

Concussion Management Plan

The administrative staff, coaches, and healthcare providers of the UCLA Department of Intercollegiate Athletics are committed to affording UCLA student-athletes with access to healthcare providers who will provide a high standard of care for the broad range of illnesses and injuries that may occur during the time in which they are participating at UCLA.

To this end, the Department recognizes the importance of properly identifying and treating athletes who sustain a concussive brain injury. The Department also supports measures aimed at education and prevention of such injuries

In accordance with institutional and NCAA policy, this document will delineate the components of our management plan for athletes who suffer a concussion.

Key Elements of the Concussion Management Plan Include:

1. Student-athletes will be provided educational material on concussions, including the NCAA concussion fact sheet. Student-athletes will sign a statement in which the student-athlete indicates that they have received & reviewed the educational materials related to concussion and that they accept responsibility for reporting their injuries and illnesses to the sports medicine staff, including signs and symptoms of concussions.
2. Coaches and the Director of Athletics will be provided educational material on concussions, including the NCAA concussion fact sheet, and information describing the Concussion Management Plan. They will sign a statement acknowledging they have read and understood this information.
3. UCLA Sports Medicine team physician staff within the Athletic Department has the unchallengeable authority to determine management and return-to-play of any ill or injured student-athlete, including those with concussion, as he or she deems appropriate.
4. An athlete exhibiting an injury that involves significant symptoms, long duration of symptoms or difficulty with memory function OR an athlete diagnosed with a concussion should not be allowed to return to play during the remainder of that day.
5. Student-athletes with symptoms or signs suggestive of a concussion will be evaluated by a team physician.
6. Final authority for return-to-play shall reside with the treating team physician. The treating team physician may specifically designate another team physician or certified athletic trainer (ATC) staff to assist in implementing return to play measures.
7. The evaluation, continued management, and clearance of the student-athlete with a concussion will be documented in the student-athlete's UCLA medical record.

8. The Team Physicians and Athletic Trainers will review all elements of this plan, including all educational materials provided to coaches and athletes, annually. Changes will be made to the plan as directed by the Head Team Physician or Director of Sports Medicine. Each will sign a statement acknowledging they have read and understand the plan.

UCLA Concussion Management Plan – Administrative Aspects

1. All UCLA student-athletes will receive a statement in which the student-athlete accepts responsibility for reporting their injuries and illnesses to the medical staff, including signs and symptoms of concussions. During the review and signing process student-athletes will be provided educational material on concussions which includes the NCAA concussion fact sheet. (see appendix A)
2. The UCLA Sports Medicine Staff (ATC staff and team physician staff) will continue to maintain Emergency Action Plans that includes a plan of response for concussions, heat illness, spine injury, cardiac arrest, respiratory distress (e.g. asthma), and collapse related to sickle cell trait. These plans are reviewed annually and after each time the plans are used by the Sport Medicine staff.
3. The UCLA Department of Intercollegiate Athletics recognizes that athletics healthcare providers have the unchallengeable authority to determine management and return-to-play of any ill or injured student-athlete, as he or she deems appropriate. These healthcare providers are the Certified Athletic Trainers (ATC) who are under the direction of The Director of Sports Medicine, Mark Pocinich, MS ATC and team physicians, who are under the direction of Head Team Physician, Dr. David McAllister. Coaches do not provide supervision for these healthcare providers, nor do they have hiring or firing authority over the healthcare staff.
4. The UCLA Department of Intercollegiate Athletics will maintain on file this document that describes the team physician–directed concussion management plan that specifically outlines the roles of athletics healthcare staff.
5. The Director of Athletics and coaches within the Department are required to receive and acknowledge they understand the Concussion Management Plan, their role within the plan and that they received and reviewed education about concussions which includes the NCAA concussion fact sheet.
6. The UCLA Department of Intercollegiate Athletics healthcare providers (ATC staff, physical therapists, psychologists, nutritionists, and physicians) are expected to practice within the standards as established for their professional practice.

The UCLA Department of Intercollegiate Athletics will maintain on file a healthcare plan that includes equitable access to UCLA Sports Medicine staff for each NCAA sport.

