



**REPORT OF THE
NCAA COMMITTEE ON COMPETITIVE SAFEGUARDS AND MEDICAL
ASPECTS OF SPORTS
JUNE 15 – 17, 2016 MEETING**

ACTION ITEMS.

1. Legislative items.

a. Independent Medical Care for Divisions II and III institutions.

- (1) Recommendation. In Divisions II and III, sponsor legislation to specify that an active member institution shall establish an administrative structure that provides independent medical care and affirms the unchallengeable autonomous authority of primary athletics health care providers (team physicians and athletic trainers) to determine medical management and return-to-play decisions related to student-athletes; further, an active institution shall designate an Athletics Healthcare Administrator to oversee the institution's athletic health care administration and delivery.
- (2) Effective date. August 1, 2017.
- (3) Rationale. The NCAA Principle of Health and Safety makes it the responsibility of institutions to protect the health of, and provide a safe environment for, their student-athletes. As a continuum of Inter-Association Consensus: Independent Medical Care for College Student-Athlete Guidelines, this proposal supports this principle and requires further administrative controls in the delivery of integrated sports medicine and athletic training services. Specifically, this proposal addresses the issue of medical providers at institutions having unchallengeable autonomous authority to determine medical management and return-to-play decisions of student-athletes. Further, the administrative structure should ensure that no coach serves as the primary supervisor for any medical provider, nor have hiring, retention, and dismissal authority over that provider. Current legislation gives some authority to the sports medicine staff member to be empowered to have the unchallengeable authority to cancel or modify workouts for health and safety reasons, but it does not address medical management of student-athletes. This is an issue facing institutions that directly impacts the health and well-being of student-athletes, and this proposal will help ensure that appropriate medical care controls and authority exist.
- (4) Estimated budget impact. Minimal.

- (5) Student-athlete impact. This legislation will improve athletics healthcare administration by affirming that medical care is being delivered in an independent manner.
- b. Division II Only – 2017 NCAA Convention Legislation – NCAA Membership – Conditions and Obligations of Membership – Drug-Testing Program and Consent Form – Nutritional Supplement Designee.**
- (1) Recommendation. In Division II, sponsor legislation for the 2017 NCAA Convention to amend NCAA Constitution 3.34.10 (drug-testing program and consent form) to specify that Division II institutions must designate an individual (or individuals) as the athletic department resource for questions related to NCAA banned drugs and the use of nutritional supplements; further, to specify that an institution must educate athletics department staff members who have regular interaction with student-athletes that:
- a) The NCAA maintains a list of banned drug classes provides examples of banned substances in each drug class on the NCAA website;
 - b) Any nutritional supplement use may present risks to a student-athlete's health and eligibility; and
 - c) Questions regarding NCAA banned drugs and the use of nutritional supplements should be referred to the institution's designated athletics department resource individual (or individuals).
- (2) Effective date. August 1, 2018.
- (3) Rationale. The committee has heard a half-dozen positive drug-test appeals in the past two years in which Division II student-athletes tested positive after claiming use of nutritional/dietary supplement products. Many more DII student-athletes test positive each year and do not seek an appeal. Research has shown that supplement products, which are not well-regulated, may contain NCAA banned substances and are at high risk for contamination with such. Despite the nutritional supplement risk warning on the Banned Drug List that is attached to every NCAA Drug Testing Consent Form, Division II student-athletes have declared in their appeal that they purchased these products on their own, without consultation with athletics staff. The NCAA subscribes to the Resource Exchange Center, the only authoritative resource supported by the NCAA to provide review of these products vis-à-vis banned drugs to our membership; by designating staff for and

communicating to student-athletes about this role, Division II will provide an identified staff to whom student-athletes can check out any supplement product and receive accurate feedback via the REC, thereby reducing their risk of testing positive for use of these products, which tests results in loss of eligibility.

- (4) Estimated budget impact. None.
- (5) Student-athlete impact. By providing an on-campus designee for student-athletes to easily reach will positively impact student-athletes and make it easier to make informed decisions.

