



Academic Year 2018-19

**NCAA | Sport Science Institute  
Concussion Safety Protocol Checklist  
Certificate of Compliance**

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**For:** NCAA member institutions.  
**Action:** Complete and Upload into the NCAA Program Hub Portal  
as part of the Concussion Safety Protocol Review Process.  
**Due date:** To be completed not later than **May 1**.

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By signing and dating this form, you certify, on behalf of your institution, that for the 2018-19 academic year:

1. The Concussion Management Plan fulfills the requirements of Constitution 3.2.4.18; and
2. The Concussion Safety Protocol is consistent with Inter-Association Consensus: Diagnosis and Management of Sport-Related Concussion Best Practices and also meets the requirements of Constitution 3.2.4.18.1.

**Required Signature**

*Athletics Health Care Administrator*

Signature of Athletics Health Care Administrator

C. Todd Hairston

Print or type Name

4/26/19

Date



## Concussion Safety Protocol

### Pre-Season Education:

1. Prior to each season each team will meet with their specific athletic trainer and will be provided with the NCAA Concussion Facts Sheet. The athletic trainer will discuss the facts sheet and address any questions.
2. The following parties will be provided the NCAA Concussion Facts Sheet:  
Coaches, team physicians, athletic trainers and directors of athletics
3. Each party will provide a signed acknowledgement of having read and understood the concussion material (see Pages 5-6). The signed acknowledgement forms will be kept and maintained with Athletics Compliance.

### Pre-Participation Assessment:

1. Each student-athlete will receive at least one pre-participation baseline concussion assessment. The concussion assessment will address the following:
  - a. Brain injury and concussion history
  - b. Symptom evaluation from SCAT 3
  - c. ImPACT neurocognitive computer testing
  - d. BESS Balance testing
2. The team physician determines pre-participation clearance and/or need for additional consultation or repeat testing.

### Recognition of Diagnosis of Concussion:

1. Any student-athlete with the signs/symptoms/behaviors consistent with a concussion will go through the following:
  - a. Will be immediately removed from practice or competition.
  - b. Will be evaluated by the ATC or team physician with concussion experience using the SCAT 3. The SCAT 3 assessment tool consists of the following:
    - i. Symptoms assessment
    - ii. Physical exam
    - iii. Neurological exam
    - iv. Cognitive assessment
    - v. Balance exam
    - vi. Clinical assessment for cervical spine trauma, skull fracture and intracranial bleeding.
  - c. Will not return to practice/play for that calendar day if concussion is confirmed.



**Post-Concussion Management:**

1. If any of the following are present, the athletic trainer will initiate the facility emergency management plan, including transportation for further medical care, for any of the following:
  - a. Glasgow Coma Scale < 13
  - b. Prolonged loss of consciousness
  - c. Focal neurological deficit suggesting intracranial trauma
  - d. Repetitive emesis
  - e. Persistently diminished/worsening mental status or other neurological signs/symptoms
  - f. Spine injury
2. If the student-athlete is not experiencing symptoms that elicit activation of the emergency management plan, the athletic trainer will hold the student-athlete out of practice/competition and will notify the team physician for further directive. This evaluation period will continue until the athletic trainer or team physician does not suspect that their concussion symptoms will worsen to the point that advanced medical support should be called. They should be under the direct supervision for at least 30 minutes following the initial concussion.
  - a. During this time, the student-athlete will be under the direct supervision from the athletic trainer, team physician, coach, or responsible adult.
3. Once it is deemed that the student-athlete is stable and is at no further risk, the student-athlete will be given a Head Injury Information Card (see attachment). The instructions will be reviewed with the student-athlete and the athletic trainer/physician. If necessary, the instructions will also be explained to a roommate, parent, guardian, or someone who can monitor the student-athlete. At this time, the athletic trainer should determine a time for a follow-up evaluation.
4. The student-athlete will be re-evaluated once a day by the athletic trainer or team physician. The athletic trainer will evaluate the student-athlete's symptoms daily and a graded symptom checklist will be completed prior to full clearance.
  - a. These evaluations will continue until the student-athlete becomes symptom free or the decision to be evaluated by a physician is made.
  - b. Appropriate medical documentation will be entered in the student-athlete's medical file.
5. If a student-athlete has prolonged recovery, the team physician may consider additional diagnosis and best management options. Additional diagnoses include, but are not limited to:
  - a. Post-concussion syndrome
  - b. Sleep dysfunction
  - c. Migraine or other headache disorders
  - d. Mood disorders such as anxiety and depression
  - e. Ocular or vestibular dysfunction.



