

## **UNIVERSITY OF CONNECTICUT ATHLETIC DEPARTMENT CONCUSSION SAFETY PROTOCOL**

### **INTRODUCTION**

The University of Connecticut Department of Sports Medicine recognizes the health risks student athletes are exposed to, including those associated with sports induced concussions. The following protocol regarding concussion management has been drafted based upon current medical best practices and NCAA requirements and recommendations. The protocol has, at its foundation, an emphasis on education of the student-athletes and coaches regarding concussions, baseline assessment of the student-athletes, standard assessment of the potentially concussed student-athlete, guidelines for immediate management of the student-athlete with head trauma, return to play guidelines and return to learn recommendations. This protocol is reviewed on an annual basis, and will be modified to remain consistent with new data and recommendations as they arise.

### **EDUCATION**

#### **Sports Medicine Staff**

- On an annual basis prior to the start of each academic year, the Athletic Training Staff and Team Physicians will review and update the concussion policy based upon contemporary best practices and updated material provided by the NCAA.
- Each Sports Medicine Staff member will sign an acknowledgement that they have received, read and understand the concussion material.

#### **Student-Athlete Education**

- All student-athletes will receive annual education regarding concussions in sport along with being provided the NCAA Fact Sheet for Student-Athletes and/or other applicable concussion education material.
- Each student-athlete will be required to sign an acknowledgement that they have received, read and understand this educational material including the causes, signs and symptoms, and possible consequences of concussion, in addition to accepting their responsibility for reporting any suspected concussions or head injuries directly to the medical staff.
- The Sports Medicine Staff will ensure that each student-athlete has completed this education and the signed acknowledgement forms will be retained in the student-athlete's medical chart.

#### **Coaches & Sport Administrator Education**

- All coaches and sport administrators will be provided annual concussion education that includes the NCAA Fact Sheet for Coaches and/or other concussion education material in addition to a copy of the concussion management plan.
- Each coach and sport administrator will be required to sign an acknowledgement that they have received, read and understand this educational material including the causes, signs and symptoms, and possible consequences of concussion. This education also outlines their responsibility for reporting any suspected concussions or head injuries directly to the medical staff.

## **BASELINE ASSESSMENT**

In order to ascertain a measure of baseline neurocognitive status, all student-athletes will undergo a review of their concussion history, baseline symptom evaluation, baseline cognitive assessment, and baseline balance evaluation. This will be accomplished via the Sport Concussion Assessment Tool 3 (SCAT3). This baseline assessment will remain available for comparison should the student-athlete sustain a concussion while competing at UConn. Additionally, Cogstate will be utilized for baseline computerized neurocognitive testing for the following sports:

Football	Men's ice hockey
Men's soccer	Women's ice hockey
Women's soccer	Field hockey
Women's basketball	Men's basketball
Baseball	Softball
Women's lacrosse	Pole vaulters in track and field

Individual teams may opt to perform additional baseline assessments on their student-athletes. This will be at the discretion of the team's athletic trainer and team physician. Team physician judgment will determine pre-participation clearance and/or the need for additional consultation or testing based upon known individual concussion modifiers. New baseline concussion assessment will be considered at six months or beyond for any student athlete with a documented concussion, especially those with complicated or multiple concussion history. This will be determined by the team physician.

## **RECOGNITION AND DIAGNOSIS OF CONCUSSION**

An athletic trainer and/or team physician, both with training in the diagnosis, treatment and initial management of acute concussion will be "present" at all competitions in the following Men's & Women's contact/collision sports: Basketball; Field Hockey; Football; Ice Hockey; Lacrosse; Pole Vault; Soccer. To be present means to be on site at the campus or arena of the competition.

An athletic trainer and/or team physician, both with training in the diagnosis, treatment and initial management of acute concussion will be "available" for all practices in the following Men's & Women's contact/collision sports: Basketball; Field Hockey; Football; Ice Hockey; Lacrosse; Pole Vault; Soccer. To be available means that, at a minimum, the athletic trainer and/or physician 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.

## **EVALUATION OF THE POTENTIALLY CONCUSSED STUDENT-ATHLETE**

Any student-athlete who exhibits signs or symptoms of a concussion will be removed from practice or competition and be evaluated by the team's athletic trainer and/or team physician.

The minimum evaluation will consist of clinical exam that includes but is not limited to symptom inventory, physical and neurological exam, cognitive and balance assessment, performed serially and a clinical assessment for cervical spine trauma, skull fracture or intracranial bleed.

