REPORT OF THE
NCAA COMMITTEE ON COMPETITIVE SAFEGUARDS AND
MEDICAL ASPECTS OF SPORTS
JUNE 12-14, 2012 MEETING

***ACTION ITEMS*.**

1. Legislative Recommendation.

a. Safety Legislation Package.

(1) Recommendation. In an effort to protect student-athletes, the NCAA Committee on Competitive Safeguards and Medical Aspects of Sports recommends that all three divisions, (and for NCAA Divisions II and III, sponsor legislation for the 2013 NCAA Convention) adopt a legislative package that would require: a designated team physician; coach sport safety training; certification for strength coaches, and catastrophic sport injury reporting.

(2) Effective Date. August 1, 2013.

(3) Rationale. The NCAA Principle of Student-Athlete Well-Being states it is the responsibility of each member institution to protect the health of, and provide a safe environment for, each of its participating student-athletes. This legislative package provides the foundation for appropriate healthcare oversight and critical prevention and response to catastrophic health and safety issues and sudden death related to athletics participation. The following details the rationale for each element of the legislative package:

(a) **For Divisions I, II and III - Designated Team Physician**. Divisions I, II and III member institutions shall designate a licensed physician to serve as team physician authorized to oversee the medical services for injuries and illnesses incidental to a student-athlete's participation in intercollegiate athletics. In a 2011 Athletics Healthcare survey of the membership, of the 583 institutions (53 percent) that responded, 96 percent reported that they already designate a team physician and 27 percent of them were employed by the athletics department. Only 83 percent noted that a physician had oversight of their certified athletic trainers, which is required for their professional practice. Physicians or a physician's designee are required for both the medical examination and concussion return-to-play bylaws. This legislation would ensure institutions are meeting the minimal requirements for these policies and oversight responsibilities.

(b) **For Division I - Coach Sport Safety Training**. Division I member institutions shall require each head coach and all other coaches who are employed full time at an institution to maintain current certification in first aid, CPR, and Automated External Defibrillator (AED) use. Divisions II and III have adopted similar legislation. The committee conducted a survey examining athletics healthcare policies on campuses in 2011. At that time, 47 percent of Division I respondents reported that they require their head coaches to have current first aid certification, CPR certification and AED training. The cardiac sudden death rate in NCAA student-athletes is one in 40,000 athletes. However, this does not include the survivals, as three in every 1,000 student-athletes may have an underlying heart condition. The typical emergency response time is 8 to 10 minutes, and survival rates decrease 10 percent every minute. First aid, CPR, and AED training is paramount for rendering first response emergency care on our campuses. The committee noted that this training certification is intended to provide initial care until more skilled responders arrive to an emergency situation and is not intended to replace appropriate medical care and coverage. Over 80 percent of student-athlete sudden deaths occur during practices and conditioning sessions. Sixty percent of those sudden deaths are attributed to heart conditions. Rapid response and immediate care is paramount in these situations. The requirement of an emergency action plan and mandatory cardiopulmonary resuscitation certification of coaches for every practice, conditioning session, and event is the key preliminary step toward activating medical care response for student-athletes. The committee emphasized that even with other skilled personnel available (ATC, MD), emergency situations require multiple rescuers and the CPR trained coach may be able to assist the other rescuers. The growth of practice opportunities that include year-round exposures and extensive out-of-season sessions has greatly increased the likelihood that coaches will be the first to respond to a collapsed student-athlete.

(c) **For Divisions I and II - Certification for Strength and Conditioning Coaches**. Divisions I and II shall adopt legislation requiring strength and conditioning personnel to have received strength and conditioning certification from a nationally recognized certification program. Division III has adopted similar legislation. The committee established an educational column on

what components institutions should consider in identifying a nationally recognized certification program. Given the current numbers of sudden deaths occurring during conditioning sessions across the divisions, this requirement would set a minimum standard for those staff designing and conducting one of the highest risk athletics activities.

(d) **For Divisions I, II and III - Catastrophic Sport Injury Reporting**. Divisions I, II and III member institutions shall report student-athlete catastrophic deaths and survivals (e.g., head, neck, spine, cardiac, pulmonary, heat, Sickle Cell Trait (SCT), eye, etc). Although these injuries are rare in occurrence, this is one of the most important data points for NCAA sports safety and prevention. On average each year, member schools already report 60 student-athlete total fatalities with four occurring on the field of play. Thus, this reporting would be rare and not burdensome. Knowing exactly what happens during these incidences is critical to implementing prevention interventions. These catastrophic incidences would be captured through an online portal allowing an easy and consistent structure for all institutions. The program would be directly tied to the NCAA catastrophic insurance program and the national catastrophic sport injury reporting program.

