



**REPORT OF THE
NCAA COMMITTEE ON COMPETITIVE SAFEGUARDS
AND MEDICAL ASPECTS OF SPORTS
SEPTEMBER 27-28, 2021, VIDEOCONFERENCE**

ACTION ITEM.

Legislative Item.

- NCAA Division I Bylaw 18.4.1.4.8 and NCAA Division II and III Bylaw 31.2.3.2 – Ineligibility for Use of Banned Drugs – Medical Exceptions.
 - a. Recommendation. Recommend that all three divisions adopt noncontroversial legislation to clarify that exceptions to the prohibition on use of any substance in a banned-drug class may be provided to a student-athlete, as specified in the policies and procedures of the Committee on Competitive Safeguards and Medical Aspects of Sports.
 - b. Effective date. Immediate.
 - c. Rationale. Existing legislation does not adequately reflect the original intent or current application of the NCAA medical exception policy, which was designed to ensure that evaluation of exception requests include consideration of emerging, science and medical industry trends. Additionally, existing variations in divisional legislation creates the potential for confusion. Clarifying in the legislation that banned substance medical exceptions will be managed in accordance with CSMAS-created policies and procedures will help ensure consistent interpretation across divisions and align the legislative language with the underlying intent and practice, similar to other administrative aspects of the NCAA Drug-Testing Program (e.g., drug-test appeals). This legislative clarification is administrative in nature and should not result in any modification of the application of the existing medical exception policy (e.g., medical exceptions for cannabinoids are not permissible).
 - d. Estimated budget impact. None.
 - e. Student-athlete impact. None.

INFORMATIONAL ITEMS.

1. **Approval of Meeting Minutes.** The committee approved the minutes of its June 14-15, 2021, videoconference.

2. **COVID-19 Operational Update.** The committee received a briefing of the ongoing work of the NCAA COVID-19 Medical Advisory Group, including a review of the [“Resocialization of Collegiate Sport: 2021 Fall Training and Competition”](#) document.
3. **Legislation Update.** The committee received an update on legislative proposals either recommended by it or developed with its input.
 - a. Drug-Test Appeals. Proposals (Division I Proposal No. 2021-3, Division II Proposal No. NC-2022-12 and Division III Proposal No. NC-2022-3) were adopted in all three divisions moving management of drug-testing appeals from legislative process to the policies and procedures that are established by CSMAS.
 - b. Elimination of Option to Decline Sickle Cell Test. As recommended by CSMAS, all three divisions have introduced legislation to eliminate the option for a student-athlete to sign a written release declining the sickle cell solubility test. The proposals (Division I Proposal No. 2021-TBD, Division II Proposal No. 2022-3 and Division III Proposal No. 2022-TBD) will be voted on in January 2022.
 - c. Preseason Review – Football.
 - (1) Prohibited Athletic Activities. All three divisions adopted proposals (Division I Proposal No. 2021-4, Division II Proposal No. EM-2022-1 and Division III Proposal No. NC-2022-2) that prohibit certain athletic activities that encourage or create straight-line contact not common to football (e.g., Oklahoma Drill). Four members of CSMAS participated in the Division I working group that developed the concept for the proposals.
 - (2) Preseason Practice Model – Division I. Division I adopted Proposal No. 2021-5 (football -- preseason practice model) which revised the football preseason practice model to extend the acclimatization period to seven days and to establish protective equipment and contact restrictions. Four members of CSMAS participated in the working group that developed the proposal.
 - (3) Practice Modifications – Divisions II and III. Divisions II and III introduced proposals (Division II Proposal No. 2022-8 and Division III Proposal No. 2022-TBD) that modify practice throughout the academic year. The Division II and III proposals, which will be voted on in January 2022, incorporate and expand upon the concepts adopted by Division I in Proposal No. 2021-5.

