



Concussion Safety Protocol Checklist

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.

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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.*

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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.

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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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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.

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- 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.*

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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.

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- 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 ADA/AA, and include at least one of the following:
 - Learning specialists.
 - Office of disability services.
 - ADA/AA office.

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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.*

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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.*