Wabash College

Concussion Safety Protocol 2020 – 2021

Introduction

Wabash College is committed to protecting the health of and providing a safe environment for each of its participating NCAA student-athletes. To this end, and in accordance with NCAA legislation, Wabash College has adopted the following Concussion Safety Protocol for all NCAA student-athletes. This protocol identifies expectations for institutional concussion management practices as they relate to (1) the definition of sport-related concussion; (2) independent medical care; (3) preseason education; (4) pre-participation assessment; (5) recognition and diagnosis; (6) initial suspected concussion evaluation; (7) post-concussion management; (8) return-to-learn; (9) return-to-sport; (10) limiting exposure to head trauma; and (11) written certificate of compliance signed by the athletics health care administrator.

1. **Definition of Sport-Related Concussion**
    a. The Consensus Statement on Concussion in Sport, which resulted from the 5th International Conference on Concussion in Sport, defines sport-related concussion as follows:

    Sport-related concussion (SRC) is a traumatic brain injury induced by biomechanical forces. Several common features that may be utilized to clinically define the nature of a concussion head injury include:

        i. SRC may be caused either by a direct blow to the head, face, neck or elsewhere on the body with an impulsive force transmitted to the head
        ii. SRC typically results in the rapid onset of short-lived impairment of neurological function that resolves spontaneously. However, in some cases, signs and symptoms evolve over a number of minutes to hours
        iii. SRC may result in neuropathological changes, but the acute clinical signs and symptoms largely reflect a functional disturbance rather than a structural injury and, as such, no abnormality is seen on standard structural neuroimaging studies
        iv. SRC results in a range of clinical signs and symptoms that may or may not involve loss of consciousness. Resolution of the clinical and cognitive features typically follows a sequential course. However, in some cases symptoms may be prolonged
        v. The clinical signs and symptoms cannot be explained by drug, alcohol or medication use, other injuries (such as cervical injuries, peripheral vestibular dysfunction, etc.) or other comorbidities (e.g., psychological factors or coexisting medical conditions)

2. **Independent Medical Care**
    a. As required by NCAA Independent Medical Care legislation, team physicians and athletic trainers shall have unchallengeable autonomous authority to determine medical management and return-to-activity decisions, including those pertaining to concussion and head trauma injuries, for all student-athletes.

3. **Preseason Education**
    a. All NCAA student-athletes will be provided and allowed an opportunity to discuss educational material (e.g., the NCAA Concussion Education Fact Sheet) and be required to

sign an acknowledgement, on an annual basis and prior to participation, that they have been provided, reviewed and understood the concussion education material.

All coaches, team physicians, athletic trainers, directors of athletics and other athletics personnel involved in NCAA student-athlete health and safety decision making will be provided and allowed an opportunity to discuss educational material (e.g., the NCAA Concussion Education Fact Sheet) and be required to sign an acknowledgement, on an annual basis, that they have been provided, reviewed and understood the concussion education material.

4. **Pre-Participation Assessment**

All NCAA student-athletes will undergo a one-time pre-participation baseline concussion assessment[1] prior to their first practice. This pre-participation assessment will be conducted at Wabash College and, at a minimum, will include assessment for the following:

a. History of concussion or brain injury, neurologic disorder, and mental health symptoms and disorders
b. Symptom evaluation utilizing the most current version of the Sport Concussion Assessment Tool (SCAT)
c. Cognitive assessment utilizing ImPACT
d. Balance evaluation utilizing the mBESS

The team physician will determine pre-participation clearance and any need for additional consultation or testing and will consider for a new baseline concussion assessment at six months or beyond for any NCAA student-athlete with a documented concussion, especially those with complicated or multiple concussion history.

5. **Recognition and Diagnosis of Concussion**

Medical and/or athletic training personnel with training in the diagnosis, treatment and initial management of acute concussion will be present and/or available at all NCAA practices and competitions in the following contact/collision sports: basketball, football, lacrosse, pole vault, soccer, and wrestling. Note that 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 and that the case can be discussed through such communication, and immediate arrangements can be made for the athlete to be evaluated.

Any NCAA student-athlete that exhibits signs, symptoms or behaviors consistent with concussion:

a. Must be immediately removed from practice or competition for evaluation

[1] NCAA Sports Science Institute "Concussion Diagnosis and Management Best Practices." http://www.ncaa.org/sport-science-institute/concussion-diagnosis-and-management-best-practices, n.d.

b. Must be evaluated by an athletic trainer or team physician (or physician designee) with concussion experience
c. Must be removed from practice/play for that calendar day if concussion is confirmed or suspected
d. May only return to play the same day if the athletic trainer, team physician or physician designee determines that concussion is no longer suspected

6. **Initial Suspected Concussion Evaluation**

The initial concussion evaluation will include:

a. Clinical assessment for cervical spine trauma, skull fracture, intracranial bleed and catastrophic injury
b. Symptom assessment utilizing the most current version of the Sport Concussion Assessment Tool (SCAT)
c. Physical and neurological exam utilizing the most current version of the Sport Concussion Assessment Tool (SCAT)
d. Cognitive assessment utilizing the most current version of the Sport Concussion Assessment Tool (SCAT)
e. Balance examination utilizing the mBESS

Activation of the emergency action plan (which may require transportation for additional medical care), including immediate assessment for any of the following scenarios:

a. Glasgow Coma Scale < 13 on initial assessment, or GCS <15 at 2 hours or more post-initial assessment
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

7. **Post-concussion Management**

Because concussion may evolve or manifest over time, for all suspected or diagnosed concussions, there will be in place a mechanism for serial evaluation of the student-athlete.