4. **Health and Safety Survey.** NCAA research staff suggested, and the committee supported, the development and implementation of a comprehensive student-athlete health and wellness survey. Historically, several different quadrennial surveys (NCAA Substance Use Study, NCAA GOALS Study and NCAA Social Environments) have been conducted for the purpose of gaining insight into student-athlete health and well-being, but due to COVID-19 campus closures and ongoing restrictions for in-person gatherings, the administration of some of these surveys was disrupted. Staff suggested the comprehensive survey as a timely opportunity to streamline and better coordinate/prioritize various topics from the quadrennial surveys, other health and well-being surveys (e.g., NCAA COVID-19 Well-Being Studies) and a range of other well-being items previously studied using other NCAA survey instruments. The consolidated well-being survey would examine relevant health and safety topics including, but not limited to, substance use, sleep, mental health, sexual violence, injury and pain, nutrition, and weight management and survey results would be used by the NCAA membership and its governing bodies for the purpose of further evaluating and better understanding the health and well-being aspects of the student-athlete experience. NCAA research staff communicated that it anticipates that the survey could be distributed to the membership as early as October of 2022, with results available sometime in the second half of 2023.
5. **Drug Free Sport International.** The committee received a summary report from Drug Free Sport International about the NCAA year-round and championships drug testing programs for the 2020-21 academic year. The report identified a continued trend of positive tests in the hormone and metabolic modulators class.
6. **Drug Testing.**
 - a. T/E ratio policy implementation update. The committee received an update on its June 2021 recommendation to move the NCAA Drug-Testing Program's T/E ratio to 4:1 to align with the ratio used by the World Anti-Doping Agency. Drug-testing operations were adjusted to reflect the policy change, including acquisition of necessary financial resources.
 - b. Discussion of Cannabinoid Policy.
 - (1) Membership survey. The committee reviewed preliminary results from the Survey on Institutional Cannabinoid Practices and Positions, which was sent to a variety of campus administrators in September. The survey, which was directed by the committee at its June 2021 meeting, is intended to inform the committee's ongoing deliberations about Association cannabinoid policy.

- (2) Cannabinoid policy. The committee continued its discussion on Association cannabinoid policy, reviewed factors and considerations related to potential cannabinoid policy options (including status quo), referred the vetting of possible policy changes to the newly created NCAA Committee on Competitive Safeguards and Medical Aspects of Sports Drug-Testing Subcommittee and requested that staff assist with the development of a prospectus for a meeting of stakeholders and industry and subject matter experts to further explore cannabis use as it relates to the safety, performance and wellness of student-athletes.

Specifically, the committee discussed the changing landscape regarding cannabis use and consequently recognized a growing need for policy change to re-center student-athlete health and well-being in Association cannabinoid policy. The committee noted that this re-centering must prioritize the 1) identification and deterrence of problematic use; 2) treatment and education over sanction; and 3) consideration of the fragmented nature of state laws as well as changing social opinions about cannabis. The committee directed the Drug-Testing Subcommittee to develop concrete policy recommendations that, at a minimum, consider the following policy issues: 1) THC thresholds; 2) sanctions for positive tests; and 3) rationale underlying continued cannabis testing at Championships. The committee requested concepts for review at its February 2022 meeting.

The committee also recognized that change to existing cannabinoid policy, while important for re-centering student-athlete health and well-being in the shorter-term, will leave substantive scientific and philosophical questions about cannabis and college athletics that must be addressed in the longer term. To this end, the committee directed staff to develop a prospectus for a meeting of stakeholders and industry and subject matter experts to further explore cannabis use as it relates to the safety, performance and wellness of student-athletes, with a preference that it be scheduled to occur before the end of 2022, logistics and finances permitting. The prospectus will be considered by the committee at its February 2022 meeting.

7. **NFHS Sports Medicine Advisory Committee**. The committee received an update about the National Federation of State High School Associations' Sports Medicine Advisory Committee.