(4) Estimated Budget Impact. Budget impact at the institutional level will vary and may be minimal, as designating a team physician does not require staffing, first aid/CPR training ($0-$40/person) is generally available through institutional resources, certification of strength coaches is a professional credential fee and not an institutional program cost, and reporting catastrophic injury will be accommodated through existing NCAA reporting mechanisms.

(5) Student-Athlete Impact. This student-athlete safety package will reduce negative outcomes related to injury and catastrophic incidents, including student-athlete death, involved in athletics participation.

b. For Division III - Sickle Cell Trait (SCT) Status Confirmation in Division III.

(1) Recommendation. The committee reaffirmed its recommendation for Division III to require that SCT status be confirmed as part of the medical

examination process through a sickle cell solubility test, unless documented results of a prior test are provided to the institution or the student-athlete declines the test and signs a written release for student-athletes who are beginning their initial season of eligibility and students who are trying out for a team. In addition, the committee recommended three new additions based on feedback by the Division III membership:

(a) All student-athletes shall be provided education regarding SCT.

(b) If the student-athlete elects to opt out of confirmation of SCT status, the student-athlete shall engage in mandatory education regarding the implications of exercising the waiver option and additional information related to the risks, impact and precautions related to SCT before signing the waiver and prior to athletics participation.

(c) Student-athletes may be allowed to practice while awaiting the results of their SCT testing provided the institution treats them with the identical precautions and education as the institution would treat a SCT positive student-athlete.

(2) Effective Date. August 1, 2013.

(3) Rationale. It is not uncommon for organizations unfamiliar with the NCAA or its student-athlete issues to take a different stance than the NCAA position. The committee carefully considered multiple view points, research and opinions when formulating this policy recommendation. The committee reaffirmed that knowledge and education of SCT status is important for all student-athletes in relation to student-athlete safety, health and well-being.

Therefore, the committee recommends a consistent policy across all divisions that requires the medical examination or evaluation of student-athletes who are beginning their initial season of eligibility and students who are trying out for a team shall include a sickle cell solubility test, unless documented results of a prior test are provided to the institution or the student-athlete declines the test and signs a written release. Institutions will have the autonomy to implement confirmation for all student-athletes in the first year. The committee first made this recommendation to the membership in 2009 that sickle cell trait status be

confirmed in all student-athletes in all divisions as an addition to the NCAA's Sports Medicine Handbook.

Currently, the NCAA has published educational fact sheets and a video that can be used for student-athlete education. The student-athlete educational requirement could also be met by using online modules. This would also allow for coach education as the committee emphasized this as a critical component to the success of prevention and precaution implementation.

The committee supported the concept of allowing student-athletes awaiting sickle cell trait diagnostic test results the opportunity to participate. However, the committee emphasized that serious sickle cell trait incidents, and other causes of sudden death, most frequently occur during transitional periods such as the initial days of preseason practices when student-athletes' bodies are becoming conditioned to the rigors of training. Conditioning periods should be phased in gradually and progressively to encourage proper exercise acclimatization and to minimize the risk of adverse effects on health. The first 7 to 10 days of any new conditioning cycle (including, but not limited to: return in January, after spring break, return in summer, return for fall preseason or return after an injury) are referred to as transitional periods. A 2011 study that examined the impact of the Division I sickle cell trait screening legislation, which went into effect in 2010, concluded that more than 2,000 NCAA Division I student-athletes with sickle cell trait would be identified under the screening policy. Without intervention, the study estimated that seven NCAA Division I student-athletes would die from complications related to the trait over a 10-year period. Another study, published in 2012, concluded that student-athletes with sickle cell trait have a relative risk of exertion-related death that is 37 times higher than those without it. Knowledge of SCT can be a gateway to precaution implementation.

Student-athletes may elect to seek their SCT status through newborn screening. Sickle cell trait screening is performed on all U.S. babies at birth. Nearly 70 percent of states have tested since 1994, but many student-athletes may not know whether they have the trait. In an effort to provide a more efficient and effective process for sickle cell trait (SCT) screening, the NCAA has an agreement with Quest Diagnostics to provide three different service models for member institutions and their student-athletes to access affordable screening exams to determine SCT status as

part of the student-athlete's medical examination process. Effective October 1, 2011, institutions can select from the following three service models by calling 1-866-226-8046: institution on-site services model, patient service center model, and a student-athlete service model.

