

Concussion Safety Protocol Checklist

Below is a checklist that will help the director of athletics to ensure that the athletic department is compliant with a concussion management plan recommended by the Concussion Safety Protocol Committee (Committee). As part of the Autonomy Proposal – Concussion Safety Protocol, the Committee is charged with reviewing the written concussion procedures and protocols (concussion management plan) of each member school from the autonomy five conferences. The concussion management plan 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>. Please do not hesitate to reach out to Brian Hainline (NCAA Chief Medical Officer and administrative chair of the Committee: bhainline@ncaa.org) if you have any questions or concerns. The Committee’s primary purpose is to serve as an advocate for promoting and developing concussion safety management plans for each member school.

Pre-Season Education:

Education management plan 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.

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Pre-Participation Assessment:

Pre-participation management plan that specifies:

- ☐ 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:

- ☐ 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.

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Initial suspected concussion evaluation management plan that specifies:

- ☐ 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:
 - ☐ 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.
- ☐ Documentation of oral and/or written care to both student-athlete and another responsible adult.*

**May be parent or roommate.*

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- ☐ Evaluation by a physician for student-athlete with prolonged recovery in order to consider additional diagnosis* and best management options.

**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:

- ☐ 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.

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Return-to-Learn:

Return-to-learn management plan that specifies:

- ☐ 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.

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- ☐ 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.*

**While the Committee acknowledges that '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.

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Administrative:

- ☐ Institutional plan submitted* to Concussion Safety Protocol Committee by May 1.

**Please submit plan directly to Brian Hainline, NCAA Chief Medical Officer*

- ☐ Written certificate of compliance signed by director of athletics that accompanies submitted plan.