

# Washington State University Athletics

## Concussion Safety Protocol 2019

Washington State University Department of Athletics is committed to the identification, evaluation and management of concussions along with reducing the exposure to head injuries. The following protocol outlines the steps taken to ensure the safety of our Student-Athletes at Washington State University.

To ensure best practices, the standard of care per The Consensus Statement on Concussion in Sport - The 5<sup>th</sup> International Conference in Sport held in Berlin, October 2016 and NCAA/Pac-12 compliance in the management of concussions the following steps will take place:

### 1.) **PRE SEASON EDUCATION:**

- a) Provide NCAA fact sheets and the WSU Concussion Safety Protocol to the following: Director of Athletics, Team Physicians, Certified Athletic Trainers, Coaches, Strength Coaches, Equipment Operations Staff, and Student-Athletes.
- b) Those listed above will sign an acknowledgment form indicating they have received this NCAA fact sheet.
- c) Student-Athletes will read and sign a concussion acknowledgment form which includes their responsibility of reporting any signs and symptoms of a concussion they may have.
- d) Certified Athletic Trainers will review concussion education materials with Student-Athletes on assigned teams.
- e) Each coaching staff and all strength coaches will complete an online education session or will attend an education session conducted by a Team Physician during which this protocol will be reviewed and then each coach will sign a document acknowledging he/she has received the concussion material.
- f) Full time equipment operations staff will annually inspect, recondition and fit each player in a NOCSAE football helmet. In addition, Student-Athletes will review and sign the "Players Daily Helmet Inspection Checklist" and "NOCSAE Football Helmet Warning Statement."

### 2.) **PRE-PARTICIPATION ASSESSMENT:**

- a) Each Student-Athlete will have a pre-participation neuropsychology baseline assessment (such as ImPACT). This test or another appropriate test may be used at the appropriate time post injury.
- b) This test will include brain injury and concussion history, symptom evaluation, cognitive assessment and balance evaluation.
- c) Team Physicians will determine pre-participation clearance and/or the need for additional consultation or testing.
- d) Baseline re-assessments will take place every two years or six months post-concussion, or as determined by the Team Physician.

### 3.) **RECOGNITION AND DIAGNOSIS OF CONCUSSION:**

- a) When a Student-Athlete exhibits signs, symptoms or behaviors consistent with a concussion, the athlete shall be removed from practice or competition.

- b) The Student-Athlete shall then be immediately evaluated by an athletic healthcare provider (Team Physician and/or Certified Athletic Trainer) with experience in the evaluation and management of concussions.
- c) This evaluation will include: symptom assessment, physical and neurological exam, cognitive assessment, balance exam, clinical assessment for cervical spine trauma, skull fracture and intracranial bleed.
- d) Student-Athletes diagnosed or suspected of having a concussion shall not return to activity for the remainder of that day.
- e) As soon as possible post injury, a standardized tool for evaluation will be conducted and documented (such as SCAT 5 or symptoms checklist) by a Certified Athletic Trainer with the sport.
- f) Medical personnel with training in the diagnosis, treatment, and initial management of acute concussion are present at football, men's and women's basketball, soccer, and volleyball home competitions, as well as on call for all other WSU athletic home competitions. Medical personnel travel to competitions with the following sports: football, men's and women's basketball, soccer, volleyball, baseball, pole vault, rowing, and swimming.
- g) Medical personnel with training in the diagnosis, treatment, and initial management of acute concussion are present at football, men's and women's basketball, soccer, volleyball, baseball, rowing, men's and women's track and field (including pole vault), men's and women's cross country home practices, as well as on call for tennis, swimming, men's and women's golf home practices.