(4) Estimated Budget Impact. Student-athlete's may confirm their status through prior newborn test results or a new diagnostic medical test. The NCAA has partnered with a national laboratory to establish a more efficient and effective process for determining sickle cell trait status. Cost can be assumed by the institution or the student-athlete. In most cases, Division III institutions require student-athletes to submit their own medical examination upon entrance into their athletics programs.

(5) Student-Athlete Impact. Knowledge of SCT will provide student-athletes and those charged with protecting their health and safety the necessary information to ensure safeguards are in place and to ensure appropriate response where indicated.

c. Drug Testing Manipulation/Tampering Penalty. The committee approved editorial amendments to proposed legislation to provide a two-year penalty for observed tampering with a drug test sample (formerly identified as "manipulation"), affirmed its intent that this not include a positive test for diuretics and masking agents, and reaffirmed its intent that this penalty, though very serious, should be considered a part of the learning experience and still leave open an opportunity for a student-athlete to return to sport. The committee also confirmed that staff or other student-athletes not selected for drug testing and implicated in the tampering be referred to enforcement as a violation of unethical conduct**.**

***INFORMATIONAL ITEMS*.**

1. For Divisions I and III - Football three-hour recovery period. The committee is recommending that, in the interest of providing consistent safeguards for student-athletes, Divisions I and III require at least three continuous hours of designated recovery time between ANY sessions occurring in a calendar day for football practices and walk-throughs during the preseason including the segment subsequent to the five-day acclimatization period. This recovery period is important to allow student-athletes to dissipate and reduce body heat, eat food for energy, rehydrate and to prepare the body, both mentally and physically, for the next session. The impact of this legislation would

ensure student-athletes receive minimal recovery from the cumulative effects of on-field and physical activities, especially in the heat.

Recovery periods were part of the original 2003 football model. Though studies support the three-hour recovery period, more time may be needed depending on the practice conditions and participant needs. The opinion of sports medicine and sports science research experts is that three hours generally provides adequate recovery time to achieve the goals of recovery between practice sessions, and reducing this recovery time increases risk of negative effects associated with inadequate recovery. Dehydration has been shown to influence player safety as well as decrease exercise performance. Participation in strenuous activities while incurring environmental stress with additional equipment and/or clothing has also been proven to increase the risk of Exertional Heat Illness (EHI) occurrence in football. Although deaths from football drills have been reduced, risk exists and is greatest throughout the preseason period, not just the first five days. Research supports heat acclimatization extending over a 14-day period, therefore risk extends beyond the five days with additive effects of the environment, physical activity and equipment playing a role. Staying diligent on the prevention of heat illness is important as it still occurs during the preseason period.

Recovery periods are a best practice as cited in the NCAA Sports Medicine Handbook guideline "Preseason Preparation." An institution should ensure student-athletes have continuous recovery time (i.e., three hours) between multiple practice sessions on the same calendar day.

The NCAA has funded research studies in football to evaluate the impact of heat, hydration and equipment on football student-athletes which support a recovery period between sessions:

a. From 1988–2004, the NCAA Injury Surveillance reported 1,687 EHI occurrences (resulting in time loss injuries for athletes) during fall football practices, 98 percent during the preseason.

b. Most recently, data from 2009-2012 from the NCAA Injury Surveillance reported over 1700 EHI occurrences annually during football practices.

c. In Press at Journal of Athletic Training. 2012. A study that collected four years of data from 2004-2007 from 60 distinct colleges and universities participating in Divisions I and III football:

(1) "The first 14 days of the pre-season period had the highest rate of EHI with the greatest risk on practice days 1,2,3,7, and 10 with a gradual decline to day 14."

(2) "High intensive practice that generally starts the football season places greater demands on the physiological system causing the higher EHI rates compared to other times in the season."

d. Journal of Strength and Conditioning Research. 2006. 20(3):463-70. Heat acclimatization and hydration status of American football players during initial summer workouts.

e. American Journal of Sports Medicine. 2005. June 33(6):843-51. Hydration status in college football players during consecutive days of twice-a-day preseason practices.

Other scientific references relevant to football student-athletes and the preseason period include but are not limited to (there are 35 just in the new 2012 publication coming out):

f. Journal of Athletic Training. 2010. 45(2):117-27. The American football uniform: uncompensable heat stress and hyperthermic exhaustion.

