Checklist
Creating an Athletics Concussion Management Plan

No athletic safety issue has garnered more attention recently than concussions, a type of mild traumatic brain injury (TBI). The potential for catastrophic injury coupled with evolving science and legal requirements makes TBI a serious safety and liability concern. The National Collegiate Athletic Association (NCAA) estimates that concussions account for nearly 20 percent of athletic injuries. Over the last five years, all 50 states established standards for handling youth concussions. In that same period, the NCAA has updated its concussion guidelines multiple times. Despite the attention, an October 2013 report on youth concussion by the Institute of Medicine (IOM) highlights that much is still unknown about the treatment and impact of this injury.

For each question, check the appropriate “yes” or “no” box. Review any box checked “no” to determine whether the suggested practice is possible. Use the “actions needed” box to identify any follow-up actions your institution may wish to take.

1. Pre-participation

A. Legal Landscape

Has your institution consulted with an attorney about complying with league rules, athletic association requirements, and relevant state laws pertaining to concussions, such as those addressing the:

- Education of coaches, parents, and athletes about the nature and risks of concussions? □ Yes □ No

- Removal from play of any athlete suspected of having a concussion? □ Yes □ No

- Requirements for evaluating and returning to play an athlete suspected of having a concussion? □ Yes □ No

A concussion management plan is critical to colleges in ensuring player safety and reducing liability risks related to concussions in varsity sports. Since 2010, the NCAA has required institutions to have a plan on file. Other athletic associations, like the National Association of Intercollegiate Athletics and the National Junior College Athletic Association, recommend concussion management plans to their members. College administrators can use this checklist, which suggests a protocol for pre-participation and response, to develop a sound concussion management plan for intercollegiate athletics. Institution club and recreational sports programs also may find this checklist helpful.
B. Signs and Symptoms

Does your institution's concussion management plan identify the following signs and symptoms of a concussion?

- Loss of consciousness
- Amnesia
- Disorientation
- Drowsiness
- Difficulty concentrating
- Ringing in the ears
- Confusion
- Headache
- Nausea/vomiting
- Fuzzy or blurry vision
- Balance problems
- Sensitivity to light and/or noise

C. Education

Does your institution annually educate or train athletes about concussions?

Does your institution educate or train the following individuals about concussions:
  - Coaching staff (including volunteers)?
  - Athletics health care providers?

Does your institution make resources about concussions available for the entire campus community?

At a minimum, do your institution's concussion education, training, and resources:

- Define concussions and TBI?
- Explain the potential seriousness of concussion injuries?
- Emphasize that purposeful or flagrant head contact is not permitted or safe in any sport?
- Provide the signs and symptoms of a concussion?
- Address the importance of promptly reporting concussion symptoms to medical staff?
- Explain the role of physical and cognitive recovery?

D. Documentation

Does your institution document which individuals it educates about concussions?

Assumption of Risk or Waiver

Do athletes annually sign an assumption of risk or waiver acknowledging:

- A concussion is a potentially serious head injury that can result in brain injury or death?
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participating in their sport may result in a head injury or a concussion?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>They have received information about the signs and symptoms of a concussion?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Helmets, face shields, mouth guards, and other protective equipment do not eliminate the risk of concussions?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Purposeful head contact in any sport is not permitted?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>They will immediately report to medical staff if they suspect a teammate has a concussion?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>They will immediately report to medical staff if, following a blow to the head or body, they experience signs and symptoms of a concussion?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>They will not return to practices or games if experiencing concussion-like symptoms following a blow to the head or body?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A repeat concussion is more likely when an athlete returns to play before symptoms resolve?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The institution has the authority to permanently retire an athlete from sports if it determines the risks of concussive injury present a serious threat to his or her safety and well-being?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>As permitted by state law: They waive their right to sue the institution for losses arising out of a concussion injury?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Given potential differences in the laws where your institution operates and where athletics competitions occur, has your institution consulted with legal counsel about which form—an assumption of risk or a waiver—is preferable for athletes to sign?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Coach Acknowledgement Form**

