



CONCUSSION MANAGEMENT PROTOCOL

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CONCUSSION MANAGEMENT GUIDELINES

I. INTRODUCTION

The NCAA Executive Committee has developed a consistent, association-wide approach to Concussion Management. It is the responsibility of all student-athletes to report injuries and illnesses to their Athletic Trainer. This includes, but is not limited to, signs and symptoms related to concussions.

The Clemson University Sports Medicine Department recognizes and acknowledges that concussions or traumatic brain injuries (TBI) need immediate attention. A concussion is defined as a generally short-lived impairment of neurological function brought on by a direct or indirect traumatic force applied to the head or body. Symptoms are usually rapid in onset, but of short duration and generally resolve spontaneously. It is usually a functional disturbance and not a structural one. Loss of consciousness may or may not be involved. Exact recovery periods from these types of head injuries are uncertain and will often vary.

Clemson University Sports Medicine adheres to the NCAA Legislation 3.2.4.17 *Concussion Management Plan*. In addition, Clemson University Sports Medicine abides by the *Independent Medical Care Guidelines (APPENDIX A)* and *Football Practice Guidelines (APPENDIX B)* as addressed by the *Safety in College Football Summit*.

All members of the Clemson University Sports Medicine staff will abide by the scope of their established professional practice. The Certified Athletic Trainers and Team Physicians of the Clemson University Sports Medicine staff are trained in the diagnosis, treatment and initial management of acute concussions. During NCAA competition of the following Clemson University sports; Football, Men and Women's Basketball, Men and Women's Soccer and Pole-vaulting, there will be a member of the Clemson University Sports Medicine staff on-site at the venue to manage any concussion related problems as it is written in our general protocol. In addition, as it pertains to the above listed sports, a member of the Clemson University Sports Medicine staff, at minimum, will be available during NCAA practices. Availability of staff is defined by being accessible at any time during these practices by means of telephone, messaging, email, beeper or any other immediate communication vehicle. A staff member will attend along with being available for the Clemson University practices of the previously listed sports. All of the concussion management progression lies exclusively with the Clemson University Sports Medicine Staff, and The Team Physician will make the final determination of return-to-play once asymptomatic and post-exertion assessments are within normal limits.

The entire concussion management process of the student-athlete from the baseline assessment, initial post-injury evaluation, and eventual return to full athletic and academic participation, including any diagnostic testing, shall be documented within their medical file.

II. BASELINE ASSESSMENT / EDUCATION

Prior to any athletic activity, every student-athlete will be required to sign a *Student-Athlete Concussion Statement Acknowledgement (APPENDIX D)* annually stating they receive, have read, and understand the information provided by the NCAA document *Concussion: A Fact Sheet for Student-Athletes (APPENDIX C)*. This document on concussions includes the definition of a concussion, how to prevent a concussion, the symptoms of a concussion, and how to report any concerns for themselves, or a teammate regarding a concussion.

Before any athletic participation, every student-athlete will undergo baseline testing. Baseline testing includes a medical history, a *Baseline Assessment Symptom Scale* with a Balance Error Scoring System (BESS) (**APPENDIX E**), and a computerized neuropsychological test.

All Clemson University Coaches, Strength and Conditioning Staff, Athletic Trainers, Team Physicians, Nieri Academic Staff, and the Director of Athletics will be required to sign an *Athletic Staff Concussion Statement Acknowledgment (APPENDIX G)* annually stating that they receive, have read, and understand the information provided by the NCAA document *Concussion: A Fact Sheet for Coaches (APPENDIX F)*. This document includes facts and the definition of a concussion, signs and symptoms to be aware of, how to prevent concussions, and what to do if they suspect a concussion has occurred in a student-athlete.

In an attempt to educate student-athlete's playing football, the Clemson University Football coaches go over drills to teach proper form prior to contact during fall and spring practice. These sessions are videoed and kept on file.

III. CONCUSSION

The Clemson University Sports Medicine team will determine whether or not a concussion has occurred, realizing that each concussion and each student-athlete are different and individual treatment plans are necessary.

Signs and Symptoms of a Possible Concussion (including but not limited to):

- Headache
- Nausea
- Balance Problems
- Dizziness
- Diplopia - Double Vision
- Confusion
- Photophobia – Light Sensitivity
- Difficulty Sleeping
- Misophonia – Noise Sensitivity
- Blurred Vision
- Feeling Sluggish or Groggy
- Memory Problems
- Difficulty Concentrating

When a student-athlete exhibits signs, symptoms, or behavior consistent with a possible concussion, they shall be removed from practice or competition and evaluated by the Certified Athletic Trainer and/or the Team Physician. The student-athlete will be evaluated and monitored for a minimum of 15 minutes to determine their status as it relates to being concussed. Once a student-athlete has been diagnosed with having a concussion, they shall be removed from physical activity for the remainder of that day, and not allowed to participate in academic activities. The student-athlete, or their parent, guardian, or roommate, will be provided instructions on further care and the *Concussion Head Injury Information Take-Home Instructions* (**APPENDIX H**) upon discharge.

The student-athlete will be monitored multiple times daily for progression of symptoms from rest, physical exertion, and mental exertion by the Clemson University Sports Medicine staff. ***The student-athlete will see a Team Physician every morning, and at other times throughout the day as deemed necessary, to determine their status as it pertains to their concussion symptoms, their athletic participation status, and their academic participation status.*** The Clemson University Sports Medicine Staff will use a *Concussion Assessment Symptom Scale* (**APPENDIX I**) and a Balance Error Scoring System (BESS) daily, along with other examinations deemed necessary during the evaluation of the concussed student-athlete until the symptoms have subsided and/or have been resolved. A computerized neuropsychological test will also be performed, however, computer neuropsychological tests should not be used as a standalone measure to diagnose the presence or absence of a concussion. All of these evaluations will be compared to the baseline values of the student-athlete and will aid in the Return-to-Play and Return-to-Learn progression. In the case of a prolonged recovery, the team physician will determine the need for further diagnostic imaging, testing, or outside consultation on a case-by-case basis.

With permission for release of information from the student-athlete, the Nieri Academic Advisors and their Professors will be notified and updated on the condition of the student-athlete after they suffer from a concussion.

IV. EMERGENCY ACTION

Clemson University Sports Medicine personnel will execute the Clemson University Sports Medicine *Emergency Action Plan* (**APPENDIX K**) for further medical care and/or transportation as deemed necessary. This may include injury to the neck and/or spine, head trauma, and/or severe concussion signs and/or symptoms.

The following items will be used to determine the status of the student-athlete as it pertains to transportation to a medical facility and/or initiating the Emergency Action Plan:

1. A Glasgow Coma Scale that diminishes below a 13
2. Prolonged loss of consciousness as it relates to the concussion
3. A neurological exam deficit that may suggest intracranial trauma
4. Repetitive/Uncontrolled vomiting (Emesis)
5. A persistent decline of the student-athlete's mental status and/or neurological signs/symptoms
6. Significant spinal related trauma/injury

V. RETURN-TO-PLAY

The Athletic Trainer and the Team Physician will monitor the progression of the student-athlete and their return to athletic and academic activities. The Clemson University Sports Medicine Staff will use the *Concussion Assessment Symptom Scale* and a Balance Error Scoring System (BESS) daily, along with other examinations deemed necessary during the evaluation of the concussed student-athlete, to determine how quickly the Return-to-Play and progression is performed. The following stages are to be followed in the progression of athletic activity:

The athlete must be asymptomatic before progressing to the next stage, as follows:

- Stage 1: At rest and daily living activities for ~24 hours.
- Stage 2: Weight lifting and conditioning
- Stage 3: Non-contact drill work
- Stage 4: Contact drill work
- Stage 5: Full contact practice and drill work
- Stage 6: Full participation with the release of the Team Physician.

VI. RETURN-TO-LEARN

The Clemson University Team Physicians, Sports Medicine Staff Athletic Trainers, and the Athletic Academic Success Center (a.k.a. Nieri staff) will work together to determine the Return-to-Learn status of a post-concussed student-athlete. The Nieri staff will be the point persons when dealing with a student-athletes' professors and any accommodations that may be needed in their return to the classroom and activities that are associated with their full academic return. The Clemson University Team Physicians, Sports Medicine Staff Athletic Trainers, and Nieri staff will work together to determine the daily status of the student-athlete.

When a student-athlete has been diagnosed with a concussion, they will be held from practice, competition, and class activities that same day. The Nieri staff will be notified on the status of the student-athlete.

On subsequent days that follow a concussion, the student-athlete will be seen by the Team Physician each morning before classes begin. At that time, the decision will be made by the Clemson University Team Physician if the student-athletes' symptoms have progressed to allow them to attempt to go to class, study hall, and tutoring sessions that day. The Nieri staff will be alerted of the decision from the Clemson University Team Physician about the student-athlete's progression for that day. The Nieri staff will, in turn, convey the status of the student-athlete to their professors. The Clemson University Team Physician will initiate the *Concussion Awareness Letter* (**APPENDIX J**) so this can be delivered to the Nieri staff, and

then to the student-athletes' professors. Regardless of returning to class that day or not, the student-athlete will be seen by the Clemson University Team Physician and Sports Medicine staff at the appointed time that afternoon. If the student-athlete is allowed to return to class, they will be evaluated that afternoon in order to complete an updated symptom checklist. This will aid in determining how their day of learning progressed.

The student-athlete will be required to complete a *Concussion Assessment Symptom Scale* each day post-concussion until they are symptom-free. This process will continue until the student-athlete has returned to full classroom activity.

Nieri staff will play an important role in the day-to-day progression of the student-athlete in return to full classroom, study hall, and tutoring activities. They will also be the point persons in dealing with accommodations that the student-athlete may need while returning to full classroom activities. If there is a need to involve the Clemson University Disability Services Center to aid in compliance with the Americans with Disabilities Act Amendments Act (ADAAA), the Nieri staff will handle this process.