- Their results revealed that the addition of a full football uniform (helmet, shoulder pads and pants) or a partial uniform (pants only without shoulder pads or helmet) exhibited greater physiological strain which resulted in decreased exercise capacities relative to those who exercised without a uniform.

g. Journal of Athletic Training. 2010. 45(2):136-46. Thermoregulatory responses and hydration practices in heat-acclimatized adolescents during preseason high school football.

h. Journal of Athletic Training. 2006. 41(3): 332–336. Exertional Heat Illness and Environmental Conditions during a Single Football Season in the Southeast.

i. International Journal of Sports Nutrition and Exercise Metabolism. 2005. 15(6):641-52. Sweat and sodium losses in NCAA football players: a precursor to heat cramps?

j. Medicine and Science in Sports and Exercise. 2003. 35(5):832-7. Thermal insulation and evaporative resistance of football uniforms.

k. National Athletic Trainers' Association Inter-Association Task Force on Exertional Heat Illnesses – A Consensus Statement. 2003.

2. Intersex Conditions in Intercollegiate Athletics. The committee reviewed and supported an educational approach and plan to provide information to the membership to assist with understanding of what intersex conditions are and best practices to including student-athletes with intersex conditions in full athletics participation.

3. Transitional Periods. The committee recommended an article be published on NCAA.org about progressively increasing workloads and intensity following transitional periods by August 2012. Conditioning periods should be phased in gradually and progressively to encourage proper exercise acclimatization and to minimize the risk of adverse effects on health. The first 7 to 10 days of any new conditioning cycle (including, but not limited to: return in January, after spring break, return in summer, return for fall preseason or return after an injury) are referred to as transitional periods.

4. Infill Turf Surfaces. The committee supported forming a working group to evaluate and establish best practices for the maintenance practices of infill surfaces.

5. Concussion and Mild Traumatic Brain Injury. The committee reviewed injury data and received an update on concussions by Kevin Guskiewicz. The committee supports establishing a standing committee to monitor the role of concussions in NCAA sports to include but not limited to concussion management plans, research; education outcomes; playing rules, equipment, injury surveillance and other concussion related topics.

The committee discussed the Ivy League practice limitations in the sport of football to reduce the amount of "helmet or head hit" exposures. The committee recommended that these practice limitation concepts be the first agenda item for the standing committee on concussions to review and make recommendations for CSMAS to consider. The committee will reach out to the Ivy League to continue conversations on how to best address concussions for their student-athletes.

6. Protective Equipment. The committee reviewed various equipment that has been developed to be placed on the outside of helmets. Such equipment is of concern for increased cervical spine and other orthopedic/musculoskeletal injuries. Manufacturers of

such equipment would need to be approved by helmet manufacturers to be worn as designed and unaltered, and meet The National Operating Committee on Standards for Athletic Equipment (NOCSAE) standards. The committee reaffirmed its position on soccer headbands as noted in previous meetings. The committee reaffirmed its position that mouth guards are intended for the prevention of dental injuries and that there is lack of scientific evidence that these prevent concussion or determine body temperature.

7. **Bounty Issues.** The committee supported a joint statement from CSMAS and the NCAA Committee on Sportsmanship and Ethical Conduct encouraging member institutions to emphasize that NCAA rules preclude, and as a membership organization we will not tolerate, any practice that intends to harm or injure student-athletes; and that no reward or punishment, monetary or otherwise, should be used to promote practices that intend harm.

8. **Sports Medicine Handbook.** The committee approved the development of new guidelines on Sun Safety and Exertional Rhabdomyolysis. The Rhabdomyolysis chapter timeline is pending but intended to be available as soon as possible and may not be available for the print of the 2012-13 handbook. The committee updated the Depression guideline to represent a broader view of mental health and psychological conditions in the student-athlete. The committee will add language about chronic traumatic encephalopathy to the concussion guideline as there are more questions related to what the condition is and what might cause it. Other guidelines were edited.

9. **Emergency action plans.** The committee will add the following into its sports medicine handbook, and reaffirms that "institutions should assure that the Emergency Action Plan (EAP) incorporates roles and responsibilities of coaching staff, medical staff, spectators and others during injury evaluation/response on the field, to assure appropriate first response and medical evaluation. The EAP should provide that appropriate medical staff have access to the injured athlete without interference."

In addition, the following language will be added to the Emergency Care guideline, "Institutions should have on file and annually update an emergency action plan for each athletics venue to respond to student-athlete catastrophic injuries and illnesses, including but not limited to, concussions, heat illness, spine injury, cardiac arrest, respiratory distress (e.g., asthma), and SCT collapses. All athletics healthcare providers and coaches, including strength and conditioning coaches, sport coaches and all athletics personnel conducting activities with student-athletes should review and practice the plan at least annually."