8. **NCAA Injury Surveillance Program.** The committee received an update on data from the 2020-21 NCAA Injury Surveillance Program. The committee was also briefed on disruptions to data collection resulting from the impact of COVID-19 on institutional activities and resources, including a marked decrease in membership participation in the ISP during the 2020-21 academic year.
9. **Subcommittee Reports.**
 - a. Administrative Subcommittee. The committee reviewed and approved the report of the Administrative Subcommittee. Additionally, the committee took positions on two NCAA Division II legislative proposals, as recommended by the Administrative Subcommittee:
 - (1) Division II Proposal No. 2022-5 [2-4 (1-1)] (scrimmage against a four-year collegiate institution). Oppose. The committee did not support the proposal as drafted; specifically, the committee noted the proposal did not address timing of the scrimmage or appropriate physiological preparation for competition against another collegiate institution (e.g., the scrimmage could occur as early as the third practice session, which is the first permissible contact practice of the spring season). Additionally, the committee noted that it may be helpful to identify and review any available data on injury risk associated with scrimmages with other institutions.
 - (2) Division II Proposal No. 2022-9 [2-8 (1-4)] (elimination of group size restriction during individual skill instruction). No position. The committee noted preference for the concept to be addressed as part of NCAA Division II Proposal No. 2022-8 (2-7) (Football – Preseason Practice and Out-of-Season Athletically Related Activities Model).
 - b. Drug-Testing Subcommittee. In an effort to streamline and provide focus around this specific area of committee work, the committee created the Drug-Testing Subcommittee, which will address drug testing issues and oversee the drug testing appeals subcommittee. (See Attachment 1)
 - c. Prevention and Performance Subcommittee.
 - (1) Preseason injury prevention review. In June 2019, following the NCAA Board of Governors' endorsement of the Interassociation Recommendations: *Preventing Catastrophic Injury and Death in the Collegiate Athlete*, the committee referred a review of preseason injury prevention topics to the Prevention and Performance Subcommittee. The

committee received a report of the Prevention and Performance Subcommittee's work, which began in September 2021 following a long delay due to COVID-19. Specifically, the Prevention and Performance Subcommittee agreed to begin by reviewing the topic of preseason injury prevention in fall sports other than football and that the review would, at minimum, consider:

- (a) Existing football acclimatization legislation and possible application to other sports;
- (b) Lessons learned from COVID-19's impact on playing and practice seasons (e.g., timing of medical evaluations, transition period emphasis);
- (c) Takeaways from the recent review of the football preseason; and
- (d) Transition periods and other topically relevant considerations from the Interassociation Recommendations: Preventing Catastrophic Injury and Death in the College Athlete.

The Prevention and Performance Subcommittee noted ongoing membership interest in the topic and informed the committee that it requested feedback on the scope and content of the review from all three divisions. The Prevention and Performance Subcommittee expects to continue its work on this topic throughout the winter with potential recommendations for consideration at the committee's February or June 2022 meeting.

- (2) Subcommittee Charter. The committee approved a charter to make permanent the Prevention and Performance Subcommittee and to empower it to act on behalf of the committee to provide input on applicable playing rules proposals and waivers, review playing season issues and review other topically relevant issues referred by the committee. (See Attachment 2)
- d. Research Subcommittee. The committee approved content edits to the annual Institutional Performance Program Health and Safety Survey and the proposed distribution timeline as recommended by the Research Subcommittee. The survey, which is legislatively required to be completed by all NCAA Divisions I and II member schools, will be distributed on Tuesday November 16, 2021. The survey will close on Friday January 21, 2022.

10. **Governance Updates.**

- a. Division I. The committee received a Division I governance update, which included information about the divisional response to the NCAA External Gender Equity Review report and divisional efforts related to Name, Image and Likeness and modernization.
- b. Division II. The committee received a Division II governance update, which included information about the hosting of a Division II specific APPLE Training Institute focused on substance misuse prevention, continued divisional response to COVID-19 and several health and safety related proposals that may be voted on at the 2022 NCAA Convention.
- c. Division III. The committee received a Division III governance update, which included information about the division's efforts related to NIL, gender identity and transgender student-athlete participation, sexual violence prevention and health and safety related proposals.