UCLA Sports Medicine - Clinical Management of Concussion

General Information

1. Concussion definition:

“Sport related concussion (SRC) is a traumatic brain injury induced by biomechanical forces.” (CISG 2016 Consensus Statement) Several common features that may be utilized in clinically defining the nature of a concussive head injury include:

- SRC may be caused either by a direct blow to the head, face, neck or elsewhere on the body with an impulsive force transmitted to the head.
- SRC typically results in the rapid onset of short-lived impairment of neurological function that resolves spontaneously. However, in some cases, signs and symptoms evolve over a number of minutes to hours.
- SRC may result in neuropathological changes, but the acute clinical signs and symptoms largely reflect a functional disturbance rather than a structural injury and, as such, no abnormality is seen on standard structural neuroimaging studies.
- SRC results in a range of clinical signs and symptoms that may or may not involve loss of consciousness. Resolution of the clinical and cognitive features typically follows a sequential course. However, in some cases symptoms may be prolonged.

The clinical signs and symptoms cannot be explained by drug, alcohol, or medication use, other injuries (such as cervical injuries, peripheral vestibular dysfunction, etc.) or other comorbidities (e.g. psychological factors or coexisting medical conditions).

- #### 2. Student-athletes, coaches, certified athletic trainers, and team physicians should be familiar with the symptoms and signs of a concussive brain injury. These symptoms and signs include:

On the Field Findings
Initially may display one or more of the following:

<u>Concussion Signs</u>	<u>Concussion Symptoms</u>
• Appears dazed	• Headache
• Confused about play	• Nausea/vomiting
• Answers question slowly	• Balance problems
• Forgets plays prior to hit (Retrograde amnesia)	• Blurred vision
• Forgets plays after hit (Anterograde amnesia)	• Photosensitivity
• Irritability, emotional lability – tearfulness, giddiness, flattened affect	• Phonophobia
• Loss of consciousness	• Feeling sluggish
• Seizures	• Feeling foggy

3. UCLA Concussion Management Plan staff and roles:
 - a. Student-athlete – 1) understanding of signs/symptoms of concussion. 2) reporting to ATC staff or team physician should they experience such symptoms, 3) understanding and abidance of rules in place to protect against head and neck injury
 - b. Coaching staff - 1) understanding of signs/symptoms of concussion. 2) Recognition of student-athletes with symptoms or signs of possible concussion, removing the student-athlete from play, and reporting of such to ATC staff or team physician. 3) Promoting safe play and enforcing existing rules that prohibit play which endangers the student-athlete, including those related to the prevention of head and neck injury.
 - c. ATC staff – 1) concussion identification and initial assessment at venue, 2) emergency management if needed, 3) assists team physician staff in monitoring of recovery. 4) Promoting safe play, including rules that protect the student-athlete from head and neck injury.
 - d. Team physician staff – 1) concussion identification and initial assessment at venue, 2) emergency management if needed, 3) responsible for overall management of recovery and determination of return to play, 4) promoting safe play, including rules that protect the student-athlete from head and neck injury.
 - e. Neurologic consultants – available upon request by team physician to assist in concussion management.
 - f. Neuropsychologic consultants – available upon request by team physician to assist in concussion management.

- g. Sports psychologist – available upon request by team physician to assist in concussion management.
- h. Academic Staff – Development of individualized return to learn plan in collaboration with the sports medicine team, athletics staff and university resources.

Baseline Assessments

1. All student-athletes will receive a preparticipation evaluation that includes questions regarding a history of prior concussion, head injury, and symptoms suggestive of concussion. Student-athletes with a concerning history of prior head injury, even if asymptomatic, may require further evaluation as deemed appropriate by the team physician staff.

