



Presentation to the University Senate

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Athletics Council Chair

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Athletic Council Mission

- **From Council Charter**

- ...the Athletic Council exists to help the University develop and maintain the best possible intercollegiate athletic program consistent with the academic integrity of the institution and the academic and social development of student athletes...It is responsible for formulation and recommendation of policy matters affecting intercollegiate athletics and for monitoring the implementation of such policy by the intercollegiate athletics program. The Council, on behalf of the President, provides the necessary faculty input and participation in intercollegiate athletics as required by the Big Ten, NCAA and the University of Maryland. ***The Council does not execute policy but serves to influence policy development and administration.***



Members of the Athletic Council

- **Voting Members**

- Chair and Vice Chair (Faculty members both appointed)
 - 7 faculty members elected by the University Senate
 - Chair of Campus Affairs Committee of Senate (or faculty designee)
 - Two staff members (one appointed, one elected by the Senate)
 - One Dean (appointed)
 - VP for Student Affairs
 - One representative of the M Club
 - One representative of the Terrapin Club
 - One representative of the Student Government Association
 - One graduate student
 - One male and one female student athlete
- **Senate elects directly or indirectly 9 of 20 voting members**
 - **Senate Campus Affairs Committee has ex-officio member**



Members of the Athletic Council

- **Non-voting members**
 - The Director of Intercollegiate Athletics.
 - A Representative from the President's Office.
 - A Representative of the President's Legal Office.
 - The Director of the Student Health Services.
 - The Director of the Office of Alumni Programs for the University of Maryland at College Park.
 - A current head coach selected by the coaches as their representative.



Council Actions concerning football issues

- **Background**
 - **Two reports:**
 - “Walters” report = “An Independent Evaluation of Procedures and Protocols Related to the June 2018 death of a University of Maryland Football Student-athlete”
 - “Football culture” report = ““REPORT TO THE UNIVERSITY SYSTEM OF MARYLAND OF AN INDEPENDENT INVESTIGATION OF THE UNIVERSITY OF MARYLAND FOOTBALL PROGRAM,”



Council Meetings

- **The Council usually meets once per month during the school year.**
- **Exceptional Council Meeting August 30, 2018**
 - Discussion with Athletic Director Evans of the tragic death of football student-athlete Jordan McNair, an ESPN report of an alleged toxic culture in the Maryland football program, and communication with various constituents.
- **Council Meeting September 20, 2018**
 - Walter's report appeared later that week
 - Council resolved to closely monitor how ICA identifies and implements all recommendations
 - Including reports on continuing items



Council Meetings

- **Council meeting October 17, 2018**
 - Discussion of Walter's report
 - Presentation by Associate AD Dr. David Klossner
 - Reviewed current status of implementation of Walter's report recommendations: implementation of more than half of the recommendations started.
- **Current Walter's recommendations status**
 - 8 recommendations (4, 9,10,11, 13,17,18,20) completed
 - See backup slides for numbers
 - 4 recommendations have completed drafts
 - in review by Dr. Walters and legal
 - Implementation of all other recommendations has started.



Meeting of Athletic Council Faculty

- **An exceptional meeting of the faculty on the Athletic Council was held November 1**
 - **Discussed the current situation and both reports.**



“Football Culture” report

- The “Football culture” report did an exhaustive job investigating *football*.
- However, the report as a reflection of the culture in athletics has a number of omissions and shortcomings. This should be of concern. For example:
 - At most 2 of the 19 athletic coaches were interviewed by those drafting the report, and yet the report has been interpreted as representing the culture in the entire Athletic department. Due process: most of the coaches (and assistant coaches and other administrators) have not been heard and their views not represented.
 - This is equivalent to an external review panel interviewing 2 of 19 faculty members in a department and then using these 2 interviews to claim to represent a valid view of the entire department.



