



## Leave Concussion Management to the Pros – Hire an Athletic Trainer

Concussions have been a hot topic in sports and recreation for the past few years. It seems like every week there is new research coming out that helps us better understand this injury. [FULL STORY >](#)



### SNAPSHOT: Concussions

We now have risk management Best Practices data for over 100 schools across N. America. In each Newsletter we'll report a selection of our more interesting findings. [FULL STORY >](#)



### Implementing a Concussion Protocol in Campus Recreation – with no AT's involved

Recent reports from professional, collegiate, and high school sports regarding concussions are alarming. [FULL STORY >](#)



### Limitations do not create exceptions – concussion education can be the answer

Within every Campus Recreation department, different types of risks are managed differently based on...[FULL STORY >](#)

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NIRSA Conference 2017

## Roundtable on Concussions

Wed Feb.22 10:30 – 11:30am  
Location: TBD



What is a reasonable approach to concussion management in Campus Recreation - particularly in Sport Clubs and Intramurals?

As a minimum, your department needs to develop '**Concussion Protocols**' which apply to Campus Recreation as a whole. In addition to this, it is important that a '**Concussion Education Program**' be developed focusing on awareness/education and recognition.

This Newsletter provides key resources to help you develop an approach that fits your institution. Four articles explore:

- A model involving the use of full-time AT's (on Campus Recreation staff)
- A model involving no AT's
- A model focusing on education and awareness
- A list of key concussion resources to explore and use.

*Don't delay – aim to get something in place for the fall 2017 semester!*

Ian McGregor, Ph.D.  
Publisher

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## Leave Concussion Management to the Pros – Hire an Athletic Trainer

**Robin Bowman, M.Ed., ATC**  
Assistant Director for Injury Prevention & Care  
University of Nebraska - Lincoln

Concussions have been a hot topic in sports and recreation for the past few years. It seems like every week there is new research coming out that helps us better understand this injury. While it's great that the medical community is making strides in understanding the mechanisms by which symptoms of concussions happen and recover, it can be difficult to keep up with the latest advances.

Between the difficulty in keeping up with the best practices in recognition, treatment, and return to activity following concussions and the increase in class action lawsuits against sporting organizations who are perceived as not doing enough to protect athletes from the long-lasting effects of mild traumatic brain injury, recreation professionals can feel overwhelmed.



# Leave Concussion Management to the Pros – Hire an Athletic Trainer

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Wouldn't it be nice if your department had someone on staff that had extensive training in the prevention, recognition, and treatment of concussions and other injuries?

Wouldn't it be nice if your department had someone on staff that had extensive training in the prevention, recognition, and treatment of concussions and other injuries? An athletic trainer may be just what your department needs. Athletic trainers are skilled in the prevention, emergency care, clinical diagnosis, therapeutic intervention and rehabilitation of injuries and medical conditions.

What an athletic trainer can do for your campus recreation department's concussion plan:

- Educate recreation staff, coaches, and athletes about concussions
- Train sport club safety officers
- Organize and assist with pre-participation physical exams
- Administer baseline neurocognitive testing
- Be aware of club members with preexisting medical conditions and be prepared to respond to medical emergencies appropriately
- Provide athletic healthcare at practices and competitions
- Recognize the signs of concussions and make appropriate decisions about return to play
- Facilitate athletes following up with a physician following a suspected concussion
- Direct the return-to-learn and return-to-play protocols (collaborating with your campus' office for services for students with disabilities for academic accommodations as needed).
- Ensure the athlete is cleared by a physician once the return-to-play progression is complete

An athletic trainer working exclusively with recreational sports can cover the highest risk activities in your department.

While the first athletic trainers started working in campus recreation in the late 1980's, it has been a trend that has been slow to take off. Even if you've never considered adding athletic trainers to your staff before, now may be a good time to look at your options. As with most things, there is no one-size-fits-all solution to providing athletic training to your participants. Here are a few models to consider:



# Leave Concussion Management to the Pros – Hire an Athletic Trainer

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Some institutions provide athletic trainers specifically for their sport club program, but not for other participants.

Other institutions have more of a 'clinic' model.

Having a full-time athletic trainer means you have a healthcare professional on staff who can perform the initial assessment and assist with the return to play progression.

Before the athlete can return to full participation, they will have been cleared by the athletic trainers, the diagnosing physician, and the neuropsychologist.

## The Full-Timer

Having a full-time athletic trainer working exclusively with recreational sports is beneficial because it eliminates the risk of competing for limited resources with the varsity athletic department on campus. An athletic trainer working exclusively with recreational sports can cover the highest risk activities in your department.