#### **4.) POST-CONCUSSION MANAGEMENT:**

- a) Athletic Medicine will have on file annually an updated emergency action plan for each athletics venue to respond to Student-Athletes' catastrophic injuries and illnesses, including concussions.
- b) Transportation for further medical care is recommended for any of the following: Glasgow Coma Scale <13, prolonged loss of consciousness, focal neurological deficit suggesting intracranial trauma, repetitive emesis, persistently diminished/worsening mental status, spine injury or other neurological signs/symptoms.
- c) The Student-Athlete will receive serial monitoring for deterioration following the injury. The mechanism for this is periodic re-evaluation by Certified Athletic Trainer and/or Team Physician on the sideline, locker room, Athletic Medicine facility and/or until final diagnosis or plan is made.
- d) Once the SCAT 5 or symptoms checklist is complete, follow up instructions on the management of concussion will be given in hard copy to the Student-Athlete and a roommate, guardian or someone able to assist the Student-Athlete with following the instructions.
- e) The Student-Athlete will then be referred to a Team Physician for follow up evaluation.
- f) While the Student-Athlete is enrolled at WSU the Team Physician will continue to follow up and re-evaluate to look for possible prolonged recovery issues and/or additional diagnosis that may include Post-Concussion Syndrome, sleep dysfunction, migraine or headache disorders, mood disorders such as anxiety and depression and ocular or vestibular dysfunction.

#### **5.) RETURN TO PLAY:**

- a) Final authority for return to play shall reside with the Team Physician or the Physician's designee.
- b) Once the Student-Athlete is asymptomatic and post-exertion assessments are within normal baseline limits, return to play shall follow a medically supervised stepwise process.

- c) The Student-Athlete progresses to each step listed without worsening or new symptoms: light aerobic exercise without resistance training, non-contact practice with progressive resistance training, sport-specific exercise and activity without head impact, unrestricted training and return to competition.

**6.) RETURN TO LEARN:**

- a) The point person who will navigate the return to learn plan with the Student-Athlete will be the Assistant Director of Athletics, Academic Services.
- b) The Team Physician will coordinate return to learn planning with the assistance of the person named above.
- c) The multi-disciplinary team may include: Team Physician, Team Certified Athletic Trainer, Academic Advisor, Learning Specialist, and Mental Health Professional.
- d) Student-Athletes will not return to the classroom on the same day of suffering a concussion. In addition, an individualized plan determined by Team Physician with input from the multi-disciplinary team will be implemented that includes: remaining at home/residence hall if Student-Athlete cannot tolerate light cognitive activity and a gradual return to classroom /studying as tolerated.
- e) Cognitive restriction may include the following as deemed appropriate: restrictions upon returning to the classroom for time to be determined, restrictions to attending team meetings, practices and film sessions, access to technology and restricting work or other non-sport activities.
- f) Modification of schedule/academic accommodations as determined by the Team Physician after consulting with members of the multi-disciplinary team.
- g) Re-evaluation by Team Physician will occur if symptoms worsen with academic challenges. Re-evaluation by Team Physician and members of multi-disciplinary team will also take place, as appropriate for Student-Athletes as deemed necessary by the Team Physician.
- h) For cases that can't be managed through appropriate schedule modifications and specific academic accommodations further additional campus or community resources will be engaged and will be consistent with Americans with Disabilities Act Amendments Act of 2008 (ADAAA). These may include the following: Neuropsychologist, Learning Specialist, University Access Center, ADAAA office.

**7.) REDUCING EXPOSURE TO HEAD TRAUMA:**

**Adherence to the following:**

- a) Inter-Association Consensus: Year-Round Football Practice Contact Guidelines. (See Attached)
- b) Inter-Association Consensus: Independent Medical Care Guidelines. (See Attached)
- c) NCAA and Pac-12 Conference Practice Rules.
- d) Nationally recognized helmet safety guidelines.
- e) Take a safety first approach to practice and take the head out of contact.
- f) Reduce gratuitous contact during practice.
- g) Coach and teach techniques that prioritize health and safety.

**9.) ADMINISTRATIVE:**

- a) Institutional plan submitted to Concussion Safety Protocol Committee by May 1 of each year. (Dr. Hainline, NCAA Chief Medical Officer)
- b) Written certificate of compliance signed by Director of Athletics. (see attached)
- c) Forward the WSU Concussion Safety Protocol to the following:  
Compliance Staff, Senior Staff, Athletic Council, Team Physicians, Athletic Medicine Staff, Equipment Operations Staff, Academic Support Services Staff, Mental Health and Wellbeing Staff, All Sport Strength and Conditioning Coaches

*Updated: 9.25.10/12.11.11/8.10.12/8.28.13/3.4.15/3.31.15/4.1.15/4.10.15/4.30.15/Accepted by the NCAA 6.2.15 / Submitted to NCAA 7.19.16 / **Accepted by the NCAA 8.5.16** / Submitted to NCAA 4.28.17/ Submitted to NCAA 4/7/2018 / Submitted to NCAA 5/1/2019*