Backup

Walter's report recommendations

1. A coverage model should be developed to communicate global departmental understanding of roles and responsibilities of all appropriate personnel relative to the EAP.
2. Organizational charts, job descriptions, and mission statements should reflect roles and expectations for deliverable healthcare services to student-athletes in a model allowing healthcare providers to work in a functional, independent care setting.
3. A venue specific EAP should be developed, practiced, and posted for all sites. Need formalized documentation of training sessions of all staff regarding EAP, the frequency of training including the extent of content.
4. EAPs should be adjusted daily in light of construction. The Office of Facilities communicates with staff regarding impact of construction on facility access.
5. The EAP should be distributed to certified athletic trainers, team physicians, athletic training students, athletic administrators, coaches, institutional safety personnel, and legal counsel. All educational sessions should be documented and repeated according to need, at a minimum of annually. The EAP should be practiced by healthcare team (certified athletic trainers and physicians) at each venue on a quarterly basis, or more often if indicated. All training should be documented.
6. The Gosset Team House EAP appears to be an addendum that is utilized if EMS is to be called. There needs to be a clearly defined EAP for Gosset to include information for emergencies that occur on the first and second floor.
7. A venue specific lightning monitoring plan needs to be established for all outdoor venues.
8. The WBGT (wet bulb globe thermometer) index needs to be implemented for all outdoor venues. Appropriate protocols need to be established for all outdoor venues.



Walters Recommendations (cont)

9. Washington Adventist Hospital needs to be added as a potential receiving facility for an injured student-athlete.
10. Cold water immersion devices need to be available for all training, conditioning, or practice activities. Policies and procedures for cooling patients before transport to the hospital must be explicitly stated in an EAP and shared with potential EMS responders so that treatment of EHS by all medical professionals is coordinated .
11. Establish a trauma bag for each practice and game site as part of the EAP. The contents should include thermistors for assessment of core temperature.
12. Develop a plan for assessment of student-athlete with exertional heat illness symptoms including but not limited to core temperature assessment and rapid cooling with cold water immersion.
13. A medical timeout should be initiated prior to every practice and event by the athletic training and physicians.
14. AED locations should be established to guarantee a three-minute response time at all venues.
15. Establish an Athletic Medicine Review Board from a variety of specialties (cardiology, orthopaedic surgery, neurosurgery, psychiatry, emergency medicine, athletic training, physical therapy, strength and conditioning, nutrition, etc.) to provide oversight of sports medicine, strength and conditioning, nutrition etc. This allows oversight for all student-athlete health and welfare issues from a medical perspective.
16. Personnel performing specific gravity screening should be trained consistent with professional standards.
17. There was a lack of timely documentation in the case by those that provided care. Appropriate timely documentation of the event should occur as well as administration of the Crisis Incident Plan.



Walters Recommendations (cont)

18. Sufficient time must be allowed for change in practice venue. Practice cannot be conducted until minimal medical equipment is setup by the athletic training staff.
19. Establish a functional model for supervising, education, and staffing certified athletic trainers and physical therapists to allow provision of appropriate medical care in a best practice model. The current model is an athletic model with medical direction. All aspects of this model need to be formalized with consistent directives between job descriptions, understanding of all parties, and organizational charts. These concepts should be integrated for all positions related to student-athlete health and welfare including but not limited to nutrition, strength and conditioning, athletic training, and psychology.
20. Establish a standard procedure for the annual education of student-athletes utilizing any stimulant medication or related medication with potential impact on heat tolerance or other indications for exercise tolerance. This should be appropriately documented in the medical file.

The Head Football Athletic Trainer recommended (post-event) the following items for consideration:

21. All staff to use radios during all practice and conditioning sessions to improve communication.
22. Cold tubs should be prepped regardless of environmental conditions or workout intensity.
23. Hydration testing prior to all team runs .
24. Split groups into smaller groups for team runs.
25. Athlete that does not make their time for their repetition must sit out subsequent repetition. Utilize 1/2 gasser runs (running the width of the field) as this activity emphasizes touching the line and more healthcare team are allowed on return/recovery.
26. Increase communication on timing with change of venue for workout.
27. Physician onsite for conditions tests and/or first day of return from break.