Some institutions provide athletic trainers specifically for their sport club program, but not for other participants. This model usually looks fairly similar to what is often seen in varsity athletics, where the AT may be involved in pre-participation physical exams, neurocognitive baseline testing, and is present for club practices and competitions throughout the season. Some AT's will even travel with club teams.

Other institutions have more of a 'clinic' model in which the athletic trainer has clinic hours during which athletes can drop in for an injury evaluation or treatment. Some offer rehabilitation services while others offer only emergency care and referral. The services offered will vary from one campus to another based on the available financial, physical, and human resources.

In terms of concussion care, having a full-time athletic trainer means you have a healthcare professional on staff who can perform the initial assessment and assist with the return to play progression. At the University of Nebraska, we have three full-time athletic trainers at Campus Recreation. We partner with our University Health Center (UHC) and the on-campus Center for Brain, Biology, and Behavior (CB3) to offer comprehensive concussion care. The CB3 offers free neurocognitive baseline testing for high risk club participants as part of a grant (and they use the data for their research).

When a club athlete sustains a head injury, they will first be evaluated by one of the Campus Rec athletic trainers. If a concussion is suspected, they will be referred to UHC for a medical diagnosis, and then to the CB3 for post-concussion testing. Once the athlete is symptom free for 24-48 hours at rest, the diagnosing physician will instruct the athlete to complete the return-to-play progression with the athletic trainers. This is a five-step process that gradually increases intensity of activity over the course of at least five days. Before the athlete can return to full participation, they will have been cleared by the athletic trainers, the diagnosing physician, and the neuropsychologist. An athlete can return to play when they are symptom-free at rest and with exertion and their neurocognitive test return to baseline levels.



# Leave Concussion Management to the Pros – Hire an Athletic Trainer

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The cost of an AT pales in comparison to the awards for negligence claims in the judicial system.

The only real disadvantage to having a full-time athletic trainer on staff is the cost. For departments struggling to secure resources, they may not be able to find the funding to cover a full-time professional to focus on athletic healthcare. Given the litigious society we live in, though, the cost of an AT pales in comparison to the awards for negligence claims in the judicial system. Some schools will start their AT services by hiring a graduate assistant and then growing year by year until they can have a full-time professional. The National Athletic Trainers' Association has resources to help you explain the value of an athletic trainer in terms of cost savings to the athletes and institution, if you need help making your case.

## Sharing with Other On-Campus Entities

For departments that don't have the financial resources to secure a full-time athletic trainer, try partnering with another on-campus entity to provide AT services to your highest risk activities. You may be able to share an AT with athletics, the student health center, or on-campus hospital.

Sharing can significantly decrease the cost to the department while still being able to offer the best healthcare to the athletes participating in the riskiest activities. Also, once seeing the value of having an AT on the sidelines, you can gain buy-in from constituencies such as sport club members to help push for an AT dedicated solely to recreational sports.

After a few high-dollar class-action settlements for sufferers of repeat concussions from athletic participation, insurers are increasing their scrutiny of sports and recreation organizations.

## Per-Diem or Contracted

Lastly, you may be able to hire athletic trainers on an as-needed basis for event coverage. You're not likely to have their services with neurocognitive baseline testing or organizing pre-participation physicals, but they can provide services for practices and/or competitions. Check with local hospitals, physical therapy clinics, and sports medicine practices to see if they have outreach athletic trainers on staff.

## Bottom Line

As we learn more about the harmful and lasting effects of mild traumatic brain injuries such as concussions, our duty of care increases. After a few high-dollar class-action settlements for sufferers of repeat concussions from athletic participation, insurers are increasing their scrutiny of sports and recreation organizations. Are your participants currently being given the best care when it comes to the recognition, treatment, and return-to-play decisions following concussions? Who is responsible for this in your department? If your answer is not "an athletic trainer", you may be falling short of the best practice, and even if you're willing to take that risk, insurers may no longer be.



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# Best Practices in Campus Recreation Risk Management

## Why do you **absolutely** need to become involved in SportRisk's Best Practices program?

The SportRisk 'Best Practices' program is a new risk assessment tool designed specifically for Campus Recreation. The tool audits department risk management practices based on a series of best practices developed and validated by a group of respected N. American Campus Recreation professionals.

## What are some key benefits?

- Provides realistic strategies to address gaps in your risk management plans.
- Provides key benchmark data comparing you to over 100 schools of all sizes and locations across N. America.
- Validates your risk management efforts to University administration & legal counsel.

