



## INTERASSOCIATION RECOMMENDATIONS: PREVENTING CATASTROPHIC INJURY AND DEATH IN COLLEGIATE ATHLETES JULY 2019

### Frequently Asked Questions

This document was created to assist NCAA member institutions with questions about the document, *Interassociation recommendations: Preventing catastrophic injury and death in collegiate athletes*, which was endorsed on April 30, 2019 by the NCAA Board of Governors as association-wide policy – effective date August 1, 2019. These recommendations are the last to emerge from the 2016 NCAA Safety in College Football Summit. Unique relative to the other documents from this summit, they were developed and ultimately approved according to the Uniform Standard of Care procedures.

This document is divided into two parts. Part I addresses issues about the process by which the document was developed, reviewed and endorsed. Part II addresses issues about the content of the document itself and is shaped by questions that have emerged from the membership regarding the interpretation and implementation of the recommendations in the document.

#### **PART I: Process of developing the recommendations.**

1. *What is the Uniform Standard of Care policy?*

It is a procedural pathway that guides and facilitates communication between the Committee on Competitive Safeguards and Medical Aspects of Sports and the Board of Governors on issues of student-athlete health and safety that may require a consistent policy solution across the entire Association.

2. *What is the origin of the Uniform Standard of Care policy?*

In December 2016, the NCAA Division I Board of Directors requested CSMAS assistance to develop language to capture “unified standards of care” for student-athlete health and safety matters. This request was in support of its report to the NCAA Board of Governors Ad Hoc Committee on Structure and Composition, and specifically addressed the roles and responsibilities of the Board of Governors “to monitor and provide direction in student-athlete health and safety matters that require a unified standard of care and/or pose legal risk to the Association.”

In March 2017, CSMAS satisfied this request by recommending a policy framework that would facilitate association-wide action when, on occasion, an issue of significance arises that not only poses a substantial challenge to the principle of student-athlete well-being, but also requires a uniform, Association-wide response to address that challenge. The policy calls for CSMAS to evaluate such an issue against four criteria, and then to determine if referral to the Board of Governors is indicated. The four criteria are:

- a. The issue involves new scientific evidence with anticipated Association-wide importance.
- b. The issue will impact a core Association-wide value.
- c. The issue poses a legal risk to the Association.
- d. The issue poses a reputational risk to the Association.

The Board of Governors approved the CSMAS framework at its April 2017 meeting.

3. *How is the Uniform Standard of Care policy used?*

When an issue is identified by CSMAS as satisfying one or more of the four above criteria, the committee works collaboratively with the NCAA Sport Science Institute to develop a proposal for the Board of Governors that:

- a. Explains how the issue(s) satisfies one or more of these criteria.
- b. Demonstrates why an effective solution(s) to the problem requires a uniform, Association-wide approach.
- c. Suggests one or more actions to the Board of Governors that may contribute to the development or implementation of a uniform Association-wide solution.

These actions may include approving the development of an exploratory summit or task force to investigate the issue in question. In turn, such an event may give rise to consensus interassociation recommendations that are vetted for Association-wide policy, or rather an alternative pathway such as the production of educational products or reference documents, or some combination that is determined to best meet the needs of the membership as it acts to respond to the health and safety issue in question.

Documents that are considered as Association-wide policy are subjected to review and input by the NCAA membership and relevant scientific and medical organizations, with final review and approval by CSMAS and the Board of Governors.

4. *Is the interassociation recommendations on catastrophic injury prevention document a product of the Uniform Standard of Care procedures?*

Yes. The Board of Governors approved the development of the document within the construct of the Uniform Standards of Care procedures during its April 2017 meeting. Subsequently, the catastrophic injury document was written, and then reviewed by the collective leadership of all three NCAA divisions and medical/scientific organizations which were asked to endorse the document. Collectively, the recommendations in the document provide an Association-wide solution to mitigate catastrophic injury and death in collegiate athletes. The Board of Governors endorsed these recommendations at its April 30, 2019 meeting.