NON-LEGISLATIVE ITEMS.

a. Independent medical care for Division I Autonomy.

- (1) Recommendation. Refer a recommendation to Division I Autonomy to editorially revise Constitution 3.2.4.17 (Independent Medical Care). The revision will reflect a modification to the title director of medical services to athletics healthcare administrator.
- (2) Effective date. August 1, 2017.

Rationale. “CSMAS proposes this change to the language to clarify the position. The committee determined the name director of medical services implied the person holding the role should have medical background (i.e. physician or athletic trainer). In addition, feedback from member institutions indicated confusion about differences between the director of medical services position and the medical director position, which is established elsewhere in NCAA bylaws. The proposed change from director of medical services to athletics healthcare administrator denotes an administrative role that could be assigned to a variety of positions already established in an athletic department or another area on campus.” The language will also clarify the role as more of a designation rather than a new position.

- (3) Estimated budget impact. No budgetary impact.
- (4) Student-athlete impact. As noted in the rationale, this amendment will provide institutions additional clarification on the role of athletics healthcare administrator to address health and safety needs of student-athletes.

b. Independent Medical Care for Division I non-autonomy schools.

- (1) Recommendation. The committee recommends that Division I non-autonomy institutions opt-in to Constitution 3.2.4.17 (Independent Medical Care).
- (2) Effective date. August 1, 2017 or August 1, 2018.
- (3) Rationale. The committee believes that non-autonomous Division I institution would benefit from the legislation adopted by Autonomy in 2016. The NCAA Principle of Health and Safety makes it the responsibility of institutions to protect the health of, and provide a safe environment for its student-athletes. As a continuum of Inter-Association Consensus: Independent Medical Care for College Student-Athlete Guidelines, this proposal supports this principle and requires further administrative controls in the delivery of integrated sports medicine and athletic training services. Specifically, this proposal addresses the issue of medical providers at institutions having unchallengeable autonomous authority to determine medical management and return-to-play decisions of student-athletes. Further, the administrative structure should ensure that no coach serve as the primary supervisor for any medical provider, nor have hiring, retention, and dismissal authority over that provider. Current legislation gives some authority to the sports medicine staff member to be empowered to have the unchallengeable authority to cancel or modify workouts for health and safety reasons, but it does not address medical management of student-athletes. This is an issue facing institutions that directly impacts the health and well-being of student-athletes and this proposal will help ensure that appropriate medical care controls and authority exists.
- (4) Estimated budget impact. No budgetary impact.
- (5) Student-athlete impact. This legislation will provide institutions the role of an athletics healthcare administrator to address health and safety needs of student-athletes.

INFORMATIONAL ITEMS.

- 1. Sport Science Institute strategic priorities and plan.** Members of the Sport Science Institute presented the SSI's strategic priorities and strategic plans to the committee. The final plan will be presented to the committee during its December 2016 meeting, and will address the SSI's nine strategic priority areas.
- 2. National Federation of State High School Associations (NFHS) report.** The committee received a general update from Bob Colgate of the NFHS.

3. **Datalys report.** The committee received a general update on the work of the Datalys Center from Zack Kerr. Dr. Kerr is the outgoing Director of the NCAA Injury Surveillance Program. He also introduced his replacement, Dr. Erin Wasserman, who will be assuming responsibilities for the injury surveillance program in mid-July 2016. Dr. Kerr emphasized the continued need to promote member institution participation in the injury surveillance program. Higher levels of participation will allow more sophisticated and robust analysis of injury data that can inform critical questions, such as the impact of certain rule changes on the health and safety of student athletes.
4. **Office of Legal Affairs update.** The committee received a general update from the Office of Legal Affairs.
5. **Sexual assault prevention report and tool kit.** The committee received an update on the sexual assault prevention meeting and the tool kit that is currently being developed. The committee discussed different distribution strategies, and approved the tool kit. The tool kit is scheduled to be released in a mailing to the membership in the fall 2016.
6. **Division III Baseball two-period model.** The Division III Management Council referred a request to CSMAS to comment on the health and safety implications of establishing a two-period model in baseball. The committee issued the following statement:

The committee recognizes this is a complicated issue, and one for which definitive scientific data does not exist. The committee notes the following considerations:

- a) *The unknown impact on the throwing shoulder of baseball athletes, especially pitchers, gearing up for two competitive seasons.*
- b) *The proposal creates an unconventional periodization schedule that could predispose athletes to injury.*
- c) *The proposal is disconnected from any coordinated, association-wide strategy for the consideration of competitive season reconfigurations. Without such coordination, it is difficult for the committee to consider the time-demands implications of the proposal.*
- d) *There may be benefit arising from warmer temperatures in the fall season.*

The committee requests that if the proposal is ultimately passed that it be consulted to help facilitate the formal evaluation of the impact of the proposal on the health of student-athletes.

7. **Division III standardized contest exemptions across all sports.** Division III Management Council requested CSMAS comment on a legislative concept that would maintain the conference championship exemption and the NCAA championship exemption, while eliminating all other exemptions (both standard and sport-specific) and would permit each sport two scrimmages, exhibitions or joint practices against any opponent. The committee had no comment.
8. **Inclement Weather Statement.** In the committee's December 2015 meeting, committee members raised concern with common campus practices during inclement weather. The committee formed a working group to craft a statement on the issue. The following statement was considered and approved:

Inclement weather poses unique challenges to athletics operations, partly because of the seasonal and geographic frequency of such events, and because of the disparate impact on members of the athletics team. Student-athletes, most of whom live on or very close to campus, are impacted differently than coaches, support staff, and athletics administrators, who may live at some distance from campus, and who are, therefore, subject to weather conditions that may be very different than those occurring on campus. They may also have the additional difficulty of a commute.

In recent years, the committee has fielded complaints from athletics support staff who report having to journey to campus during inclement weather to attend practices or other non-competition events, even when the campus has been effectively shut down and classes canceled. These complaints become more pronounced when athletics personnel believe themselves to be exposed to personal risks to attend what are perceived as non-essential activities, and especially for practices and other obligations for sports outside of the traditional season. Consequently, the committee provides member institutions the following guidance for inclement winter weather conditions:

Athletics department personnel must recognize that decisions affecting the broader institutional community also apply to them. Serious consideration should be given to the appropriateness of requiring student-athletes, coaches, and support staff to come to campus when the campus is otherwise closed and classes canceled. Local traffic authorities should be consulted about the safety of local roadways.

- a. *Decisions about continued athletics activity should be centrally made, preferably by the athletics director or his /her designee. Coaches should not make such decisions for their own sports in isolation and independent of athletics administrators.*
- b. *Decisions should be made with the ultimate goal of protecting the well-being and safety of all athletics personnel and student-athletes. A full accounting of the*

disparate impact of inclement weather on athletics personnel and participating student-athletes should be made as part of the decision-making process.

- c. *When a decision is made to open athletic or recreational facilities and to conduct athletics activities, standardized steps should be taken to ensure the safe access to those facilities and those parts of campus in which the activities will take place.*
 - d. *Athletics personnel who determine that their personal safety might be jeopardized by commuting to campus in inclement and/or hazardous weather should be excused from all responsibilities without fear of reprisal or punishment, and reasonable accommodations for their absence should be made.*
- 9. Air Quality Statement.** An unusually active 2015 wildfire season in parts of northern California and the Pacific northwest lead to significant air quality challenges for many member institutions located in those regions, especially with the onset of late summer practices and competitions and the start of the 2015-16 sport seasons. As a result, the Sport Science Institute and the Committee on Competitive Safeguards and Medical Aspects of Sport fielded several calls from athletics healthcare professionals at these schools who were inquiring about available information to help guide their decisions about practice or competition modification.

