



CONCUSSION SAFETY PROTOCOL

EDUCATION

- Student-athletes in each sport will be presented with NCAA concussion fact sheets and educational material on concussions through a combination of pre-season meetings and/or ACS *prior* to practice or competition.
- Student-athletes should review the material with the understanding that they accept responsibility for reporting all their injuries and illnesses to the medical staff, including signs and symptoms of concussions.
- Coaches, Sport Oversight Administrators, and the Athletics Director will be educated about concussions and the Concussion Safety Protocol at the beginning of the academic year during a Compliance or roundtable meeting and/or through ACS.
 - Athletics health care providers are empowered with unchallengeable autonomous authority to determine medical management and return-to-play decisions of student-athletes.
- Coaches should understand their responsibility for helping to identify student-athletes exhibiting potential signs, symptoms or behaviors consistent with a concussion and getting them evaluated by the Athletic Trainer and/or Team Physician.
 - Coaches will be advised and understand that the Athletic Trainer and/or Physical Therapist, in conjunction with the Team Physician, has the FINAL say regarding when or if a student-athlete will return to practice and/or competition.
- Team Physicians will be provided concussion education material annually and will sign acknowledgement of receipt, reading and understanding.
- Athletic Trainers and Physical Therapists will be provided annual concussion education and submit signed acknowledgement upon completion.
- Acknowledgement will be documented that student-athletes have read and understand concussion facts and that coaches, Sport Oversight Administrators and the Athletics Director have read and understand both concussion facts and the institution's Concussion Safety Protocol.
- Reducing head trauma exposure may be difficult to quantify. However, it is important to emphasize ways to minimize head trauma exposure. Examples include, but are not limited to:
 - Adherence to Inter-Association Consensus: Year-Round Football Practice Contact Guidelines.
 - Reducing gratuitous contact during practice.
 - Taking a 'safety first' approach to sport.

PROCESS

Pre-participation:

- All student-athletes, prior to initial participation, shall complete a baseline concussion assessment:
 - Brain injury and concussion history.
 - Symptom evaluation.
 - Cognitive assessment.
 - Balance evaluation.
 - Visual acuity.
- A Team Physician determines clearance for sport participation and/or additional specialty consult or baseline testing.

Medical Presence/Availability:

- Medical personnel with training in the diagnosis, treatment and initial management of acute concussion must be “present” at all varsity competitions in the following contact/collision sports: basketball; football; pole vault; soccer; wrestling. To be present means to be on site at the campus or arena of the competition. Medical personnel may be from either team or may be independently contracted for the event.
- Medical personnel with training in the diagnosis, treatment and initial management of acute concussion must be “available” at all varsity practices in the following contact/collision sports: basketball; football; pole vault; soccer; wrestling. To be available means that, at a minimum, medical personnel can be contacted at any time during the practice via telephone, messaging, email, pager or other immediate communication means. Further, the case can be discussed through such communication, and immediate arrangements can be made for the student-athlete to be evaluated.

Recognition and Diagnosis of Concussion:

- A student-athlete who exhibits signs, symptoms or behaviors consistent with a concussion shall be removed from practice or competition and evaluated by an Athletic Trainer, Physical Therapist and/or Team Physician.
- Student-athletes diagnosed with a concussion shall not return to activity for the remainder of that calendar day and until final medical clearance has been provided, as explained below.
- Differential diagnosis in acute concussion assessment must include but is not limited to: cervical spine trauma, skull fracture and intracranial bleed.
- Student-athletes diagnosed with a concussion will be serially assessed by an Athletic Trainer,

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Physical Therapist, and/or Team Physician with clinical evaluation, symptom assessment, physical and neurological examination, cognitive assessment, balance testing, and visual acuity. Prior to discharge following acute concussion diagnosis, a written home care plan [Appendix A] should be provided to both the student-athlete and another responsible adult, (e.g., parent or roommate).