In any concussion case when a student-athlete needs counseling, the Sports Medicine staff will aid in referring him/her to the Athletic Department's Licensed Counselor, located at Redfern Student Health Center on campus.

PROLONGED / MULTIPLE CONCUSSION MANAGEMENT TEAM

In the event of a more complex case of symptomatic Return-to-Learn with a student-athlete, or in the event of multiple concussions, the following Concussion Management Team may need to meet and develop a personalized plan for the student-athlete. The Team Physician will enact and lead this team as he sees fit for prolonged recovery from a concussion. This team may or may not be enacted after 2 weeks. This will be determined by the Team Physician and the Nieri Academic Counselor on an individual basis. This team will be responsible for assisting the student-athlete in engaging campus resources for those cases that cannot be managed through schedule modification. If necessary, the plan may involve having the student-athlete take a medical withdrawal from the University for the semester in which they are enrolled while recovering from their concussion.

TEAM MEMBERS:

- Clemson Team Physicians
- Director of Sports Medicine / Head Athletic Trainer
- Full-time Athletic Trainer with respective sport
- Clemson University Athletic Department Licensed Counselor
- Nieri Staff Member(s) that are directly involved with the student-athlete

This policy is intended to guide patient care. Medical conditions and specific medical situations are often complex and require health care providers to make independent judgments. These policies may be modified by practitioners to achieve maximal patient outcomes.



INDEPENDENT MEDICAL CARE GUIDELINES

Independent Medical Care for College Student-Athletes Guidelines

Purpose:

The *Safety in College Football Summit* resulted in inter-association consensus guidelines for three paramount safety issues in collegiate athletics:

1. Independent medical care in the collegiate setting;
2. Concussion diagnosis and management; and
3. Football practice contact.

This document addresses independent medical care for college student-athletes in *all* sports.

Background:

Diagnosis, management, and return to play determinations for the college student-athlete are the responsibility of the institution's athletic trainer (working under the supervision of a physician) and the team physician. Even though some have cited a potential tension between health and safety in athletics,^{1,2} collegiate athletics endeavor to conduct programs in a manner designed to address the physical well-being of college student-athletes (i.e., to balance health and performance).^{3,4} In the interest of the health and welfare of collegiate student-athletes, a student-athlete's health care providers must have clear authority for student-athlete care. The foundational approach for independent medical care is to assume an "athlete-centered care" approach, which is similar to the more general "patient-centered care," which refers to the delivery of health care services that are focused only on the individual patient's needs and concerns.⁵ The following 10 guiding principles, listed in the *Inter-Association Consensus Statement on Best Practices for Sports Medicine Management for Secondary Schools and Colleges*,⁵ are paraphrased below to provide an example of policies that can be adopted that help to assure independent, objective medical care for college student-athletes:

1. The physical and psychosocial welfare of the individual student-athlete should always be the highest priority of the athletic trainer and the team physician.
2. Any program that delivers athletic training services to student-athletes should always have a designated medical director.
3. Sports medicine physicians and athletic trainers should always practice in a manner that integrates the best current research evidence within the preferences and values of each student-athlete.
4. The clinical responsibilities of an athletic trainer should always be performed in a manner that is consistent with the written or verbal instructions of a physician or standing orders and clinical management protocols that have been approved by a program's designated medical director.
5. Decisions that affect the current or future health status of a student-athlete who has an injury or illness should only be made by a properly credentialed health professional (e.g., a physician or an athletic trainer who has a physician's authorization to make the decision).
6. In every case that a physician has granted an athletic trainer the discretion to make decisions relating to an individual student-athlete's injury management or sports participation status, all aspects of the care process and changes in the student-athlete's disposition should be thoroughly documented.
7. Coaches must not be allowed to impose demands that are inconsistent with guidelines and recommendations established by sports medicine and athletic training professional organizations.
8. An athletic trainer's role delineation and employment status should be determined through a formal administrative role for a physician who provides medical direction.
9. An athletic trainer's professional qualifications and performance evaluations must not be primarily judged by administrative personnel who lack health care expertise, particularly in the context of hiring, promotion, and termination decisions.
10. Member institutions should adopt an administrative structure for delivery of integrated sports medicine and athletic training services to minimize the potential for any conflicts of interest that could adversely affect the health and well-being of student-athletes.

Team physician authority becomes the linchpin for independent medical care of student-athletes. Six preeminent sports physicians associations agree with respect to "... athletic trainers and other members of the athletic care network report to the team physician on medical issues."⁶ Consensus aside, a medical-legal authority is a matter of law in 48 states that require athletic trainers to report to a physician in their medical practice. The NCAA Sports Medicine Handbook's Guideline 1B opens with a charge to athletics and institutional leadership to "create an administrative system where athletics health care professionals – team physicians and athletic trainers – are able to make medical decisions with only the best interests of student-athletes at the forefront."⁷ Multiple models exist for collegiate sports medicine. Athletic health care professionals commonly work for the athletics department, student health services, private medical practice, or a combination thereof. Irrespective of model, the answer for the college student-athlete is established independence for appointed athletics health care providers.⁸

Guidelines:

Institutional medical line of authority should be established independently of a coach, and in the sole interest of student-athlete health and welfare. Medical line of authority should be transparent and evident in athletics departments, and organizational structure should establish collaborative interactions with the medical director and primary athletics health care providers (defined as all institutional team physicians and athletic trainers) so that the safety, excellence and wellness of student-athletes are evident in all aspects of athletics and are student-athlete centered.

Institutions should, at a minimum, designate a licensed physician (M.D. or D.O.) to serve as medical director, and that medical director should oversee the medical tasks of all primary athletics health care providers. Institutions should consider a board certified physician, if available. The medical director may also serve as team physician. All athletic trainers should be directed and supervised for medical tasks by a team physician and/or the medical director. The medical director and primary athletics health care providers should be empowered with unchallengeable autonomous authority to determine medical management and return-to-play decisions of student-athletes.

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***This Consensus Best Practice, Independent Medical Care for College Student-Athletes, has been endorsed by:**

- American Academy of Neurology
- American College of Sports Medicine
- American Association of Neurological Surgeons
- American Medical Society for Sports Medicine
- American Orthopaedic Society for Sports Medicine
- American Osteopathic Academy for Sports Medicine
- College Athletic Trainers' Society
- Congress of Neurological Surgeons
- National Athletic Trainers' Association
- NCAA Concussion Task Force
- Sports Neuropsychological Society



FOOTBALL PRACTICE GUIDELINES

Year-Round Football Practice Contact Guidelines

Purpose:

The *Safety in College Football Summit* resulted in inter-association consensus guidelines for three paramount safety issues in collegiate athletics:

1. Independent medical care in the collegiate setting;
2. Concussion diagnosis and management; and
3. Football practice contact.

This document addresses year-round football practice contact.

Background:

Enhancing a culture of safety in collegiate sport is foundational. Football is an aggressive, rugged, contact sport,¹ yet the rules clearly state that there is no place for maneuvers deliberately designed to inflict injury on another player.¹ Historically, rules changes and behavior modification have reduced catastrophic injury and death. Enforcement of these rules is critical for improving player safety.² Despite sound data on reducing catastrophic football injuries, there are limited data that provide a strong foothold for decreasing injury risk by reducing contact in football practice.³⁻⁸ Regardless of such scientific shortcomings, there is a growing consensus that we must analyze existing data in a consensus-based manner to develop guidelines that promote safety. "Safe" football means "good" football.

NCAA regulations currently do not address in season, full-contact practices. The Ivy League and Pac-12 Conference have limited in season, full-contact practices to two per week and have established policies for full-contact practices in spring and preseason practices through their Football Practice Standards and Football Practice Policy, respectively. Neither address full-pad practice that does not involve live contact practice, as defined below. Both conferences cite safety concerns as the primary rationale for reducing full-contact practices; neither conference has published or announced data analysis based on their new policies. In keeping with the intent of both conferences and other football organizations, the rationale for defining and reducing live contact practice is to improve safety, including possibly decreasing student-athlete exposure for concussion and sub-concussive impacts. Reduced frequency of live contact practice may also allow even more time for teaching of proper tackling technique.

The biomechanical threshold (acceleration/deceleration/rotation) at which sport-related concussion occurs is unknown. Likewise, there are no conclusive data for understanding the short- or long-term clinical impact of sub-concussive impacts. However, there are emerging data that football players are more frequently diagnosed with sport-related concussion on days with increased frequency and higher magnitude of head impact (greater than 100g linear acceleration).⁹⁻¹¹

Traditionally, the literature addressing differing levels of contact in football practice correlated with the protective equipment (uniform) worn. This means that full-pad practice correlated with full-contact and both half-pad (shell) and helmet-only practice correlated with less contact. However, coaches, administrators and athletics health care providers who helped to shape these guidelines have noted that contact during football practice is not determined primarily by the uniform, but rather by whether the intent of practice is centered on live contact versus teaching and conditioning. There are limited data that address this issue, and such data do not differentiate whether the intent of the practice is live tackling or teaching/conditioning. Within these limitations, non-published data from a single institution reveal the following:¹⁰

- The total number of non-concussive head impacts sustained in helmets-only and full-pad practices is higher than those sustained in games/scrimmages.
- Mild- and moderate-intensity head impacts occur at an essentially equal rate during full-pad and half-pad practices when the intent of practice is not noted.
- Severe-intensity head impacts are much more likely to occur during a game, followed by full-pad practices and half-pad practices.
- There is a 14-fold increase in concussive impacts in full-pad practices when compared to half-pad or helmets-only practices.
- Offensive linemen and defensive linemen experience more head impacts during both full-pad and half-pad practices relative to all other positions.