5. *Who wrote the document?*

The content of the document was informed by the 2016 NCAA Safety in College Football Summit, as well as available scientific literature on the topic of catastrophic injury. The document itself was written by a core writing group, designated at the summit, comprised of a physician and three athletic trainers/sport scientists.

6. *Did the membership review this document?*

Yes, extensively. According to the Uniform Standard of Care policy, the document was managed under the oversight of the CSMAS, the membership committee with responsibility to student-athlete health and safety.

In addition, the document was reviewed by governance leadership in all three divisions, including the Division I Strategic Visioning and Planning Committee, the Division I Council, the Division II and III Management Councils, and the Division II and III Presidents Councils.

7. *Did any other organizations review this document?*

Yes. The document was reviewed and ultimately endorsed by thirteen leading medical and scientific organizations, all of which were represented at the original 2016 summit. A list of endorsing organizations is available in appendix C of the document.

**PART II: Content of the recommendations.**

8. *Are these recommendations or requirements? What is the difference? What is the penalty for not following these recommendations?*

In both name and in structure, the document is presented as recommendations, rather than legislation. The membership's embracing these recommendations stems from the emerging standard of care they collectively illuminate.

The value of the endorsement of external scientific and medical organizations is that their endorsements validate the existence of a standard of care. Consequently, the recommendations are serving the membership by helping it to understand and respond to the existing landscape of expectations.

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.
- b. Simultaneously creates a pathway to uniformity and consistency in guidance provided to the Association as a whole.

Institutions are advised to review all the recommendations with campus general counsel and medical personnel to determine necessary and appropriate changes to protect and enhance the safety of student-athletes.

9. *The effective date of the document is August 1, 2019. Does this mean that all aspects of the document, including the reporting line of strength and conditioning professionals, must be in place by that date?*

August 1, 2019 is the starting line – not the finishing line – for school adoption of the recommendations in this document. Member schools should have begun the process of aligning with the document by August 1, 2019, utilizing the Checklist as a guide. This includes beginning the process of determining alignment strategies with strength and conditioning professionals.

10. *Previous versions of the document included foundational statements as an appendix. Why are the foundational statements not included in the final version of the document?*

The foundational statements were presented in previous versions of the document for the sake of transparency and to document the deliberations of the 2016 Safety in College Football Summit, from which this document arises. They were not legislative or policy recommendations. The foundational statements created confusion with the membership

and were frequently mistaken with the recommendations themselves. As a result, we have removed them from the final version and they are available upon request.

The six recommendations are presented in the document along with a Checklist that will help when planning local strategies for the prevention of catastrophic injury and illness.

11. *To whom do these recommendations apply? Are coaches responsible to these recommendations in the same way as athletics health care providers, administrators, and strength and conditioning professionals?*

As Board of Governors endorsed Association-wide policy, these recommendations apply to all athletics personnel. Anyone who has a role to play in the prevention of catastrophic injury and death in student-athletes should be aware of and understand these recommendations, and the corresponding campus-based policies that operationalize them. This includes coaches and their staffs.

Athletics health care administrators (AHCAs) have a unique role in facilitating campus alignment with these recommendations. As the primary administrative point of contact for health and safety at each member school, the AHCA has a special responsibility to ensure that the recommendations are broadly distributed and socialized amongst members of the athletic department. The AHCA may also lead in convening meetings and/or discussions amongst relevant stakeholders, or in developing local policies reflective of these recommendations.

12. *Some of the recommendations seem to require Association action rather than individual school action. Are “next steps” planned for some of these recommendations?*

Some recommendations may be immediately actionable at the institutional level (e.g., reporting structure for strength and conditioning professionals). Those recommendations that are have been written so as to maximize a school’s flexibility when strategizing about how best to align with the recommendation. This is the primary advantage of recommendations over legislation.

Other recommendations may require additional consideration and follow-up by the Association (e.g., identifying an issue as a reportable offense). In fact, we expect that one or more Association committees will decide to address several of these issues as part of their ongoing committee agendas. For example:

- a. CSMAS has decided to further explore the issues of acclimatization and transition periods, both of which are emphasized in the recommendations.