If the diagnosis of concussion is made by the Sports Medicine professional, the student-athlete will not be permitted to return to participation of any athletic activity that day. The student-athlete will continue to be monitored for worsening in their clinical status.

### **POST CONCUSSION MANAGEMENT**

Student-athletes that show signs of increased deterioration that includes but is not limited to: Glasgow Coma Scale <13, prolonged loss of consciousness, focal neurological deficit suggesting intracranial trauma, repetitive emesis, persistently diminished/worsening mental status or other neurological sign/symptoms or spine injury shall activate the Emergency Action Plan that includes transportation for further medical care.

### **EARLY MANAGEMENT OF THE STUDENT-ATHLETE WITH A CONCUSSION**

Once a student-athlete has been determined to be clinically stable, they will be discharged with oral and written instructions for home care and follow-up. These instructions will be provided to the student-athlete and a responsible adult (e.g., parent or roommate). The student-athlete will be required to report the next day for follow-up.

### **FOLLOW-UP ASSESSMENT OF THE STUDENT-ATHLETE WITH A CONCUSSION**

All student-athletes who sustain a concussion will follow-up with their athletic trainer on a daily basis for reassessment. Minimum assessment at this time will include the completion of a symptom questionnaire with documentation of their symptom score for that day. This daily assessment will continue until the student-athlete completely recovers or until the clinical judgment of the Sports Medicine staff is that the student-athlete is no longer making significant daily change, either positively or negatively, to necessitate this daily evaluation. Follow-up physician evaluation will be determined on an individualized basis determined by what the treating physician deems clinically appropriate. Subsequent consultation with other specialists, such as neurologists, neuropsychologists, or neurosurgeons will be determined as clinically appropriate by the team physician. The same is true regarding any additional testing, such as neuroimaging studies, follow-up neurocognitive testing, or other clinically relevant testing.

### **RETURN TO PLAY DECISION-MAKING AND CLEARANCE**

The final decision regarding clearance to return from a concussion is the responsibility of the team physician or his or her designate. No other health care professional can clear a UConn student-athlete for return to play without the agreement of that student-athlete's team physician. The decision to return a student-athlete to participation centers on the complete resolution of all post-concussive symptoms, a normal neurologic examination, and return to baseline scores on clinical measures. Once the student-athlete has been asymptomatic for 24 hours and it has been decided that a student-athlete may resume activity, their resumption will follow a stepwise progression of activity as listed below.

Recovery Stages	Functional Exercise	Objective
No Activity	<b>COMPLETE PHYSICAL &amp; COGNITIVE REST</b>	Recovery
Exertion Step 1	Light aerobic exercise: walking, bike	Increase heart rate
Exertion Step 2	Mode, duration and intensity-dependent exercise based upon sport: i.e. interval bike	Engage anaerobic metabolism
Exertion Step 3	Sport specific activity with no head impact	Add Movement
Exertion Step 4	Limited, controlled return to non-contact practice and resumption of progressive resistance training	Exercise, Coordination, & Cognitive Load
Exertion Step 5	Full sport participation in a practice	Restore Athlete's Confidence, Coaching Staff Assesses Functional Skill
Return To Play	<b>NORMAL GAME PLAY</b>	

The 5 exertion steps do not require 5 days to complete, though no more than 2 steps should be performed on the same day to allow for monitoring of both acute and delayed symptoms. If the exertion activities do not produce acute symptoms, the athlete may progress to the next step. The athlete may advance to step 5 and return to full participation the day after completing step 4 of the protocol if they remain asymptomatic. The amount of time spent in each level of the progression will be dependent upon the student-athlete's symptoms and the presence or absence of concussion modifiers, such as previous concussions, previous prolonged post concussive syndromes, ADD/ADHD, depression, or other mental illness. Many athletes will be able to progress through the progression in a matter of a few days. Others may require a few days at each stage. The determination regarding the speed of progression through the stages will be the clinical judgment of the UConn Sports Medicine staff.

#### **RETURN TO LEARN DECISION-MAKING AND CLEARANCE**

The management of all concussions will include a plan to return to classroom activities as well as a return to sport activities.