The guidelines below are based on: expert consensus from the two day summit referenced above; comments and recommendations from a broad constituency of the organizations listed; and internal NCAA staff members. Importantly, the emphasis is on limiting contact, regardless of whether the student-athlete is in full-pad, half-pad, or is participating in a helmet-only practice. Equally importantly, the principles of sound and safe conditioning are an essential aspect of all practice and competition exposures.

These guidelines must be differentiated from legislation. For each section below that addresses a particular part of the football calendar, any legislation for that calendar period is referenced. As these guidelines are based on consensus and limited science, they are best viewed as a "living, breathing" document that will be updated, as we have with other health and safety guidelines, based on emerging science or sound observations that result from application of these guidelines. The intent is to reduce injury risk, but we must also be attentive to unintended consequences of shifting a practice paradigm based on consensus. For example, football preseason must prepare the student-athlete for the rigors of an aggressive, contact, rugged sport. Without adequate preparation, which includes live tackling, the student-athlete could be at risk of unforeseen injury during the in season because of inadequate preparation. We plan to reanalyze these football practice contact guidelines at least annually. Additionally, we recognize that NCAA input for these guidelines came primarily from Division I Football Bowl Subdivision schools. Although we believe the guidelines can also be utilized for football programs in all NCAA divisions, we will be more inclusive in the development of future football contact practice guidelines.

Definitions:

Live contact practice: Any practice that involves live tackling to the ground and/or full-speed blocking. Live contact practice may occur in full-pad or half-pad (also known as "shell," in which the player wears shoulder pads and shorts, with or without thigh pads). Live contact does not include: (1) "thud" sessions, or (2) drills that involve "wrapping up;" in these scenarios players are not taken to the ground and contact is not aggressive in nature. Live contact practices are to be conducted in a manner consistent with existing rules that prohibit targeting to the head or neck area with the helmet, forearm, elbow, or shoulder, or the initiation of contact with the helmet.

Full-pad practice: Full-pad practice may or may not involve live contact. Full-pad practices that do not involve live contact are intended to provide preparation for a game that is played in a full uniform, with an emphasis on technique and conditioning versus impact.

Legislation versus guidelines:

There exists relevant NCAA legislation for the following:

1. Preseason practice
 - a. DI FBS/FCS – NCAA Bylaws 17.9.2.3 and 17.9.2.4
 - b. DII – NCAA Bylaws 17.9.2.2 and 17.9.2.3
 - c. DIII – NCAA Bylaws 17.9.2.2 and 17.9.2.3
2. In-season practice: No current NCAA legislation addresses contact during in season practices.
3. Postseason practice: No current NCAA legislation addresses contact during postseason practices.
4. Bowl practice: No current NCAA legislation addresses contact during bowl practice.
5. Spring practice:
 - a. DI FBS/FCS – NCAA Bylaw 17.9.6.4
 - b. DII – NCAA Bylaw 17.9.8
 - c. DIII – NCAA Bylaw 17.9.6 – not referenced to as spring practice, but allows five (5) week period outside playing season.

The guidelines that follow do not represent legislation or rules. As noted in the appendix, the intent of providing consensus guidelines in year one of the inaugural *Safety in College Football Summit* is to provide consensus-based guidance that will be evaluated "real-time" as a "living and breathing" document that will become solidified over time through evidence-based observations and experience.

Preseason practice guidelines:

For days in which institutions schedule a two-a-day practice, live contact practices are only allowed in one practice. A maximum four (4) live contact practices may occur in a given week, and a maximum of 12 total may occur in preseason. Only three practices (scrimmages) would allow for live contact in greater than 50 percent of the practice schedule.

In season practice guidelines:

In season is defined as the period between six (6) days prior to the first regular-season game and the final regular-season game or conference championship game (for participating institutions). There may be no more than two (2) live contact practices per week.

Postseason guidelines: (FCS/DII/DIII)

There may be no more than two (2) live contact practices per week.

Bowl practice guidelines: (FBS)

There may be no more than two (2) live contact practices per week.

Spring practice guidelines:

Of the 15 allowable sessions that may occur during the spring practice season, eight (8) practices may involve live contact; three (3) of these live contact practices may include greater than 50 percent live contact (scrimmages). Live contact practices are limited to two (2) in a given week and may not occur on consecutive days.

References:

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***This Inter-Association Consensus: Year-Round Football Practice Contact Guidelines, has been endorsed by:**

- American Academy of Neurology
- American College of Sports Medicine
- American Association of Neurological Surgeons
- American Football Coaches Association
- American Medical Society for Sports Medicine
- American Orthopaedic Society for Sports Medicine
- American Osteopathic Academy for Sports Medicine
- College Athletic Trainers' Society
- Congress of Neurological Surgeons
- Football Championship Subdivision Executive Committee
- National Association of Collegiate Directors of Athletics
- National Athletic Trainers' Association
- National Football Foundation
- NCAA Concussion Task Force
- Sports Neuropsychological Society



CONCUSSION SAFETY

WHAT STUDENT-ATHLETES NEED TO KNOW

What is a concussion?

A concussion is a type of traumatic brain injury. It follows a force to the head or body and leads to a change in brain function. It is not typically accompanied by loss of consciousness.

How can I keep myself safe?

1. Know the symptoms.

You may experience ...

- Headache or head pressure
- Nausea
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light or noise
- Feeling sluggish, hazy or foggy
- Confusion, concentration or memory problems

2. Speak up.

- If you think you have a concussion, stop playing and talk to your coach, athletic trainer or team physician immediately.

3. Take time to recover.

- Follow your team physician and athletic trainer's directions during concussion recovery. If left unmanaged, there may be serious consequences.
- Once you've recovered from a concussion, talk with your physician about the risks and benefits of continuing to participate in your sport.

How can I be a good teammate?

1. Know the symptoms.

You may notice that a teammate ...

- Appears dazed or stunned
- Forgets an instruction
- Is confused about an assignment or position
- Is unsure of the game, score or opponent
- Appears less coordinated
- Answers questions slowly
- Loses consciousness

2. Encourage teammates to be safe.

- If you think one of your teammates has a concussion, tell your coach, athletic trainer or team physician immediately.
- Help create a culture of safety by encouraging your teammates to report any concussion symptoms.

3. Support your injured teammates.

- If one of your teammates has a concussion, let him or her know you and the team support playing it safe and following medical advice during recovery.
- Being unable to practice or join team activities can be isolating. Make sure your teammates know they're not alone.

No two concussions are the same. New symptoms can appear hours or days after the initial impact. If you are unsure if you have a concussion, talk to your athletic trainer or team physician immediately.

What happens if I get a concussion and keep practicing or competing?

- Due to brain vulnerability after a concussion, an athlete may be more likely to suffer another concussion while symptomatic from the first one.
- In rare cases, repeat head trauma can result in brain swelling, permanent brain damage or even death.
- Continuing to play after a concussion increases the chance of sustaining other injuries too, not just concussion.
- Athletes with concussion have reduced concentration and slowed reaction time. This means that you won't be performing at your best.
- Athletes who delay reporting concussion take longer to recover fully.

What are the long-term effects of a concussion?

- We don't fully understand the long-term effects of a concussion, but ongoing studies raise concerns.
- Athletes who have had multiple concussions *may* have an increased risk of degenerative brain disease and cognitive and emotional difficulties later in life.

What do I need to know about repetitive head impacts?

- Repetitive head impacts mean that an individual has been exposed to repeated impact forces to the head. These forces may or may not meet the threshold of a concussion.
- Research is ongoing but emerging data suggest that repetitive head impact also may be harmful and place a student-athlete at an increased risk of neurological complications later in life.

Did you know?

- NCAA rules require that team physicians and athletic trainers manage your concussion and injury recovery independent of coaching staff, or other non-medical, influence.
- We're learning more about concussion every day. To find out more about the largest concussion study ever conducted, which is being led by the NCAA and U.S. Department of Defense, visit ncaa.org/concussion.

CONCUSSION TIMELINE





STUDENT-ATHLETE CONCUSSION STATEMENT ACKNOWLEDGEMENT

The NCAA Executive Committee has developed a consistent, association-wide approach to Concussion Management. It is the responsibility of all student-athletes to report injuries and illnesses to their Athletic Trainer. This includes, but is not limited to, signs and symptoms related to concussions.

The Clemson University Sports Medicine Department recognizes and acknowledges that concussions or traumatic brain injuries (TBI) need immediate attention. A concussion is defined as a generally short-lived impairment of neurological function brought on by a traumatic force applied to the head or body. Symptoms are usually rapid in onset, but of short duration and generally resolve spontaneously. It is usually a functional disturbance and not a structural one. Loss of consciousness may or may not be involved.

The Clemson Sports Medicine team will determine whether or not a concussion has occurred, realizing that each concussion and each student athlete is different, and individual treatment plans are necessary.

SIGNS AND SYMPTOMS OF A POSSIBLE CONCUSSION (including but not limited to):

- Headache
- Nausea
- Balance Problems
- Dizziness
- Diplopia - Double Vision
- Confusion
- Photophobia – Light Sensitivity
- Difficulty Sleeping
- Misophonia – Noise Sensitivity
- Blurred Vision
- Feeling Sluggish or Groggy
- Memory Problems
- Difficulty Concentrating

As a Clemson University Student-Athlete, I acknowledge that I am responsible for reading and understanding the following as it relates to my physical and mental well-being:

- A concussion is a brain injury.
- A concussion cannot be seen, but symptoms may be seen immediately. Other symptoms can show up hours or days after injury.
- If I suspect I have a concussion, it is my responsibility to promptly report it to the Sports Medicine staff.
- I will not be allowed to return to practice, play, or academic activities that same day if I have a blow to the head or body and/or exhibit signs or symptoms consistent with a concussion, and will not be allowed to return to play until cleared by the Clemson University Team Physician.
- I am responsible to report any suspected injuries or illness to the Sports Medicine staff, including signs or symptoms of a concussion.
- I will promptly notify the Clemson Sports Medicine staff if I suspect a teammate has a concussion.
- Following a concussion the brain needs time to heal. An individual is much more likely to sustain another concussion or more serious brain injury if they return to athletic activities before symptoms have resolved. Repeat concussions can lead to longer recovery time.
- All incoming student-athletes will participate in baseline testing.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THE INFORMATION REGARDING CONCUSSIONS AND THAT I HAVE RECEIVED THE NCAA CONCUSSION FACT SHEET.