There are three reasons why otherwise healthy athletes are at special risk for inhaling pollutants. First, as physical activity increases so does minute ventilation, which increases the number of pollutants that are inhaled relative to when the athlete is at rest. Second, during activity, a larger proportion of air is inhaled through the mouth, which bypasses the body's built-in nasal filtration system. Third, pollutants are inhaled more deeply and may diffuse into the bloodstream more quickly during physical activity. These concerns are exacerbated in those athletes with pre-existing pulmonary or cardiac conditions (Carlisle and Sharp, 2001).

An important and standardized national air quality resource is the National Weather Service's (NWS) Air Quality Forecast System. This system "provides the US with ozone, particulate matter and other pollutant forecasts with enough accuracy and advance notice to take action to prevent or reduce adverse effects." (Accessed 6/14/16; http://www.nws.noaa.gov/ost/air_quality/).

A key component of this forecast system is the [NWS Air Quality Index \(AQI\)](#). The AQI is provides real-time monitoring and alerts in response to changing air quality levels. The AQI accounts for five different pollutants, including 1) ground-level ozone, 2) particle pollution (also known as particulate matter), 3) carbon monoxide, 4) sulfur dioxide, and 5) nitrogen dioxide. Of these, ground-level ozone and particulate matter are the most common and most concerning pollutants for outdoor physical activity. The

AQI is a single number, presented on a scale of 0 – 500, where 0 indicated no air quality problems and 500 indicates the most hazardous levels of air pollution.

When threatening or dangerous air quality levels are present the AQI is adjusted upward, and the National Weather Service (NWS) will issue a corresponding air quality alert. Those alerts and their corresponding behavioral modification recommendations can be found [here](#).

The committee offers the following general guidance to member institutions trying to make decisions about the appropriateness of practice or competition in extreme air quality situations:

- a. Attentive monitoring of local AQI and associated air quality alerts, especially during times of extreme environmental conditions, is recommended. This monitoring is best performed by the primary athletics healthcare providers trained to monitor environmental impacts on student-athlete health and safety. However, schools may choose to delegate this responsibility to another staff member with knowledge and training about environmental monitoring.*
- b. Member schools should consider modifying or canceling outdoor athletic events (practices and competitions) in accordance with AQI guidance. Exposure should be managed more conservatively for student athletes with pre-existing pulmonary or cardiac conditions, which may exacerbate the complications of these conditions and could lead to an acute medical emergency. Specifically, schools should consider removing athletes with pre-existing pulmonary or cardiac conditions from outdoor practice or competition venues at an AQI over 100. At AQIs of over 150, all athletes should be closely monitored. All athletes should be removed from outdoor practice or competition venues at AQIs of 200 or above.*
- c. School emergency action plans should guide the emergency care response in these circumstances, and staff should rehearse the plan at a minimum of once a year.*

10. Experimental Kick-off Rule. At the request of the Football Rules Committee, the committee considered an experimental rule proposal from the Ivy League. After examining the proposal, the committee issued the following statement:

While the committee has not seen any evidence to suggest that the terms of the proposal are likely to result in a decrease in concussion or other football kick-off related injury, it can identify no reason why the proposed experimental rule should not be allowed. The experimental rule will likely generate important data that should lead to a more definitive answer to the question of additional benefit resulting from further adjustment

to the point of kickoff. The committee respectfully requests that the Ivy League and the NCAA Football Rules committee share any data arising from the experimental period for its review.

11. Division I Men’s Basketball Championship testing. The committee addressed a request from the Division I Basketball committee to allow a special accommodation to the “10-10” testing protocol, which allows a team to defer post-game championships drug testing to the next morning at the same venue if the contest commences 10 p.m. or later local time. The committee discussed the request and approved a modification of the protocol to “10-12”, allowing an extra two hours the next morning for the student-athlete to return to the arena for testing. The committee declined to support the accommodation of moving testing to the hotel, which would present additional logistical testing complications.