Post-Concussion Management:

- Indications for implementing the *Emergency Action Plan*, including transportation for further medical care, in post-concussion management are:
 - 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.
- Concussions will be serially evaluated on a scheduled basis until asymptomatic or a return to baseline. Return to Play progressions are then commenced.
- The Athletic Medicine Staff will document the incident, evaluation, continued management and clearance of any student-athlete who has suffered a concussion.
- Student-athletes with prolonged recovery from concussion will be referred to a Team Physician for a review of management options and differential diagnoses, including but not limited to:
 - Academic accommodation
 - Post-concussion syndrome.
 - Sleep dysfunction.
 - Migraine or other headache disorders
 - Mood disorders such as anxiety and depression
 - Ocular or vestibular dysfunction

Return to Play:

- Medical clearance following concussion for participation in academics and/or sport will be determined by the Team Physician, or by an Athletic Trainer or Physical Therapist in consultation with a Team Physician.
- Each student-athlete with concussion must undergo a supervised stepwise progression:
 - Individualized active rehabilitation and treatment strategies as determined by athletics health care providers and may include:
 1. Light aerobic exercise without resistance training.
 2. Sport-specific exercise and activity without head impact.
 3. Non-contact practice with progressive resistance training.
 4. Unrestricted training.

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5. Return to competition.

Return to Competition:

- The Head Team Physician is the FINAL medical authority regarding all medical eligibility, including management and return-to-play of any ill or injured student-athlete.

Return to Learn:

As with return-to-play, the first step of return-to-learn is relative physical and cognitive rest. Relative cognitive rest involves minimizing potential cognitive stressors, such as academic work, video games, reading, texting and watching television.

- No academic obligations on same day as concussion onset.
- The gradual return to academics should be individualized and based on the absence of concussion symptoms following cognitive exposure.
 - If the student-athlete cannot tolerate light cognitive activity, he/she should remain at home.
 - Once the student-athlete can tolerate cognitive activity without return of symptoms, he/she should return to the classroom, often in graduated increments.
- At any point, if the student-athlete becomes symptomatic, (*i.e.*, more symptomatic than baseline), or scores on clinical/cognitive measures decline, the Team Physician should be notified, and the student-athlete's cognitive activity reassessed.
- A student-athlete with concussion symptoms greater than two (2) weeks warrants re-evaluation by the Team Physician and members of the multi-disciplinary team as appropriate.
- The student-athlete's athletics academic advisor will navigate return-to-learn with the student-athlete per medical direction.
 - The extent of academic adjustments, as warranted, may be decided by a multi-disciplinary team that may include the Team Physician, Athletic Trainer, Faculty Athletics Representative or other faculty representative, coach, individual teachers, neuropsychologist and psychologist/counselor.
 - Campus resources are compliant with Americans with Disabilities Act Amendments Act and include Athletics learning specialists and tutors as well as the Disability Resource Center.

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Home Care Instructions

_____ sustained a concussion today, _____.

Please follow the following important recommendations:

1. _____ must report to the athletic training facility on _____
at _____ AM PM for a follow-up evaluation.
2. If any of the symptoms below develop before the follow-up visit, please call _____
at _____ or, call 911.

- Decreasing level of consciousness
- Increasing confusion
- Increasing irritability
- Loss of or fluctuating level of consciousness
- Repeated vomiting
- Seizures
- Slurred speech or inability to speak
- Inability to recognize people or places
- Worsening headache

Otherwise, you can follow the instructions outlined below:

It is OK to

- Use acetaminophen (Tylenol) for headaches
- Use ice pack on head and neck as needed for comfort
- Eat a carbohydrate-rich diet
- Go to sleep
- Rest
 - Minimize physical activity to daily living needs
 - Minimize mental activity, i.e. no academics, video games, computer, etc.

There is NO need to

- Check eyes with a flashlight
- Wake up frequently (unless otherwise instructed)
- Test reflexes
- Stay in bed

Do NOT

- Drink alcohol
- Drive a car or operate machinery
- Engage in physical activity (e.g. exercise, lift weights, sport activity)
- Engage in mental activity (e.g. school, homework, computer games, etc.)
- Engage in social media

Other recommendations:

Recommendations provided to: _____

Please feel free to contact me if you have any questions. I can be reached at _____

Recommendations provided by: _____

Signature: _____ Date: _____