The NCAA Concussion Fact Sheet is also posted on the Clemson Sports Medicine Department at www.ClemsonTigers.com.

SIGN AND RETURN THIS PAGE TO SPORTS MEDICINE. KEEP THE NCAA FACT SHEET.

Print Full Name of Student-Athlete _____ Date _____

Print Full Name of Parent / Guardian or Legal Representative* _____

Signature of Student-Athlete _____ Date _____

Signature of Parent / Guardian or Legal Representative* _____ Date _____
(if student-athlete is under 18 years of age)

Capacity of Legal Representative* (if applicable): _____

***May be requested to provide verification of representative status**



BASELINE ASSESSMENT

Student-Athlete's Name (last, first, middle)	Today's Date
Athletic Trainer / Team Physician / Examiner	

SYMPTOM SCALE (Circle Appropriate Number for Each Symptom)

SYMPTOM	NONE	MILD		MODERATE		SEVERE	
HEADACHE	0	1	2	3	4	5	6
NAUSEA	0	1	2	3	4	5	6
VOMITING	0	1	2	3	4	5	6
DIZZINESS	0	1	2	3	4	5	6
POOR BALANCE	0	1	2	3	4	5	6
SENSITIVITY TO NOISE	0	1	2	3	4	5	6
RINGING IN THE EARS	0	1	2	3	4	5	6
SENSITIVITY TO LIGHT	0	1	2	3	4	5	6
BLURRED VISION	0	1	2	3	4	5	6
POOR CONCENTRATION	0	1	2	3	4	5	6
MEMORY PROBLEMS	0	1	2	3	4	5	6
TROUBLE SLEEPING	0	1	2	3	4	5	6
DROWSINESS/SLEEPY	0	1	2	3	4	5	6
FATIGUE	0	1	2	3	4	5	6
SADNESS/DEPRESSION	0	1	2	3	4	5	6
IRRITABILITY	0	1	2	3	4	5	6
NECK PAIN	0	1	2	3	4	5	6

BALANCE ERROR SCORING SYSTEM (BESS)

Balance Error Scoring System- Types of Errors (The BESS is performed with eyes closed and hands on iliac crests) <ul style="list-style-type: none"> Hands lifted off iliac crest Opening eyes Step, stumble, or fall Moving hip into > 30° abduction Lifting forefoot or heel Remaining out of testing position > 5 seconds 	STANCE	ERROR POINTS
	DOUBLE LEG STANCE (FEET TOGETHER)	
	SINGLE LEG STANCE (NON-DOMINANT FOOT)	
	TOTAL	
The BESS is calculated by adding one error point for each error during the 2- 20-second tests		



CONCUSSION SAFETY

WHAT COACHES NEED TO KNOW

What is a concussion?

A concussion is a type of traumatic brain injury. It follows a force to the head or body and leads to a change in brain function. It is not typically accompanied by loss of consciousness.

How can I tell if an athlete has a concussion?

You may notice the athlete ...

- Appears dazed or stunned
- Forgets an instruction
- Is confused about an assignment or position
- Is unsure of the game, score or opponent
- Appears less coordinated
- Answers questions slowly
- Loses consciousness

Note that no two concussions are the same. All possible concussions must be evaluated by an athletic trainer or team physician.

The athlete may tell you he or she is experiencing ...

- A headache, head pressure or that he or she doesn't feel right following a blow to the head
- Nausea
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light or noise
- Feeling sluggish, hazy or foggy
- Confusion, concentration or memory problems

What can I do to keep student-athletes safe?

	Preseason	In-Season	Time of Injury	Recovery
What can I do?	Create a culture in which concussion reporting is encouraged and promoted.	Know the signs and symptoms of concussions.	Remove athletes from play immediately if you think they have a concussion and refer them to the team physician or athletic trainer.	Follow the recovery and return-to-play protocol established by team physicians and athletic trainers.
Why does it matter?	Athletes who don't immediately seek care for a suspected concussion take longer to recover.	The more people who know what to look for in a concussed athlete, the more likely a concussion will be identified.	Early removal from play can mean a quicker recovery and help avoid serious consequences.	Team physicians and athletic trainers have the training to follow best practices related to the concussion recovery process.
Tips and strategies	Be present when your team physician or athletic trainer provides concussion education material to your team. Tell your team that this matters to you.	Check in with your team physician or athletic trainer if you want to learn more about concussion safety.	Provide positive reinforcement when an athlete reports a suspected concussion.	Tell athletes that decisions related to their return to play and health are entirely in the hands of the team physician and athletic trainer.

You play a powerful role in setting the tone for concussion safety on your team. Let your team know that you take concussion seriously and reporting the symptoms of a suspected concussion is an important part of your team's values.

What happens if an athlete gets a concussion and keeps practicing or competing?

- Due to brain vulnerability after a concussion, an athlete may be more likely to suffer another concussion while symptomatic from the first one.
- In rare cases, repeat head trauma can result in brain swelling, permanent brain damage or even death.
- Continuing to play after a concussion increases the chance of sustaining other injuries too, not just concussion.
- Athletes with a concussion have reduced concentration and slowed reaction time. This means they won't be performing at their best.
- Athletes who delay reporting concussion may take longer to recover fully.

What are the long-term effects of a concussion?

- We don't fully understand the long-term effects of a concussion, but ongoing studies raise concerns.
- Athletes who have had multiple concussions *may* have an increased risk of degenerative brain disease, and cognitive and emotional difficulties later in life.

What do I need to know about repetitive head impacts?

- Repetitive head impacts mean that an individual has been exposed to repeated impact forces to the head. These forces may or may not meet the threshold of a concussion.
- Research is ongoing but emerging data suggest that repetitive head impact also may be harmful and place a student-athlete at an increased risk of neurological complications later in life.

Did you know?

- Most contact or collision teams have at least one student-athlete diagnosed with a concussion every season.
- Your school has a concussion management plan, and team physicians and athletic trainers are expected to follow that plan during a student-athlete's recovery.
- NCAA rules require that team physicians and athletic trainers have the unchallengeable authority to make all medical management and return-to-play decisions for student-athletes.
- We're learning more about concussion every day. To find out more about the largest concussion study ever conducted, which is being led by the NCAA and U.S. Department of Defense, visit ncaa.org/concussion.





ATHLETIC STAFF CONCUSSION STATEMENT ACKNOWLEDGEMENT

The NCAA Executive Committee has developed a consistent, association-wide approach to Concussion Management.

The Clemson University Sports Medicine Department recognizes and acknowledges that concussions or traumatic brain injuries (TBI) need immediate attention. A concussion is defined as a generally short-lived impairment of neurological function brought on by a traumatic force applied to the head or body. Symptoms are usually rapid in onset, but of short duration and generally resolve spontaneously. It is usually a functional disturbance and not a structural one. Loss of consciousness may or may not be involved.

The Clemson Sports Medicine team will determine whether or not a concussion has occurred, realizing that each concussion and each student-athlete are different and individual treatment plans are necessary.

SIGNS AND SYMPTOMS OF A POSSIBLE CONCUSSION (including but not limited to):

- Headache
- Nausea
- Balance Problems
- Dizziness
- Diplopia - Double Vision
- Confusion
- Photophobia – Light Sensitivity
- Difficulty Sleeping
- Misophonia – Noise Sensitivity
- Blurred Vision
- Feeling Sluggish or Groggy
- Memory Problems
- Difficulty Concentrating

As a Clemson University Athletic Staff member, I acknowledge that I am responsible for reading and understanding the following as it relates to the physical and mental well-being of all student-athletes:

- A concussion is a brain injury
- A concussion cannot be seen, but symptoms may be seen immediately. Other symptoms can show up hours or days after injury.
- If I suspect a student-athlete has a concussion, it is my responsibility to promptly report it to the Sports Medicine staff.
- I will not allow any student-athlete to return to practice, play, or academic activities that same day if I suspect that he/she has received blow to the head or body and/or exhibit signs or symptoms consistent with a concussion, and will not be allowed to return to play until cleared by the Clemson University Team Physician.
- I will encourage all student-athletes to report any suspected injuries or illness to the Sports Medicine staff, including signs or symptoms of a concussion.
- Following a concussion the brain needs time to heal. A student-athlete is much more likely to sustain another concussion or more serious brain injury if they return to athletic activities before symptoms have resolved. Repeat concussions can lead to longer recovery time, and in rare cases, can cause permanent brain damage or even death.
- All incoming student-athletes will participate in baseline testing.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THE INFORMATION REGARDING CONCUSSIONS AND THAT I HAVE RECEIVED THE NCAA CONCUSSION FACT SHEET.

SIGN AND RETURN THIS PAGE TO SPORTS MEDICINE. KEEP THE NCAA FACT SHEET.

Print Full Name of Athletic Staff Member *Date*

Signature of Athletic Staff Member *Date*



CONCUSSION HEAD INJURY INFORMATION TAKE-HOME INSTRUCTIONS

You have received an injury to the head. No signs of serious complications have been found and a rapid recovery is expected. However, you will need further monitoring for a period of time by a responsible adult. The sports medicine staff will provide guidance for this.