12. Recording drug testing collections. The committee determined that there should be no recording—video or otherwise—of NCAA drug-testing collection events, noting that these are group testing events and recording would capture more than just the individual making the recording, creating a confidentiality concern.

13. Safety in College Football Summit. The committee received an overview of the summit, which occurred in February 2016, and reviewed the voting statements and the documents that stemmed from the statements. The following statement was approved by the committee:

The committee supports the foundational statements of the four inter-association consensus documents from the Second Safety in College Football Summit (Year-Round Football Practice Contact for College Student-Athletes; Diagnosis and Management of Sport-Related Concussion; Independent Medical Care in the Collegiate Setting; Preventing Catastrophic Injury in College Athletes). In particular, the committee applauds the data-driven nature of these documents, and supports all efforts to continue to update these documents in a science-driven manner.

14. US Lacrosse headgear rule request.

CSMAS recommend that the Lacrosse Playing Rules committee adopt a modification to Rule, Section 10, to read:

Close-fitting gloves and soft headgear may be worn by all field players. Beginning on January 1, 2017, any field player choosing to wear headgear will only be allowed to wear headgear that meets the ASTM F313 standard for women’s lacrosse. Further protective devices necessitated on genuine medical grounds may be used by players, providing that the umpires agree that they do not endanger other players. All protective devices used should be close-fitting, padded where necessary, and not be of excessive

weight. No equipment, including protective devices, may be used unless it complies with the rules or manufacturers specifications and is deemed not dangerous to other players by the officials.

The committee also urges some caution in the decision-making process as an actual product does not exist in market.

15. Substance Use Survey. The committee reviewed and provided feedback on the Substance Use survey instrument, to be administered to the membership during the 2016-17 academic year. Committee members Abby Miklitsch, Megan Warren, Randy Bird, and Roger Kruse, and consultants Zack Kerr and Lara Gray volunteered to assist with language updates.

16. THC Research project. NCAA research provided the committee with an overview of the research project that explored the relationship between institutional drug education and testing, and student-athlete year-round testing samples that contained tetrahydrocannabinol, THC, the active ingredient in marijuana. The preliminary analysis of the data indicated that student-athlete samples from institutions that conduct institutional testing and drug education were less likely to test positive for THC. Additional analysis of this data will be presented to the committee at its December meeting.

17. Banned drugs and medical exceptions. The committee reviewed several items related to banned drugs and determined the following:

- a. The committee recommended that staff make an editorial revision to the banned drug class currently named “street drugs” to “illicit drugs”. The committee noted that the “street drug” term was outdated and inappropriate. The revised drug class will continue to include marijuana, synthetic cannabis and heroin, and other related drugs of abuse.
- b. The committee will explore the potential to program the electronic drug-testing consent form so that the student-athlete must acknowledge receipt of the banned drug educational document prior to final signature of the consent. Current practice allows the student-athlete, in many cases, to electronically sign the drug testing consent form without ever seeing the educational attachment that identifies banned drugs and provides the advisory on the risk of using nutritional/dietary supplements.
- c. On the topic of ADHD reporting forms, the committee members do not recommend making any changes to the current requirement to submit documentation of a comprehensive evaluation. The committee established a reasonable deadline (i.e. 90 days) for paperwork to be submitted for a medical exception review.

- d. At this time, the committee declined to create a new banned drug class to include meldonium, banned by the World Anti-Doping Agency (WADA), and will continue to monitor WADA developments.
- e. The committee confirmed that a medical exception for treatment with anti-estrogens does not require pre-approval through the medical exception process, but can be submitted upon notice of a positive drug test.

18. Nutritional supplement certification. The committee received a presentation from Amy Eichner, US Anti-Doping Agency, on third party testing of nutritional supplement products, and confirmed its recommendation not to endorse supplement product certification. The committee directed Drug Free Sport in its NCAA Resource Exchange Center responses, to identify that certified products are available and may reduce the risk presented by contamination of these products.

