

**3341-8-1 BGSU Concussion and Head Injury Management.**

Applicability	Intercollegiate Athletics
Responsible Unit	Intercollegiate Athletics/Director of Athletics
Policy Administrator	Director of Intercollegiate Athletics

**(A) Policy Statement and Purpose**

The purpose is to articulate the guidelines for identifying and managing concussions of BGSU student-athletes.

**(B) Policy Scope**

This policy applies to all NCAA intercollegiate athletics programs at BGSU.

**(C) Policy Definitions**

The 5<sup>th</sup> international conference on concussion in sport defines 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:

- (1) 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.
- (2) 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.
- (3) 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.

- (4) 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.
- (5) 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).

(D) Policy

(1) Preseason Education

- (a) All BGSU student-athletes must read the NCAA Concussion Fact Sheet and sign the Student- Athlete Concussion Statement acknowledging that they:
  - (i) Have read and understand the NCAA Concussion Fact Sheet;
  - (ii) Accept the responsibility for reporting injuries and illnesses (including signs and symptoms of concussions) to the BGSU Sports Medicine staff.
- (b) All BGSU athletics administrators (with sport oversight) and coaches (including head, assistants, and strength & conditioning) must read and sign the Coach Concussion Statement acknowledging that they:
  - (i) Have read and understand the NCAA Concussion Fact Sheet;
  - (ii) Will encourage student-athletes to report any suspected injuries and illnesses (including signs and symptoms of a concussion) to the BGSU Sports Medicine staff and that they accept the

responsibility for referring any student-athlete suspected of sustaining a concussion to the Sports Medicine staff.

- (c) All BGSU Sports Medicine staff members and designated team physicians must read and sign the BGSU Medical Staff Concussion Statement acknowledging that they:
  - (i) Have read and understand the NCAA Concussion Fact Sheet;
  - (ii) Have read and understand the BGSU Concussion and Head Injury Management Guidelines.

(2) Reducing Exposure to Head Trauma

Bowling Green State University is committed to student-athlete health and safety. To that end, Bowling Green State University will be proactive in efforts to minimize exposure to head trauma. The following procedures are in place:

- (a) Bowling Green State University 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 competitions.
- (d) All playing and protective equipment (including helmets), as applicable, will meet relevant equipment safety standards and related certification requirements.
- (e) Bowling Green State University will keep the head out of blocking and tackling in contact/collision, helmeted practices and competitions.

(3) Pre-Participation Assessment

- (a) Brain injury and concussion history, symptom evaluation, cognitive assessment, and balance evaluation.

(4) Recognition of Concussion

A member of the Bowling Green State University medical team with training in the diagnosis, treatment and initial management of concussion will be present at all NCAA competitions in the following contact/collision sports: Men's and Women's Basketball; Football; Ice Hockey; Men's and Women's Soccer).

**NOTE:** To be present means to be on site at the venue or arena of the competition.

A member of the Bowling Green State University medical team with training in the diagnosis, treatment and initial management of concussion will be available at all NCAA practices in the following contact/collision sports: Men's and Women's Basketball; Football; Ice Hockey; Men's and Women's Soccer).

**NOTE:** To be 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. Further, the case can be discussed through such communication, and immediate arrangements can be made for the athlete to be evaluated.

(5) Diagnosis of Concussion

Symptoms of concussion include, but are not limited to:

- (a) physical symptoms of headache, nausea, balance problems, dizziness, visual difficulty, fatigue, sensitivity to light,

sensitivity to noise, headache, feeling "out of it" or "foggy," vision changes, feeling dazed or stunned;

- (b) cognitive symptoms of feeling mentally foggy or slowed down, difficulty concentrating, difficulty remembering, forgetfulness, confusion, feeling slow;
- (c) emotional symptoms of irritability, sadness, nervousness, feeling more emotional;
- (d) sleep symptoms of drowsiness, sleeping more or less than usual, difficulty falling asleep.

Visible signs of concussion include but are not limited to: lying motionless; unconsciousness; vomiting; vacant look; slow to get up; balance difficulty or incoordination; clutching the head.

(6) Response to Apparent Concussion

If an athlete, teammate, coach, official or member of the medical staff identifies signs, symptoms or behaviors consistent with concussion, the following will take place immediately:

- (a) The athlete must be removed from practice or competition for evaluation.
- (b) The athlete must be evaluated by a member of the medical team with concussion experience.
- (c) The athlete must be removed from practice/play for that calendar day if concussion is confirmed. The athlete can return to competition if a suspected concussion is not diagnosed as a concussion.

(7) Emergency Action Plan

An emergency action plan will be in place for any suspected or diagnosed concussion. This plan includes rehearsed arrangements for emergency medical transportation. The emergency action plan will be activated for any of the following:

- (a) Glasgow Coma Scale < 13.
- (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.

(8) 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 athlete.

For all cases of diagnosed concussion, the athlete and another responsible adult will be provided oral and/or written care regarding concussion management. Such instructions must be documented.

As most athletes with concussion have resolution of symptoms in 7-10 days, all athletes who have prolonged recovery more than two weeks will be re-evaluated by a physician. Such re-evaluation will be performed to confirm the concussion diagnosis, or to consider comorbid or post-concussion diagnoses such as: sleep dysfunction; migraine or other headache disorders; mood disorders such as anxiety and depression; ocular or vestibular dysfunction; cervicgia/neck pain; other post-concussion diagnoses.

(9) Return to Sport

Each return-to-play plan will be individualized and supervised by a Bowling Green State University health care provider with expertise in concussion management. Final determination of return-to-play will be made by the Bowling Green State University physician or their qualified physician designee.

(10) Return to Learn

Returning to academic activities after a concussion is a parallel concept to returning to play after concussion. After concussion, brain energy may not be available to perform normal cognitive exertion and function. The return-to-learn concept should follow an individualized and step-wise process overseen by a point person within the athletics department, who will work in conjunction with a multidisciplinary team. The Bowling Green State University multidisciplinary team may vary student-to-student, depending on the difficulty in returning to a normal school schedule. Such team may include, but not necessarily be limited to:

- (a) Team physician.
- (b) Athletic trainer.
- (c) Neuropsychologist consultant.
- (d) Faculty athletics representative.
- (e) Academic advisor(s).
- (f) Course instructor(s).
- (g) College administrators.
- (h) Office of accessibility services.
- (i) Coaches.

Registered: March 20, 2015; Amended April 14, 2017; November 2, 2020