11. **Concussion.**

- a. NCAA-DoD Grand Alliance Update. The committee received an update on the Concussion Assessment Research and Education Consortium, which is now moving into its long-term longitudinal phase, known as the CARE/Service Academy Longitudinal mTBI Outcomes Study (CARE-SALTOS Integrated Study). This third phase of CARE will investigate the nature and causes of long-term effects of head impact exposure and concussion/mild traumatic brain injury in NCAA student-athletes and military service members.
- b. Concussion Safety Advisory Group. The committee approved recommendations made by the Concussion Safety Advisory Group (see Attachment 3) to update the list of sports included as contact and collision sports in the Recognition and Diagnosis of Concussion section of the Concussion Safety Protocol Checklist and for which properly trained medical personnel must be present or available during certain athletic activities.

12. **Mental Health.**

- a. Diverse Student-Athlete Mental Health and Well-Being Summit – Final Report. The committee discussed and approved a plan to socialize the final report from the Diverse Student-Athlete Mental Health and Well-Being Summit with the membership and with applicable governance bodies no later than October. The

committee noted that the concepts detailed in the final report are not considered formal recommendations or membership requirements. Rather, NCAA committees, including CSMAS, may choose to leverage the ideas in the report in support of education, research and policy initiatives to assist the membership in their efforts to address the specific mental health challenges facing student-athletes of color.

- b. Mental health best practices document. The committee, as part of a broader effort to determine priorities and strategies in response to the final report from the Diverse Student Athlete Mental Health and Well-Being Summit, supported suggestions from Sports Science Institute staff related to the need for review and update of the NCAA Mental Health Best Practices document and the creation of a Mental Health Advisory Group that would work under the direction and oversight of CSMAS, that will lead review efforts and be responsible for advising the Association on emerging developments in mental health science and policy, including any recommended updates to the Mental Health Best Practices checklist.
13. **Gender Identity and Student-Athlete Participation Summit – Final Report.** The committee discussed and approved a plan to socialize the final report from the Gender Identity and Student-Athlete Participation Summit no later than mid-October. The committee noted that the concepts detailed in the final report are not considered formal recommendations or membership requirements. Rather, NCAA committees, including CSMAS, may choose to leverage the ideas in the report in support of education, research and policy initiatives to assist the membership in their efforts to support transgender and non-binary student-athletes participating in NCAA sports.
 14. **NIL and Constitutional Convention Briefing.** The committee received a briefing on NIL, the NCAA Constitutional Convention and ongoing congressional initiatives and discussed potential implications for health and safety.

Committee Chair: Stephanie Chu, University of Colorado, Boulder
Staff Liaisons: Leilani Hubbard, NCAA Academic and Membership Affairs
John Parsons, NCAA Sport Science Institute
Anne Rohlman, NCAA Sport Science Institute
Jessica Wagner, NCAA Sport Science Institute

