



Concussion Policy

Belief:

Whereby Softball Canada 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.

Objectives:

1. Softball Canada 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. Softball Canada will undertake promotional efforts to develop awareness about head injury prevention and concussion management amongst Softball Canada staff, member organizations, coaches, athletes, parents/guardians and the softball community (volunteers).
3. Softball Canada will work to establish guidelines for the identification and management of head injuries and/or concussions.
4. Softball Canada will work with all member organizations to promote Return to Play guidelines into all levels of play.

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.

Glossary:

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.

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.

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 Softball Canada 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.

Conclusion

Despite prevention strategies listed above, head injuries will still occur. Softball Canada, its staff and member organizations, coaches and volunteers who are involved in a Softball Canada 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.

Appendices

A. Tool to Identify a Suspected Concussion

Athlete's name: _____ Age: _____

Name of parent/guardian: _____

Name of person monitoring athlete at scene: _____

Date of incident: _____ Time: _____

Description of incident: Blow to the head Hit to the body

What happened?

The following signs/symptoms were observed/reported (Please circle as appropriate):

| Possible Symptoms Reported | Possible Signs Observed |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Physical</p> <ul style="list-style-type: none"> • Headache • Pressure in head • Neck pain • Feeling off/ not right • Ringing in ears • Seeing double or blurry/loss of vision • Seeing stars, flashing lights • Pain at physical site of injury • Nausea/stomach ache/pain • Balance problems or dizziness • Fatigue or feeling tired • Sensitivity to light or noise <p>Cognitive</p> <ul style="list-style-type: none"> • Difficulty concentrating or remembering • Slowed down, fatigue or low energy • Dazed or in a fog <p>Emotional/Behavioral</p> <ul style="list-style-type: none"> • Irritable, sad, more emotional than usual • Nervous, anxious, depressed | <p>Physical</p> <ul style="list-style-type: none"> • Vomiting • Slurred speech • Slowed reaction time • Poor coordination or balance • Blank stare/glassy eyes/dazed or vacant look • Decreased playing ability • Loss of consciousness or lack or responsiveness • Lying motionless on the ground or slow to get up • Amnesia • Seizure or convulsion • Grabbing or clutching of head <p>Cognitive</p> <ul style="list-style-type: none"> • Difficulty concentrating • Easily distracted • General confusion • Does not know time, date, place, type of activity in which he/she was participating • Cannot remember things that happened before and after the injury • Slowed reaction time (answering questions or following directions) <p>Emotional/Behavioral</p> <p>Strange or inappropriate emotions</p> |
| <p>*Note – Continued monitoring of the athlete is important as signs and symptoms of a concussion may appear hours or days later. If any signs worsen, call 911.</p> | |

B. Concussion Report

Concussion Report

_____ (athlete name) sustained a suspected concussion on _____ (date) at _____ (time). As a result, this athlete must be seen by a medical doctor or nurse practitioner. Prior to returning to active softball practices/games, the parent/guardian must inform the team coach of the results of the medical examination by completing the following:

Results of Medical Examination

- This athlete has been examined and **no concussion** has been diagnosed, and therefore may resume full participation in learning and physical activity with no restrictions.

- This athlete has been examined and **a concussion has been diagnosed**, and therefore must begin a medically-supervised, individualized and gradual Return to Play Plan using the Return to Play Guidelines.

- I have been informed of the team's/association's concern regarding my child having a suspected concussion and decline to have him/her assessed by a medical professional. I understand my child will still need to follow Return to Play guidelines as directed by the coach, staff, trainer, etc.

Parent/Guardian signature: _____ **Date:** _____

Physician signature: _____ **Date:** _____

Comments:

C. Return to Play Guidelines

A concussion is a serious event. Returning to normal activities, including sport participation, is a step-wise process that requires patience, attention, and caution.

STEP 1: NO ACTIVITY, ONLY COMPLETE REST.

Limit school, work and tasks requiring concentration. Refrain from physical activity until symptoms are gone. Once symptoms are gone, a physician, preferably one with experience managing concussions, should be consulted before beginning a step wise Return to Play process.

STEP 2: LIGHT AEROBIC EXERCISE.

Activities such as walking or stationary cycling. The player should be supervised by someone who can help monitor for symptoms and signs. No resistance training or weight lifting. The duration and intensity of the aerobic exercise can be gradually increased over time if no symptoms or signs return during the exercise or the next day.

SYMPTOMS: Return to rest until symptoms have resolved. If symptoms persist, consult a physician.

NO SYMPTOMS: Proceed to Step 3 the next day.

STEP 3: SPORT SPECIFIC ACTIVITIES.

Activities such as skating or throwing can begin at step 3. There should be no body contact or other jarring motions such as high speed stops or hitting a baseball with a bat.