## Which areas within Campus Recreation are audited?

Just about everything! **16 AREAS IN TOTAL**

([www.sportrisk.com/best-practices/description](http://www.sportrisk.com/best-practices/description)) - including Aquatics, Weight Room, Sport Clubs.

## Best Practices: Pricing Structure

The **Best Practices** risk assessment program is organized into two (2) distinct levels.

### Level 1: \$750

- Detailed **action recommendations** based on \$750 gaps detected by surveys.
- Benchmark graph** showing how you compare to other schools.
- ScorePlus**: an alternative way to show how you compare to others – and therefore what you should focus on.
- Breakdown of each Best Practice area (e.g. Sport Clubs; Aquatics etc.) by **category** (e.g. staffing; emergency response etc.).
- Three (3) **custom comparison graphs** showing how your scores compare with schools (a) your size (b) within your state (c) within your Athletic Conference? etc.
- After 12 months: **updated benchmark chart** i.e. (b) above.

### Level 2: \$750

*Note: you need to complete Level 1 before embarking on Level 2.*

- Action recommendations** based on importance of gaps and deficiencies discovered in the 'Global Department' survey
- Benchmark graph** for all 7 Business Risk areas showing how each school's total score compares to other schools.
- Expert-sourced resources** to assist staff in addressing gaps identified by the Level 1 risk assessment surveys.
- 10 **custom queries** of your choice e.g. "what is the % of schools in your state/ conference which use software management packages (e.g. Fusion)?"
- Your choice of five (5) **SportRisk training videos**. (see [www.sportrisk.com/webinars/](http://www.sportrisk.com/webinars/))

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**What are you waiting for?**  
**Act now!** — Go to <http://www.sportrisk.com/best-practices/pricing>



# Best Practices: SNAPSHOT



**Jared Ginter**  
Director of Athletic Facilities  
Trinity Western University

We now have risk management Best Practices data for over 100 schools across N. America. In each **Newsletter** we'll report a selection of our more interesting findings.

## This issue: Concussions

In the Best Practices surveys, we asked if concussion protocols were in place for Intramurals and Sport Clubs Participating universities told us:

Survey Name	We are doing	We plan to do	We aren't planning to do
INTRAMURALS	39 (37%)	46 (44%)	20 (19%)
SPORT CLUBS	43 (46%)	40 (43%)	10 (11%)

We also asked if staff were required to have training in concussion protocols in the arena, sport clubs and intramurals. Universities told us:

Survey Name	We are doing	We plan to do	We aren't planning to do
ARENA	21%	8%	71%
INTRAMURALS	28%	45%	27%
SPORT CLUBS	36%	47%	17%

## What does this tell you?

- If you don't have protocols or training in place for concussions you are not alone, so no need to panic. However - action is needed.
- Many University recreation departments see the need for concussion protocols and training, but have yet to put their plan into action.
- If you have an arena and no concussion protocols in place, check to see if any of the user groups in the facility have implemented these protocols. Find out and work with them on developing facility protocols or best practices for user groups. This is a great way to share resources.



# Best Practices: SNAPSHOT continued page 2

Identify and provide support for a concussion management champion in your department.

## What should you do?

- Connect with some widely available resources to establish protocols and develop some training. You don't need to invent your own, use the experts. (See 'Concussion Resources' on page 17)
- Your protocols and training can be simple to start and grow over time.
- Start training key staff and students - as they become more experienced they can train other staff and students.
- Identify and provide support for a concussion management champion in your department.
- Check with your University Risk Manager as to how concussions are being viewed by your insurance provider.
- Start by first working with your high-risk contact Sport Clubs. Once they are up and ready, training other Clubs will be much easier.

## What other information can we share?

- Is concussion policy implementation better or worse in schools with more than 25,000 Students?
- Are implementation rates better in your conference? Your state? Your NIRSA region?
- How do you compare to those in your conference? Your state? Your NIRSA region?
- You may have some **really great** resources right down the road that you do not know about.

*Stay tuned for some more snapshots in the areas identified above!*

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NIRSA Conference 2017

## Roundtable on Concussions

Wed Feb.22 10:30 – 11:30am

Location: TBD

A global insurance company has recently announced intentions to exclude concussions and other neurodegenerative injuries from their commercial general liability coverage for colleges and universities. Learn more about this alarming development and what it means for campus recreation. Participate in the discussion on how we can collaborate in developing strategies to address this crisis.

A concussions benchmarking survey soon to be launched to determine current practices, policies, education and training will also be reviewed.

