



ICSM Guidance on the Interassociation Recommendations: Preventing Catastrophic Injury and Death in Collegiate Athletics

The Intercollegiate Council for Sports Medicine (ICSM) believes that health and safety should be a priority for all participants, regardless of level of competition. The National Collegiate Athletic Association (NCAA) recently released Interassociation Recommendations: Preventing Catastrophic Injury and Death in Collegiate Athletics effective August 1, 2019, as an association-wide policy approved by the NCAA Board of Governors, and stemming from the 2016 NCAA Safety in College Football Summit. Because the quality of healthcare should not be dependent upon sport or level of participation, the ICSM has put together the following suggestions for becoming and maintaining compliance with the Recommendation document. As stated in the document, "In both name and structure, the document is presented as recommendations, rather than legislation...The Board of Governors' endorsement of the recommendations under the Uniform Standard of Care policy does not transform them into legislation. Instead, the Board of Governors' endorsement a) establishes the recommendations as Association-wide policy and priority and b) simultaneously creates a pathway to uniformity and consistency in guidance provided to the Association as a whole." That being said, ICSM strongly supports compliance with these recommendations, as they enhance the care and safety of student-athletes at all levels.

The following tables use a condensed version of the original interassociation checklist. Also included as bullet points are suggestions provided by ICSM to help institutions to determine any changes necessary to comply with the *Recommendations*, to enhance the level of protection for student athletes and reduce the risk of liability. Following the guidance in this report does not necessarily result in compliance with the *Interassociation Recommendations*, and there could be suggestions not addressed in this report that may be applicable to a reader's particular circumstances.

The document can be found on the NCAA web site: <u>Interassociation Recommendations:</u> <u>Preventing Catastrophic Injury and Death in Collegiate Athletics</u>.

Frequently Asked Questions about the document can be found on the NCAA web site: <u>FAQ's</u> about the Interassociation Recommendations document

IMPORTANT, PLEASE REVIEW

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Traumatic: Contact/Collisions Helmeted Sports	Yes	No	ICSM Suggested Methods of Compliance
All contact/collision, helmeted practices and competitions should adhere to existing ethical standards such as keeping the head out of blocking and tackling, prohibiting the use of the helmet as a weapon, not deliberately inflicting injury on another player.			 Inclusion of all sports not just helmeted. Meet with and/or communicate with conference commissioners, official groups, athletic administrators, and coaches to ensure enforcement of existing sportsmanship standards, policies, procedures and rules. Designate personnel responsible for monitoring changes, revisions, updates of industry standards. Create a checklist of when standards are reviewed and personnel informed. Annual training for designated personnel on current policies, procedures, rules and standards. © Evaluate institutional ability, through the use of electronic software, to create educational template (visual-audio presentation) that personnel can watch and then take "quiz" (and pass) by an assigned date to verify compliance.
All contact/collision, helmeted practices and competitions should adhere to maintaining and certifying helmets to existing helmet safety standards.			 Schools should engage stakeholders that include, but not limited to, equipment staff, facilities staff, maintenance staff, and any others that directly have a role in overseeing not only sports equipment both all equipment that is involved in athletics. This should not only be helmeted sports but ALL equipment. This should be done to assure that ALL equipment meets current standards and is in working order Review current policies regarding industry standards for all equipment including, but not limited to: football helmets, hockey helmets, lacrosse helmets, lacrosse balls, field hockey eye goggles, soccer shin guards and batting helmets. Develop and implement institutional policy regarding reconditioning and replacement of protective equipment, consistent with industry standards. Designate a point person for each sport/item who is in charge of maintaining equipment based on industry standards.

Traumatic: General	Yes	No	ICSM Suggested Methods of Compliance
In all sports, using playing or protective equipment as a weapon or deliberately inflicting injury on another player should be prohibited during all practices and competitions.			 Annual training for designated personnel on current policies, procedures, rules and standards. Emphasis placed on proper technique Education seminars for coaches on how to teach proper technique.

		 Education seminars for coaches and players regarding rules and rule enforcement from either individual school administration or conference office rules/safety committee.
All playing and protective equipment, as applicable, meets related certification requirements.		 Equipment personnel ensures proper fit and condition of equipment. Equipment should meet relevant equipment safety standards and reconditioning/ recertification of all equipment requirements. Develop a point person and a checklist to ensure recertification of all applicable equipment. Establish a point person for equipment fitting for each individual sport.
 There should be a regularly rehearsed emergency action plan with all department personnel, including venue-specific detail for all suspected concussions as well as venue-specific emergency action plans at which practices or competitions are conducted. The following should also be present: Checklist for all suspected moderate or severe traumatic brain injuries, Checklist for all suspected cervical spine injuries. Provide annual education and prevention strategies about catastrophic injuries to all sports coaches, all strength and conditioning personnel, all primary health care providers, all athletics administrators and all collegiate student athletes. This MUST be documented and memorialized. 		 Annual training for designated personnel on current policies, procedures, rules and standards. Concussion Safety protocol EAP should be rehearsed by all involved personnel. EAP should be consistent with the Concussion Safety Protocol. Submit concussion management plan for review. Establish a separate EAP for each venue and regularly rehearse said EAP Ensure that the EAP is posted, visibly, in multiple locations and that all emergency equipment are easily accessible.