Committee on Competitive Safeguards and Medical Aspects of Sports September 27-28, 2021, Videoconference
Attendees:
Alexia Autrey, King University
Pam Bruzina, University of Missouri, Columbia
Deena Casiero, University of Connecticut
Stephanie Chu, University of Colorado, Boulder
Pat Chun, Washington State University
Bob Colgate, National Federation High School Associations
N. Jeremi Duru, American University
Luis Feigenbaum, University of Miami (Florida)
Kirsten Ford, Rocky Mountain Athletic Conference
Alan Hirahara, California State University
James Houle, The Ohio State University
Yolanda Malone-Gilbert, The National Medical Association
Nadine Mastroleo, Binghamton University
Tim McMurray, Texas A&M University
Nicole Pieart, Aurora University
Julie Rochester, Northern Michigan University
Tim Singleton, Wingate University
Buddy Teevens, Dartmouth College
Kim Terrell, University of Oregon
Michelle Walsh, Vassar College
Auburn Weisensale, University of Pittsburgh
Talia Williams, Carleton College
Absentees:
Wiley Cain, Kentucky Wesleyan College
Dominic Franklin, Texas Southern University
Guests in Attendance:
Adrian Boltz, Datalys Center
Avinash Chandran, Datalys Center
Michelle Dorsey, Drug Free Sport International
Josh Scholten, Drug Free Sport International
NCAA Staff Liaison (or Staff Support if subcommittee) in Attendance:
Leilani Hubbard, John Parsons, Anne Rohlman and Jessica Wagner

Other NCAA Staff Members in Attendance:

Laura Arnett, Lydia Bell, Connor Bran, Dawn Buth, Jackie Campbell, Amanda Conklin, Amanda Dickey, LaGwyn Durden, Kelsey Gurganus, Brian Hainline, Chelsea Hooks, Leilani Hubbard, Maritza Jones, Jessica Kerr, Louise McCleary, John Parsons, Crystal Rogers, Anne Rohlman, Jared Tidemann and Jessica Wagner

NCAA COMMITTEE ON COMPETITIVE SAFEGUARDS AND MEDICAL ASPECTS OF SPORTS
DRUG-TESTING SUBCOMMITTEE CHARTER
(DRAFT 9/28/2021)

POSSIBLE ACTION: The NCAA Committee on Competitive Safeguards and Medical Aspects of Sports is asked to consider establishing the Drug-Testing Subcommittee per the proposed subcommittee charter.

Composition.

The NCAA Committee on Competitive Safeguards and Medical Aspects of Sports Drug-Testing Subcommittee shall consist of six members. The composition is:

1. CSMAS member occupying the Drug-Testing Expert position, who will also serve as chair of both the Drug-Testing Subcommittee and the Drug-Test Appeal Subcommittee. In the event the Drug-Testing Expert is elected vice-chair of CSMAS, the Administrative Subcommittee shall designate the drug-testing subcommittee chair;
2. Additionally, no fewer than four current members of CSMAS; and
3. One Student-Athlete Advisory Committee representative.

Each division must be represented by at least one drug-testing subcommittee member. At least 50% (3) of the subcommittee members must also be Drug-Test Appeal Subcommittee members. The CSMAS chair and vice-chair shall be ex-officio members of the drug-testing subcommittee.

Member Appointment.

Where necessary, the NCAA Committee on Competitive Safeguards and Medical Aspects of Sports Administrative Committee shall choose CSMAS members to serve on the Drug-Testing Subcommittee. Terms will generally be two years. The Chair of the Drug-Testing Subcommittee may request that a member serve a third year, subject to AdCom review.

Drug-Testing Subcommittee members should be chosen for their leadership ability, their willingness to serve, their ability to be available, and for their knowledge and/or familiarity with issues likely to come before the Drug-Testing Subcommittee.

At the request of the Drug-Testing Subcommittee, and at the discretion of the Chair, the Drug-Testing Subcommittee can request meeting participation and related expert input by one or more other CSMAS members or one or more other members of the Drug-Test Appeal Subcommittee when that expertise is relevant to issues under consideration.

Use of Alternates for Drug-Testing Subcommittee Meetings.

If a Drug-Testing Subcommittee member is unable to attend or participate in a Drug-Testing Subcommittee meeting or teleconference, no alternate may attend or participate on behalf of the absent member.

