**Administration Purpose**

The purpose of this policy is to govern Concussion Protocol in the sport of Softball in the province of Ontario within Wilmot Softball Association (WSA) and its Members sanctioned events.

* Competitions
* Tournaments
* League games
* Training Opportunities
* Skill Development sessions
* Technical Development Clinics
* Meetings

**Jurisdiction of the Policy**

The policy covers the following people:

* Athletes/Players
* Coaches, Managers, Trainers
* Officials (Umpires/Scorekeepers)
* Parents
* Executive Members
* Ad Hoc Committee Members
* Tournament Conveners

The policy covers the following WSA and Member sanctioned events including but not limited to:

* Competitions (Qualifiers, Provincials and National Championships in Ontario)
* Tournaments
* Training Opportunities (WSA practices)
* Skill Development sessions (Team Ontario Talent ID)
* Technical Development Clinics (Spring clinic, Pitching clinics etc)
* WSA Meetings

This policy is for all WSA and its membership. If members fail to comply with this policy, they may face penalties as outlined in terms of Membership.

## Awareness

What is a Concussion? A concussion:

* + - Is a traumatic brain injury that causes changes in how the brain functions, leading to signs and symptoms that can emerge immediately or over the course of 24-72 hours;
		- May be caused either by a direct blow to the head, face or neck, or elsewhere on the body with an impulsive force transmitted to the head;
		- Can occur even if there has been no loss of consciousness (in fact most concussions occur without the loss of consciousness)
		- Cannot normally be seen on X-rays, standard CT scans or MRI’s and
		- Is typically expected in symptoms lasting up to 4 weeks in children (18 years or under), and in some cases, symptoms are prolonged
		- Please see the General Concussion Symptoms Second Impact Syndrome:
		- Research suggests that a child or youth who suffers a second concussion before he/she is symptom-free from the first concussion is susceptible to a prolonged period of recovery, and possibly Second Impact Syndrome- a rare condition that causes rapid and severe brain swelling and often catastrophic results

Seriousness of Concussions:

* + - Recent research has made it clear that a concussion can have a significant impact on a student’s cognitive and physical abilities. In fact, research shows that activities that require concentration can actually cause a student’s concussion symptoms to reappear or worsen. It is equally important to develop strategies to assist students as they “return to learn” in the classroom as it is to develop strategies to assist them “return to physical activity”. Without addressing identification and proper management, a concussion can result in permanent brain damage and in rare occasions, even death.

All participants who experience any concussion signs and symptoms (see General Concussion Symptoms) following a blow the head or another part of the body is considered to have a suspected concussion and must stop participation in the softball activity.

A suspected concussion can be identified in three ways:

1. Self-reported signs and symptoms- Even if there was only one symptom
2. Observed signs and symptoms from a caring adult (Coach, Manager, Trainer, Parent, Fan, Executive, Official)
3. Peer-report signs and symptoms of an Athlete/Player, Coach, Parent, Fan, Executive, Official) Who is responsible for removal from play?

If a suspected concussion occurs, it is the responsibility of all team officials/caring adult (Coach, Manager, Trainer, Parent, Executive, Official) to remove the participant from participating in softball activity immediately. When present, a Caring Adult holds the final decision to remove participants with a suspected concussion. The Most Caring Adult should be identified prior to the activity. If there is doubt that a concussion has occurred, it is to be assumed that there has.

If in doubt, sit them out.

If a participant experiences a sudden onset of any of the Red Flag Symptoms, 911 should be called immediately (see Red Flag Symptoms).

|  |
| --- |
| General Concussion Symptoms |
| Headache | Feeling mentally foggy | Sensitive to light |
| Nausea | Feeling slowed down | Sensitive to noise |
| Dizziness | Difficulty concentrating | Irritability |
| Vomiting | Difficulty remembering | Sadness |
| Visual problems | Drowsiness | Nervous/anxious |
| Balance problems | Sleeping more/less than usual | More emotional |
| Numbness/tingling | Trouble falling asleep | Fatigue |

|  |
| --- |
| Red Flag Symptoms |
| Headaches that worsen | Can’t recognize people or places |
| Seizures or convulsion | Increase confusion or irritability |
| Repeated vomiting | Weakness/tingling/burning in arms or legs |
| Loss of consciousness | Persistent or increasing neck pain |
| Looks very drowsy/can’t be awakened | Unusual behaviour change |
| Slurred speech | Focal neurologic signs (e.g. paralysis, weakness, etc.) |

## Prevention/Ensure Safe Play

This policy should include strategies for preventing and minimizing the risk of sustaining a concussion at sanctioned WSA activities (e.g. all practices, training opportunities, and competitions). In addressing the Prevention component for Softball’s guidelines:

* + - Implementation of all Stakeholder’s Code of Conduct and other rules/regulations that address safe play
		- Limiting head and body contact
		- Reference: Softball Canada Official Rule Book including: official equipment, official field equipment (safety bases), obstruction/interference, uniforms, jewelry, sliding
		- Checking equipment to ensure correct fit, good condition and replacing according to

manufacturer’s instructions – being checking Softball Ontario’s Umpires pre-competition (at all levels of play)

* + - Checking facilities to ensure a safe environment for participation (Officials and Coaches)

## Identification: Recognize, Remove and Refer

All participants in a sanctioned WSA activity who experience any concussion signs and symptoms following a blow to the head or another part of the body is considered to have a suspected concussion and must stop participation in WSA activity immediately. It is important to note that symptoms can take 24-72 hours to appear. A participant does not have to be unconscious to suffer a concussion.

* + 1. **Recognizing a suspected concussion:** If there is doubt whether a concussion has occurred, it is to be assumed that it has. All relevant stakeholders- caring adult (Head Coach, Assistant Coach, Trainer, Manager, Officials (Umpires and Scorekeepers), Executives Members, Parents/Fans) to be trained to recognize the signs and symptoms of concussion (Refer Red Flag Symptoms) and report the suspected concussion to their applicable association (Local Softball Association, Member Association or Softball Ontario.
		2. **Removing a participant with a suspect concussion:** When a suspected concussion occurs, it is the responsibility of the applicable association (Local Softball Association, Member Association or Softball Ontario) to follow these steps:
			1. After a blow to the body or head\*, any participant who reports concussion signs and symptoms to the Most Caring Adult/applicable association or another participant, or is observed to have concussion signs or symptoms- has a suspected concussion
			2. The participant with a suspected concussion must be removed from participation immediately
			3. If Red Flag Symptoms, are present the Most Caring Adult will call 911 for immediate transfer to emergency department
			4. The Most Caring Adult is to contact the parent or guardian
			5. Participant should be monitored until release to a parent or guardian or paramedic. No participant with a suspected concussion should be left alone
			6. The Most Caring Adult refers the parent/guardian to see a medical professional immediately. A medical professional includes a family physician, pediatrician, neurologist or a nurse practitioner

## \*The Most Caring Adult can remove a participant after a blow to the head or body even if there is no immediate signs or symptoms can take 24-72 hours to appear

* + 1. **Completion and submission of Suspected Concussion Report Form**
			1. The Most Caring Adult is responsible for the completing of Softball’s Suspected Concussion Report Form immediately
			2. If a suspected concussion occurs, the Most Caring Adult is responsible for the completing and reviewing Softball Suspected Concussion Report Form and giving a copy to the participants Parent/Guardian. If someone other than the Most Caring Adult completes the form, it must be reviewed by the Most Caring Adult before being submitted to the applicable Softball Association

## Seeking a medical professional, obtaining appropriate diagnosis and documentation

* + - 1. Seeking a medical professional: If a participant has been deemed to have a suspected concussion, it is the Parent/Guardian responsibility to take the participant to see a Medical Doctor or Nurse Practitioner immediately
			2. Obtaining appropriate diagnosis and documentation: Written documentation must be obtained from one of the medical professionals listed above if a concussion has occurred or not

## \*Documentation from any other source will not be accepted.

* 1. **Management Procedures**

Submission of Medical Documentation of Concussion Diagnosis

## If a medical professional determines that the Participant with a suspected concussion does not have a concussion:

* + 1. Parent/Guardian must provide the original written documentation from the medical professional (highlighting that the Participant did not have a concussion), and give this documentation to the applicable Softball association
		2. It is the responsibility of the Most Caring Adult and the Parent/Guardian as previously identified (Section 1.0 – Awareness)
		3. Parent/Guardian should continue to monitor the Participant for at least 24-72 hours after the event, as signs and symptoms may take hours or days to appear
		4. The Most Caring Adult has the right to refuse a player to return to any Softball activity they deem the Participant is unfit to do as per the WSA policy

## If a medical professional determines that the player with a suspected concussion does have a concussion:

1. Parent/Guardian must take the written documentation from Medical Doctor/Nurse Practitioner the previously identified Personnel (WSA)
2. It is the responsibility of the Most Caring Adult to submit all documentation indicating concussion diagnosis, in addition to the applicable Softball Association Injury Report Form
3. The Participant can begin Step #1 of Return to Play Protocol.