If you notice any changes in behavior, vomiting, dizziness, worsening headache, double vision or excessive drowsiness, **contact your Athletic Trainer or report to the Athletic Training Room immediately.** If you are unable to reach the Sports Medicine staff and it is after Athletic Training Room hours, then you may activate emergency medical services by either having someone drive you to Oconee Memorial Hospital, or call (864) 656-2222 for an ambulance to Oconee Memorial Hospital. **DO NOT ignore any changes in the symptoms of your concussion.**

OTHER IMPORTANT POINTS:

- Rest and avoid strenuous activity for at least 24 hours
- NO alcohol
- NO drugs/painkillers that may alter awareness
- NO driving until cleared by sports medicine staff
- You may take Tylenol if instructed to do so by the Sports Medicine Staff
- LIMIT use of electronic devices (Cell Phone, Computer, TV, Etc.)

**Report to the athletic training room at _____ am/pm,
on ____ / ____ / ____
to be re-evaluated prior to Team or Academic activity.**

Phone Numbers:

Athletic Trainer

Team Physician

Signature of Student-Athlete

Date

Signature of Clemson University Athletic Trainer or M.D

Date



CONCUSSION ASSESSMENT FORM

Student-Athlete's Name (last, first, middle)	Today's Date
Student-Athlete Signature	Injury Date
Athletic Trainer / Team Physician	Post-Injury Day

POST-CONCUSSION SYMPTOM SCALE
(Circle Appropriate Number for Each Symptom)

Symptom	None	Mild		Moderate		Severe	
		0	1	2	3	4	5
HEADACHE	0	1	2	3	4	5	6
NAUSEA	0	1	2	3	4	5	6
VOMITING	0	1	2	3	4	5	6
DIZZINESS	0	1	2	3	4	5	6
POOR BALANCE	0	1	2	3	4	5	6
SENSITIVITY TO NOISE	0	1	2	3	4	5	6
RINGING IN THE EARS	0	1	2	3	4	5	6
SENSITIVITY TO LIGHT	0	1	2	3	4	5	6
BLURRED VISION	0	1	2	3	4	5	6
POOR CONCENTRATION	0	1	2	3	4	5	6
MEMORY PROBLEMS	0	1	2	3	4	5	6
TROUBLE SLEEPING	0	1	2	3	4	5	6
DROWSINESS/SLEEPY	0	1	2	3	4	5	6
FATIGUE	0	1	2	3	4	5	6
SADNESS/DEPRESSION	0	1	2	3	4	5	6
IRRITABILITY	0	1	2	3	4	5	6
NECK PAIN	0	1	2	3	4	5	6



CONCUSSION AWARENESS LETTER

The Clemson University Sports Medicine Department would like to inform you that _____ sustained a concussion on ___ / ___ / ___. The student-athlete will undergo continued follow-up/testing with the Sports Medicine department. A concussion can cause a variety of physical, cognitive, and emotional symptoms. Concussions range in significance from minor to major, but they all share one common factor — temporary interference with the way the brain works. We would like to inform you that during the next few weeks this student-athlete may experience one or more of these signs and symptoms:

- Headache
- Nausea
- Balance Problems
- Dizziness
- Diplopia - Double Vision
- Confusion
- Photophobia – Light Sensitivity
- Difficulty Sleeping
- Phonophobia – Noise Sensitivity
- Blurred Vision
- Feeling Sluggish or Groggy
- Memory Problems
- Difficulty Concentrating

As a department, we wanted to make you aware of this injury and the related symptoms that the student-athlete may experience. Although the student may be attending class, please be aware that the side effects of the concussion may adversely impact his/her academic performance, including difficulties using electronic devices, including computer, cell phone, television, etc. Any consideration you may provide academically during this time would be greatly appreciated. We will continue to monitor the progress of this student-athlete and will be in constant communication with the Nieri academic advisor regarding their academic progress and status. Should you have any questions or require further information, please do not hesitate to contact us, or Nieri Academic Center.

Thank you in advance for your time and understanding.

Sincerely,

Douglas A. Reeves, Jr. MD

Team Physician

(864) 656-1952

reeves@clemson.edu

EMERGENCY ACTION PLAN

INTRODUCTION

Emergency situations may arise at any time during athletic events. Expedient action must be taken in order to provide the best possible care to the athletes experiencing emergency and/or life threatening conditions. The development and implementation of an emergency plan will help ensure that the best care will be provided.

Athletic organizations have a duty to develop an emergency plan that may be implemented immediately when necessary and to provide appropriate standards of health care to all sports participants. As athletic injuries may occur at any time and during any activity, the sports medicine team must be prepared. This preparation involved formulation of an emergency plan, proper coverage of events, maintenance of appropriate emergency equipment and supplies, utilization of appropriate emergency medical personnel, and continuing education in the area of emergency medicine. Hopefully, through careful pre-participation physical screenings, adequate medical coverage, safe practice and training techniques and other safety avenues, some potential emergencies may be averted. However, accidents and injuries are inherent with sports participant, and proper preparation on the part of the sports medicine team will enable each emergency situation to be managed appropriately.

COMPONENTS OF THE EMERGENCY PLAN

There are three basic components of this plan:

1. Emergency personnel
2. Emergency communication
3. Emergency equipment

EMERGENCY PLAN PERSONNEL

With athletic association practice and competition, the first responder to an emergency situation is typically a member of the sports medicine staff, most commonly a certified athletic trainer. A team physician may not always be present at every organized practice or competition. The type and degree of sports medicine coverage for an athletic event may vary widely, based on such factors as the sport or activity, the setting, and the type of training or competition. The first responder in some instances may be a coach or other institutional personnel. Certification in cardiopulmonary resuscitation (CPR), first aid, prevention of disease transmission, and emergency plan review is required for all athletics personnel associated with practices, competitions, skills instruction, and strength and conditioning.

The development of an emergency plan cannot be complete without the formation of an emergency team. The emergency team may consist of a number of healthcare providers including managers; and, possibly, bystanders. Roles of these individuals within the emergency team may vary depending on various factors such as the number of members on the team, the athletic venue itself, or the preference of the head athletic trainer. There are four basic roles within the emergency team. The first and most important role is immediate care of the athlete. The most qualified individual on the scene should provide acute care in an emergency situation. Individuals with lower credentials should yield to those with more appropriate training. The second role, equipment retrieval, may be done by anyone on the emergency team who is familiar with the types and location of the specific equipment needed. Student athletic trainers, managers, strength coaches and coaches are good choices for this role. The third role, EMS activation, may be necessary in situations where emergency transportation is not already present at the sporting event. This should be done as soon as the situation is deemed an emergency or a life-threatening event. Time is the most critical factor under emergency conditions. Activating EMS system may be done by anyone on the team. However, the person chosen for this duty should be someone who is calm under pressure and who communicates well over the telephone. This person should also be familiar with the location and address of the sporting event. After EMS has been activated, the fourth role in the emergency team should be performed. That consists of directing EMS to the scene. One member of the team should be responsible for meeting emergency medical personnel as they arrive at the site of the contest. Depending on ease of access, this person should have keys to any locked gates or doors that may slow the arrival of medical personnel. A student athletic trainer, manager, strength coach, or coach may be appropriate for this role.

ROLES WITH IN THE EMERGENCY TEAM

- Immediate care of the athlete
- Emergency equipment retrieval
- Activation of the Emergency Medical System
- Direction of EMS to scene
- Call Athletic Training Room to alert Team Physician of situation

ACTIVATING THE EMS SYSTEM

Making the Call:

- 911 (if available)
- Telephone numbers for local police, fire department, and ambulance service

Providing Information

- Name, address, telephone number of caller
- Number of athletes
- Condition of athlete(s)
- First aid treatment initiated by first responder
- Specific directions as needed to locate the emergency scene ("come to south entrance of coliseum")
- Other information as requested by dispatcher

When forming the emergency team, it is important to adapt the team to each situation or sport. It may also be advantageous to have more than one individual assigned to each role. This allows the emergency team to function even though certain members may not always be present.

EMERGENCY COMMUNICATION

Communication is the key to quick delivery of emergency care in athletic trauma situations. Athletic trainers and emergency medical personnel must work together to provide the best possible care to injured athletes. Communication prior to the event is a good way to establish boundaries and to build rapport between both groups of professionals. If emergency medical transportation is not available on site during a particular sporting event then direct communication with the emergency medical system at the time of injury or illness is necessary.

Access to a working telephone or other telecommunications device, whether fixed or mobile, should be assured. The communications system should be checked prior to each practice or competition to ensure proper working order. A back-up communication plan should be in effect should there be failure of the primary communication system. The most common method of communication is a public telephone. However, a cellular phone is preferred if available. At any athletic venue, whether home or away, it is important to know the location of a workable telephone. Pre-arranged access to the phone should be established if it is not easily accessible.

EMERGENCY EQUIPMENT

All necessary emergency equipment should be at the site and be quickly accessible. Personnel should be familiar with the function and operation of each type of emergency equipment. Equipment should be in good operating condition, and personnel must be trained in advance to use it properly. Emergency equipment should be checked on a regular basis and use rehearsed by emergency personnel. The emergency equipment available should be appropriate for the level of training for the emergency medical providers.

It is important to know the proper way to care for and store the equipment as well. Equipment should be stored in a clean and environmentally controlled area. It should be readily available when emergency situations arise.

TRANSPORTATION

Emphasis is placed at having an ambulance on site at high risk sporting events. EMS response time is additionally factored in when determining on site ambulance coverage. The athletic association coordinates on site ambulances for competition in football, and men and women's basketball. Ambulances may be coordinated on site for other special events/sports, such as major tournaments or ACC/NCAA regional or championship events. Consideration is given to the capabilities of transportation service available (i.e., Basic Life Support or Advanced Life Support) and the equipment and level of trained personnel on board the ambulance. In the event that the ambulance is on site, there should be a designated location with rapid access to the site and a cleared route for entering/exiting the venue.