# Implementing a Concussion Protocol in Campus Recreation – with no AT's involved

Jason J. Linsenmeyer, PhD  
Oklahoma State University  
Assistant Director of Recreation Programs

Everyone agreed that there was a need, and that we should proceed in finding a way to help those students who exhibit signs of a concussion.

In my experience the staff at UHS has been more than willing to help and assist in implementing the protocol. This model may work at your school if you have similar resources available.

Recent reports from professional, collegiate, and high school sports regarding concussions are alarming. These reports and discussions held at conferences led the Rec Sports Program to begin conversations with their Health Services professionals on ways to help students at Oklahoma State University (OSU).

I did not know our Director of University Health Services (UHS) prior to the conversations about concussions. I sent him a message with my concerns for students participating in intramural and sport clubs, and he indicated he shared my mind-set about protecting students, and if needed, helping them return to participate.

In an initial meeting, the Director of UHS and two of his doctors were present and we discussed the possibilities. Everyone in this meeting agreed that there was a need, and that we should proceed in finding a way to help those students who exhibit signs of a concussion. The director and his doctors went to work on this by reaching out to colleagues and others in the health services profession. Initial drafts were formed for the concussion protocol and edits made along the way. In my experience the staff at UHS has been more than willing to help and assist in implementing the protocol. This model may work at your school if you have similar resources available.

The relationship formed led to UHS staff attending our student staff trainings and providing further insight in potential concussions. This relationship has also led to the Director of UHS and I submitting and being accepted to present on our concussion protocol at the American College Health Association (ACHA) conference during late May in Austin, Texas.



# Implementing a Concussion Protocol in Campus Recreation - with no AT's involved

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Note that our concussion protocols do not involve Athletic Trainers.

## Developing our Concussion Protocol

Partnering with Health Services, the Department of Wellness at OSU implemented a concussion protocol for intramural and sport club programs in the spring of 2015, designed to help individuals who may have sustained a concussion to resume active participation.

**Note that our concussion protocols do not involve Athletic Trainers.**

One of the main goals in developing the concussion protocol was to keep the process clear and simple by organizing into 3 steps: **Recognize, Remove & Report, Return.**



### Step 1: Recognize the signs.

If an on-site supervisor observes any signs listed on our ['Concussion Recognition Cards'](#) (e.g. appears dazed or confused, unsure of game, cannot recall events, etc.) then for his/her safety, that individual will be removed from all intramural and sport club participation. No arguments!

### Step 2: Remove the individual, report the incident.

Once the individual is removed from the game, he/she is not permitted to participate until he/she has received a signed return-to play-form from his/her medical care provider. The on-site supervisor fills out the front sheet of the concussion packet with information about the injury and documents any signs or symptoms he/she observed. The injured participant is notified that he/she is not eligible to participate in any intramural or sport club related events until the medical care provider has completed and signed the return to play form. In the event of unconsciousness or other severe signs or symptoms, emergency medical services is notified immediately.

The incident report is filed and the participant is 'red-flagged' in the system. Red flag is removed when 'return to play' permission received.

### Step 3: Return to play.

Once the injured participant provides a copy of the return to play form signed by his/her medical care provider, his/her IM League status will be changed from ineligible due to concussion protocol to eligible to play. The return to play form has no confidential or personal health care information listed; therefore, this form is kept on file.

The incident report is filed and the participant is 'red-flagged' in the system.

# Implementing a Concussion Protocol in Campus Recreation - with no AT's involved continued page 3

## The importance of student training

OSU provides on-site supervisors at all intramural events, home sport club games, and some club practices, hence effective training of student supervisors on the new concussion protocol is vital. Part of our training program incorporates online trainings provided through the National Federation of State High School Association (NFHS: [www.nfhs.org](http://www.nfhs.org)), which provides two free online training courses on concussions ('Concussion in Sports' and 'Concussion for Students'). Both training modules are approx. one hour in length, and attendees receive a certificate of completion. Anyone can create an account with NFHS - then sign in and download the trainings.

Effective training of student supervisors on the new concussion protocol is vital.

Concussion training is mandatory and required for all on-site supervisors before they are eligible to work. (CPR/AED and first aid certifications are also required). Health Services professionals at OSU also attend these trainings to help student staff better understand the importance of this protocol.

Concussion training is mandatory and required for all on-site supervisors

## Training Logistics

The staff concussion training program is split into two parts. The first part involves a review of the [concussion recognition cards](#) and the [UHS concussion protocol](#). Using these cards, the signs observed and the symptoms that may be reported by the injured participant are discussed. Also, each page of the UHS concussion protocol is discussed.