10. NCAA Bylaw 16 Deregulation. The committee received a report from the academics and membership affairs staff regarding the status of the rules working group addressing deregulation of Bylaw 16, which addresses benefits related to medical expenses and meals. The committee stated its support for member institutions providing food, not cash, at any time, for all student-athletes, to support student-athlete health and performance. The committee supports providing food both during the competitive season and out of season, as that is the hardest training time for student-athletes. The committee also noted the positive role nutrition plays in recovery, that food is more cost effective than supplement products, that providing food will alleviate scheduling practices around food service hours, and that shared meals contribute to team building. The committee also expressed its support for similar concepts in Divisions II and III.

11. Bylaw 17 Deregulation. The committee received a report from the academics and membership affairs staff regarding deregulation of Bylaw 17, which relates to institutional staffing. Committee members were invited to participate in this rules working group, which is just getting underway.

12. Division I Certification Program – Institutional Progress Program. The committee received an update from the academics and membership affairs staff regarding the efforts underway to review the Division I Certification Program and to identify the elements of a new model to assess institution progress to focus on supporting a positive student-athlete experience. Part of this new process may include the evaluation and tracking of athletic trainers. The committee supports using the Appropriate Medical Coverage of Intercollegiate Athletics (AMCIA) value for assessing college and university healthcare service and access.

13. Sports Playing Rules.

a. Wrestling. The committee received a report from the chair of the NCAA Division I Wrestling Committee, Jim Thornton, with concerns related to potential interference by non-medical staff of medical response to injury on the mat, and allowing wrestling more opportunities to wrestle. CSMAS reaffirms that institutions should assure that the EAP incorporates roles and responsibilities of coaching staff, medical staff, spectators and others during injury evaluation/response on the field, to assure appropriate first response and medical evaluation. The EAP should provide that appropriate medical staff have access to

the injured athlete without interference. In addition, effective for the 2012-13 wrestling season, CSMAS supports elimination of Wrestling Rule 8.3.5.3. that states "A wrestler weighing in two weight classes above an original certified weight class shall forfeit his right to return to the original wrestled weight class. This includes preseason competition while a wrestler is making the descent toward his lowest allowable certified weight. For example, if a wrestler's lowest allowable weight class is 149 and the wrestler weighs in at 165, the student athlete is ineligible to return to the 149-pound weight class. The lowest weight class at which this wrestler may compete is 157." With the elimination of Rule 8.3.5.3, a wrestler may return to their initial weight class using the 1.5 percent per week weight loss plan.

b. **Lacrosse.** The committee reaffirmed its recommendation that men's and women's lacrosse rules require the NOCSAE lacrosse ball standard for lacrosse play as a rule of play. Currently, the NCAA rules book sets the standard for a ball in lacrosse and the NOCSAE standard expands on the coefficient of restitution including a compression deflection criteria for safety purposes. The timeline for implementation would be up to the Playing Rules Committee. The committee also received a report about the development of US Lacrosse working groups in collaboration with ASTM on the evaluation of potential headgear, changes to the stick and the ball. The NCAA continues to work with these groups.

c. **Pole Vault.** The committee approved a recommendation that a rule be added in the sport of pole vault that requires the use of an American Society for Testing Materials (ASTM) approved box collar when one becomes available and product is readily available. The committee also received information about the ongoing development of an NCAA, USA Track & Field (USATF), and National Federation of State High School Associations (NFHS) online educational skills and safety module for pole vault athletes and coaches, to be available December 2012.

d. **Field Hockey.** Currently field players may wear ASTM approved eye-protection products excluding the protective wire cage type. The committee recommends that the NCAA Field Hockey Committee remove the exclusion of the wire cage from the playing rules modifications so that athletes can select and wear any ASTM approved protective eyewear designed for field hockey as ongoing research in the sport continues. The committee has received and will review for funding a research proposal to assess the characteristics of field hockey balls on the market and stick speed in the women's game, thus leading to a better understanding of ball exit speed and the variables that impact it.

e. Ice Hockey.

(1) The committee received a report from Ed McLaughlin of the NCAA Men's Ice Hockey Committee and supports their plan to collect data and fully explore the possibility of allowing men's players to wear three-quarter visors.