- Once a student athlete is diagnosed with a concussion, the physician or ATC will navigate return to learn with the student athlete by notifying their academic counselor and providing them information that the student should be excused from academic activities until symptoms have improved and reevaluated by a physician.
- Return to learn will be initiated with cognitive rest. This will include avoiding stressors such as going to class, reading, studying, looking at a computer, playing video games, and texting.
- The student will begin an individualized return to academic activities based on symptoms. Their return should include:

1. Compliance with ADAAA.
2. No classroom activity on same day as concussion.
3. 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 will occur if concussion symptoms worsen with academic challenges

- If the student remains symptomatic, a multi-disciplinary team will meet and assess conditions requiring more prolonged care. The prolonged return-to-learn management team may include but not be limited to:

Team physician  
 Athletic trainer  
 Psychologist/counselor Neuropsychologist  
 Faculty athletics representative  
 Academic counselor  
 Course instructor(s)  
 College administrators  
 Office of Accessibility Resources and Service representatives  
 Coaches

- The return to learn process may require specific adjustments to be made within the student's academic schedule.
- If symptoms are prolonged and last over two weeks, academic modifications may be initiated to accommodate a student's testing schedule, written compositions or papers, class projects, and/or presentations.
- In certain situations, when symptoms are prolonged, it may be necessary to contact one of several campus resources available for students requiring more specialized services. Such campus resources must be consistent with ADAAA, and include at least one of the following:
  1. Learning specialists.
  2. Office of Accessibility Resources and Service.

**REDUCING EXPOSURE TO HEAD TRAUMA MANAGEMENT PLAN:**

- The University of Connecticut will take a "safety first" approach to all of our sports.
- The University of Connecticut will provide education to coaches and student athletes regarding safe play, proper technique and taking the head out of contact.
- The University of Connecticut will adhere to the NCAA Inter-Association Consensus: Year Round Football Practice Contact Guidelines.
- The University of Connecticut will adhere to the NCAA Inter-Association Consensus: Independent Medical Care Guidelines.
- The University of Connecticut will aim to reduce gratuitous contact during practices in all sports.

## REFERENCES

1. Broglio SP, Cantu RC, Gioia, GA et al. National Athletic Trainers' Association Position Statement: Management of Sport Concussion. J Athl Train 2014;49:245-265.
2. Giza CC, Kutcher JS, Ashwal J, et al. Summary of Evidence-Based Guideline Update: Evaluation and Management of Concussion in Sports. Neurology 2013;80:2250-2257.
3. Harmon KG, Drezner JA, Gammons M, et al. American Medical Society for Sports Medicine Position Statement: Concussion in Sport. Br J Sports Med 2013;47:15-26.
4. McCrory P, Meeuwisse WH, Aubry M, et al. Consensus Statement on Concussion in Sport: The 4th International Conference on Concussion in Sport held in Zurich, November 2012. Br J Sports Med 2013;47:250-258.
5. NCAA Sports Science Institute. Diagnosis and Management of Sport-related Concussions Best Practices. [http://www.ncaa.org/sites/default/files/Concussion%20Diagnosis%20and%20Management%20Best%20Practices\\_Reference\\_20170116.pdf](http://www.ncaa.org/sites/default/files/Concussion%20Diagnosis%20and%20Management%20Best%20Practices_Reference_20170116.pdf). March 2017
6. NCAA Sports Science Institute. Year -Round Football Practice Contact for College Student-Athlete Recommendations. [http://www.ncaa.org/sites/default/files/Year%20Round%20Football%20Practice%20Contact%20Recommendations\\_20170111.pdf](http://www.ncaa.org/sites/default/files/Year%20Round%20Football%20Practice%20Contact%20Recommendations_20170111.pdf). March 2017



*Student-Athlete Concussion Education  
Acknowledgement Statement*

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- I understand that it is my responsibility to report all injuries and illnesses to my athletic trainer and/or team physician to help expedite my health care.
- I have read and understand the NCAA Concussion Fact Sheet

After reading the NCAA Concussion Fact Sheet, I am aware of the following information:

\_\_\_\_ A concussion is a brain injury, which I am responsible for  
Initial reporting to my team physician or athletic trainer immediately.

\_\_\_\_ A concussion can affect my ability to perform everyday activities,  
Initial and affect reaction time, balance, sleep, and classroom performance.

\_\_\_\_ You cannot see a concussion, but you might notice some of the  
Initial symptoms right away. Other symptoms can show up hours or days after the injury.

\_\_\_\_ If I suspect a teammate has a concussion, I am responsible for  
Initial reporting the injury to my athletic trainer or team physician.

