Offered by Councilor Josh Zakim

CITY OF BOSTON

IN THE YEAR TWO THOUSAND FOURTEEN

AN ORDINANCE CREATING A COLLEGE ATHLETE HEAD INJURY GAMEDAY SAFETY PROTOCOL

WHEREAS, Basic principles of human and civil rights guarantee the right to physical health and personal safety; and

WHEREAS, The City of Boston has a particular responsibility to safeguard these human and civil rights for both residents of and visitors to the City; and

WHEREAS, The City of Boston commonly hosts intercollegiate athletic events; and

WHEREAS, Colleges and universities participating in intercollegiate athletic events avail themselves of numerous city services, including police, fire, and emergency medical response; and

WHEREAS, Injuries of the head, neck, and spine in athletic competition are a serious public health concern in Boston and throughout the United States; and

WHEREAS, Sports leagues such as the National Football League and National Hockey League, as well as the Massachusetts Interscholastic Athletic Association, have instituted comprehensive head injury safety protocols for the protection of professional and high school athletes alike; and

WHEREAS, The National Collegiate Athletic Association (“NCAA”) has failed to establish any such protocols or guidelines for its member institutions; and

WHEREAS, The NCAA’s continued failure to do so endangers college athletes everywhere.

NOW THEREFORE, Be it ordained by the City Council of Boston, as follows:

Section 1. Definitions.
(a) “Athletic program” means an intercollegiate athletic program at any institution of higher education within the meaning of subdivision (b).
(b) “Institution of higher education” means any four-year college or university that maintains an intercollegiate athletic program.
(c) “College athlete” means any college student who participates in an intercollegiate athletic program of an institution of higher education.
(d) “Athletic scholarship” means financial aid provided to a college athlete by an institution of higher education that is provided in exchange for, but not exclusively in exchange for, that college athlete’s participation in that institution of higher education’s athletic program.
(e) “Intercollegiate athletic event” means any game, match, meet, race, or other event during which college athletes from athletic programs of more than one institution of higher education compete against each other.

Section 2.
Concussion Defined.
(a) For purposes of these sections, “concussion” means a complex pathophysiologica process affecting the brain induced by biomechanical forces. Several common features that incorporate clinical, pathologic and biomechanical injury constructs that may be utilized in defining the nature of a concussive head injury include:

(1) Concussion may be caused either by a direct blow to the head, face, neck or elsewhere on the body with an “impulsive” force transmitted to the head.
(2) Concussion typically results in the rapid onset of transient impairment of neurologic function that resolves spontaneously. However, in some cases, symptoms and signs may evolve over a number of minutes to hours.
(3) Concussion may result in neuropathological changes, but the acute clinical symptoms largely reflect a functional disturbance rather than a structural injury and, as such, no abnormality is seen on standard structural neuroimaging studies.
(4) Concussion results in a graded set of clinical symptoms that may or may not involve loss of consciousness. Resolution of the clinical and cognitive symptoms typically follows a sequential course; however, it is important to note that, in some percentage of cases, postconcussive symptoms may be prolonged.

(b) Potential concussion signs (observable):

(1) Any loss of consciousness;
(2) Slow to get up following a hit to the head (“hit to the head” may include secondary contact with the playing surface);
(3) Motor coordination/balance problems (stumbles, trips/falls, slow/labored movement);
(4) Blank or vacant look;
(5) Disorientation (e.g., unsure of where he is on the field or location of bench);
(6) Clutching of head after contact;
(7) Visible facial injury in combination with any of the above.

(c) Potential Concussion Symptoms (athlete reported, following direct or indirect contact):

(1) Headache;
(2) Dizziness;
(3) Balance or coordination difficulties;
(4) Nausea;
(5) Amnesia for the circumstances surrounding the injury (i.e., retrograde/anterograde amnesia);
(6) Cognitive slowness;
(7) Light/sound sensitivity;
(8) Disorientation;
(9) Visual disturbance;
(10) Tinnitus.

Section 3.
Scope.
These sections shall apply to any athletic program, regardless of domicile, participating in any intercollegiate athletic event that is:
(a) Sanctioned by the NCAA; and
(b) Located in any part of the City of Boston.