(2) The committee supported moving the first competition date for Division III Ice Hockey to October 29, which would allow two weeks of sport preparation. The NCAA Sports Medicine Handbook suggests that student-athletes should be protected from the premature exposure to the full rigors of sports and that preseason conditioning should provide the student-athlete with optimal readiness by the first practice. Two weeks would allow appropriate gradual progression of type, frequency, intensity, recovery and duration of training to prepare ice hockey student-athletes for the first competition.

14. Research. The committee reviewed and acted on the following research projects:

a. National Center for Catastrophic Sport Injury and Research Center. The committee reviewed and supported the ongoing funding for the National Center for Catastrophic Sport Injury and Research Center (NCCSIR) as it goes through reorganization to expand its scope and ability to track catastrophic sport injuries and fatalities. The goal is to provide a more efficient and streamlined surveillance of sport-related catastrophic injury/illness, as well as an investigative model that will drive evidence-based injury prevention models. The NCCSIR will capture fatality, catastrophic and survivor incidents longitudinally and report in both sentinel and aggregated formats. This program will allow for case reviews to establish best practices and successful intervention. With this in mind, the NCCSIR will expand to include two other research universities creating the "Consortium for Catastrophic Injury Monitoring in Sport."

b. NCAA Substance Use Survey. The committee proposed final changes to the 2012-13 Substance Use survey instrument; administration will occur from October 2012-May 2013, with expected preliminary results provided in the December 2013 meeting.

c. NCAA Survey of Institutional Reliance on Supplement Sponsorships. The committee reviewed the survey tool and approved moving forward this summer

with a pilot of Divisions I and II schools to assess institutions' perceived and real benefits related to their sponsorships with supplement products/companies, with assistance from committee members Amy Freel and Michelle Gober. Committee members Lois Mattice, Doug Padron and Andrew Smith volunteered to assist with identifying target institutional recipients of the survey.

d. Graduate Research Grant Program – Health and Safety. The committee approved funding for the following grants:

(1) Flansburg. Why do some sickle cell carrier athletes suffer from heat illness?

(2) Kroshus. Institutional concussion education and within season change in concussion-related knowledge, attitudes and behaviors on male collegiate ice hockey teams.

(3) Wahto. Student-Athlete Attitudes toward Seeking Mental-Health Help.

15. Datalys Center Update. The Datalys Center provided an update on the NCAA Injury Surveillance Program (ISP) which currently includes 81 member schools' participation. The NCAA will work with the Datalys Center to outline new sampling models which includes intent for future mandatory participation with the possibility of starting with mandating all schools in the Football Bowl Subdivision of Division I to participate at some level.

Future updates to the NCAA Injury Surveillance Program (ISP) include enhanced recruitment efforts of member schools; additional external commercial vendor access; a new incentive program; increased calling frequency to member schools; in-person individual demonstrations; a new dashboard query tool function for members participating in the ISP; and annual system updates. A training meeting for athletics trainers will be conducted on site at the National Athletic Trainers' Association (NATA) annual meeting.

The Datalys Center will submit sports injury data for 2009-2012 on the following schedule: fall sports in June 2012; winter sports in August 2012; and spring sports in November 2012. A call will be held in September with committee members and other relevant parties to identify sport injury comparisons and time trends that should be added to future reports.

The Datalys Center and the NCAA have reviewed 18 external applications for access to sports injury data, approving nine, and three have been published or in press. The NCAA and Datalys Center in conjunction with the Stop Sports Injury Campaign have published five new sport injury fact sheets for the public, coaches and members, with the goal for finalizing 25 sports by the end of 2012.

16. **Institutional Responsibility for Drug Testing**. The committee approved reissuing a communication to the membership to emphasize that drug testing is an institutional compliance issue, and that the institution should identify a team approach to compliance with NCAA drug testing. The committee also noted that assigning sports medicine staff to administer drug testing may place them in a conflict of interest and take them away from medical coverage duties.

17. **Drug-Testing Plan**. The committee recommended The National Center for Drug Free Sport considers potential changes in the current drug testing plan to provide for more testing in baseball, testing in fall football camps, and when erythropoietin (EPO) testing should be included in testing panel. The committee acknowledged the benefits flexibility has allowed under the new testing plan to efficiently enhance deterrence. With expanding student-athlete populations, intercollegiate athletic competition and championship events, the committee supports a budget increase to accommodate this natural growth, to address gaps in current testing, and to implement best practice strategic initiatives.

18. **Drug Testing in Postseason Football**. The committee noted that changes in the management of football playoffs will demand accommodations for drug testing of postseason football.