The second part of the training is participation in the 'Concussion in Sports' NFHS course. Currently, the entire staff views this training as one body and discusses issues that may arise concerning our program.

The training program is provided at the beginning of each semester. After the training has concluded, all supervisors are expected to read and sign a ['concussion signature form'](#). For sport clubs, we address concussions each semester through a meeting to discuss our protocol and procedures. Starting this semester (Spring 2017) all clubs had to read and sign the concussion form following our overview of our concussion protocol.

## Outcomes

In the fall of 2016, eight individuals were removed from play as a result of the new concussion protocol. Five of these individuals were participating in intramural flag football and the other three were involved in sport clubs (rugby and volleyball). While some claimed that they felt fine and wanted to continue playing in the game, all could appreciate that the concern for their health and safety was the top priority. All students were cleared by their medical care providers to participate again - but each with a varying timeframe.

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The Rec Sports Program at OSU will continue to seek improved ways to keep our students safe while participating in intramural and sport club events.

# Online Courses Spring 2017



## Risk Management for Recreation Professionals: May 8 – June 2

<http://www.sportrisk.com/online-course/risk-management-for-recreation-professional>

## Sport Clubs: May 29 – June 13

<http://www.sportrisk.com/online-course/sport-clubs>

Online  
learning

Courses last 4 weeks, with a Class Limit of 16 participants.

To view the Course Outline or to Register, go to: [www.sportrisk.com/online-course](http://www.sportrisk.com/online-course)

**Register NOW!** *“One of the great advantages of the online format is that you can work at your own speed, in your own time...”*

# Limitations do not create exceptions – concussion education can be the answer

Lexi Chaput  
Assistant Director - Club Sports  
University of Michigan

Resource limitations are no longer a valid reason for a department saying they 'can't' when it comes to response and management.

Within every Campus Recreation department, different types of risks are managed differently based on the resources dedicated to the program, but with more and more discussion taking place about head injuries in sports participation, resource limitations are no longer a valid reason for a department saying they 'can't' when it comes to response and management. Regardless of your size, structure, or resources, education is always a viable option, and can be a valid response when Risk Management calls and wants to know what you are doing to keep participants safe.

While our insurance providers have so far not mentioned "no coverage" for head injuries sustained during activity, limitations on coverage could be implemented.



## A Future of Uncertainty for Club Sports

For those whose Club Sports are insured by the University, it's important to know that the future of that coverage has the potential to change dramatically, and could result in higher costs or added requirements. In a recent conversation with our Risk Management Office, they are anticipating changes to our liability coverage. While our insurance providers have so far not mentioned "no coverage" for head injuries sustained during activity, limitations on coverage could be implemented, especially surrounding timelines - specifically around when the injury was reported, and if the injury was the first of its kind sustained.

Risk Management is expecting similarities to the changes in liability coverage that were experienced for child molestation in the wake of Penn State and other similar incidents. In advance of those notable incidents, schools had liability coverage in place as part of their general policy. After those incidents occurred, coverage for child molestation switched to a separate policy that organization had to purchase as additional coverage. The other shifts that occurred surrounding molestation included the closing of some loopholes in coverage specifically that a claim had to be for a specific event that occurred and that if the molestation was a series of events over time, only the "last event" could be claimed. Head injuries could follow this trend and increased limitation on coverage and claims are likely to occur.

# Limitations do not create exceptions - concussion education can be the answer

continued page 2

While the position statement focuses on youth sports, it identifies model legislation and recommendations that can easily be applied to other levels.

## How do I approach a call from our Risk Management Office on this topic?

You may feel helpless when risk management calls and asks you what you're doing in response to the risk of head injuries in sports. Often times, Club Sports is the first to be examined, and while we felt very vulnerable when we got this question from Risk Management, it also led to an incredibly valuable conversation.

We started by being very clear with Risk Management on our limitations: we have no money to put toward this; we do require that each of our Clubs has a coach; coaches are volunteers and most of them we see only once per year; many coaches do not travel with our students; while we have Safety Officers for each team, they are students and their training and certification is at a very basic level; we have around 1,600 participants each year who may come and go from their teams, and we have little to no contact with them beyond the waiver they sign and the proof of medical insurance they provide.

These limitations were heard and understood by Risk Management, but did not excuse us from having to do something to respond to the seriousness of this potential risk. So rather than focus on a response to injuries, we chose a preemptive focus on education.

## Knowledge is Power

There are a number of great resources available online that can be used to educate students and coaches on the risk of concussions, and set some expectations on how response occurs when these and other injuries happen. As we developed our plan to fulfill the request from Risk Management, I found that the [American Academy of Neurology](#) has great educational resources available.

