



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.ⁱ
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.ⁱⁱ
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.ⁱⁱⁱ
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.^{iv}
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).^{v vi}
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.^{vii viii}

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.^{ix}
8. An institution is required to collect and submit data detailing concussion and catastrophic events involving student-athletes.^{x xi}

* *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.^{iv-vi} 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.^{vii viii} 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.ⁱⁱⁱ 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^{x xi}, 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.^{ix} 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.^{iv-vi} 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.ⁱⁱⁱ 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^{x xi}, 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/departamental/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

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

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

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