The following Concussion Safety Protocol Template\* is designed as an aid for NCAA schools to consider using in order to satisfy Divisions I, II and III concussion safety protocol legislation. The Template highlights all components of the updated NCAA Concussion Safety Protocol Checklist and provides shaded cells that schools may use to personalize their protocol. Recent updates to the NCAA Concussion Safety Protocol Checklist have resulted in corresponding updates to the prior version of the published Template. Updated content has been highlighted so that it can be more easily identified. Template content that is outside the scope of the Checklist has been indicated with an asterisk (\*) and is included for your convenience and consideration.

Institutions are not required to use the Template; rather, it is offered as a resource to support athletic departments in their concussion safety efforts.  The content of this Template is offered for educational purposes only and is not intended to constitute, or be a substitute for, medical or legal advice. The content 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. All concussion safety protocols, regardless if developed using the Template or another mechanism, must be consistent with all applicable divisional legislative requirements.

This Template includes, in the attached [Exhibit A](#ExhibitA), a sample Written Certification of Compliance form. Division I Constitution 3.2.4.20.1(g) requires Division I member institutions to include, as part of the Concussion Safety Protocol,a written certificate of compliance signed by the institution's athletics health care administrator and this form can be used for that purpose. While not legislatively required, the form can also be used by Division II and III institutions that have elected to include a certification as part of their protocol review process.

\* Highlighted content represents an update from the prior published version of the Template.

**School Name**

**Concussion Safety Protocol**

School Name Concussion Safety Protocol

**Introduction**

School Name is committed to protecting the health of and providing a safe environment for each of its participating NCAA student-athletes. To this end, and in accordance with NCAA legislation, School Name has adopted the following Concussion Safety Protocol for all NCAA student-athletes. This protocol identifies expectations for institutional concussion management practices as they relate to (1) the definition of sport-related concussion\*; (2) independent medical care\*; (3) preseason education; (4) pre-participation assessment; (5) recognition and diagnosis; (6) initial suspected concussion evaluation; (7) post-concussion management; (8) return-to-learn; (9) return-to-sport; and (10) limiting exposure to head trauma.

**1. Definition of Sport-Related Concussion\***

The Consensus Statement on Concussion in Sport, which resulted from the 5th international conference on concussion in sport, defines sport-related concussion as follows:

Sport-related concussion (SRC) is a traumatic brain injury induced by biomechanical forces. Several common features that may be utilized to clinically define the nature of a concussion head injury include:

* SRC may be caused either by a direct blow to the head, face, neck or elsewhere on the body with an impulsive force transmitted to the head.
* SRC typically results in the rapid onset of short-lived impairment of neurological function that resolves spontaneously. However, in some cases, signs and symptoms evolve over a number of minutes to hours.
* SRC may result in neuropathological changes, but the acute clinical signs and symptoms largely reflect a functional disturbance rather than a structural injury and, as such, no abnormality is seen on standard structural neuroimaging studies.
* SRC results in a range of clinical signs and symptoms that may or may not involve loss of consciousness. Resolution of the clinical and cognitive features typically follows a sequential course. However, in some cases symptoms may be prolonged.
* The clinical signs and symptoms cannot be explained by drug, alcohol or medication use, other injuries (such as cervical injuries, peripheral vestibular dysfunction, etc.) or other comorbidities (e.g., psychological factors or coexisting medical conditions).

**2. Independent Medical Care\***

As required by NCAA Independent Medical Care legislation, team physicians and athletic trainers shall have unchallengeable autonomous authority to determine medical management and return-to-activity decisions, including those pertaining to concussion and head trauma injuries, for all student-athletes.

**3. Preseason Education**

All NCAA student-athletes will be provided and allowed an opportunity to discuss educational material (e.g., the NCAA Concussion Education Fact Sheet) and be required to sign an acknowledgement, on an annual basis and prior to participation, that they have been provided, reviewed and understood the concussion education material.

All coaches, team physicians, athletic trainers, directors of athletics and other personnel involved in NCAA student-athlete health and safety decision making will be provided and allowed an opportunity to discuss educational material (e.g., the NCAA Concussion Education Fact Sheet) and be required to sign an acknowledgement, on an annual basis, that they have been provided, reviewed and understood the concussion education material.

**4. Pre-Participation Assessment**

All NCAA student-athletes will undergo a pre-participation baseline concussion assessment. This pre-participation assessment will be conducted at School Name and, at a minimum, will include assessment for the following:

* History of concussion or brain injury, neurologic disorder, and mental health symptoms and disorders.
* Symptom evaluation. (Identify tool to be used, e.g., Symptom evaluation in SCAT5)
* Cognitive assessment. (Identify and describe, e.g., ImPACT, Axon, paper and pencil)
* Balance evaluation. (Identify and describe, e.g. BESS, modified BESS, SCAT5, other)

The team physician will determine pre-participation clearance and any need for additional consultation or testing and will consider for a new baseline concussion assessment at six months or beyond for any NCAA student-athlete with a documented concussion, especially those with complicated or multiple concussion history.

**5. Recognition and Diagnosis of Concussion**

Medical personnel with training in the diagnosis, treatment and initial management of acute concussion will be present at all NCAA competitions in the following contact/collision sports: (list all sports that your institution sponsors from the following: basketball; equestrian; field hockey; football; ice hockey; lacrosse; pole vault; rugby; skiing; soccer; wrestling).

**NOTE:** To be present means to be on site at the campus or arena of the competition.

Medical personnel with training in the diagnosis, treatment and initial management of acute concussion will be available at all NCAA practices in the following contact/collision sports: (list all sports that your institution sponsors from the following: basketball; equestrian; field hockey; football; ice hockey; lacrosse; pole vault; rugby; skiing; soccer; wrestling).