\_\_\_\_ I will not return to play in a game or practice if I have received a blow to  
Initial the head or body that results in concussion related symptoms.

\_\_\_\_ Following a concussion, the brain needs time to heal. I am much more  
Initial likely to have a repeat concussion if I return to play before my symptoms resolve.

\_\_\_\_ In rare cases, repeat concussions can cause permanent brain damage, and even  
Initial death.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



*Coaches Concussion Education  
Acknowledgement Statement*

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- I understand that it is my responsibility to immediately report any athlete who exhibits signs, symptoms, or behaviors indicating a possible concussion to the sports medicine staff.
- I have read and understand the NCAA Concussion Fact Sheet including the signs, symptoms, and behaviors associated with a concussion.
- I confirm I have read and reviewed the University of Connecticut Athletic Department Concussion Policy & Guidelines.
- I understand the University of Connecticut sports medicine staff has unchallengeable autonomous authority to determine management and return to play of any ill/injured student-athlete.
- I commit to reducing unnecessary exposure to head trauma and will employ the current best practices and coaching techniques to reduce risk of head trauma. This includes, but is not limited to: reducing gratuitous contact during practice, taking a “safety-first” approach to my sport, and coaching the student-athletes regarding safe play and proper techniques in my sport.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



*Sports Medicine  
Concussion Education Acknowledgement Statement*

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- I confirm I have read and fully understand responsibilities in the evaluation and management of any athlete who exhibits signs, symptoms, or behaviors indicating a possible concussion in accordance with the University of Connecticut Athletic Department's Concussion Policy and Guidelines.
  
- I understand the University of Connecticut sports medicine staff has unchallengeable autonomous authority to determine management and return to play of any ill/injured student-athlete.
  
- I have read and understand the NCAA Concussion Fact Sheet including the signs, symptoms, and behaviors associated with a concussion.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**University of Connecticut  
Department of Sports Medicine  
Head Injury Information & Instructions**

Name \_\_\_\_\_ Date \_\_\_\_\_

You have had a head injury or concussion and need to be watched closely for the next 24-48 hours

<u>It is OK to:</u>	<u>There is no need to:</u>	<u>DO NOT:</u>
Use Tylenol (acetaminophen)	Check eyes with a light	<b>Drink alcohol</b>
Use an ice pack to head/neck for comfort	Wake up every hour	<b>Drive a car</b>
Eat a light meal		<b>Text, Watch TV, Use a computer</b>
Go to sleep		<b>Listen to loud music</b>
		<b>Use aspirin, Aleve, Advil, Motrin, Ibuprofen, or Excedrin</b>
		<b>Do not use any other pain meds other than Tylenol</b>
		<b>Stay alone tonight</b>

Special Recommendations: \_\_\_\_\_

\_\_\_\_\_

**WATCH FOR ANY OF THE FOLLOWING PROBLEMS:**

Worsening Headache  
Vomiting  
Excessive Drowsiness  
Increased irritability

Stumbling/loss of balance  
Weakness in one arm/leg  
Blurred Vision/Double Vision  
Increased Confusion

If any of these problems develop, or any other concerns, call your athletic trainer or physician immediately.

Athletic Trainer \_\_\_\_\_ Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

You need to be seen for a follow-up examination at \_\_\_\_\_ AM/PM at: \_\_\_\_\_.