Section 4.
(a) An athletic program shall develop and write an Emergency Medical Action Plan (the “Plan”) for all practice, training, and game venues. The medical staff of the athletic program shall discuss, practice, and review the Plan regularly.
(b)(1) The designated host athletic program of any intercollegiate athletic event shall provide an on-call Neurotrauma Consultant. The Neurotrauma Consultant shall be a physician who is board certified or board eligible in neurology, neurological surgery, emergency medicine, physical medicine and rehabilitation, or any primary care CAQ sports medicine certified physician that has documented competence and experience in the treatment of acute head injuries. In the event a college athlete suffers or is suspected to have suffered an injury to the head, neck, or spine, the host athletic program shall ensure that the Neurotrauma Consultant is present at the event venue within 30 minutes. The Neurotrauma Consultant shall work with the host or visiting athletic program’s medical staff in the diagnosis and care of any college athlete’s injury to the head, neck or spine.
(2) If the injured college athlete’s athletic program has medical staff present at the event venue, ultimate injury diagnosis remains exclusively within the professional judgment of the medical staff of the athletic program of the injured college athlete.
(3) In the event there is no designated host athletic program for an intercollegiate athletic event, the participating athletic programs shall jointly provide the on-call Neurotrauma Consultant.
(c) If a college athlete participating in an intercollegiate athletic event becomes unconscious, the college athlete shall not return to the event during which the college athlete became unconscious. The college athlete shall not participate in any future practices, training sessions, or intercollegiate athletic events in Boston until the college athlete receives written authorization for such participation from a licensed physician or other appropriately trained or licensed health care professional, as determined by the Boston Public Health Commissioner. The college athlete must provide such authorization to his or her athletic program’s athletic director.
(d) If a college athlete participating in an intercollegiate athletic event suffers a concussion as diagnosed by a medical professional, or is suspected to have suffered a concussion, the college athlete shall not return to the event during which the concussion or suspected concussion occurred. The college athlete shall not participate in any future practices, training sessions, or intercollegiate athletic events in Boston until the college athlete receives written authorization for such participation from a licensed physician or other appropriately trained or licensed health care
professional, as determined by the Boston Public Health Commissioner. The college athlete must provide such authorization to his or her athletic program’s athletic director.

Section 5.
Additional Requirement for Football, Ice Hockey, and Men’s Lacrosse.
(a) This section shall apply exclusively to institutions of higher education that grant athletic scholarships.
(b) For an intercollegiate athletic event involving the sports of football, ice hockey, and men’s lacrosse:
   (1) The designated host athletic program shall provide an on-site Neurotrauma Consultant at the event venue. The Neurotrauma Consultant shall be a physician who is board certified or board eligible in neurology, neurological surgery, emergency medicine, physical medicine and rehabilitation, or any primary care CAQ sports medicine certified physician that has documented competence and experience in the treatment of acute head injuries. The Neurotrauma Consultant shall be present at the level of the event’s playing surface, and with full access to the benches and/or sidelines of any participating athletic program. The Neurotrauma Consultant shall be focused on identifying symptoms of concussion and mechanisms of injury that warrant concussion evaluation, working in consultation with medical staff of the athletic programs to implement concussion evaluations, and observing exams of the head, neck, and spine performed by medical staff. In the event a college athlete suffers or is suspected to have suffered an injury to the head, neck, or spine, the Neurotrauma Consultant shall work with the athletic program’s medical staff in the diagnosis and care of the injury.
   (2) If the injured college athlete’s athletic program has medical staff present at the event venue, ultimate injury diagnosis remains exclusively within the professional judgment of the medical staff of the athletic program of the injured college athlete.
   (3) In the event there is no designated host athletic program for an intercollegiate athletic event, the participating athletic programs shall jointly provide the on-site Neurotrauma Consultant.
(c) For athletic programs to which this section applies, the provisions of this section shall replace Section 4, subsection (b).

Section 6.
Enforcement.
The Boston Public Health Commission and the Boston Human Rights Commission, or their designee(s), shall have the authority to enforce these sections. Anyone who desires to register a complaint of noncompliance under these sections may do so by contacting the Boston Public Health Commission, the Boston Human Rights Commission, or their designee(s).

Section 7.
The provisions of this ordinance shall take effect immediately upon passage.

Filed in Council: May 16, 2014