Authority and Duties

The Drug-Testing Subcommittee is empowered to:

1. Review drug-testing issues (e.g., banned substances, testing strategies, membership inquiries and current anti-doping trends), as referred by the CSMAS;
2. Oversee the Drug-Test Appeal Subcommittee;
 - a. The Drug-Testing Subcommittee shall remain informed on relevant aspects of the drug-test appeals process (e.g., trends); and
 - b. All Drug-Test Appeal Subcommittee decisions shall be final and not subject to further review.
3. Refer issues to another subcommittee of the CSMAS;
4. Develop recommendations or advisory opinions for CSMAS consideration; and
5. Additional duties and authority as granted by the CSMAS.

**NCAA COMMITTEE ON COMPETITIVE SAFEGUARDS AND MEDICAL ASPECTS OF SPORTS
PREVENTION AND PERFORMANCE SUBCOMMITTEE CHARTER
(DRAFT 9/28/2021)**

POSSIBLE ACTION: The NCAA Committee on Competitive Safeguards and Medical Aspects of Sports is asked to consider making permanent the Prevention and Performance Subcommittee per the proposed subcommittee charter.

Composition.

The NCAA Committee on Competitive Safeguards and Medical Aspects of Sports Prevention and Performance Subcommittee shall consist of five to seven members. The composition is:

1. At least one athletic trainer;
2. At least one physician;
3. Strength and conditioning specialist;
4. At least one Student-Athlete Advisory Committee representative; and
5. One to three at large members.

If at all possible, the subcommittee shall include one representative from each NCAA division. Additionally, the CSMAS chair and vice-chair shall be ex-officio members of the Prevention and Performance Subcommittee.

Member Appointment.

Where necessary, the NCAA Committee on Competitive Safeguards and Medical Aspects of Sports Administrative Committee shall choose CSMAS members to serve on the Prevention and Performance Subcommittee. Terms will generally be two years. The Chair of the Prevention and Performance Subcommittee may request that a member serve a third year, subject to AdCom review.

“At large” committee members should be chosen for their contribution to divisional representation. “At large” members may also be chosen for their leadership ability, their willingness to serve, their availability, and for their knowledge and/or familiarity with issues likely to come before the Prevention and Performance Subcommittee.

At the request of the Prevention and Performance Subcommittee, and at the discretion of the Chair, the Prevention and Performance Subcommittee can request meeting participation and related expert input by one or more other CSMAS members when that expertise is relevant to issues under consideration.

Use of Alternates.

If a Prevention and Performance Subcommittee member other than the student-athlete representative is unable to attend or participate in a Prevention and Performance meeting or teleconference, no alternate may attend or participate on behalf of the absent member. If the student-athlete representative appointed to the Prevention and Performance Subcommittee is unable to participate in a meeting or teleconference, another student-athlete member of the CSMAS may participate.

Authority and Duties.

The Prevention and Performance Subcommittee is empowered to:

1. Act on behalf of the CSMAS to provide input on playing rules proposals and waivers;
2. Review playing season issues (e.g., acclimatization and transition periods, periodization), as referred by the CSMAS.
 - Review clinical and personnel issues related to the playing season;
3. Refer issues to another subcommittee of the CSMAS;
4. Develop recommendations or advisory opinions for CSMAS consideration; and
5. Additional duties and authority as granted by the CSMAS.

All actions of the Prevention and Performance Subcommittee shall be effective immediately and shall be reported to the CSMAS at its next regularly scheduled meeting.

Concussion Safety Protocol Checklist

ACTION: The NCAA Committee on Competitive Safeguards and Medical Aspects of Sports is asked to consider changes to the Concussion Safety Protocol Checklist as recommended by the Concussion Safety Advisory Group.

Below is a checklist* that will help the athletics health care administrator ensure that the member school's concussion safety protocol is compliant with the Concussion Safety Protocol Legislation. This checklist, which has been recommended by the NCAA Concussion Safety Advisory Group and prescribed by the NCAA Committee on Competitive Safeguards and Medical Aspects of Sport, provides a foundation for member school concussion safety protocols that are important to clinicians and stakeholders who manage concussion and head injury in collegiate athletes. The checklist is not intended as a clinical practice guideline or legal standard of care and should not be interpreted as such. This checklist serves as a guide and, as such, is of a general nature, consistent with the reasonable practice of the healthcare professional. Individual treatment will depend on the facts and circumstances specific to each individual case.