|  |  |
| --- | --- |
|  | Graduated Return to Softball Strategy |
| Stage | Aim | Activity | Goal of Each Step |
| 1. | Symptom-linked Activity | Daily activities that do not provoke symptoms | Gradual reintroduction of work/school activities |
| 2. | Light aerobic exercise | Walking or stationary cycling atslow to medium pace. No resistance training | Increased heart rate |
| 3. | Sport-specific exercise | Running or skating drills. No head impact activities | Add movement |
| 4. | Non-contact training drills | Harder training drills (e.g. passing drills). May start progressive resistance training | Exercise coordination, and increased thinking |
| 5. | Full contact practice | Following medical clearance from a medical doctor or nursepractitioner to participate in normal training activities | Restore confidence and assess functional skillsby Softball Team Coaches Staff |
| 6. | Return to Softball | Normal Game/Practice Play |  |

NOTE: An initial period of 24-28 hours of both relative physical rest and cognitive rest is recommended before beginning the Return to Softball Strategy. There should be at least 24 hours (or longer) for each step of progression. If any symptoms or signs worsen during exercise, the participants should go back to the previous step. Resistance training should be added only in the later stages (Stage 3 or Stage 4 at the earliest). If symptoms are persistent (e.g more than 10-14 days in adults or more than 1 month in children) the participant should be referred to a healthcare professional (as identified) who is an expert in the management of concussion.

For a participant to progress to Step 4 written documentation is required from a medical doctor or a nurse practitioner indicating that the participant is able to return to Step 5, full game and practice performance mode. Parent/Guardian is responsible for providing this to the applicable Softball Association.

## 5.0 Training

All relevant Softball Ontario stakeholders (including but not limited to Coaches, Managers, Trainers, Umpires and Convener) will be trained annually, and before the commencement of the softball season, on WSA’s Concussion Policy, specific roles and responsibilities and updated according to the policy revisions.

## 6.0 Tracking

WSA will provide a form template for members to track injury incidence. WSA are responsible for monitoring injury incidence and developing strategies to reduce their injury in their sanctioned events.

WSA are responsible for maintaining records of reported concussion injuries and documentation of Participant diagnosis and clearance to return to play.

## 7.0 Evaluation

WSA will conduct a review of this policy every 4 years. We will review the policy to ensure it aligns with what Softball Ontario and the OASA.



## Wilmot Softball Association

##  Return to Play Protocol

|  |
| --- |
| **Stage 1: Rest and energy conservation *(at least 24 hours)*** |
| * Rest your brain and body (stop studying, working and playing)
* Conserve your brain and body’s energy, it is needed to feel well and allow the brain to heal
 |
| **Stage 1: Signature of completion (requires player & parent/guardian signatures)** |
| I confirm that completed Stage 1 for minimum of 24 hours with no symptoms on MM/DD/YY (Player Signature) (Parent/Guardian Signature) |
| **Stage 2: Light general exercise *(at least 24 hours)*** |
| * Off-field activities
* Begin with a warm up (stretching/flexibility) for 5-10 minutes
* Start a cardio workout for 15-20 minutes which can include: stationary bicycle, elliptical, treadmill, fast paced walking, light jog, rowing or swimming (50% intensity)
 |
| **Stage 2: Signature of completion (requires player & parent/guardian signatures)** |
| I confirm that completed Stage 2 for minimum of 24 hours with no symptoms on MM/DD/YY (Player Signature) (Parent/Guardian Signature) |
| **Stage 3: General conditioning and softball specific skills work done individually *(at least 24 hours)*** |
| * Off-field activities
* Begin with a warm up (stretching/flexibility) for 5-10 minutes
* Increase intensity and duration of cardio workout to 20-30 minutes
* Begin softball specific skill work: running,
* 50-60% intensity
 |
| **Stage 3: Signature of completion (requires player & parent/guardian signatures** |
| I confirm that completed Stage 3 for minimum of 24 hours with no symptoms on MM/DD/YY (Player Signature) (Parent/Guardian Signature) |
| **Stage 4: General conditioning and softball specific skill work done with a teammate *(at least 24 hours)*** |
| * Can begin on-field activities
* Increase duration up to 60 minutes. Begin resistance training including neck and core strengthening exercises
* Begin on-field warm-up
* Begin on-field practice of softball drills with a partner: fielding, hitting
 |
| **Stage 4: Signature of completion (requires player, parent/guardian & trainer signatures)** |
| I confirm that completed Stage 3 for minimum of 24 hours with no symptoms on MM/DD/YY (Player Signature) (Parent/Guardian Signature) (Trainer) |

\*Acknowledgement: Montreal Children’s Hospital “Return To Hockey Following A Concussion”

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# Wilmot Softball Association

# Suspected Concussion Report Form

Player Name: Date & Time of Injury:

DOB:

Club Name:

Division:

**Injury Description**

Level:

Game/Practice Location:

**Reported Symptoms *(Check all that apply):***

|  |  |  |
| --- | --- | --- |
| * Headache
 | * Feeling mentally foggy
 | * Sensitive to light
 |
| * Nausea
 | * Feeling slowed down
 | * Sensitive to noise
 |
| * Dizziness
 | * Difficulty concentrating
 | * Irritability
 |
| * Vomiting
 | * Difficulty remembering
 | * Sadness
 |
| * Visual problems
 | * Drowsiness
 | * Nervous/anxious
 |
| * Balance problems
 | * Sleeping more/less than usual
 | * More emotional
 |
| * Numbness/tingling
 | * Trouble falling asleep
 | * Fatigue
 |

**Red Flag Symptoms *(Check all that apply):* Call 911 immediately with a sudden onset of any of these symptoms**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Headache that worsen |  | Can’t recognize people or places | **Was 911 Called?**Yes No |
|  | Seizures or convulsions |  | Increasing confusion or irritability |
|  | Repeated Vomiting |  | Weakness or numbness in arms/legs |
|  | Loss of consciousness |  | Persistent or increasing neck pain |
|  | Looks very drowsy/can’t be awakened |  | Unusual behavioural change |
|  | Slurred speech |  | Focal neurologic signs (e.g. paralysis, weakness, etc.) |

|  |
| --- |
| **Are there any other observable/reported symptoms:** Yes  No If yes, what:  |
| **Is there evidence of injury to anywhere else on body besides head?:** Yes  No If yes, where:  |
| **Has this player had a concussion before?:** Yes  No  Prefer not to answer If yes, how many:  |
| **Does this player have any pre-existing medical conditions?:** Yes  No  Prefer not to answer If yes, please list: **Does this player take any medication?** Yes  No  Prefer not to answer If yes, please list:  |
| **I [*name of trainer completing this form*]: recommended to the player’s parent or guardian that the player sees a medical professional immediately. A *medical professional includes a medical doctor, family doctor, pediatrician, emergency room doctor, sports-medicine physician, neurologist or nurse practitioner.***Signature Date: Team Official Role:  |

***PLEASE NOTE:*** *This form is to be completed by the team trainer in the event of a suspected concussion in any Wilmot Softball Association activity. Once this form is complete, give one copy of this report to parent/guardian and the other to the Wilmot Softball Association head offices,* ***EMAIL:*** ***WSAbradthomson@gmail.com.*** ***Parents are to take this form to a medical professional immediately.***

 ***\* Please review Wilmot Softball Association Concussion Policy for list of appropriate medical professionals for diagnosis.***



**Wilmot Softball Association**

**Concussion Policy Summary**

**STEP 1: A suspected concussion has been identified and player is removed from play**

***When present, most caring adult hold the final decision to remove players with a suspected concussion***

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**STEP 2: Most caring adult completes Wilmot Softball Association (WSA) Suspected Concussion**

**Report Form and provides a copy to:**

**1) Parent/Guardian AND recommend they see a medical professional immediately**

**2) WSA Office:** **????**

**STEP 3: Seeing a medical professional and obtaining appropriate diagnosis**

Send medical documentation of diagnosis to team trainer to send to WSA office

**If player is experiencing any general concussion symptoms:**

**Physical:** Headaches, nausea, dizziness, sensitivity to light and noise

**Mental:** Fogginess and difficulty thinking, feeling slowed down, difficulty concentrating and remembering

**Sleep:** Sleeping more or less than usual, difficulty falling asleep and staying asleep

**Emotional and Behavioural:** Sadness, anger, frustration, nervousness/anxious, irritable

**If player is experiencing any 'Red Flag' Symptoms:**

* Headaches that worsen
* Seizures
* Repeated vomiting
* Looks very drowsy/can't be awakened
* Unusual behavioural change
* Slurred speech
* Can't recognize people or places
* Increasing confusion or irritability
* Weakness or numbness in arms/legs
* Persistent or increasing neck pain
* Change in stage of consciousness
* Focal neurologic signs (i.e. paralysis, weakness, etc.)

**\*Medical professional includes:** Medical doctor, family physician, pediatrician, emergency room physician, sports­ medicine physician,

**Call 911 immediately** to go to nearest Emergency Department

Schedule an appointment immediately with a medical professional. \*Go to nearest Emergency Department if **'Red Flag' Symptoms** appear.

 neurologist or nurse

practitioner.

Documentation from any other source will not be acceptable

**STEP 4: Was a concussion diagnosis received at medical appointment?**

Parent monitors for 24-72 hours in case symptoms appear or worsen

**STEP 5: Enter Stage 1 of WSA Return to Play Protocol**

Send medical documentation of no diagnosis to team trainer to send to WSA office before on-field activity

Receive clearance from team trainer

**Return to game play**

Modified from Parent's Pathway for Child and Youth Concussion for York Region