In the emergency evaluation, the primary survey assists the emergency care provider in identifying emergencies requiring critical intervention and in determining transport decisions. In an emergency situation, the athlete should be transported by ambulance. Care must be taken to ensure that the activity areas are supervised should the emergency care provider leave the site in transporting the athlete.

Normally in the afternoons, when most practices are occurring, the Team Physician is in the Athletic Training Room. A special parking place has been provided for the Team Physician at Jervy, which allows for quick access to all athletic venues. Therefore the Athletic Training Room should be notified immediately in an emergency situation so the Team Physician can respond appropriately.

CONCLUSION

The importance of being properly prepared when athletic emergencies arise cannot be stressed enough. An athlete's survival may hinge on the training and preparedness of athletic healthcare providers. It is prudent to invest athletic department "ownership" in the emergency plan by involving the athletic administration and sport coaches, as well as sports medicine personnel. The emergency plan should be reviewed at least once a year with all athletic personnel, along with CPR refresher training. Through development and implementation of the emergency plan, the athletic association helps ensure that the athlete will have the best care provided when an emergency situation does arise



DOUG KINGSMORE BASEBALL VENUE

Emergency Personnel: Certified Athletic Trainer and/or Student Athletic Trainer on site for practice and competition; Additional sports medicine staff accessible from Jervey Athletic Training Facility (656-1952).

Emergency Communication: A fixed telephone line (656-0307) is located in the clubhouse at Doug Kingsmore Stadium.

Emergency Equipment: Supplies maintained per Certified Athletic Trainer assigned to work the sport; this would include an AED and trauma kit.

Roles of First Responders:

1. Immediate care of the injured or ill student athlete.
2. Emergency equipment retrieval.
3. Activation of emergency medical system:
 - **Call 656-2222 (this is the emergency dispatcher on campus)**
Provide the following information:
 1. Your Name
 2. Location:
Doug Kingsmore Baseball stadium please specify either Right field entrance (player down on field), Left field entrance, or home plate entrance
 3. Address (**Off Perimeter Road Behind Jervey Gym**)
 4. Phone number you are calling from
 5. Number of victims and specific injuries.
4. Direction of EMS to scene.

Venue Directions: The Doug Kingsmore Baseball Stadium has two means of access.

1. Take Perimeter Road to Jervey Athletic Center Parking Lot. Follow the moat road around to the Right and enter the Baseball Field at the Right Field entrance
(For player down on field use this entrance)
2. Main entrance, take Perimeter Road to East Beach Road, after you are at East Beach Road, you will see the stadium entrance on your left.
3. Take Perimeter Road to Jervey Athletic Center Parking Lot area and you can access the stadium
 - a. Have someone open the access
 - b. Designate individual to "flag down" EMS to the scene
(Make sure to designate EMS entrance Right field, left field or home plate)
4. Scene control: Limit scene to First Aid Responder and move bystanders away from area.



LITTLEJOHN COLISEUM VENUE

Emergency Personnel: Certified Athletic Trainer and student athletic trainer on site for practice and competition. A Primary Care/Sports Medicine Physician will be at all home contests. The Orthopedic Physician will also be in attendance at most competitions. There will be an ambulance located at Gate 7 for First Aid purposes.

Emergency Communication: Fixed telephone line is located in the Athletic Training Room (656-2111).

Emergency Equipment: Supplies including an AED Trauma Kit will be kept in the Athletic Training Room in Littlejohn Coliseum.

Roles of the First Responder:

1. Immediate care of the injured or ill student athlete.
2. Emergency equipment retrieval.
3. Activation of emergency medical system:
 - **Call 656-2222 (this is the emergency dispatcher on campus)**
Provide the following information:
 1. Your Name
 2. Location (**Littlejohn Coliseum**)
 3. Address
 4. Phone number you are calling from
 5. Number of victims and specific injuries.
4. Direction of EMS to scene.

Venue Directions: The Littlejohn Coliseum is located on Perimeter Road. Access to the tunnel is from Perimeter Road to the Avenue of Champions and turn left down the tunnel driveway.

- a. Have open access
- b. Designate individual to "flag down" EMS to the scene. (**Meet EMS at the top of the tunnel and direct to the main floor or the Annex gym**)
- c. Scene control: limit scene to First Aid responder and move bystanders away from area.



FIKE RECREATION CENTER MCCUE NATATORIUM VENUE

Emergency Personnel: Graduate Assistant Athletic Trainer and/or student athletic trainer on site for practice and competition: Additional sports medicine staff accessible from Jervey Athletic Training facility.

Emergency Communication: A fixed telephone line (656-2327) is located on the pool deck.

Emergency Equipment: Supplies maintained per Graduate Assistant assigned to work the sport. An AED is located on the Pool Deck between the lap pool and diving well, on the back wall.

Roles of the First Responder:

1. Immediate care of the injured or ill student athlete.
2. Emergency equipment retrieval.
3. Activation of emergency medical system:
 - **Call 656-2222 (this is the emergency dispatcher on campus)**
Provide the following information:
 1. Your Name
 2. Location (**Swimming Pool at Fike Recreation**)
 3. Address (**Heisman St**)
 4. Phone number you are calling from
 5. Number of victims and specific injuries.
4. Direction of EMS to scene.

Venue Directions: The Fike Recreation Center Natatorium Venue is located on the corner of Heisman Street and Williamson Road. Access to this area is from Perimeter Road to Williamson Road to Heisman Street. After turning onto Heisman Street, turn right into the parking lot between Fike and Williamson Road. Drive parallel to the building to the sidewalk leading to the sundeck on the backside of Fike. Take the sidewalk to the sundeck and enter through the double glass doors.

- a. Have open access
- b. Designate individual to "flag down" EMS to the scene.
- c. Scene control: limit scene to First Aid responder and move bystanders away from area.



JERVEY MEADOWS FOOTBALL PRACTICE FIELDS & INDOOR PRACTICE FACILITY

Emergency Personnel: Jervey Athletic Training Center, Certified Athletic Trainers, Student athletic trainers and Physicians are on site in the Athletic Training Facility. Certified Athletic Trainer and Student Athletic Trainers are at practice field for practices and workouts.

Emergency Communications: The Athletic Trainers on site have cell phone communications while at the practice field/indoor practice facility as well as direct radio communication with CU police dispatch.

Emergency Equipment: Emergency equipment includes an AED that is mounted on the west wall of the indoor practice facility, additionally a back pack AED is brought to all practices and workouts. There is a motorized medical cart and also a van for the sports medicine staff to use.

Roles of First Responders:

1. Immediate care of the injured or ill student athlete.
2. Emergency equipment retrieval.
3. Activation of emergency medical system:
 - **Call 656-2222 (this is the emergency dispatcher on campus)**
 - Provide the following information:
 1. Your Name
 2. Location (**Football Practice Fields in Jervey Meadows**)
 3. Address
 4. Phone number you are calling from
 5. Number of victims and specific injuries
4. Direction of EMS to scene.

Venue Directions: The Football Practice Fields are located off of Perimeter Road. Access to this area is from Perimeter Road to Jervey Meadows Rd. Then take a left onto the Football Practice Field Access Road.

- a. Have open access
- b. Designate individual to "flag down" EMS to the scene.
- c. Scene control: limit scene to First Aid responder and move bystanders away from area.



DEATH VALLEY MEMORIAL STADIUM VENUE

Emergency Personnel: Certified Athletic Trainer, Graduate Assistant Athletic Trainers, and student athletic trainers on both Home and Visiting Team sidelines. Also, Primary Care/Sports Medicine Physicians, Orthopedic Physician and a Nurse Practitioner will be on the home sideline. There is a Paramedic crew on the Home sideline that has sole responsibility for the teams and officials. The Ambulance will be located in the West End zone area.

Emergency Communication: Fixed telephone lines are located in the locker rooms at Death Valley (Home 656-2933, Visitor 656-2934). To access these phones, you must first dial 656-2148 then 4-digit phone extension that correspond with the desired locker room. For example, to return a call to the home team locker room, dial 656-2148 then 2933. This is to be used in **emergency situations only** and is confidential information.

Emergency Equipment: Emergency equipment including AED Trauma Kit will be located on Home Team Sideline. Additional equipment will be with the Paramedics.

Roles of First Responders:

2. Immediate care of the injured or ill student athlete.
3. Emergency equipment retrieval.
4. Activation of emergency medical system:
 - **Call 656-2222 (this is the emergency dispatcher on campus)**
Provide the following information:
 1. Your Name
 2. Location (**Death Valley Football Stadium**)
 3. Address
 4. Phone number you are calling from
 5. Number of victims and specific injuries.
5. Direction of EMS to scene.

Venue Directions: Death Valley Memorial Stadium is located on the West end of Campus. Access is by Perimeter Road and Highway 93. For access to the field, enter the gate just in front of the police station.

- a. Have open access
- b. Designate individual to "flag down" EMS to the scene.
- c. Scene control: limit scene to First Aid responder and move bystanders away from area.



LARRY B. PENLEY JR. GOLF FACILITY VENUE

Emergency Personnel: There are no athletic trainers assigned to cover Golf during practice or competition. The Clemson University Sports Medicine staff covers Golf from the Jervey Athletic Training Facility (656-1952).

Emergency Communication: There is a local land line located inside the facility.

Emergency Equipment: Access from Jervey Athletic Training Facility.

