety Advisory Group or CSAG) to review existing and emerging science, best practices and policy, and to recommend, among other things, appropriate changes, if any, to the Checklist.
7. In December 2018, CSMAS reviewed the final CSAG roster and acknowledged its role, with oversight from CSMAS, as advisor to the Association on emerging development in concussion science and policy and as the group expected to recommend any necessary updates or changes to the Checklist. The CSAG is comprised of a broad group of industry stakeholders including representatives practicing in medicine, coaching, and institutional and conference administration as well as representatives of numerous endorsing organizations from within the medical and athletics industries and three student-athlete advisory committee representatives. The CSAG roster reflected significant overlap with rosters from other historical consensus and advisory groups including those that participated in the early Safety in College Football Summits, the CSPC, and the CSAG.
8. In October 2019, the NCAA Board of Governors was reminded about applicable concussion legislation in each division and it received a report regarding the creation and role of the CSAG and it approved a recommendation that CSMAS be designated to prescribe the process and format of the concussion management plans in Divisions II and III.
9. In early 2020 and in acknowledgement of the role of Checklist as a regularly updated tool by which schools can facilitate compliance with health and safety standards, Division I autonomy institutions revised the constitutional language (3.2.4.20.1) to provide that a school's annually submitted concussion safety protocol must be consistent with the Checklist.

**CSMAS ACKNOWLEDGEMENT:** Given the legislative and other relevant history described above, and for the purpose of clarifying the record, the Committee hereby formally acknowledges the historical efforts of the CSAG and the various ways in which the Checklist has been relied upon by membership and staff since its development and reiterates its intent that NCAA Concussion Safety Protocol Checklist, in the form recommended by the CSAG and approved by CSMAS, has reflected and will continue to represent the “*process and format*” to which concussion management plans in Divisions II and III must adhere pursuant to applicable divisional legislation.