- b. This exploration may lead CSMAS to eventually make formal legislative recommendations. Such recommendation would then trigger further membership deliberation and debate according to well-established legislative pathways.
  - c. If the membership ultimately approves such legislation, it would represent a transformation of a recommendation into a legislative requirement.
13. *The document calls for every member school to establish policy to ensure annual certification, recertification and compliance, as appropriate, with all protective equipment standards. What if there is no standard for a piece of athletic equipment? How is “industry standard” to be decided?*

If there is not an industry standard for a specific piece of athletic equipment, then there is no need for the member school to establish such policy. However, school policy should clearly account for which pieces of protective equipment do and do not have such industry standards. Common pieces of protective equipment that have standards include, but are not limited to, football helmets, hockey helmets, lacrosse helmets, lacrosse balls, field hockey eye goggles, soccer shin guards, and batting helmets.

14. *The document states that exercise should never be used for punitive purposes. Is there a formal definition or description of exercise as punishment?*

The recommendations note that punishment workouts are based on intent and unsound physiological principles. However, beyond that, no formal definition is provided.

Punishment workouts are more than just “extra exercise.” In general terms, punitive workouts are motivated by anger or frustration and may include a volume and intensity of exercise corresponding to that anger and frustration. Such volume and intensity is not part of a planned workout and is not based on sound principles of exercise science and physiology, but rather is used to make athletes “tougher” or to create a team culture of “accountability.” Punitive exercises are unplanned, spontaneous, are inconsistent with the conditioning level of the athlete or team, are not logically progressive in intensity, and are not sport-specific in their nature. Common sense should prevail.

15. *The document calls for all training and conditioning sessions to be documented, reproducible upon request, and shared with the primary athletics health care providers before the session in which they are used. What is the purpose of these recommendations? Are team physicians and athletic trainers expected to review and approve all training and conditioning sessions?*

These recommendations are made to (1) Enhance the mindful and intentional application of strength and conditioning sessions, and (2) To enhance the awareness of such workouts by all staff with responsibility to student-athlete health and safety.

Documenting the sessions creates a formal, shareable record that should be both evidence- or consensus-based and sport-specific in its structure and implementation. It is also hoped that documenting such sessions will decrease the likelihood that strength and conditioning professionals and/or sport coaches will go “off-script” during the session. Non-evidence and non-consensus-based strength and conditioning, plus unplanned and/or punitive application of physical activity, have been associated with injury.

Primary athletics health care providers (team physicians and athletic trainers) are not expected to approve training and conditioning sessions. The document specifically assigns responsibility for approving strength and conditioning sessions to credentialed strength and conditioning professionals, or by head sport coaches at institutions in which strength and conditioning professionals are not available. But it is hoped that these recommendations lead to an increase in the awareness of primary athletics health care providers about such sessions and create enhanced opportunity for interdisciplinary oversight.

16. *The document states that all strength and conditioning professionals should have a reporting line into the sports medicine or sports performance service lines of the institution. What does “reporting line” mean? Can strength and conditioning professionals have a dotted line reporting relationship to a sport coach?*

“Reporting line” is synonymous with an organizational or personnel chart. The intent of the document is to guide schools regarding the avoidance of an intentional administrative relationship between a strength and conditioning professional and a sport coach. The document calls for schools to develop an administrative structure in which strength and conditioning professionals are fully integrated into either the sports medicine or the sport science/performance staff. The document does not preclude a secondary “dotted line” reporting line to a sport coach.

17. *The document calls for annual education and training of athletics personnel on a number of topics related to the prevention of catastrophic injury. Can schools begin to offer such education now? Will any assistance from the NCAA national office be provided?*

Yes, schools are encouraged to begin educating immediately, and in whatever way they determine is appropriate for the needs of their personnel.

In the meantime, the NCAA SSI will work in collaboration with CSMAS on the development of educational resources that can be used by member schools at their discretion. Such resources will be available to member schools over the next several months.