For all cases of diagnosed concussion, there will be documentation that the post-concussion plan of care was communicated to both the student-athlete and another adult responsible for the student-athlete in written and oral form.

Any NCAA student-athlete with an atypical presentation or persistent symptoms will be re-evaluated by a physician in order to consider additional diagnoses, best management options, and consideration of referral. Additional diagnoses may include, among others: fatigue and/or sleep disorder; migraine or other headache disorders; mental health symptoms and disorders; ocular

dysfunction; vestibular dysfunction; cognitive impairment or autonomic dysfunction.

8. **Return-to-Learn**

Returning to academic activities after a concussion is a parallel concept to returning to sport after concussion. Cognitive activities require brain energy utilization and after concussion, brain energy may not be available to perform normal cognitive exertion and function. The return-to-learn concept will follow an individualized and step-wise process overseen by the team physician, who will navigate return-to-learn with the student-athlete and, in more complex cases of prolonged return-to-learn, work in conjunction with a multidisciplinary team that may vary student-to-student depending on the specifics of the case but may include, among others:

a. Athletic trainers
b. Counseling through the Wabash Counseling Center or external referral if deemed appropriate
c. Neuropsychology referral
d. Faculty Athletics Representative
e. Academic counseling
f. Faculty
g. College administrator
h. Coaches

A student-athlete who has suffered a concussion will return to classroom/studying only as tolerated with modification of schedule/academic accommodations, as recommended by the team physician. Campus resources will be engaged for cases that cannot be managed through schedule modification/academic accommodations. Campus resources will be consistent with the Americans with Disabilities Act Amendments Act (ADAAA) and may include one or more of the following:

a. Learning specialists
b. Office of Disability Services
c. ADAAA Office

9. **Return-to-Sport**

Unrestricted return-to-sport will not occur prior to unrestricted return-to-learn for concussions diagnosed while the student-athlete is enrolled in classes. Final determination of unrestricted return-to-sport will be made by a Wabash College team physician following implementation of an individualized, supervised stepwise return-to-sport progression that includes (in order):

a. Symptom-limited activity
b. Light aerobic exercise and activity without head impact
c. Non-contact practice with progressive resistance training
d. Unrestricted training
e. Unrestricted return-to-sport

The above stepwise progression will be supervised by a health care provider with expertise in concussion, with it being typical for each step in the progression to last at least 24 hours.

NOTE: If at any point the student-athlete becomes symptomatic (more symptomatic than baseline), the team physician or physician designee will be notified, and adjustments will be made to the return-to-sport progression.

10. **Limiting Exposure to Head Trauma**

Wabash College is committed to protecting the health of and providing a safe environment for each of its participating NCAA student-athletes. To this end and in accordance with NCAA association-wide policy, Wabash College will limit student-athlete head trauma exposure in a manner consistent with the *Interassociation Recommendations: Preventing Catastrophic Injury and Death in Collegiate Athletics* [2] For example:

a. Wabash College teams will adhere to existing ethical standards in all practices and competitions
b. Using playing or protective equipment (including the helmet) as a weapon will be prohibited during all practices and competitions
c. Deliberately inflicting injury on another player will be prohibited in all practices and competition
d. All playing and protective equipment (including helmets), as applicable, will meet relevant equipment safety standards and related certification requirements
e. Wabash College will keep the head out of blocking and tackling in contact/collision, helmeted practices and competitions

[2] http://image.mail2.ncaa.com/lib/fe5715707d6d067e7c1c/m/4/7a794ccb-6ca3-4b4d-8ba7-ade573680e29.pdf, 7/2019

Wabash College
Concussion Management Protocol

By signing and dating this form, I hereby acknowledge, on behalf of Wabash College, that for the 2020 – 2021 academic year, the above Wabash College Concussion Safety Protocol is consistent with the NCAA Concussion Safety Protocol Checklist and otherwise fulfills the requirements of all applicable NCAA Concussion Management Plan legislation

Required Signature
Athletics Health Care Administrator

Printed:_____

Signature: _____

Date: _____

Optional Signature

Printed:_____

Signature: _____

Date: _____

Optional Signature

Printed:_____

Signature: _____

Date: _____

Optional Signature

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Signature: _____

Date: _____