In addition, all student-athletes will receive a baseline assessment that includes a computerized neuropsychological examination, symptom checklist, cognitive assessment and balance evaluation prior to their participation. Based on the history of concussion(s), those student-athletes will be reassessed for baseline testing based on the medical team's recommendations

On the Field Initial Assessment and Management

1. Any student-athlete, who experiences signs or symptoms of a concussion, should seek assistance from the ATC staff or team physician at the venue.
2. A coach who observes a student-athlete exhibiting symptoms or signs suggestive of a concussion, should immediately remove the athlete from play and notify a member of the Sports Medicine Staff (ATC or physician).
3. If a member of the Sports Medicine Staff observes a student-athlete to be exhibiting symptoms or signs suggestive of a concussion, they should remove the athlete from play and proceed with further evaluation.
4. For events, the appropriate sports medicine staff or medical personnel approved by the UCLA Director of Intercollegiate Athletics (DIA), who having training in the diagnosis, treatment and initial management of acute concussion, must be “present” at all NCAA varsity competitions in the following contact/collision sports at UCLA: basketball; football; pole vault; soccer;. To be present means to be on site at the campus or arena of the competition. Sports medicine staff or approved medical

- personnel may be may be from either team, or may be independently contracted for the event.
5. For practices the appropriate sports medicine staff or medical personal approved by the UCLA DIA, who having training in the diagnosis, treatment and initial management of acute concussion must be “available” at all NCAA varsity competitions in the following contact/collision sports at UCLA: football; basketball; pole vault; soccer. To be available means that, at a minimum, the appropriate sports medicine staff or medical personnel approved by the UCLA DIA can be contacted at any time during the practice via telephone, messaging, email, beeper or other immediate communication means. Further, the case can be discussed through such communication, and immediate arrangements can be made for the athlete to be evaluated.
 6. The Sports Medicine Staff will then proceed with an initial assessment to exclude more serious head injury and/or cervical spine injury, as well as maxillofacial and dental trauma.
 7. Once this assessment has been completed, the Sports Medicine Staff will then begin a concussion evaluation, unless other medical concerns take priority. This initial concussion evaluation will include:
 - a. The use of a concussion symptom checklist.
 - b. An assessment of memory and neurocognitive function.
 - c. A neurologic exam that includes an assessment of balance/cerebellar function.
 8. A student-athlete who is symptomatic or has difficulty with memory function should not be allowed to return to play for the remainder of that same day and should be evaluated by a team physician.
 9. A student-athlete diagnosed with a concussion should not be allowed to return to play for the remainder of that day and should be evaluated by a team physician.
 10. If a head injury has occurred and the diagnosis is unclear, even if asymptomatic at that point, the student-athlete should be removed from play and evaluated by a team physician.
 11. After the initial assessment is performed, student-athletes who are not cleared to return to play should receive regular monitoring of symptoms at the venue by the Sports Medicine Staff to observe for any worsening of their medical condition including the following:

Signs of Deteriorating Neurologic Function

- Seizures
- Impaired consciousness
- Focal neuro signs
- Repeated vomiting
- Increasing slurring of speech, confusion
- Severe worsening headache
- Severe irritability
- Glasgow Coma Scale < 13

12. If a student-athlete exhibits signs of deteriorating neurologic status, the EMS system should immediately be activated, as directed by the appropriate Emergency Action Plan, to transport the student-athlete to an emergency room and emergency care provided at the site until Emergency Medical Services (EMS) arrives.
13. For concussed student-athletes deemed stable to return to their residence the day of injury, they and their families and/or teammates will be provided with verbal and written instructions for monitoring for the development of concerning symptoms and the appropriate contact information for UCLA Sports Medicine Staff and the EMS.

Guidelines for concussion management and return to play

1. Student-athletes diagnosed with a concussion will be under the care of a team physician.
2. Student-athletes with a concussion who remain stable will receive ongoing follow up to observe for recovery, to rule out complications and to determine return to play.
3. The return to play will follow a supervised step wise approach with an initial resting period of no less than 24 hours, followed by gradual increases in activity.
4. The determination of the student-athlete's level of activity during the recovery process is at the discretion of the team physician. Some cases may require a more gradual and prolonged recovery than others.
5. Symptoms and signs will be assessed and monitored using the UCLA Sports Medicine Concussion Evaluation Form. (see Appendix A)
6. The initial phase will involve rest from all physical and cognitive stress. This may include avoidance of video games (and other electronic stimuli), review of game film, class work and exams. This may include remaining in their place of residence (dorm/apartment/home) to allow cognitive rest. Sports Medicine personnel will communicate with the appropriate academic staff, under the direction of the Director of Academic Services in athletics, to establish an individualized return to learn plan