Roles of the First Responder:

1. Immediate care of the injured or ill student athlete.
2. Emergency equipment retrieval.
3. Activation of emergency medical system:
 - **Call 656-2222 (this is the emergency dispatcher on campus)**
Provide the following information:
 1. Your Name
 2. Location (**Larry B. Penley Jr. Golf Facility**)
 3. Address (**East Beach Drive**)
 4. Phone number you are calling from
 5. Number of victims and specific injuries.
4. Direction of EMS to scene.

Venue Directions: The Clemson Larry B. Penley Jr. Golf facility is located in the Jervey Bottom area. Access to this is via Perimeter Road to E Beach Dr., follow past the intramural field, the facility will be immediately on the left. Have open access

- a. Have open access
- b. Designate individual to "flag down" EMS to the scene.
- c. Scene control: limit scene to First Aid responder and move bystanders away from area.



CLEMSON GOLF PRACTICE FACILITY VENUE

Emergency Personnel: There are no athletic trainers assigned to cover Golf during practice or competition. The Clemson University Sports Medicine staff covers Golf from the Jervey Athletic Training Facility (656-1952)

Emergency Communication: There is an Emergency Call Box located at the main entrance to the Rock Norman Track Complex, which is adjacent to the Golf Practice Venue.

Emergency Equipment: Access from Jervey Athletic Training Facility.

Roles of the First Responder:

1. Immediate care of the injured or ill student athlete.
2. Emergency equipment retrieval.
3. Activation of emergency medical system:
 - **Call 656-2222 (this is the emergency dispatcher on campus)**
Provide the following information:
 1. Your Name
 2. Location (**Golf Practice Complex near the track**)
 3. Address (**Track Drive across from the Track Complex**)
 4. Phone number you are calling from
 5. Number of victims and specific injuries.
4. Direction of EMS to scene.

Venue Directions: The Clemson Golf practice facility is located in the Jervey Bottom area. Access to this is via Perimeter Road to the Jervey Parking Lot Road, then follow the Jervey Meadows Road to Track Drive the Golf Complex on the right, across from the Rock Norman Track Complex

- a. Have open access
- b. Designate individual to "flag down" EMS to the scene.
- c. Scene control: limit scene to First Aid responder and move bystanders away from area.



WALKER GOLF COURSE PRACTICE FACILITY

Emergency Personnel: There are no athletic trainers assigned to cover Golf during practice or competition. The Clemson University Sports Medicine staff covers Golf from the Jervey Athletic Training Facility (656-1952).

Emergency Communication: There is a local land line located inside the facility.

Emergency Equipment: Access from Jervey Athletic Training Facility.

Roles of the First Responder:

1. Immediate care of the injured or ill student athlete.
2. Emergency equipment retrieval.
3. Activation of emergency medical system:
 - **Call 656-2222 (this is the emergency dispatcher on campus)**
Provide the following information:
 1. Your Name
 2. Location (**Walker Golf Course**)
 3. Address (**230 Madren Center Drive**)
 4. Phone number you are calling from
 5. Number of victims and specific injuries.
4. Direction of EMS to scene.

Venue Directions: The Clemson Madren Center is located off of Madren Center Drive. Take Highway 93 to Perimeter Rd. From Perimeter Road Turn onto Old Stadium Drive. Take Old Stadium Drive to Madren Center Drive. The Madren Center will be located on your right.

- a. Have open access
- b. Designate individual to "flag down" EMS to the scene.
- c. Scene control: limit scene to First Aid responder and move bystanders away from area.

Emergency Personnel: Graduate Assistant Athletic Trainer on site for practice and competition: additional Sports Medicine staff accessible from Jervy Athletic Training facility (656-1952).

Emergency Communication: Two fixed telephone lines are located at the Boat House (656-4573 and 656-4574).

Emergency Equipment: Supplies maintained per Graduate Assistant assigned to the sport. An AED is located on the wall of the Erg Room.

Roles of First Responders:

1. Immediate care of the injured or ill student athlete.
2. Emergency equipment retrieval.
3. Activation of emergency medical system:
 - **Call 656-2222 (this is the emergency dispatcher on campus)**
Provide the following information:
 1. Your Name
 2. Location (**East Beach Boat House**)
 3. Address (**End of East Beach Drive**)
 4. Phone number you are calling from
 5. Number of victims and specific injuries
4. Direction of EMS to scene.

Venue Direction: The East Beach Rowing Venue is located on East Beach Road on Lake Hartwell. Access to this area is via Perimeter Road. Follow it to the East Beach Rowing Venue.

- a. Have open access
- b. Designate individual to "flag down" EMS to the scene.
- c. Scene control: limit scene to First Aid responder and move bystanders away from area.



MEN AND WOMEN'S SOCCER PRACTICE FIELDS

Emergency Personnel: Graduate Assistant Athletic Trainer and/or Student Athletic Trainer on site for practice and competition: Additional Sports Medicine staff accessible from Jervy Athletic Training Facility (656-1952).

Emergency Communication: A cellular phone will be used for emergencies.

Emergency Equipment: Supplies maintained per Assistant Athletic Trainer assigned to work the sport. This would include AED Trauma Kit for meets.

Roles of First Responders:

1. Immediate care of the injured or ill student athlete.
2. Emergency equipment retrieval.
3. Activation of emergency medical system:
 - **Call 656-2222 (this is the emergency dispatcher on campus)**
 - Provide the following information:
 1. Your Name
 2. Location (**Soccer practice fields**)
 3. Address (**East Beach Drive, past baseball field**)
 4. Phone number you are calling from
 5. Number of victims and specific injuries.
4. Direction of EMS to scene.

Venue Directions: The Men's and Women's Soccer Practice fields are located on East Beach Drive. Access to this area is via Perimeter Road. Enter East Beach Drive, and follow road past baseball field. Men and Women's Soccer Practice fields on right

- a. Have open access
- b. Designate individual to "flag down" EMS to the scene.
- c. Scene control: limit scene to First Aid responder and move bystanders away from area.



RIGGS SOCCER STADIUM VENUE

Emergency Personnel: Graduate Assistant Athletic Trainer and/or student athletic trainer on site for practice and competition: Additional sports medicine staff accessible from Jervey Athletic Training facility (656-1952).

Emergency Communications: A fixed line telephone (656-4303) is located in the press box during competition.

Emergency Equipment: Supplies maintained per Graduate Assistant assigned to work the sport. This would include an AED and trauma kit.

Roles of the First Responder:

1. Immediate care of the injured or ill student athlete.
2. Emergency equipment retrieval.
3. Activation of emergency medical system:
 - a. **Call 656-2222 (this is the emergency dispatcher on campus)**
Provide the following information:
 1. Your Name
 2. Location (**Riggs Soccer Field**)
 3. Address (**Heisman Street/Alpha Beta Circle**)
 4. Phone number you are calling from
 5. Number of victims and specific injuries.
4. Direction of EMS to scene.

Venue Directions: The Riggs Soccer Stadium Venue is located just off Heisman Street and Alpha Beta Circle. Access to this area is from Highway 93 to Williamson Road. Then turn left on Heisman Street the left on to Alpha Beta Circle and the Soccer Venue is located on the left. **For emergency access:** Make an immediate right after entering the gate at the stadium. Follow the road around and enter the field at the flagpoles, just before the bleachers. This entrance is on the Highway 93 side of the stadium

- a. Have open access
- b. Designate individual to "flag down" EMS to the scene.
- c. Scene control: limit scene to First Aid responder and move bystanders away from area.



HOKE SLOAN INDOOR TENNIS CENTER VENUE

Emergency Personnel: Graduate Assistant Athletic Trainer and/or student athletic trainer on site for practice and competition: Additional sports medicine staff accessible from Jervey Athletic Training facility (656-1952).

Emergency Communication: There is a fixed telephone line (656-1536) located in the Indoor Tennis facility. This is located in office on the lower level. The assigned Graduate Assistant has access to this office.

Emergency Equipment: Supplies maintained per Graduate Assistant assigned to work the sport.

Roles of the First Responder:

1. Immediate care of the injured or ill student athlete.
2. Emergency equipment retrieval.
3. Activation of emergency medical system:
 - **Call 656-2222 (this is the emergency dispatcher on campus)**
Provide the following information:
 1. Your Name
 2. Location (**Indoor Tennis Center**)
 3. Address (**Heisman Street/Alpha Beta Circle**)
 4. Phone number you are calling from
 5. Number of victims and specific injuries
4. Direction of EMS to scene.

Venue Directions: The Hoke Sloan Indoor Tennis Center Venue is located on Heisman Street. Access to this area is from Highway 93 to Williams Road. Then turn left on Heisman Street and Alpha Beta Circle the Indoor Tennis Venue is located on the left.

- a. Have open access
- b. Designate individual to "flag down" EMS to the scene (**have EMS enter through Soccer stadium entrance and turn Left**).
- c. Scene control: limit scene to First Aid responder and move bystanders away from area.



HOKE SLOAN OUTDOOR TENNIS VENUE

Emergency Personnel: Graduate Assistant Athletic Trainer and/or student athletic trainer on site for practice and competition: Additional sports medicine staff accessible from Jervey Athletic Training facility (656-1952).

Emergency Communication: There are 5 extensions that ring into the Outdoor Tennis Venue. Four of these rings into coaches' offices (656-2252, 656-2253, 656-1323, 656-4279) and one is located in the main lounge area (656-7925).

Emergency Equipment: Supplies maintained per Graduate Assistant assigned to work the sport.

Roles of the First Responder:

1. Immediate care of the injured or ill student athlete.
2. Emergency equipment retrieval.
3. Activation of emergency medical system:
 - a. **Call 656-2222 (this is the emergency dispatcher on campus)**
Provide the following information:
 1. Your Name
 2. Location (**Outdoor Tennis Center**)
 3. Address (**HWY 93 across from Mellow Mushroom**)
 4. Phone number you are calling from
 5. Number of victims and specific injuries.
4. Direction of EMS to scene.

