



SPORT SCIENCE
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CONCUSSION SAFETY PROTOCOL CHECKLIST

Below is a checklist that will help the athletics health care administrator ensure that the member school's concussion safety protocol is compliant with the Concussion Safety Protocol Legislation and is consistent with [Interassociation Consensus: Diagnosis and Management of Sport-Related Concussion Best Practices](#).

Please do not hesitate to reach out to Brian Hainline (NCAA chief medical officer and administrative chair of the committee) at ssi@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.

PRESEASON EDUCATION:

Education management plan that specifies:

- Institution has provided NCAA concussion fact sheets (NCAA will make the material available) or other applicable material annually to the following parties:
 - Student-athletes.
 - Coaches.
 - Team physicians.
 - Athletic trainers.
 - Directors of athletics.
- Each party provides a signed acknowledgement of having read and understood the concussion material.

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:

- Medical personnel with training in the diagnosis, treatment and initial management of acute concussion must be “present” at all NCAA varsity competitions in the following contact/collision sports: basketball; equestrian; field hockey; football; ice hockey; lacrosse; pole vault; rugby; skiing; 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 NCAA varsity practices in the following contact/collision sports: basketball; equestrian; field hockey; football; ice hockey; lacrosse; pole vault; rugby; skiing; 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, beeper or other immediate communication means. Further, the case can be discussed through such communication, and immediate arrangements can be made for the athlete to be evaluated.

- Any student-athlete with signs/symptoms/behaviors consistent with concussion:
 - Must be removed from practice or competition.

 - Must be evaluated by an athletic trainer or team physician with concussion experience.

 - Must be removed from practice/play for that calendar day if concussion is confirmed.

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

**May be parent or roommate.*

- 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 a 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.

RETURN-TO-LEARN:

Return-to-learn management plan that specifies:

- Identification of a point person within the athletics department who will navigate return-to-learn with the student-athlete.
- Identification of a multidisciplinary team* that will navigate more complex cases of prolonged return-to-learn:

**Multidisciplinary team may include, but not be limited to:*

- * Team physician.*
- * Athletic trainer.*
- * Psychologist/counselor.*
- * Neuropsychologist consultant.*
- * Faculty athletics representative.*
- * Academic counselor.*
- * Course instructor(s).*
- * College administrators.*
- * Office of disability services representatives.*
- * Coaches.*

- Compliance with ADAAA.
- No classroom activity on same day as the concussion.
- Individualized initial plan that includes:
 - Remaining at home/dorm if the student-athlete cannot tolerate light cognitive activity.
 - Gradual return to classroom/studying as tolerated.
- Re-evaluation by the team physician if concussion symptoms worsen with academic challenges.

- Modification of schedule/academic accommodations for up to two weeks, as indicated, with help from the identified point person.
- Re-evaluation by the team physician and members of the multidisciplinary team, as appropriate, for a student-athlete with symptoms lasting longer than 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 Interassociation Consensus: Year-Round Football Practice Contact Recommendations.*
- * *Adherence to Interassociation Consensus: Independent Medical Care for College Student-Athletes Best Practices.*
- * *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.*

ADMINISTRATIVE:

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

**Plans must be submitted via [Program Hub](#).*

- Written certificate of compliance signed by the athletics health care administrator that accompanies the submitted plan.