Do coaches annually sign a form acknowledging that they:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Received information about the signs and symptoms of concussions?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Received and read the institution’s concussion management plan?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understand their role in the institution’s concussion management plan?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agree to follow the recommendations of athletics health care providers regarding removing athletes from and returning them to play?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Athletics Health Care Providers Acknowledgement Form

Do athletics health care providers affiliated with your institution annually sign a form acknowledging that they:

- [ ] Received information about the signs and symptoms of concussions?  ☐ Yes  ☐ No
- [ ] Read the institution's concussion management plan?  ☐ Yes  ☐ No
- [ ] Understand their role in the institution's concussion management plan?  ☐ Yes  ☐ No
- [ ] Agree to encourage athletes to report to a medical staff member any suspected illness or injury including the signs and symptoms of concussions?  ☐ Yes  ☐ No

E. Roles of Athletics Health Care Providers and Coaches

With respect to athletics health care providers affiliated with your institution, does your institution:

- [ ] Give them unchallengeable authority to determine the removal and return-to-play of injured athletes?  ☐ Yes  ☐ No
- [ ] Outline their roles in writing?  ☐ Yes  ☐ No
- [ ] Require them to practice within the standards established for their profession?  ☐ Yes  ☐ No

Are coaches prohibited from:

- [ ] Serving as the primary supervisor for athletics health care providers?  ☐ Yes  ☐ No
- [ ] Having sole hiring or firing authority over athletics health care providers?  ☐ Yes  ☐ No
- [ ] Challenging the authority of health care providers to determine the removal and return-to-play of injured athletes?  ☐ Yes  ☐ No

F. Medical History, Assessments, and Planning

Medical History

During the pre-participation evaluation of athletes, is information collected about:

- [ ] Previous concussions, including:
  - The number of such injuries?
  - Approximate dates?
  - Whether the athlete experienced loss of consciousness or amnesia?
  - The approximate length of time required for symptom resolution?  ☐ Yes  ☐ No
Baseline Assessment

During a baseline test a trained health professional may assess an athlete's history of concussions, balance, and, potentially, cognitive function. Baseline test results are then compared to a similar exam conducted during the season if an athlete has a suspected concussion. Does your institution:

- Use a baseline assessment that consists of:
  - A symptoms checklist?
  - A standardized cognitive and balance assessment?
  - A test of eye motor function?
- Use the same assessment tools post-injury?
- If your institution uses neuropsychological testing as part of its baseline assessment, is a neuropsychologist or a physician experienced in the use and interpretation of such testing consulted in:
  - Developing and administering the test?
  - Interpreting the results?
- Does your institution record at least one baseline assessment for all varsity athletes?

Health Care Plan

For each varsity sport, does your institution provide athletes with:

- Access to health insurance?
- Equal access to athletics health care providers?
- Has your institution explored catastrophic injury insurance for student athletes?

Emergency Action Plan

For each athletic venue, is there an emergency action plan addressing:

- Methods of emergency communication?
## Response

### A. Removal From Play

Is any athlete suspected of suffering the signs or symptoms of a concussion:

- [ ] Immediately removed from play (e.g. competition, practice, and conditioning)? □ Yes □ No
- [ ] Evaluated by a medical professional with experience in the evaluation and management of concussions? □ Yes □ No

### B. Medical Evaluation

#### Sideline Evaluation

Does the sideline evaluation of an athlete with a potential concussion include:

- [ ] An assessment of airway, breathing, and circulation (ABCs)? □ Yes □ No
- [ ] An assessment of cervical spine and skull for associated injury? □ Yes □ No
- [ ] The same baseline tests used previously on the athlete, such as a:
  - Symptoms checklist?
  - Standardized cognitive and balance assessment?
  - Eye motor function tests?
Because amnesia, confusion, and mental status changes are more sensitive indicators of concussion severity, does your institution note the following when evaluating an athlete:

- The presence of and duration of amnesia? □ Yes □ No
- The presence of and duration of confusion? □ Yes □ No
- The time between the injury and the development of symptoms? □ Yes □ No

Are athletes immediately referred to emergency medical services if these events occur?
- Prolonged loss of consciousness
- Seizure like activity
- Slurring of speech
- Paralysis of limbs
- Unequal or dilated and non-reactive pupils
- The severity of the injury exceeds the comfort level of the responding athletic or medical staff