The "AAN Position Statement on Sports Concussion" was one of the best resources I found and it provides a great structure that can be used by sports organizations of various levels can use. While the position statement focuses on youth sports, it identifies model legislation and recommendations that can easily be applied to other levels. It discusses the need for education and training, for removal from play in the event of an injury, clearance by a qualified medical professional before returning to play, and a recommendation for a signed acknowledgement of the risk of concussion by participants.

Additionally, their website includes information on state concussion laws, which are in place in all 50 of the United States, info graphics for coaches, parents and participants, and online training options that are available for free.



# Limitations do not create exceptions - concussion education can be the answer

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**Make sure it is clear who is responsible and accountable for injury response and follow-up.**

**Individuals should also have personal accountability for their participation and injury reporting.**

## Injury Response

Most campuses have a required means for reporting injuries that occur in their recreation facilities and programs. For many, it's a record of the injury that occurred as well as the care that was provided. This is certainly a good practice should there later be a claim of negligence or a need to provide information to others on campus about the procedures followed. What is done with those reports could vary based on the program in which the injury occurred, however it is never a bad idea to recommend to the injured person that they seek medical attention before resuming activity.



## Creating accountability

One of the most important things you can do in response to the attention that your programs may attract about risk of concussion is to make sure it is clear who is responsible and accountable for injury response and follow-up. It is vital, especially with students making the call to remove someone from play if a head injury is sustained, that you equip and empower them to stand up to peer pressure. If that is a shared role, it's critical that both parties understand that if there is a disagreement on removal from play, the individual is to be removed.

Individuals should also have personal accountability for their participation and injury reporting. For our participants, we added a page to their electronic waivers that is about concussions and other injuries. There is a short educational video that they have to confirm they watched and two statements of confirmed understanding: one that they are responsible for reporting injuries sustained during participation and one that our department reserves the right to remove individuals from participation.

## Continue improving

We began our concussion education measures two years ago. At the end of year one, we reviewed the process and added components to it. At the end of year two, we did the same. In both of those reviews, we found additional resources and new ways to more broadly use the measures we already had in place. While there are many things we wish we could do to provide for the students participating in the program, we want to be able to say that we are doing everything within our means, with a hope that a demand for more response would also come with the support and resources it would require.

# Concussion Resources

Ian McGregor, Ph.D.  
President, SportRisk

## **Zurich consensus statement on Concussions**

<http://bjsm.bmj.com/content/47/5/250.full>

## **National Athletic Trainers Association (NATA)**

<https://www.nata.org/>

## **Canadian Athletic Therapy Association (CATA)**

<https://athletictherapy.org/en/>

## **Canadian Concussions Collaborative:**

<http://casem-acmse.org/education/cc>

## **National Federation of State High School Associations (NFHS)**

<http://nfhslearn.com/courses/61064/concussion-in-sports>

## **Parachute Canada**

[www.parachutecanada.org](http://www.parachutecanada.org)

## **Concussion Awareness Training Tool**

[www.cattonline.com](http://www.cattonline.com)

## **Concussion-U**

<https://concussionu.wordpress.com/>

## **American Academy of Neurology**

<https://www.aan.com/concussion>

## **Centers for Disease Control and Prevention (CDC)**

[https://www.cdc.gov/headsup/basics/concussion\\_what.html](https://www.cdc.gov/headsup/basics/concussion_what.html)

## **Concussion 101 and Return to Play (Dr. Evans' video)**

[https://www.youtube.com/watch?v=\\_55YmbIG9YM](https://www.youtube.com/watch?v=_55YmbIG9YM)

## **NCAA**

<http://www.ncaa.org/health-and-safety/medical-conditions/concussion>

## **University Risk Management and Insurance Association (URMIA)**

<file:///Users/Ian/Downloads/Concussion%20Management%20Student%20Athlete%20and%20Institution%20Protection.pdf>

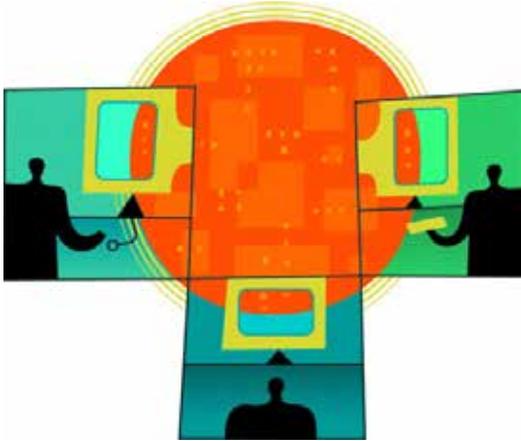
## **United Educators**

<https://www.ue.org/uploadedFiles/Checklist%20for%20Creating%20Athletics%20Concussion%20Mgmt%20Plan.pdf>

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# 2016/17 SportRisk Webinar Training Series

Staff training and professional development is of critical importance to a successful Campus Recreation operation!