Recommendations provided to \_\_\_\_\_

Recommendation provided by \_\_\_\_\_

\_\_\_\_\_

# UNIVERSITY OF CONNECTICUT SPORTS MEDICINE

## SIDELINE COMMUNICATION PLAN

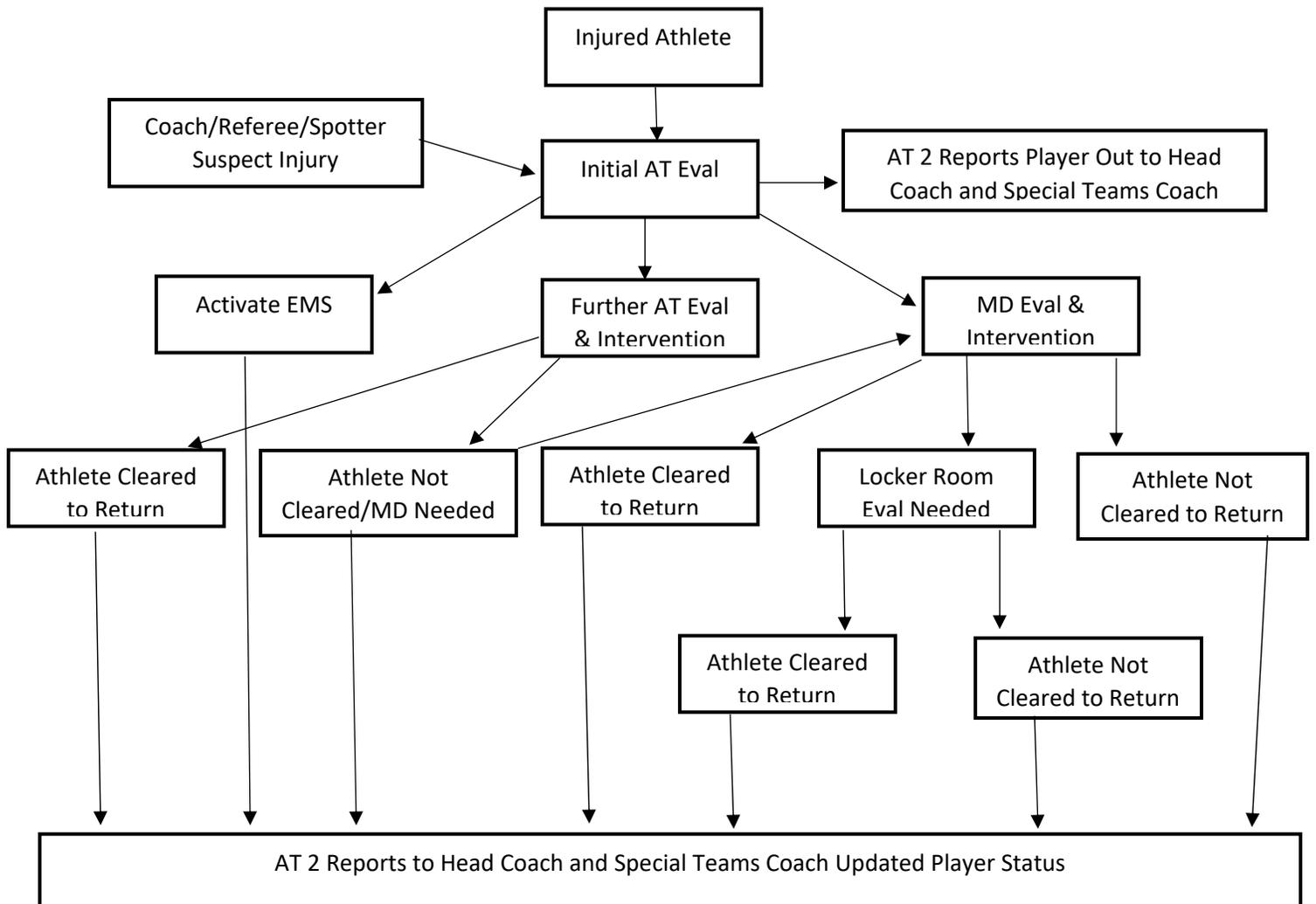
### Rentschler Field - Football

**Emergency Personnel:**

- Athletic Trainer, EMT, Primary Care & Orthopedic Physician onsite

**Emergency Communication:**

- Cellular phone and hand held radio with Athletic Trainer, EMT, Primary Care & Orthopedic Physician
- AT Student &/or AT on visiting sideline with radio communication to home sideline
- All injuries will be reported via radio to Head AT and Physician- AT will report player status and injury updates to Head Coach & Special Teams Coach
- All emergencies will be radioed & hand signaled to EMT by AT
- A pregame meeting will occur with visiting medical staff, home AT, Physician, and EMT to review all emergency medical procedures and signals
- A pregame meeting will occur with Head AT and Referees to discuss injury/emergency procedures



# UNIVERSITY OF CONNECTICUT SPORTS MEDICINE

## SIDELINE COMMUNICATION PLAN

### Away Venue - Football

**Emergency Personnel:**

- Athletic Trainer, Primary Care & Orthopedic Physician onsite

**Emergency Communication:**

- Cellular phone and hand held radio with Athletic Trainer, Primary Care & Orthopedic Physician
- All injuries will be reported via radio to Head AT and Physician- AT will report player status and injury updates to Head Coach & Special Teams Coach
- A pregame meeting will occur with home medical staff to review all emergency medical procedures
- A pregame meeting will occur with Head AT and Referees to discuss injury/emergency procedures