SYMPTOMS: Return to rest until symptoms have resolved. If symptoms persist, consult a physician.

NO SYMPTOMS: Proceed to Step 4 the next day.

STEP 4: BEGIN DRILLS WITHOUT BODY CONTACT.

SYMPTOMS: Return to rest until symptoms have resolved. If symptoms persist, consult a physician.

NO SYMPTOMS: The time needed to progress from non-contact exercise will vary with the severity of the concussion and with the player. Proceed to Step 5 only after medical clearance.

STEP 5: BEGIN DRILLS WITH BODY CONTACT.

SYMPTOMS: Return to rest until symptoms have resolved. If symptoms persist, consult a physician.

NO SYMPTOMS: Proceed to Step 6 the next day.

STEP 6: GAME PLAY.

MEDICAL CLEARANCE

These Return to Play guidelines and this policy require the participant to consult with a physician throughout the return to play process and provide proof of medical clearance before being eligible for progression.

D. Informed Consent

INFORMED CONSENT / PERMISSION FORM FOR TEAMS

[Name of Team]

[Description of activity]

[Date (s)]

THIS FORM MUST BE READ AND SIGNED BY EVERY ATHLETE WHO WISHES TO PARTICIPATE AND BY A PARENT GUARDIAN OF A PARTICIPATING ATHLETE IF THE ATHLETE IS UNDER THE AGE OF MAJORITY.

ELEMENTS OF RISK:

Softball activities involve certain elements of risk. Injuries may occur while participating in these activities. The following includes, but is not limited to, examples of the types of injury which may result during an activity: fracture, laceration, sprain, strain, contusion, concussion, etc.

The risk of sustaining these types of injuries result from the nature of the activity and can occur without any fault of either the athlete, or the team, the organization, its employees/agents or the facility where the activity is taking place. By choosing to take part in this activity, you are accepting the risk that you/your athlete may be injured.

The chance of injury occurring can be reduced by carefully following instructions at all times while engaged in the activity.

If you choose to participate, you must understand that you bear the responsibility for any injury that might occur.

Please indicate if your athlete has been diagnosed as having any medical conditions and provide pertinent details to ensure a safe and positive environment.

If your athlete is presently diagnosed with a concussion by a medical doctor/nurse practitioner, that was sustained outside of team physical activity, the Concussion Report must be completed before the athlete returns to practice/games, or other competitions. Request the form from your Provincial/Territorial administrator or from www.softball.ca.

ACKNOWLEDGEMENT

WE HAVE READ THE ABOVE. WE UNDERSTAND THAT IN PARTICIPATING IN THE ACTIVITY DESCRIBED

ABOVE, WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO.

Signature of Athlete: _____ Date: _____

Signature of Parent/Guardian: _____

(if athlete under 18 years of age)

PERMISSION

Date: _____

I give permission to participate in the activity described above.

(Name of Athlete)

Signature of Parent/Guardian

(or athlete if over 18 years of age)

Date: _____

E. Codes of Conduct

a) Player's Code of Conduct

- I will wear the proper equipment and wear it correctly.
- I will develop my skill and body strength so that I can play to the best of my ability.
- I understand that a concussion is a serious brain injury that has both long and short term effects.
- I understand that I do not need to lose consciousness to have a concussion.
- I understand that any blow to the head, face, neck or a blow to the body which causes a sudden jarring of the head may cause a concussion.
- I understand that if I suspect I might have a concussion, I should stop playing the sport immediately.
- I understand that playing with a suspected concussion increases my risk of more severe, longer lasting concussion symptoms, as well as increases my risk of other injuries.
- I will not hide my symptoms. I will tell my coach, trainer, parent or other responsible person if I am concerned I have a concussion and/or experience any signs and symptoms of a concussion following a collision.
- I understand I will not be able to return to play following a collision where I experience signs and symptoms of a concussion.
- I understand I will have to be cleared by a physician or qualified medical professional, preferably one with experience in concussion management, prior to returning to play.
- I understand and will follow the Return to Play guidelines when returning to activity as laid out by my team, association, or other appropriate organization.
- I will respect the rules of the game.
- I will respect my opponents and play fair.
- I will not fight or attempt to injure anyone on purpose.
- I will respect my coaches, trainers, parents and the medical professionals and any decisions made with regards to my health and safety.