Non-Traumatic: General	Yes	No	ICSM Suggested Methods of Compliance
All practices and strength and conditioning sessions should adhere to established scientific principles of acclimatization and conditioning. Conditioning periods should be phased in gradually and progressively to encourage proper exercise acclimatization and to minimize the risk of adverse effects on health. Training and conditioning sessions should be properly calibrated, including limitations on total volume and intensity of activity particularly during the first four days of transition periods.			 Strength and conditioning staff should be properly credentialed and a verification process should be established. Annual in-service on acclimatization lead by the director of sports medicine or sports performance. The in-service should involve all coaches, strength and conditioning staff and any other designated personnel associated with the training of student athletes Establish a mutually agreed upon schedule for meetings and documenting methods by which communication between coaches, strength staff and athletic training staff to review essential items take place (i.e. injury reports, updated, planned workouts, conditioning

	sessions for the day, limitations, modifications, or changes).
The first seven days of any new conditioning cycle should be considered a transition period and a time of physiologic vulnerability for athletes. Transition periods for athletes include, but are not limited to, returning after an injury or illness, returning after a school break (e.g., Winter, Spring, Summer), and beginning as a delayed start.	 Institutions should ensure coaches maintain current CPR/First Aid certification if they are running conditioning sessions. Keep documentation on file of CPR/First Aid certification and maintenance for coaches, strength staff, and sports medicine staff. Establish training sessions on acclimatization, periodization and conditioning principles for sport coaches in the event a strength and conditioning professional is not available (see inservices above). Establish a training plan for separate groups for those who have been on campus and those just arriving (i.e. Summer Session A vs. Summer Session B, starting on time with the team on day one of practice vs a late walk-on or individual who arrived to campus late due to injury or illness). Establish mutually agreed upon schedule for meetings and documenting methods by which communication between coaches, strength staff, and athletic training staff to review essential items takes place (i.e. injury reports, updated, planned workouts, conditioning sessions for the day, limitations, modifications, or changes).

All workouts should have a written plan that is exercise science-based, physiologically sport-specific and tailored to the individual. Workout plans should be approved by a credentialed strength and conditioning professional, or the responsible sport coach if a strength and conditioning professional is not present. Modification due to hazardous environmental conditions, scheduling considerations, etc., should be supported. The amended workout plan should maintain the above principles. Workout plans should be reproducible upon request and shared with the primary athletics health care providers before the session in which they are to be used.	 Ensure strength and conditioning staff are properly credentialed. Credentialing should meet CSCS or CSCCA guidelines per NCAA legislation, with maintenance of certification reviewed annually and documented appropriately. Establish a mutually agreed upon method of documenting and exchanging practice/workout/conditioning and/or lifting session plans and providing student-athlete status updates to essential personnel to allow for revisions and/or modifications to be planned and implemented. If a team is training or conditioning early in the morning, lay out conditioning plans the day prior. Ensure any alterations to those plans meet established timing requirements in policy/procedures.
Components of the workout plan should include volume, intensity, mode and duration and activity location should be stated in the workout plan to accommodate venue-specific emergency action planning.	 Regular communication between coaches, strength staff and athletic training staff to review essential items (i.e. injury reports, workouts for the day as well as any limitations or changes). Establish venue-specific emergency action plans and practice them with sports medicine, strength and conditioning and coaching staff regularly. Establish a uniform timeline for change of venue to allow enough time for necessary venue-specific EAP alterations.
Exercise should never be used for punitive purposes.	 Establish alternative programming options and policies when accountability and punishment is necessary. Athletic trainers must have documented unchallengeable authority to stop workouts they deem dangerous or that fall under the punitive category. Establish a reporting structure in line with the recommendations that collegiate athletic trainers should work under a model of healthcare that allows for medical autonomy.
Educational background, sport experience and credentialing should be verified for all strength and conditioning professionals.	 Should be in line with NCAA guidelines for credentialing. Should be reviewed annually for maintenance and documented appropriately.

All strength and conditioning professionals have a reporting line into the sports medicine or sports performance lines of the institution.	• Establish a personnel chart where there is no direct administrative relationship between a strength and conditioning professional and a sport coach, and are instead fully integrated into sports medicine or sports science/performance staff.
Emergency action plans are developed and rehearsed for all venues in which practices or competitions or strength and conditioning workouts take place and for all foreseeable situation, including, but are not limited to head and neck injuries, cardiac arrest, exertional heat illness and heat stroke, exertional rhabdomyolysis, exertional collapse associated with sickle cell trait, exertional or non- exertional collapse, asthma and diabetic emergency.	 Establish venue and condition-specific emergency action plans and practice them annually with sports medicine, strength and conditioning and coaching staff regularly. Emergency and care plans should be developed for recommended conditions. Education may be in any form desired based on individual needs and resources. Have multiple training sessions for each venue and situation, both planned and unplanned, to optimize preparedness.
The institution has adopted requirements for annual education and training for prevention of sudden death in sport for strength and conditioning professionals, sport coaches, athletic trainers, team physicians, college athletes and athletics administrators.	 Annually Include the following individuals in all training sessions of emergency action plans as possible: Athletic trainers Team physicians EMS personnel Strength and conditioning coaches Sport coaches Administrators College athletes Review all education points related to sudden death in sport at least once per championship season. Develop documented system of recording attendance and compliance with annual training for all personnel listed.

About ICSM

The <u>ICSM</u> is an athletic conference-based committee comprised of members from the college/university setting, including ATs working in DI, DII, DIII, Two-Year and NAIA Institutions. The committee addresses issues affecting the student athlete and athletic trainers at the collegiate level. The ICSM identifies relevant, timely issues in the field of athletic training and collaborates with various organizing bodies of collegiate and intercollegiate athletics to improve student athlete safety, well-being and healthcare by influencing policy and providing resources.