



## **Medical Decision-Making and Return to Play Decisions at ECNL Events**

The ECNL's highest priority is the health and well-being of its athletes, a commitment shared by the ECNL's associated healthcare providers. Accordingly, it is essential that the ECNL's contracted healthcare providers have autonomous authority to determine medical management to optimize the health and well-being of ECNL athletes at ECNL events.

Licensed athletic trainers (AT) are uniquely qualified health care professionals with extensive and relevant experience in the care of young athletes, acting under the direction of a licensed physician. The ECNL recognizes the autonomous authority of athletic healthcare providers (licensed athletic trainers and physicians) in medical decision-making and decisions regarding return to play at ECNL events.

In compliance with facility emergency action plans and local policies regarding specific injuries and illnesses (e.g., infectious diseases or concussion), **medical decisions and return to play determinations should ultimately be the result of shared decision-making between the AT, the player and the player's family (for minor players).**

ATs should communicate all relevant medical decisions to the player, family and the player's coaching staff to ensure a collaborative environment. To preserve the autonomy of the AT in providing medical care, however, coaches, club or league personnel, staff, referees, teammates, or any other third-parties shall have no role in medical decision-making and return to play decisions at ECNL events. The ECNL prohibits coaches, club or league personnel, staff or any other third-parties from engaging in any efforts to influence medical decision-making or return to play decisions. Improper interference with the medical decision-making or return to play decisions at ECNL events may be grounds for discipline at the ECNL's discretion. While families, coaches, or family physicians may limit an athlete from participating in competition, the onsite AT has the ultimate discretion to determine an athlete's ability to participate in competition.

### *Refusal of care*

In non-emergency situations, a player/family may choose to disagree with the onsite AT's recommendations and to refuse care. As set forth above, this decision should not involve any input from coaches, staff, teammates, or other individuals. In these cases, the player/family refusal and relevant details should be documented by the onsite AT and provided to the ECNL event lead. If the player at issue is a minor, and if the player's family or guardian cannot be reached to participate in the medical decision-making, the onsite AT has final authority to determine the minor athlete's ability to participate in competition.

### *Emergency Situations*

In the event of an on-field emergency (and in compliance with the facility emergency action plan), the AT will assume direction of the care of the athlete until relieved. In emergency



situations or situations in which the ability to participate in decision-making is compromised (concussion, e.g.), care may not be refused and the player will be deemed ineligible to participate.

NOTE: While the ECNL does not oversee the selection or management of healthcare providers at league or conference games held at a club's home venue throughout the year, the ECNL recommends that each club adopt a similar policy addressing these issues for their venue.