b) Coach's Code of Conduct

- I will ensure a safe environment by selecting activities and establishing controls that are suitable for the age, experience, ability and fitness level of athletes, including educating athletes as to their responsibilities in contributing to a safe environment.
- I will avoid compromising the present and future health of athletes by communicating and cooperating with sport medicine professionals in the diagnosis, treatment and management of athletes' medical and psychological problems.
- I will ensure my players wear the proper equipment and wear it correctly.
- I will help my players develop the skills and body strength so that they can play to the best of their ability.
- I understand that a concussion is a serious brain injury that has both long and short term effects.
- I understand that an athlete does not need to lose consciousness to have a concussion.
- I understand that any blow to the head, face, neck or a blow to the body which causes a sudden jarring of the head may cause a concussion.
- I understand that if I suspect a player might have a concussion, they should stop playing the sport immediately.
- I understand that an athlete playing with a suspected concussion increases their risk of more severe, longer lasting concussion symptoms, as well as increases their risk of other injuries.
- I will not hide a player's symptoms. I will tell the athlete's other coaches, trainers, parents or other responsible people if I am concerned an athlete has a concussion and/or experiences any signs and symptoms of a concussion following a collision.
- I understand an athlete will not be able to return to play following a collision where they experience signs and symptoms of a concussion.
- I understand the athlete will have to be cleared by a physician or qualified medical professional, preferably one with experience in concussion management, prior to returning to play.
- I understand and will ensure the athletes follow the Return to Play guidelines when returning to activity as laid out by the team, association, or other appropriate organization.
- I will ensure my players respect the rules of the game.
- I will ensure my players respect opponents and play fair.
- I will not tolerate any athlete fighting or attempting to injure anyone on purpose.

- I will respect other coaches, trainers, parents and the medical professionals and any decisions made with regards to the health and safety of the athletes on my team.

c) Parent/Guardian's Code of Conduct

- I will report any medical problems of my child/athlete in a timely fashion, where such problems may limit the athlete's ability to travel, train or compete.
- I will encourage players to always play according to the rules.
- I understand that a concussion is a serious brain injury that has both long and short term effects.
- I understand that an athlete does not need to lose consciousness to have a concussion.
- I understand that any blow to the head, face, neck or a blow to the body which causes a sudden jarring of the head may cause a concussion.
- I understand that if I suspect a player might have a concussion, they should stop playing the sport immediately.
- I understand that an athlete playing with a suspected concussion increases their risk of more severe, longer lasting concussion symptoms, as well as increases their risk of other injuries.
- I will not hide a player's symptoms. I will tell the athlete's coaches, trainers, parents or other responsible people if I am concerned an athlete has a concussion and/or experiences any signs and symptoms of a concussion following a collision.
- I understand an athlete will not be able to return to play following a collision where they experience signs and symptoms of a concussion.
- I understand the athlete will have to be cleared by a physician or qualified medical professional, preferably one with experience in concussion management, prior to returning to play.
- I understand and will ensure the athletes follow the Return to Play guidelines when returning to activity as laid out by the team, association, or other appropriate organization.
- I will encourage all athletes to respect opponents and play fair.
- I will not tolerate any athlete fighting or attempting to injure anyone on purpose.
- I will respect other coaches, trainers, parents and the medical professionals and any decisions made with regards to the health and safety of the athletes.

d) Administrator's / League Official's Code of Conduct

- I will report any medical problems in a timely fashion, where such problems may limit an athlete's ability to travel, train or compete.
- I will ensure that parents, coaches, and participants understand that a concussion is a serious brain injury that has both long and short term effects.
- I will communicate to the softball community that an athlete does not need to lose consciousness to have a concussion.
- I will communicate to the softball community that any blow to the head, face, neck or a blow to the body which causes a sudden jarring of the head may cause a concussion.
- I will promote that if anyone suspects a player might have a concussion, the player should stop playing the sport immediately.
- I understand and will communicate to the softball community that an athlete playing with a suspected concussion increases their risk of more severe, longer lasting concussion symptoms, as well as increases their risk of other injuries.
- I will not hide a player's symptoms. I will tell the athlete's coaches, trainers, parents or other responsible people if there is concern that an athlete has a concussion and/or experiences any signs and symptoms of a concussion following a collision.
- I understand and uphold that an athlete will not be able to return to play following a collision where they experience signs and symptoms of a concussion.
- I understand and will uphold that an athlete will have to be cleared by a physician or qualified medical professional, preferably one with experience in concussion management, prior to returning to play.
- I understand and will ensure the athletes follow the Return to Play guidelines when returning to activity as laid out by the team, association, or other appropriate organization.
- I will encourage all players to respect opponents and play fair.
- I will not tolerate any athlete fighting or attempting to injure anyone on purpose.
- I will respect all coaches, trainers, parents and the medical professionals and any decisions made with regards to the health and safety of the athletes.

F. References

Softball Canada would like to acknowledge the following documents and organization from where parts of this policy were derived.

1. Softball Ontario SAFE Star Program
2. Parachute Canada
3. Brant Haldimand Norfolk School Board Concussion Policy
4. Kidshealth.org
5. OPHEA (Ontario Physical Health Education Association)