Please do not hesitate to reach out to the NCAA Sport Science Institute at ssi@ncaa.org if you have any questions or concerns.

*Highlighted content represents an update from the prior checklist.

Pre-Season Education:

Education management plan that specifies:

- Institution has provided and allowed an opportunity to discuss concussion education material (e.g., NCAA concussion education fact sheet) or other applicable material annually to the following parties:
 - Student-athletes.
 - Coaches.
 - Team physicians.
 - Athletic trainers.
 - Directors of athletics.
 - Other personnel involved in student-athlete health and safety decision making.
- Each party provides a signed acknowledgement of having reviewed and understood the concussion material.

Concussion Safety Protocol Checklist

Pre-Participation Assessment:

Pre-participation management plan that specifies:

- Documentation that each NCAA student-athlete has received a pre-participation baseline concussion assessment at the member institution that addresses:
 - History of concussion or brain injury, neurologic disorder, and mental health symptoms and disorders.
 - Symptom evaluation.
 - Cognitive assessment.
 - Balance evaluation.
 - Team physician determines pre-participation clearance and/or the need for additional consultation or testing. *

**Consider a new baseline concussion assessment six months or beyond for any NCAA student-athlete with a documented concussion, especially those with complicated or multiple concussion history.*

Concussion Safety Protocol Checklist

Recognition and Diagnosis of Concussion:

Recognition and diagnosis of concussion management plan that specifies:

- Medical personnel with training in the diagnosis, treatment and initial management of acute concussion must be “present” at all NCAA competitions in the following contact/collision sports: acrobatics and tumbling; Alpine skiing; baseball; basketball; beach volleyball; diving; equestrian; field hockey; football; gymnastics; ice hockey; lacrosse; pole vault; rugby; ; soccer; softball; volleyball; water polo; wrestling. To be present means to be on site at the campus or arena of the competition. Medical personnel may be from either team or may be independently contracted for the event.
- Medical personnel with training in the diagnosis, treatment and initial management of acute concussion must be “available” at all NCAA practices in the following contact/collision sports: acrobatics and tumbling; Alpine skiing; baseball; basketball; beach volleyball; diving; equestrian; field hockey; football; gymnastics; ice hockey; lacrosse; pole vault; rugby; soccer; softball; volleyball; water polo; wrestling. To be available means that, at a minimum, medical personnel can be contacted at any time during the practice via telephone, messaging, email, beeper or other immediate communication means. Further, the case can be discussed through such communication, and immediate arrangements can be made for the athlete to be evaluated.
- Any student-athlete with signs/symptoms/behaviors consistent with concussion:
 - Must be removed from practice or competition for evaluation.
 - Evaluation must be by an athletic trainer or team physician (or physician designee) with concussion experience.
 - Must be removed from practice/play for that calendar day if concussion is confirmed or suspected.
 - May only return to play the same day if concussion is no longer suspected.

Concussion Safety Protocol Checklist

Initial Suspected Concussion Evaluation:

Initial suspected concussion evaluation management plan that specifies:

- Clinical assessment for cervical spine trauma, skull fracture, intracranial bleed or other catastrophic injury.
- Symptom assessment.
- Physical and neurological exam.
- Cognitive assessment.
- Balance exam.

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Concussion Safety Protocol Checklist

Post-Concussion Management:

Post-concussion management plan that specifies:

- Activation of emergency action plan*, including immediate assessment for any of the following scenarios:
 - If performed, Glasgow Coma Scale <13 on initial assessment, or GCS <15 at 2 hours or more post-initial assessment.
 - Prolonged loss of consciousness.
 - Focal neurological deficit suggesting intracranial trauma.
 - Repetitive emesis.
 - Persistently diminished/worsening mental status or other neurological signs/symptoms.
 - Spine injury.