**NOTE:** 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 and that the case can be discussed through such communication, and immediate arrangements can be made for the athlete to be evaluated.

Any NCAA student-athlete that exhibits signs, symptoms or behaviors consistent with concussion:

* Must be removed from practice or competition for evaluation.
* Must be evaluated 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 the athletic trainer, team physician or physician designee determines that concussion is no longer suspected.

**6. Initial Suspected Concussion Evaluation**

The initial concussion evaluation will include:

* Clinical assessment for cervical spine trauma, skull fracture, intracranial bleed or other catastrophic injury.
* Symptom assessment. (Identify the name of the tool)
* Physical and neurological exam. (Identify by name any additional special tests, such as King-Devick, Visual Ocular Motor Screen, etc.)
* Cognitive assessment. (Identify the name of the tool)
* Balance exam. (Identify the name of the tool)

**7. Post-concussion Management**

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.

Because concussion may evolve or manifest over time, for all suspected or diagnosed concussions, there will be in place a mechanism for serial evaluation of the student-athlete.

For all cases of diagnosed concussion, there must be documentation that post-concussion plan of care was communicated to both the student-athlete and another adult responsible for the student-athlete, in oral and/or written form.

Any NCAA student-athlete with atypical presentation or persistent symptoms will be re-evaluated by a physician in order to consider additional diagnoses, best management options, and consideration of referral. Additional diagnoses may include, among others: fatigue and/or sleep disorder; migraine or other headache disorders; mental health symptoms and disorders; ocular dysfunction; vestibular dysfunction; cognitive impairment and autonomic dysfunction.

**8 Return-to-Learn**

Returning to academic activities after a concussion is a parallel concept to returning to sport after concussion. Cognitive activities require brain energy utilization and after concussion, brain energy may not be available to perform normal cognitive exertion and function. The return-to-learn concept should follow an individualized and step-wise process overseen by a point person within the athletics department, who will navigate return-to-learn with the student-athlete and, in more complex cases of prolonged return-to-learn, work in conjunction with a multidisciplinary team that may vary student-to-student depending on the specifics of the case but may include, among others:

(list all that apply)

* Team physician.
* Athletic trainer.
* Psychologist/counselor. (Identify if student health services or department of athletics)
* Neuropsychologist consultant.
* Faculty athletics representative.
* Academic counselor.
* Course instructor(s).
* College administrators.
* Office of disability services representative.
* Coaches.

A student-athlete who has suffered a concussion will return to classroom/studying only as tolerated with modification of schedule/academic accommodations, as indicated, with help from the identified point-person. Campus resources will be engaged for cases that cannot be managed through schedule modification/academic accommodations. Campus resources will be consistent with the ADAAA and will include one of the following:

* Learning specialists.
* Office of Disability Services.
* ADAAA Office.

A student-athlete will be re-evaluated by a team physician (or their designee) if concussion symptoms worsen with academic challenges or in the event of atypical presentation or persistent symptoms lasting longer than two weeks.

**9. Return-to-Sport**

Unrestricted return-to-sport should not occur prior to unrestricted return-to-learn for concussions diagnosed while the student-athlete is enrolled in classes. Final determination of unrestricted return-to-sport will be made by a School Name team physician or his/her medically qualified designee following implementation of an individualized, supervised stepwise return-to-sport progression that includes:

1. Symptom-limited activities of daily living.
2. Light aerobic exercise without resistance training.
3. Sport-specific exercise and activity without head impact exposure.
4. Non-contact practice with progressive resistance training.
5. Unrestricted training.
6. Unrestricted return-to-sport.

The above stepwise progression will be supervised by a health care provider with expertise in concussion, with it being typical for each step in the progression to last at least 24 hours.

**NOTE:** If at any point the student-athlete becomes symptomatic (more symptomatic than baseline), the team physician or physician designee will be notified, and adjustments will be made to the return-to-sport progression. \*

**10. Reducing Head Impact Exposure**

School Name is committed to protecting the health of and providing a safe environment for each of its participating NCAA student-athletes. *To this end and in accordance with NCAA association-wide policy,*School Name*will reduce student-athlete head impact exposure in a manner consistent with Interassociation Recommendations: Preventing Catastrophic Injury and Death in Collegiate Athletes. For example:*

* School Name *teams will adhere to existing ethical standards in all practices and competitions.*
* *Using playing or protective equipment (including the helmet) as a weapon will be prohibited during all practices and competitions.*
* *Deliberately inflicting injury on another player will be prohibited in all practices and competitions.*
* *All playing and protective equipment (including helmets), as applicable, will meet relevant equipment safety standards and related certification requirements.*
* *School Name will keep the head out of blocking and tackling in contact/collision, helmeted practices and competitions.*
* *SCHOOL NAME will emphasize education of proper technique to reduce head impact exposure for all contact and collision sports, with a special emphasis in the pre-season.*

By signing and dating this form, I hereby certify, on behalf of [INSERT INSTITUTION NAME], that for the 2021-22 academic year, the attached Concussion Safety Protocol is consistent with the NCAA Concussion Safety Protocol Checklist and otherwise fulfills the requirements of all applicable NCAA Concussion Management Plan legislation.

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| ***Athletics Health Care Administrator (\*AHCA Signature Required for DI Institutions)*** |  | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Athletics Health Care Administrator | |  | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print or type Name  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Institution | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date | |

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| ***Additional Optional Signatures*** |
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