- based on their recovery. This plan will be compliant with ADAAA and involve all appropriate academic modifications as directed by the sports medicine and academic team members (which includes athletics, OSD, and the University/local ADAAA office). Student-athletes that develop prolonged symptoms (>2weeks) will be re-evaluated by the team physician and the appropriate sports medicine personnel to adjust the overall recovery and return to learn plans.
7. This rest phase will continue until the symptoms and signs resolve, and the student-athlete remains asymptomatic for 24 hours.
 8. Once asymptomatic for 24 hours, the team physician may advance the student-athlete as follows:
 - a. Brief cardiovascular exertional challenge (20-30 minutes of cycling or elliptical machine or similar).
 - b. After repeat examination, if he/she remains asymptomatic, the team physician may then advance the level of non-contact activity to more intense and sport specific levels. Cardiovascular activity may advance as tolerated.
 - c. After repeat examination, if the student-athlete remains asymptomatic, the team physician may advance the level of activity to a full non-contact training session. Resistance training may resume at this time.
 - d. After repeat examination, if the student-athlete remains asymptomatic, a repeat computerized neuropsychological exam may be implemented prior to proceeding with a full contact practice. If the computerized neuropsychological examination demonstrates an acceptable result, the physician may advance the student-athlete to full contact training.
 - e. After repeat examination, if he/she remains asymptomatic, the student-athlete may be cleared by the team physician for full competition.
 9. Each phase will typically occur over a 24 hour period, or longer, if deemed necessary by the treating physician.
 10. If an athlete experiences symptoms that recur during the activity progression, they should revert back to full rest and then resume progress after asymptomatic for a full 24 hours. Progress at that point may require a more gradual progression of activity levels.
 11. Because many factors may affect the management of concussions (e.g. prior concussions, learning disabilities, migraine headaches, sleep dysfunction), it is emphasized that ultimately the phases of return to play are implemented based upon the clinical judgment of the treating physician.
 12. The UCLA team physician staff has neurological, neurosurgical and neuropsychological consultants available for additional assistance in the care of concussed student-athletes. Such consultations are at the discretion of the team physician.

13. UCLA Sports Medicine Staff will document the incident, evaluation, continued management, and clearance of the student-athlete with a concussion.

Summary of Concussion Management Plan

1. Baseline evaluation – All Student-Athletes
 - a. PPE screening for concussion
 - Including educational program and signed acknowledgement from Student athletes, coaches, Director of Athletics, Team physicians and ATCs
 - b. Baseline neuropsychological testing
2. Concussion diagnosed or suspected – student-athlete removed from play and evaluated.
 - a. Assess ABC's
 - b. Assess for cervical spine injury
 - c. Assess for maxillofacial trauma
 - d. Implement emergency management via EAP if indicated
3. If no other injury takes precedence begin sideline assessment of concussion.
4. Once concussion diagnosed, student-athlete is removed from play the remainder of that day and receives serial monitoring by appropriate sports medicine personnel to observe for any deterioration of neurologic status or prolonged recovery (> 2wks).
5. Sports Medicine communicates with academic personnel regarding return to learn plan. Includes steps to ensure the cognitive rest takes place in the appropriate environment.
6. Stepwise return to play:
 - a. Rest at least 24 hours and until asymptomatic
 - b. Brief cardiovascular challenge
 - c. Sport-specific activities, increased cardiovascular training
 - d. Non-contact training
 - e. Full contact training
 - f. Return to competition



UCLA SPORTS MEDICINE

Certificate of Compliance

By signing this document, I acknowledge that I have read and understand the contents of this policy which is consistent with the Inter-association Consensus: Diagnosis and Management of Sport-Related Concussion Best Practices and otherwise meets the requirements of Constitutions 3.2.4.18 and 3.2.4.18.1. I also acknowledge that I will hold in compliance all those affected by this policy.

Signature

Mark Pocinich - UCLA Health Care Administrator

4/9/19

Date