## WEBINAR TRAINING MODULES

### Series A: Negligence & Liability

1. Understanding Negligence
2. Negligence Awareness Training for (part-time) Intramurals Staff
3. Negligence Awareness Training for (part-time) Summer Camps Staff
4. Negligence Awareness Training for (part-time) Weight Room Staff (tracking option included!)

### Series B: Risk Management

1. Risk Management Committee
2. Determining Risk Profiles of programs and facilities
3. Nuts & Bolts of Risk Management Planning

### Series C: Sport Clubs

1. Concussion Management on a shoestring budget
2. Hazing
3. Safety Officer Training
4. Negligence Awareness Training for Sport Clubs Officers
5. Budgeting
6. Transitioning
7. Classification Systems
8. Sport Clubs Council
9. Sport Clubs Officer Leadership and Training

### Series D: Travel

1. Travel: The Basics (for all staff responsible for travel)
2. Travel Planning Tools using 'Google Docs' (for all staff responsible for travel)

### Series E: Emergency Response Planning

1. Emergency Action Plan – Putting it Together
2. Emergency Action Plan – Training, Rehearsals & Drills
3. EAP Best Practices
4. Emergency Response Plan: Student Training

### Series F: Youth Camps

1. Behavior Management in Youth Camps
2. Missing Child Procedures

### Series G: General

1. Waivers Simplified
2. Medical Screening Simplified
3. Event Planning Simplified
4. Climbing Wall Safety
5. Using Google Docs in Recreation (**FREE**)

In conjunction with NIRSA, McGregor & Associates have developed 30 Webinars designed to complement your fall/winter training programs. These Webinars are strategically organized into 7 unique Series:

**(A) Negligence & Liability (B) Risk Management  
(C) Sport Clubs (D) Travel (E) Emergency Response  
(F) Youth Camps (G) General**

**All Webinars are \$25, and there is One FREE Webinar (see Series G #5)**

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## General Information

<b>All Webinars</b>	Accessible at any time, on any computer, for one year from date of purchase.
<b>Delivered by</b>	Content experts - saving staff time in preparing and delivering training material.
<b>Webinar length</b>	Typically 15-30 minutes.
<b>Target Audience</b>	All Campus Recreation staff <i>(Note: All 'Negligence Awareness Training' Webinars focus on student staff)</i>
<b>Pricing</b>	All Webinars are \$25 (except the Freebee!)

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**For more information and to order: go to [www.sportrisk.com/sportriskwebinars](http://www.sportrisk.com/sportriskwebinars)**



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**Significant updates added - plus links to key resources  
and planning tools you'll need!**

## Key Chapters:

<b>Negligence</b>	Explains negligence in simple, easy to understand language
<b>The 5 Key Risk Areas</b>	Describes the high risk areas where Campus Recreation departments are most vulnerable
<b>Risk Management</b>	Delivers a simple, effective 3 Step Planning Process <b>Planning</b> Based on the 5 Key Risk Areas
<b>Special Areas</b>	Tackles key issues of particular concern to Campus Recreation: Transportation; Sport Clubs; Summer Camps; Disease Control; Alcohol & Drugs; Event Management; Contracts



**Easy to Read • Easy to Follow • Easy to Implement**

**An essential risk management Planning Resource for ALL Campus Recreation departments!**

To view 'Table of Contents' or to order online – [www.SportRisk.com/resources](http://www.SportRisk.com/resources)

**Payment options: Credit Card or Pay Pal**

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## Some Thoughts on Helmet Risk Management

By Katharine M. Nohr, J.D.  
Nohr Sports Risk Management, LLC

With all of the discussion about concussion prevention, assessment and treatment, there's a fundamental reality that's seldom addressed—the necessity of buckling the helmet chin strap. Helmets are designed to protect an athlete's skull and will easily become dislodged and not perform as intended if they aren't fastened properly. The chin strap is designed to secure the helmet to the player's head to prevent the helmet from falling off and/or causing injury when it is loose enough to be driven into the head with the force of a fall or tackle.