Venue Directions: The Hoke Sloan Tennis Center Venue is located on Highway 93. There is a private drive off Highway 93 that is to be used by emergency medical personnel.

- a. Have open access
- b. Designate individual to "flag down" EMS to the scene.
- c. Scene control: limit scene to First Aid responder and move bystanders away from area.

Emergency Personnel: Graduate Assistant Athletic Trainer and/or Student Athletic Trainer on site for practice and competition: Additional Sports Medicine staff accessible from Jervey Athletic Training Facility.

Emergency Communication: The Emergency Call Box for Outdoor Track is close between the Indoor and Outdoor Tracks

Emergency Equipment: Supplies maintained per Graduate Assistant assigned to work the sport. This would include AED Trauma Kit for meets.

Roles of the First Responder:

1. Immediate care of the injured or ill student athlete.
2. Emergency equipment retrieval.
3. Activation of emergency medical system:
 - **Call 656-2222 (this is the emergency dispatcher on campus)**
Provide the following information:
 1. Your Name
 2. Location (**Indoor Track**)
 3. Address (**Track Drive In front of the Outdoor Track**)
 4. Phone number you are calling from
 5. Number of victims and specific injuries.
4. Direction of EMS to scene.

Venue Directions: The Rock Norman Track Complex is located in the Jervey bottom area. Access to this area is via Perimeter Road, to the Jervey parking lot, and then follows the Jervey Meadows road to the Track complex on the left.

- a. Have open access
- b. Designate individual to "flag down" EMS to the scene(**direct EMS to the Garage Door for entry**)
- c. Scene control: limit scene to First Aid responder and move bystanders away from area.



ROCK NORMAN TRACK COMPLEX VENUE

Emergency Personnel: Graduate Assistant Athletic Trainer and/or Student Athletic Trainer on site for practice and competition: Additional Sports Medicine staff accessible from Jervey Athletic Training Facility (656-1952).

Emergency Communication: There is an emergency call box located at the main entrance of the Track Complex.

Emergency Equipment: Supplies maintained per Graduate Assistant assigned to work the sport. This would include AED Trauma Kit for meets.

Roles of First Responders:

1. Immediate care of the injured or ill student athlete.
2. Emergency equipment retrieval.
3. Activation of emergency medical system:
 - **Call 656-2222 (this is the emergency dispatcher on campus)**
Provide the following information:
 1. Your Name
 2. Location (**Outdoor Track or Indoor Track**)
 3. Address (**Track Drive**)
 4. Phone number you are calling from
 5. Number of victims and specific injuries
4. Direction of EMS to scene.

Venue Directions: The Rock Norman Track Complex is located in the Jervey bottom area. Access to this area is via Perimeter Road, to the Jervey parking lot, and then follows the Jervey Meadows road to the Track complex on the left.

- a. Have open access
- b. Designate individual to "flag down" EMS to the scene.
- c. **Outdoor Track**
(**Direct EMS to the back entrance to the Track At the end of Track Drive so they have access to enter the field with the ambulance**)
Indoor Track
(**Direct EMS to the Garage door entrance to the Track so they have access to enter the field with the ambulance**)
- d. Scene control: limit scene to First Aid responder and move bystanders away from area.



JERVEY GYM VOLLEYBALL VENUE

Emergency Personnel: Graduate Assistant Athletic Trainer and/or student athletic trainer on site for practice and competition; additional sports medicine staff accessible from Jervey Athletic Training facility.

Emergency Communication: The Jervey Athletic Training facility is located in the same building as the Volleyball Venue. There are five fixed telephone lines in this area (656-1951, 656-1957, 656-1960 and 656-1952).

Emergency Equipment: Supplies maintained per Graduate Assistant assigned to work the sport. This would include an AED and trauma kit.

Roles of the First Responder:

1. Immediate care of the injured or ill student athlete.
2. Emergency equipment retrieval.
3. Activation of emergency medical system:
 - **Call 656-2222(this is the emergency dispatcher on campus)**
Provide the following information:
 1. Your Name
 2. Location (**Jervey Gym**)
 3. Address (**Perimeter Road**)
 4. Phone number you are calling from
 5. Number of victims and specific injuries
4. Direction of EMS to scene.

Venue Directions: The Jervey Volleyball Venue is located on Perimeter Road. Access to this area is from Perimeter Road. Enter the Jervey parking lot through the north entrance. The Volleyball Venue will be on your right after you turn on to the road.

For emergency access: After entering making the turn into Jervey parking area, Take the first right (**Athletic Service Road**) turn and proceed up the access road to the loading dock area. From there, enter the building through the glass doors and make a right. Jervey Gym will directly in front of you.

- a. Have open access
- b. Designate individual to "flag down" EMS to the scene.
- c. Scene control: limit scene to First Aid responder and move bystanders away from area.

CONCUSSION SAFETY PROTOCOL CHECKLIST

Below is a checklist that can be used as a resource when evaluating institutional concussion management plans. The NCAA Sport Science Institute staff will offer guidance and education to member schools requesting assistance and that guidance will be based on this checklist and other Sport Science Institute resources. Concussion management plans should be consistent with the *Inter-Association Consensus: Diagnosis and Management of Sport-Related Concussion Guidelines*; these guidelines, and the two guidelines referenced under "Reducing Head Trauma Exposure Management Plan," can be found at: <http://www.ncaa.org/about/resources/media-center/news/new-guidelines-aim-improve-student-athlete-safety>.

PRE-SEASON EDUCATION

Education management plan (*Appendix C, F*) that specifies:

- Institutions have provided NCAA concussion fact sheets (NCAA will make material available) or other applicable material annually to the following parties:
 - Student-athletes
 - Coaches
 - Team physicians
 - ATCs
 - Directors of athletics
- Each party provides a signed acknowledgement of having read and understood the concussion material (*Appendix D, G*)

PRE-PARTICIPATION ASSESSMENT:

Pre-participation management plan that specifies (*Section II, Paragraph 2*):

- Documentation that each varsity student-athlete has received at least one pre-participation baseline concussion assessment, that addresses:
 - Brain injury and concussion history
 - 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 varsity student-athlete with a documented concussion, especially those with complicated or multiple concussion history.*

RECOGNITION AND DIAGNOSIS OF CONCUSSION:

Recognition and diagnosis of concussion management plan that specifies (*Section III, Paragraph 3*):

- Any student-athlete with signs/symptoms/behaviors consistent with concussion:
 - Must be removed from practice or competition
 - Must be evaluated by ATC or team physician with concussion experience
 - Must be removed from practice/play for that calendar day if concussion is confirmed

Initial suspected concussion evaluation management plan that specifies (*Section III, Appendix E, I*):

- Symptom assessment
- Physical and neurological exam
- Cognitive assessment
- Balance exam
- Clinical assessment for cervical spine trauma, skull fracture and intracranial bleed

POST-CONCUSSION MANAGEMENT:

Post-concussion management plan that specifies:

- Emergency action plan, including transportation for further medical care, for any of the following (*Section IV, Appendix K*):

- Glasgow Coma Scale < 13. Prolonged loss of consciousness.
- Focal neurological deficit suggesting intracranial trauma. Repetitive emesis.
- Persistently diminished/worsening mental status or other neurological signs/symptoms.
- Spine injury.
- Mechanism for serial evaluation and monitoring following injury (Section III, Paragraph 4).
- Documentation of oral and/or written care to both student-athlete and another responsible adult (Section IV, Paragraph 3, Appendix H).*

**May be parent or roommate.*

- Evaluation by a physician for student-athlete with prolonged recovery in order to consider additional diagnosis* and best management options (Section V, VI).

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

- Post- concussion syndrome
- Sleep dysfunction
- Migraine or other headache disorders
- Mood disorders such as anxiety and depression
- Ocular or vestibular dysfunction

RETURN TO PLAY:

Return-to-Play management plan that specifies (Section V):

- Final determination of return-to-play is from the team physician or medically qualified physician designee.
- Each student-athlete with concussion must undergo a supervised stepwise progression management plan by a health care provider with expertise in concussion that specifies:
 - Student-athlete has limited physical and cognitive activity until he/she has returned to baseline, then progresses with each step below without worsening or new symptoms:
 - Light aerobic exercise without resistance training.
 - Sport-specific exercise and activity without head impact. Non-contact practice with progressive resistance training. Unrestricted training.
 - Return-to-competition.

RETURN-TO-LEARN:

Return-to-learn management plan that specifies (Section VI, Appendix J):

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 athletic representative
- Academic counselor
- Course instructor(s)
- College administrators
- Office of disability services representatives
- Coaches
- Compliance with ADAAA
- No classroom activity on same day as concussion. Individualized initial plan that includes:
 - Remaining at home/dorm if student-athlete cannot tolerate light cognitive activity
 - Gradual return to classroom/studying as tolerated.
- Re-evaluation by team physician if concussion symptoms worsen with academic challenges.
- Modification of schedule/academic accommodations for up to two weeks, 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 symptoms > 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.

REDUCING EXPOSURE TO HEAD TRAUMA:

Reducing head trauma exposure management plan (Section I, Paragraph 3, Appendix A, B).*

**While 'reducing' may be difficult to quantify, it is important to emphasize ways to minimize head trauma exposure. Examples of minimizing head trauma exposure include, but are not limited to:*

- *Adherence to Inter-Association Consensus: Year-Round Football Practice Contact Guidelines.*
- *Adherence to Inter-Association Consensus: Independent Medical Care Guidelines. Reducing gratuitous contact during practice.*
- *Taking a 'safety first' approach to sport. Taking the head out of contact.*
- *Coaching and student-athlete education regarding safe play and proper technique.*