19. **Marijuana Testing Thresholds.** The committee reviewed information related to testing thresholds for marijuana, and expressed interest in receiving a report that provides a comprehensive look at the research related to passive inhalation of THC. The committee deferred a decision on any change to the NCAA threshold for a positive test for marijuana, noting that the World Anti-Doping Agency (WADA) certified labs are prepared to complete analysis of lower thresholds when and if a change occurs, and noting the importance of alerting the membership in advance of NCAA changes for those member institutions who align their institutional testing policy with that of the NCAA.

20. **Testing for Synthetic Cannabinoids.** The committee deferred a decision to start testing for synthetic cannabinoids until a final report is received from the UCLA lab on recommended testing thresholds. This final report is expected in the fall.

21. **Banned Drug List.** The committee amended the banned drug educational document by adding "bath salts" to the examples under the stimulant class, and by highlighting even further the recommendation to student-athletes to check out any substance with appropriate and designated athletics staff before use.

22. **Testing Incoming Freshman in Summer Drug Testing**. The committee confirmed that incoming new student-athletes participating in summer school should not be included in summer drug testing, as summer drug testing is part of the prior academic year-round testing and those incoming student-athletes have not received benefit of institutional drug education.

23. **Drug Testing Notice**. The committee recommended presenting to the Division II Management Council an update on drug testing best practices to address their earlier concerns regarding shorter notice – adequate staff and means to provide short notice to student-athletes – identifying that with new technologies and NCAA compliance assistance, these barriers have been diminished. The committee also recommends detailing the benefits of no-notice testing as even less burdensome on institutional administration, as it relieves staff from submitting squad lists.

24. **Drug Testing Protocol.** The committee approved final changes to the drug testing protocol to allow testing for all banned drug classes when a student-athlete provides multiple dilute samples or otherwise is in breach of protocol. In addition, the committee supports protocol language that provides for drug testing accommodations in championship testing in exceptional cases involving inability to provide adequate sample.

25. **Blood Collection Protocol**. The committee reviewed and approved a protocol for collection of blood samples, but did not move a recommendation to begin blood sample collections.

26. **Medical Exception for ADHD**. For Medical Exceptions for Attention Deficit Hyperactivity Disorder (ADHD), the committee reaffirmed its position to require

documentation of a comprehensive assessment to establish the diagnosis, and approved the clarifications on the reporting form (allowing the form published in January to be used along with the revised form). In cases of graduating student-athletes with no remaining eligibility, the committee approved language to indicate that the student-athlete who has documentation of course of treatment and current prescription but not documentation of adequate diagnostic assessment will be determined not to have violated NCAA drug testing policy. In any case with continuing eligibility where a clinician refuses to provide their records demonstrating the assessment, the committee recommends the institution inform the student-athlete that "Due to your physician's refusal to release your ADHD evaluation, we do not have adequate documentation to grant the medical exception. We encourage you to exercise your patient rights to your medical records." The committee will continue to clarify where possible the expectations for ADHD medical exception criteria.

27. Drug Testing Appeal Procedures. The committee approved the edited appeal language in Section 5. of the drug test appeals procedures that clarifies appeal considerations.

28. Crew Chief Evaluations. The committee reviewed and approved the crew chief evaluation report, indicating greater than 80 percent satisfaction with the experience provided by drug testing crew chiefs.

29. Education and Resources.

a. Health and Safety Webinars. The committee supported sponsoring and hosting another concussion management webinar with experts in July 2012. The committee supported the sponsorship and hosting of a webinar for preventing sudden death in conditioning sessions best practices recommendations as outlined by a recent 2012 inter-association task force. Other future topics include lightning and severe weather, heat stress and prevention, SCT, nutrition, mental health, supplement safety and others as needed.

b. Youth Clinics. The committee received an update on NCAA Youth Clinics associated with NCAA Championship events, and recommended consideration of sportsmanship education for parents.

c. Best Practices for Fall Sports. The committee recommended sending the NCAA.org article on best practices for fall sports models to the head athletics

trainers along with a reference to sports medicine handbook guidelines relevant to the prevention of injuries during that period.

d. **Resource Exchange Center (REC) Nutritional/Dietary Supplement Resource.** The committee received a report on the membership accessing this resource, and noted the request for new REC posters, and consideration of a REC smart phone app.

e. **Division II Alcohol and Other Drugs (AOD) Project Team.** In response to reports submitted from CSMAS to the Division II Management and Presidents Councils, Division II has established an AOD project team to address alcohol and other drug concerns in Division II. Division II will seek comments from CSMAS throughout the process and expects to forward recommendations to the members at its April 2013 committee meetings.