**Return to Play:**

1. Each student-athlete with a concussion must undergo a supervised stepwise progression management plan directed by the team physician with expertise in concussion management. The progression management protocol may be directly supervised by the athletic trainer with daily updates relayed to the team physician. Minimum time periods for each phase may be longer depending on initial presentation and subsequent course.
  - a. **Phase One – Complete Rest**
    - i. Must be for a minimum 24 hours, preferably a full calendar day especially if more than the simplest of concussions
    - ii. May be longer than one day if initial high severity and/or symptom burden
    - iii. Minimum rest period estimation determined by team physician at initial evaluation and communicated directly to athletic trainer who will then communicate plan with coach and student-athlete.
    - iv. Physical rest – no exceptions
    - v. Mental rest – may be adjusted if asymptomatic
      1. No homework/studying or team meetings or film review sessions
      2. No class attendance
    - vi. Note written by physician and communication with Office of Academic Affairs and athletics academic advisor for sport, if needed.
  - b. **Phase Two – Once a student-athlete reports he/she is asymptomatic:**
    - i. Obtain post-injury ImPACT computer test
    - ii. Re-evaluation by physician, including assessment of ImPACT test results
    - iii. Light aerobic exercise without resistance training (ie. walking, stationary bike)
    - iv. This step to last one calendar day minimum. The length of this phase may be possibly longer and should be determined by team physician and communicated to the athletic trainer.
  - c. **Phase Three – Light strength training/sport specific drills.**
    - i. 50% strength training activity first
    - ii. May add sport specific drills if student-athlete remains asymptomatic – easy to complex drill activities
    - iii. No risk of contact and the student-athlete will not be included with full team participation
    - iv. Non-contact drills only; no pads
  - d. **Phase Four – Non-contact practice with progressive resistance training.** The student-athlete is not to be placed in any scenarios or situations where he/she could have contact or take any blows to the head or body.
  - e. **Phase Five - Unrestricted full contact practice with no restrictions**
  - f. **Phase Six - Return to competition, pending clearance from team physician.**
2. If at any point the student-athlete becomes symptomatic (ie. more symptomatic than baseline), or scores on clinical/cognitive measures decline, the team physician shall be notified and the student-athlete's cognitive activity will be reassessed.
3. Final determination of return to play is made by the team physician.



4. The WFU medical staff will document all concussion, along with all follow-up appointments, all testing performed (including exertional testing), and when the student-athlete was cleared for return-to-play.

#### **Return –to-Learn**

1. The Office of Academic Affairs and the Director of Student Health Services will be notified by the team physician of the student-athlete's concussion, with permission for release of information from the student-athlete. This information will be relayed by the Office of Academic Affairs to the professors and advisors of the student-athlete. The medical staff shall also notify advisors within Student-Athlete Services. **There will be no classroom activities on the same day as the concussion.**
2. A multi-disciplinary team will navigate the more complex cases of prolonged return to learning. This team may include, but not limited to:
  - a. Team physician (the primary point person who will coordinate all activities)
  - b. Athletic trainer
  - c. Mental health professionals – psychiatrists, psychologist, counselors
  - d. Neuropsychologist consultant
  - e. Academic counselor or learning specialist
  - f. Course instructor(s)
  - g. College administrators
  - h. Coaches
3. Full compliance will be met with the ADAAA
4. An individualized plan will be created for prolonged returning to learn student-athletes that includes:
  - a. Remaining at home/dorm if the student-athlete cannot tolerate light cognitive activity
  - b. Gradual return to classroom/studying as tolerated
  - c. Modification of schedule/academic accommodations for up to two weeks, as indicated with assistance from the athletic trainer and team physician
5. Re-evaluation by team physician if concussion symptoms worsen with academic challenges.
6. The team physician and pertinent members of the multi-disciplinary team will re-evaluate student-athletes who have ongoing symptoms for more than 2 weeks
7. For cases that cannot be managed through schedule modifications, ADAAA-consistent campus will be utilized. Such resources include learning specialists.

#### **Reducing Exposure to Head Trauma**

1. Wake Forest University Sports Medicine is committed to creating a culture of reducing exposure to head trauma. We will do this by adhering to the following principles:
  - a. Adherence to Inter-Association Consensus: Year-Round Football Practice Contact Guidelines
  - b. Adherence to Inter-Association Consensus: Independent Medical Care Guidelines
  - c. Reducing gratuitous contact during practice
  - d. Taking a 'safety first' approach to sport



- e. Taking the head out of contact
- f. Coaching and student-athlete education regarding safe play and proper technique.