**Emergency action plan may require transportation for further medical care.*

- Mechanism for serial evaluation and monitoring following injury.
- Documentation that post-concussion plan of care was communicated to both student-athlete and another adult responsible for the student-athlete, in oral and/or written form.

Concussion Safety Protocol Checklist

- Re-evaluation by a physician for a student-athlete with atypical presentation or persistent symptoms in order to consider additional diagnoses, * best management options, and consideration of referral.

**Additional diagnoses include, but are not limited to:*

- *Fatigue and/or sleep disorder.*
- *Migraine or other headache disorders.*
- *Mental health symptoms and disorders.*
- *Ocular dysfunction.*
- *Vestibular dysfunction.*
- *Cognitive impairment.*
- *Autonomic dysfunction.*

Concussion Safety Protocol Checklist

Return-to-Learn:

Return-to-learn management plan that specifies:

- Identification of a point person within athletics who will navigate return-to-learn with the student-athlete.
- Identification of a multi-disciplinary team* that will navigate more complex cases of prolonged return-to-learn:

**Multi-disciplinary team may include, but not be limited to:*

- *Team physician.*
- *Athletic trainer.*
- *Psychologist/counselor.*
- *Neuropsychologist consultant.*
- *Faculty athletics representative.*
- *Academic counselor.*
- *Course instructor(s).*
- *College administrators.*
- *Office of disability services representatives.*
- *Coaches.*

- Individualized initial plan that includes return to classroom/studying as tolerated.
- Re-evaluation by team physician (or their designee) if concussion symptoms worsen with academic challenges.

Concussion Safety Protocol Checklist

- Modification of schedule/academic accommodations, as indicated, with help from the identified point-person.
- Re-evaluation by team physician and members of the multi-disciplinary team, as appropriate, for student-athlete with atypical presentation or persistent symptoms lasting longer than two weeks.
- Engaging campus resources for cases that cannot be managed through schedule modification/academic accommodations.
 - Such campus resources must be consistent with ADAAA, and include at least one of the following:
 - Learning specialists.
 - Office of disability services.
 - ADAAA office.

Concussion Safety Protocol Checklist

Return-to-Sport:

Return-to-Sport management plan that specifies:

- Final determination of unrestricted return-to-sport is from the team physician or medically qualified physician designee.
- Each NCAA student-athlete with concussion must undergo a supervised stepwise progression* management plan by a health care provider with expertise in concussion that specifies:
 - Symptom-limited activities of daily living.
 - Light aerobic exercise without resistance training.
 - Sport-specific exercise and activity without head impact exposure.
 - Non-contact practice with progressive resistance training.
 - Unrestricted training.
 - Unrestricted return-to-sport. **

**It is typical for each step to be ≥ 24 hours.*

***Unrestricted return-to-sport should not occur prior to unrestricted return-to-learn for injuries occurring while the athlete is enrolled in classes.*

Concussion Safety Protocol Checklist

Reducing Head Impact Exposure:

- Reducing head impact exposure in a manner consistent with *Interassociation Recommendations: Preventing Catastrophic Injury and Death in Collegiate Athletes*. For example:
 - *All practices and competitions adhere to existing ethical standards.*
 - *Using playing or protective equipment (including the helmet) as a weapon is prohibited during all practices and competitions.*
 - *In all practices and competitions, deliberately inflicting injury on another player is prohibited.*
 - *All playing and protective equipment (including helmets), as applicable, meet relevant equipment safety standards and related certification requirements.*
 - *All contact/collision, helmeted practices and competitions adhere to keeping the head out of blocking and tackling.*
 - *Emphasizing education of proper technique to reduce head impact exposure for all contact and collision sports, with a special emphasis in the pre-season.*