



SNB

CONCUSSION POLICY

1) BELIEF

Whereby SNB is committed to promoting softball environments that are safe, inclusive and provide opportunities for all athletes to enjoy the sport of softball regardless of capacity or role. This includes taking steps to reduce the risk of injury within softball. The purpose of this policy is to educate staff, coaches, athletes, parents/guardians and the greater softball community (volunteers) on concussion prevention, signs and symptoms, and Return to Play guidelines in the event of a diagnosed, or suspected concussion.

2) OBJECTIVES

1. SNB is committed to promoting the safety and well-being of athletes and recognizes that head injuries and/or concussions can adversely impact the cognitive, physical, emotional and social development of athletes.
2. SNB will undertake promotional efforts to develop awareness about head injury prevention and concussion management amongst SNB staff, member organizations, coaches, athletes, parents/guardians and the softball community (volunteers).
3. SNB will work to establish guidelines for the identification and management of head injuries and/or concussions.
4. SNB will work with all member organizations to promote Return to Play guidelines into all levels of play.

3) CONCUSSION OVERVIEW



A concussion is a type of traumatic brain injury that can have serious effects particularly on a young, developing brain. While most individuals with concussions recover quickly and fully, some will have concussion symptoms that last for days, weeks, months – even years. These may include changes in how an individual thinks, feels, and acts, as well as their ability to learn and remember. While rare, a repeat concussion can result in brain swelling or permanent brain damage. Concussions should be treated on a case by case basis, as no two concussions are the same.

4) DEFINITIONS

a) CONCUSSION

- A brain injury that causes change in how the brain functions, leading to symptoms that can be physical (e.g. headaches, dizziness), cognitive (e.g. difficulty concentrating or remembering), emotional/behavioral (e.g. depression/irritability), and/or related to sleep (e.g. drowsiness, difficulty falling asleep).
- May be caused by either a direct blow to the head, face or neck, or blow to the body that transmits a force to the head that causes the brain to move rapidly in the skull.
- Can occur even if there is no loss of consciousness and cannot normally be seen on x-rays, standard CT scans or MRIs.

b) PROCEDURE

Steps and Responsibilities in Suspected or Diagnosed Concussions

Initial Response

Unconscious Athlete

1. Stop the activity immediately – assume concussion.
2. Initiate Emergency Action Plan and call 911. Assume a neck injury. Only if properly trained, immobilize the athlete. DO NOT move athlete or remove equipment unless there is difficulty breathing.
3. Remain with athlete until emergency medical help arrives.



4. Contact athlete's parent/guardian (or emergency contact) to inform of the incident and that emergency medical help has been contacted.
5. Monitor athlete and document any changes (physical, cognitive, emotional/behavioral)
6. If athlete regains consciousness, encourage athlete to remain calm and still. Do not administer any medication (unless athlete requires medication for other conditions - i.e. insulin).
7. Complete the Suspected Concussion Identification Tool (see Appendix for example). Provide duplicate copy to parent/guardian as soon as possible.
8. Forward Suspected Concussion Identification Tool to the appropriate organizations (local association, Provincial/Territorial Association or Softball Canada).
9. Indicate to the athlete and their parent/guardian (if applicable), they shall not participate in any physical activities until the parent/guardian communicates the results of a medical examination to all required parties.
10. Complete an Injury Reporting Form (see Appendix for example) for documentation following the incident and upon the athletes return to activity.

Conscious Athlete but Concussion is Suspected

1. Stop the activity immediately.
2. When safe to do so, remove the athlete from current activity/game.
3. Initiate Emergency Action Plan as laid out by the coach.
4. Conduct an initial assessment using the Suspected Concussion Identification Tool (Appendix A).



5. Do not allow athlete to return to play in the activity, game or practice that day even if the athlete states he/she is feeling better.
6. Contact the athlete's parent/guardian (or emergency contact) to inform them:
 - of the incident
 - that they need to come and pick up the athlete
 - that the athlete needs to be examined by a doctor or nurse practitioner as soon as possible that day
7. Monitor and document any changes (e.g., physical, cognitive, emotional/behavioral) in the athlete. If signs or symptoms worsen, call 911.
8. Do not administer medication (unless athlete requires medication for other conditions, e.g., insulin).
9. Stay with the athlete until his/her parent/guardian (or emergency contact) arrives.
10. Athlete must not leave the premises without parent/guardian supervision.
11. Provide parent/guardian (emergency contact) a signed copy of Appendix A - Tool to Identify a Suspected Concussion.
12. Attending staff to inform appropriate organization of suspected concussion, and forward a copy of the completed and signed Appendix A - Tool to Identify a Suspected Concussion, which is to be retained in athlete records.
13. Inform all coaching staff and volunteers who work with the athlete of the suspected concussion.
14. Indicate that the athlete shall not participate in any learning or physical activities until parent/guardian communicates the results of the medical examination to the Coaching staff.

5) PREVENTION



Any time an athlete is involved in a physical activity, there is a chance of sustaining a concussion; therefore it is important to take preventative measures while encouraging a culture of safety and mindfulness when athletes are being physically active. Regardless of the steps taken to prevent injury, some athletes will continue to be injured. The severity of the injury can be mitigated by the following:

1. Education of the coaches, staff, parent, volunteers and athletes to:
 - a. Recognize symptoms of a concussion
 - b. Remove the athlete from play
 - c. Refer the athlete to a medical doctor/nurse practitioner
2. Wearing sport specific protective equipment:
 - a. Equipment should fit properly;
 - b. Equipment should be well maintained;
 - c. Equipment should be worn consistently and correctly;
 - d. Equipment should meet current safety standards; and
 - e. Damaged or expired equipment should be replaced.
3. Follow Softball Canada's rulebook and enforce a Code of Conduct (see Appendices for example).
4. Ensure players receive instruction, understand and follow softball specific safety rules and skills prior to participation.
5. Teach skills in proper progression.
6. Outline the concussion risks associated with the sport and demonstrate how they can be minimized (teach proper sport techniques – sliding, hitting, etc.).
7. Athletes must follow their coach/supervising volunteer's safety instructions at all times.
8. Reinforce the importance of following Softball Canada's rulebook.
9. Discourage parents/guardians/coaches/teachers/volunteers/staff from pressuring recovering concussed athletes to play before they are ready.



10. Parents need to reinforce with their child the importance of following SNB safety procedures.
11. Parents need to report concussion history to their coaches/volunteers/staff.
12. Provide reassurance, support and make accommodations to concussed athletes as needed.

6) CONCLUSION

Despite prevention strategies listed above, head injuries will still occur. SNB, its staff and organization, coaches and volunteers who are involved in a SNB event will not be held personally liable in a civil proceeding for an act of omission if the person acts reasonably in the circumstance and in good faith.