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Consensus Releases Recommendations to Reduce College Athlete Injury

The second Safety in College Football Summit, held in February 2016, resulted in the recently published recommendations for Preventing Catastrophic Injury and Death in Collegiate Athletes. These recommendations detail strategies to combat occurrence of so-called Traumatic catastrophic injuries, such as spinal cord or internal organ injuries, and Nontraumatic catastrophic injuries, which are representative of conditions such as sudden cardiac arrest. This report details the history and statistics of such Traumatic and Nontraumatic injuries before offering six recommendations to help institutions prevent and effectively react to such injuries.

Statistical trends in collegiate sports injury

The interassociation consensus describes statistical trends in Traumatic and Nontraumatic injuries over the past several decades. In sum, Traumatic injuries declined every year from the 1960s until 1994, due in part to rule modifications and equipment advancements designed to reduce these injuries. The number of Traumatic injuries varied since 1994, albeit at levels generally lower than the 1970s and 1980s. However, Nontraumatic injuries have been found to outnumber Traumatic injuries by a significant margin. The interassociation consensus attributes the significant number of Nontraumatic injuries to the year-round nature of modern athletics and more intense strength and conditioning practices by many programs, particularly college football. The consensus further found that an alarming number of Nontraumatic injuries occur during so-called “transition” periods when athletes are either beginning or resuming strenuous exercise, particular in a hot environment, after a period of inactivity. These injuries are purportedly much more common within the first four days of such transition periods.

Six recommendations to prevent collegiate sports injury

In order to combat both Traumatic and Nontraumatic injuries, the interassociation consensus, a coalition of interested parties at the summit, provided recommendations in six specific areas, as summarized below.

- 1. Sportsmanship:** Good sportsmanship during competition inherently involves playing within the rules, including those designed to promote player safety, such as avoiding the use of bodies, uniforms or equipment to injure fellow players. In addition to the continued enforcement of rules that disqualify players taking part in such actions, additional training and discipline is recommended for officials who fail to call and enforce such infractions.
- 2. Protective equipment:** The consensus recommends all institutions adopt policies to: certify their equipment meets certain minimum protective standards, recertify their equipment on an annual basis and ensure equipment continues to meet protective standards that may change from time to time according to governing bodies. This pertains particularly to helmets worn during the practice and competition of contact sports such as football, hockey and lacrosse.
- 3. Acclimatization and conditioning:** Perhaps most substantially, the consensus recommends gradually introducing athletes to strength and conditioning exercise plans at slightly increasing levels of difficulty until their bodies can adjust. The implementation of appropriate work-to-rest ratios is suggested to prevent overexertion, as is calibration and modification of exercise regimens after consideration of a number of factors. All such plans are recommended to be made available for review and a determination of appropriateness by sports medicine professionals at each institution. Sanctions, including suspension or termination, are suggested for coaches or instructors who do not follow the guidelines from sports medicine professionals.
- 4. Emergency action plan:** Plans should be developed in the event that catastrophic injuries occur. The interassociation consensus also suggests game plans be developed by each institution and for each venue utilized for several specific types of Nontraumatic injuries (e.g., cardiac arrest, exertional heatstroke, asthma, exertional collapse associated with sickle cell trait, all exertional and nonexertional collapses, and mental health emergencies). The consensus recommends appropriate medical equipment be conveniently located and supervisory employees be adequately trained in terms of identifying and responding to the enumerated conditions. Finally, the consensus suggests special attention be paid to cardiac arrest, and the treatment of the same using automated external defibrillators, and exertional

heat emergencies, particularly in warm or hot training environments.

5. **Responsibilities of athletics personnel:** In addition to forbidding the use of physical activity as a punitive measure, the consensus suggests required licensure for all professional charged with conditioning and training of college athletes. While the specific types of licensure and training vary, the consensus recommends these individuals are supervised by an institution's sports medicine program rather than the coaches of actual athletic programs so as to dissuade conflicts of interest.

6. **Education and training:** It is suggested that training and education be available for all athletics personnel, and mandatory for strength and conditioning professionals, sports coaches and primary athletics health care providers. This training is suggested to occur annually and focus on identification and treatment of catastrophic injuries, both Traumatic and Nontraumatic. Specific training is suggested in the following areas: emergency action plans, head/neck injuries, cardiac events, environment monitoring, exertional heat illnesses, exertional collapse associated with sickle cell trait, asthma, rhabdomyolysis, diabetic emergencies, all exertional/nonexertional collapses and periodization training.

The interassociation consensus recommendations conclude by providing a checklist that institutions are encouraged to fulfill and measure their preparedness against.

What this means for you

While the interassociation consensus recommendations are not binding, they represent best practices to prevent and respond to catastrophic events that can occur during collegiate athletics. With recent highly publicized incidents of student-athlete deaths during strength and conditioning activities, there is mounting pressure for academic institutions to prevent unnecessary health incidents during participation in school-sanctioned athletics. The recommendations of the interassociation consensus aim to provide institutions with proactive steps toward that goal.

Not all steps may be feasible for all institutions. However, all schools can embrace the spirit of the recommendations, by striving to create an environment where catastrophic injuries are less likely to occur and more likely to be quickly addressed. Failure to take the initiative, including consideration of the best practices in the interassociation consensus recommendations, could have a negative impact following a catastrophic event, including, but not limited to, litigation. Likewise, the court of public opinion will not look kindly upon an institution that has failed to actively safeguard the well-being of its student athletes.

Contact us

Institutions participating in intercollegiate athletics should be taking proactive steps to implement the interassociation's recommendations. To help with this process, the U.S. Council for Athlete's Health (USCAH) provides resources for institutions. USCAH can be reached via email at rsweeney@uscah.com or by phone at 614-595-1343, Bob Sweeney. You can also contact A.J. James, Hayley Hanson, Ben Irwin or your Husch Blackwell attorney.