As a certified triathlon official and triathlon safety director, I am constantly surprised at the number of cyclists who wear their bicycle helmets as hats. The USA Triathlon Competitive Rules and the International Triathlon Union rules require that helmet chin straps be buckled. Most athletes comply, but there were always those who violate the rule or, instead, keep their chin straps so loose that they dangle mid-throat. The chin straps would swing with every movement and if they fell, the helmet would surely topple off like a hat or almost strangle them by hanging from their neck.

This practice is prevalent with minors who are provided with all required safety equipment for their sport, including helmets. Parents' faces beam as they snap pictures of their children riding shiny bikes, with helmet chin straps swinging as low as a jump rope. Do these parents fail to notice that little Emma or Joshua has no head protection if they crash? .

**Helmets are designed to protect an athlete's skull and will easily become dislodged and not perform as intended if they aren't fastened properly.**

**I am constantly surprised at the number of cyclists who wear their bicycle helmets as hats.**



# Introduction to Duty of Care in Sports & Recreation

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By contrast, if you ride on an airplane anywhere in the world, flight attendants instruct passengers on how to fasten and unfasten their seatbelts on every single flight. They walk the aisles to make sure passengers are in compliance before the plane takes off.

Should sports organizations do the same for athletes required to wear helmets? Should a coach or designated person instruct the athletes before every practice session and game on how to properly fasten their chin strap? Should there be a check of every athlete's chin strap before play commences? Your organization may already be doing this, but for those who pay little attention to helmet fit, chin strap fastening and tightening, you may wish to develop and implement such practices.



Should a coach or designated person instruct the athletes before every practice session and game on how to properly fasten their chin strap?

## Tips for Helmet Safety

1. Athletes should be required to wear a helmet at all times during practice and games/races.
2. Parents who also participate in the activity should wear helmets, not only for their own protection, but to serve as an example to children.
3. If a minor has an option to choose their own helmet, let them do so. They will be more likely to wear it.
4. Helmets should fit properly and be positioned properly.
5. The chin strap should be buckled and fit comfortably snug.
6. Always replace the helmet after a crash. Damage to the helmet may not be visible.
7. Inspect and maintain helmets regularly in accordance with manufacture recommendations.

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# Got something to say - or an idea to share?

Across N. America, recreation professionals are finding creative ways to implement unique solutions to a number of challenging risk management issues. Many of their ideas have already appeared in this Newsletter.

## Earn CEU/PIC credits for writing an article!

Are you willing to share your ideas? You may believe what you're doing is not of interest to others. **WRONG!** Professionals are always on the lookout for new/ different/ unique ways of doing things:

- Staff training programs
- Emergency Response Planning strategies
- In-service training ideas
- Participant medical screening strategies
- Online training courses
- Risk Management Committee operational guidelines
- etc. etc.

Share your ideas – by writing an article for the 'Risk Management Newsletter for Campus Recreation'!

This is not a 'refereed' publication. The focus of the Newsletter is simply the communication of ideas, procedures and programs that work.

If you'd like to explore this, or receive the 'Guidelines for Authors', contact Ian McGregor at [mcgregor@sportrisk.com](mailto:mcgregor@sportrisk.com)

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# Risk Management Newsletter for Campus Recreation

Our goal is to provide timely information and practical resources to assist Campus Recreation professionals manage the risk of injury to participants.



## Editor

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President, SportRisk

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[www.sportrisk.com](http://www.sportrisk.com)

## Talk to Us!

**Tell us about ...** Your Best Practices (practical, hands-on policies/ procedures/ training programs that really work for you)

Your 'sweaty-palm' issue (what keeps you awake at night). Ask for our feedback!

Your interest in contributing to the 'Risk Management Newsletter' by writing an article for an upcoming issue.

Contact us at [mcmgregor@sportrisk.com](mailto:mcmgregor@sportrisk.com)

## Next Issue: May 2017

### Featured Topic: 'Youth Camps'

Topics include:

- Minors on Campus
- Best Practices
- Sport Clubs
- Risk Assessment
- Online Learning Opportunities

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NIRSA Conference 2017

## Roundtable on Concussions

Wed Feb.22 10:30 – 11:30am  
Location: TBD

# The 'Virtual Library' is growing!

You can now access all articles which have appeared in previous editions of this Newsletter!

This means you can download (free) over **300 articles** focusing on risk management issues relating to Recreation.

Go to [www.sportrisk.com/newsletter/](http://www.sportrisk.com/newsletter/) and search by topic (e.g. Aquatics, Sport Clubs) or tag (e.g. AED, hazing) providing a 'virtual library' of valuable resource information.

New articles are added to the 'Virtual Library' every month.

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