Returning to Play From a Sideline Evaluation

- If an athlete is allowed to return to play following a concussion evaluation, does a medical professional monitor performance and periodically re-evaluate him or her? □ Yes □ No

C. Concussion Management

Removal From Play Following a Medical Evaluation

For athletes diagnosed with a concussion or exhibiting significant concussion symptoms, does your institution:

- Prohibit them from returning to play until medical clearance is granted and, at a minimum, for the remainder of the day? □ Yes □ No
- Take one of the following actions?
  - Refer them to a physician or emergency department
  - Continue to observe and monitor them
  - Admit them to a hospital
- Ensure they are not left alone for an initial period of time? □ Yes □ No
- Provide the athlete and someone who can assist him or her, such as a roommate, with written instructions advising the concussed athlete to:
  - Avoid alcohol or other substances that will impair cognitive function?
  - Avoid aspirin or other medication that increase the risk of bleeding?
  - Immediately contact medical staff if the following problems occur?
    - Worsening headache
    - Decreased level of consciousness
    - Increased confusion
    - Increased irritability
    - Vomiting
    - Dilated pupils
    - Stumbling/loss of balance

Actions Needed
Regularly monitor the athlete for deterioration?  □ Yes □ No

Physical and Cognitive Recovery

Until an athlete is asymptomatic, does your institution require those diagnosed with a concussion to:

□ Refrain from athletic play, practice, or conditioning?  □ Yes □ No

□ Limit some cognitive activities, such as:
  • Studying?
  • Class attendance?
  • Homework?
  • Video games?
  • Texting?
  • Accessing social networking tools?  □ Yes □ No

When cognitive recovery is required for an athlete, does your institution:

□ Receive permission to share health status with academic advisors and professors?  □ Yes □ No

□ Notify academic advisors and professors about the concussion and related signs and symptoms?  □ Yes □ No

In crafting a physical and cognitive recovery plan for the student athlete, does your institution’s medical staff consider:

□ Post-concussive clinical symptoms?  □ Yes □ No

□ Previous history of concussions?  □ Yes □ No

□ Severity of previous concussions?  □ Yes □ No

□ Recent physical exam?  □ Yes □ No

□ Sport?  □ Yes □ No

□ Position?  □ Yes □ No

□ Age?  □ Yes □ No

□ Support system?  □ Yes □ No

□ Overall “readiness” to return to sport?  □ Yes □ No

Return to Play

Before an athlete returns to play after a concussion, does your institution require:

□ Clearance by a physician or physician’s designee?  □ Yes □ No

□ Completion of a medically supervised stepwise process that begins only after the athlete:
  • Is asymptomatic?
  • Has post-exertion assessments that are within baseline limits?  □ Yes □ No
Retiring From the Sport

- Does your institution reserve, in writing, the right to permanently retire an athlete from sports? □ Yes □ No

Is an athlete's permanent retirement considered if he or she has:

- A history of concussions, particularly when there is evidence that smaller forces are sufficient to cause another concussion? □ Yes □ No
- Post-concussion symptoms lasting more than three months? □ Yes □ No
- Evidence of a head or neck injury that would increase the risk of future concussions? □ Yes □ No

Before your institution permanently retires an athlete from sports, does it consult:

- Legal counsel? □ Yes □ No
- Applicable medical professionals, such as the team physician, trainer, and a neurologist? □ Yes □ No
- The athlete? □ Yes □ No
- The athlete's family? □ Yes □ No

Documenting Treatment

When treating suspected and confirmed concussions, does your institution document the:

- Incident that caused the injury? □ Yes □ No
- Evaluation of the athlete? □ Yes □ No
- Management of the athlete? □ Yes □ No
- Clearance of the athlete? □ Yes □ No

Acknowledgment

This checklist, “Creating an Athletics Concussion Management Plan,” was written by Alyssa Keehan, JD, Director of Risk Research.

EduRisk™ Solutions provides education-specific risk management resources to colleges and schools, and is a benefit of membership with United Educators (UE) Insurance. As a member-owned company, UE is committed to helping educational institutions by offering stable pricing, targeted insurance coverage, extensive risk management resources, and exceptional claims handling.

To learn more, please visit www.UE.org.