f. **Division III AOD Collaborative with NASPA (Student Affairs Administrators in Higher Education).** The committee received an update on the Web-based collaborative project to address alcohol concerns in Division III. The project teams have representation from both the Committee and the health and safety staff, and anticipate a pilot education project will be administered in the 2012-13 academic year, with a full roll out of the resource in 2013-14.

g. **APPLE Conferences.** The committee reviewed the Spring APPLE Conference report and approved continued funding of this project.

h. **CHOICES Grants.** The committee received an update on the NCAA CHOICES Grant program and approved continued funding of this project.

i. **Student-Athlete Affairs Grants.** The committee received an update on the Student-Athlete Affairs Grants and approved continued funding of this project.

j. **NCAA Leadership Programs.** The committee received an overview from NCAA Student-Athlete Affairs staff of NCAA sponsored programs providing training and resources for coaches, athletics professionals and student-athletes.

k. **NCAA Violence Prevention Initiatives.** The committee received an update on NCAA Committee on Sportsmanship and Ethical Conduct's efforts to define the NCAA and campus athletics departments' roles in addressing interpersonal violence on campus. Next steps include a fall 2012 Think Tank with invited experts to define issues and strategies moving forward.

30. Future meeting dates and sites.

- December 2012 - Indianapolis, Indiana.

31. Adjournment. The committee adjourned at 2 p.m. Eastern time.

Committee Chair: *Jeffrey Anderson, University of Connecticut, Big East Conference*

Staff Liaison(s): *Mary Wilfert, Student-Athlete Affairs – Health and Safety*
David Klossner, Student-Athlete Affairs – Health and Safety
Latrice Sales, Student-Athlete Affairs – Health and Safety

June 12 – 14, 2012	
Attendees	Absentees
Jeff Anderson, University of Connecticut	Connie Dillon, University of Oklahoma (Liaison to the DI Championships/Sports Management Cabinet)
Brant Berkstresser, Harvard University	Kelsey Logan, The Ohio State University
Jacqui Cohen, Roger Williams University	Will Prewitt, Great American Conference
Bob Colgate, National Federation of State High School Associations (NFHS)	Felix (Buddy) Savoie, Tulane University
Scot Dapp, Moravian College	
Michelle Gober, Kutztown University of Pennsylvania	
Eric Hall, Elon University	
Matthew Horn, Winthrop University	
Melinda Larson, Whitworth University	
Lois Mattice, California State University, Sacramento	
James Morgan, California State University,	

Chico	
Doug Padron, University of San Francisco	
David Pillen, Abilene Christian University	
Sourav Poddar, University of Colorado, Boulder	
Lori Runksmeier, New England College	
Andrew Smith, Canisius College	
Christopher Ummer, Lyndon State College	
Scott Bennett, James Madison University (Ad Hoc liaison)	
Christopher Carr, St. Vincent Sport Performance (Ad Hoc liaison)	
Amy Freel, Indiana University, Bloomington (Ad Hoc liaison)	
Other Participants	
Troy Arthur, NCAA Staff	
Robyn Bailey, NCAA Staff	
Scott Bearby, NCAA Staff	
Mark Bockelman, Drug Free Sport	
Nicole Bracken, NCAA Staff	
Azure Davey, NCAA Staff	
Tom Dompier, Datalys	
Dan Dutcher, NCAA Staff	
Danielle Ghiloni, NCAA Staff	
Kevin Guskiewicz, University of North Carolina, Chapel Hill	
Brian Hendrickson, NCAA Staff	
Curtis Hollomon, NCAA Staff	
Annie Kearns, NCAA Staff	
Charnele Kemper, NCAA Staff	
Cari Klecka, NCAA Staff	
Dave Klossner, NCAA Staff	
Louise McCleary, NCAA Staff, dial in	
Ed McLaughlin, Niagara University	
Jeff Myers, NCAA Staff	
Binh Nguyen, NCAA Staff	
Delise O'Meally, NCAA Staff	
Tiese Roxbury, NCAA Staff	
Jim Schmotter, Western Connecticut	

State University	

Latrice Sales, NCAA Staff	
Josh Scholton, Drug Free Sport	
Stephanie Smith, NCAA Staff	
Teresa Smith, NCAA Staff	
Naima Stevenson, NCAA Staff	
James Thorton, Clarion University	
Andrea Wickerham, Drug Free Sport	
Mary Wilfert, NCAA Staff	