19. Recreational drug use deterrence tool kit. The committee heard a presentation regarding an SSI drafted drug use deterrence tool kit that is tentatively scheduled to be released after the December 2016 CSMAS meeting and final review. The committee recommended the name of the tool kit change to “Substance Abuse Prevention toolkit”.

20. Testing Division I College Football Playoffs. The committee directed Drug Free Sport to schedule testing of the College Football Playoffs to occur onsite prior to the semi-final game to facilitate expedited results reporting so that confirmation occurs before the championship game.

21. Beach volleyball testing plan. The committee approved a championship testing plan for the newly sanctioned championship sport of beach volleyball.

22. Drug test appeals. The committee supported a plan to provide training to committee members interested in serving on drug test appeal panels, requiring that new panel members sit through two appeals prior to voting on the outcome of an appeal.

23. Medical observer. The committee received a presentation from Dr. Brock Schnebel with the University of Oklahoma about emerging trends in the use of a medical observer in the press box for the purpose of monitoring on-field injuries, especially concussion. Dr. Schnebel presented preliminary research on the key operational features of the use of a medical observer, including the logistic issues, the role of replay technology, and the institutional affiliation of the medical observer. The committee will continue to monitor developments in this new area.

24. Medical decision-making authority in NCAA Championship events. The committee recommends a comprehensive review and revision where necessary of health and safety sections of existing championships operations manuals, especially to clarify the relationship between team physicians and tournament medical directors.

25. CSMAS subcommittees. The committee determined that beginning with the December 2016 meeting, the subcommittees will no longer meet separately during the scheduled biannual committee meeting, but rather will convene to address specific tasks as needed.

26. Future meetings.

- a. December 12-14, 2016, Los Angeles.
- b. June 7 – 9, 2017, Indianapolis.

Committee Chair: Forrest Karr, Northern Michigan University, Great Lakes Intercollegiate Athletic Conference
Staff Liaison(s): Brian Hainline, NCAA
John Parsons, NCAA
Mary Wilfert, NCAA

CSMAS June 15 – 17, 2016
Attendees:
Stevie Baker-Watson, DePauw University; North Coast Athletic Conference.
Randy Bird, University of Virginia; Atlantic Coast Conference.
Larry Bowman, Clemson University; Atlantic Coast Conference.
Robert Casmus, Catawba College; South Atlantic Conference.
John Chandler, Coe College; Iowa Intercollegiate Athletic Conference.
Tonya Charland, Great Lakes Valley Conference.
Bob Colgate, National Federation of State High School Associations.
Grace Donovan, Florida Southern College.
LaGwyn Durden, University of Texas; Big 12 Conference.
Gregory Frazer, Duquesne University; Atlantic 10 Conference.
Joseph Hannant, University of North Carolina, Pembroke; Peach Belt Conference.
Forrest Karr, Northern Michigan University; Great Lakes Intercollegiate Athletic Conference.
Roger Kruse, University of Toledo; Mid-American Conference.
Abbey Miklitsch, University of Rhode Island; Atlantic 10 Conference.
Jessica Mohler, U.S. Naval Academy.
Douglas Ramos, Creighton University; Big East Conference.
Kimberly Walpert Patterson, University of Georgia; Southeastern Conference.
Megan Warren, Defiance College.
Maureen White, U.S. Merchant Marine Academy; Landmark Conference.
Absentees:

Gabe Feldman, Tulane University; American Athletic Conference.
Amy Schafer, Thiel College; Presidents' Athletic Conference.
Lynn Snyder-Mackler, University of Delaware; Colonial Athletic Association.
Guests in Attendance:
Zack Kerr, Erin Wasserman; Datalys.
Mark Bockleman, Michelle Dorsey; Drug Free Sport.
Brock Schnebel, University of Oklahoma.
NCAA Staff Support in Attendance:
Dawn Buth, NCAA Cassie Folck, NCAA Cindy McKinney, NCAA
Other NCAA Staff Members in Attendance:
Scott Bearby Jenn Fraser Brian Hendrickson Jeff Myers Sarah Otey Chris Termini