



Softball Ontario's Concussion Policy

Administration

Purpose

The purpose of this policy is to govern Concussion Protocol in the sport of Softball in the province of Ontario within Softball Ontario and its Member Association sanctioned events.

- Competitions
- Tournaments
- Training Opportunities
- Skill Development sessions
- Technical Development Clinics
- Softball Ontario and its Member Association 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
- NCCP Coach Developers
- CANpitch Regional Pitching Instructors
- Softball Performance Centre Staff
- Tournament Conveners

The policy covers the following Softball Ontario and Member Association sanctioned events including but not limited to:

- Competitions (Qualifiers, Provincials and National Championships in Ontario)
- Tournaments (Invitational and Private tournaments as per sanctioning)
- Training Opportunities (OASA Springboards, Colour Your Dream)
- Skill Development sessions (PWSA Skills Camp and Team Ontario Talent ID)
- Technical Development Clinics (CANpitch Clinics, Softball Performance Centre)
- Softball Ontario and its Member Association Meetings (House League Development, Coaches, CANpitch, Umpire, LTPD Competition Review and LTPD Training Opportunities), Softball Ontario Board of Directors

This policy is for all Softball Ontario Member's and its Member Associations and their membership. If members fail to comply with this policy, they may face penalties as outlined in terms of Membership.



1.0 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.)

2.0 Prevention/Ensure Safe Play

This policy should include strategies for preventing and minimizing the risk of sustaining a concussion at sanctioned Softball Ontario and its Member Association 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)

3.0 Identification: Recognize, Remove and Refer

All participants in a sanctioned Softball Ontario and Member Association 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 Softball Ontario and Member Association 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:
- 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
 - The participant with a suspected concussion must be removed from participation immediately
 - If **Red Flag Symptoms**, are present the Most Caring Adult will call 911 for immediate transfer to emergency department
 - The Most Caring Adult is to contact the parent or guardian
 - Participant should be monitored until release to a parent or guardian or paramedic. No participant with a suspected concussion should be left alone
 - 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**

3) **Completion and submission of Suspected Concussion Report Form**

- The Most Caring Adult is responsible for the completing of Softball's Suspected Concussion Report Form immediately
- 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

4) **Seeking a medical professional, obtaining appropriate diagnosis and documentation**

- 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
- Obtaining appropriate diagnosis and documentation: Written documentation must be obtained from one of the medical professional listed above if a concussion has occurred or not

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

4.0 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:

- 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



- b) It is the responsibility of the Most Caring Adult and the Parent/Guardian as previously identified (Section 1.0 – Awareness)
- c) 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
- d) 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 Softball Ontario/Member Association policies

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

- a) Parent/Guardian must take the written documentation from Medical Doctor/Nurse Practitioner the previously identified Personnel (Softball Ontario or Member Association)
- b) 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
- c) 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.	Like aerobic exercise	Walking or stationary cycling at slow 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 nurse practitioner to participate in normal training activities	Restore confidence and assess functional skills by 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 Convenor) will be trained annually, and before the commencement of the softball season, on Softball Ontario's Concussion Policy, specific roles and responsibilities and updated according to the policy revisions.



6.0 Tracking

Softball Ontario will provide a form template for Member Associations to track injury incidence. Member Associations are responsible for monitoring injury incidence and developing strategies to reduce their injury in their sanctioned events.

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

7.0 Evaluation

Softball Ontario will conduct a review of this policy every 3 years. A Committee comprised of Softball Ontario and Member Association representatives and external concussion expertise will review current evidence and policy effectiveness in identifying concussion, training stakeholders and tracking injury and managing documentation of injury and return to play. A recommendation to the Softball Ontario Board of Directors will be made to maintain, change or abolish this policy.



Softball Ontario Suspected Concussion Report Form

Player Name: _____

DOB: _____
Club Name: _____

Date & Time of Injury: _____

Division: _____
Injury Description

Level: _____ Game/Practice Location: _____

Reported Symptoms (Check all that apply):

<input type="checkbox"/> Headache	<input type="checkbox"/> Feeling mentally foggy	<input type="checkbox"/> Sensitive to light
<input type="checkbox"/> Nausea	<input type="checkbox"/> Feeling slowed down	<input type="checkbox"/> Sensitive to noise
<input type="checkbox"/> Dizziness	<input type="checkbox"/> Difficulty concentrating	<input type="checkbox"/> Irritability
<input type="checkbox"/> Vomiting	<input type="checkbox"/> Difficulty remembering	<input type="checkbox"/> Sadness
<input type="checkbox"/> Visual problems	<input type="checkbox"/> Drowsiness	<input type="checkbox"/> Nervous/anxious
<input type="checkbox"/> Balance problems	<input type="checkbox"/> Sleeping more/less than usual	<input type="checkbox"/> More emotional
<input type="checkbox"/> Numbness/tingling	<input type="checkbox"/> Trouble falling asleep	<input type="checkbox"/> Fatigue

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

<input type="checkbox"/> Headache that worsen	<input type="checkbox"/> Can't recognize people or places	Was 911 Called? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Seizures or convulsions	<input type="checkbox"/> Increasing confusion or irritability	
<input type="checkbox"/> Repeated Vomiting	<input type="checkbox"/> Weakness or numbness in arms/legs	
<input type="checkbox"/> Loss of consciousness	<input type="checkbox"/> Persistent or increasing neck pain	
<input type="checkbox"/> Looks very drowsy/can't be awakened	<input type="checkbox"/> Unusual behavioural change	
<input type="checkbox"/> Slurred speech	<input type="checkbox"/> 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 Softball Ontario activity. Once this form is complete, give one copy of this report to parent/guardian and the other to the Softball Ontario head office, **EMAIL INFO@SOFTBALLONTARIO.CA**



Softball Ontario 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"

*McCrorry P, Meeuwisse W, Johnston K et al. Consensus Statement on Concussion in Sport: The 4th International Conference on Concussion in Sport Held in Zurich, Nov. 2012. British Journal of sports medicine 2013 47: 250-258



Softball Ontario 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

STEP 2: Mostcaring adult completes Softball Ontario Suspected Concussion Report Form and provides a copy to:

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

2) Softball OntarioOffice: info@softballontario.ca

STEP 3: Seeing a medical professional and obtaining appropriate diagnosis

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.)

f player is experiencing anygeneral concussion symptoms:

Physical: Headaches, nausea, dizziness, sensitivity to Light and noise

ental: Fogginess and difficulty thinking, feeling slowed own, difficulty concentrating and remembering

leep: Sleeping more or less than usual, difficulty falling sleep and staying asleep

Emotional and Behavioural: Sadness, anger, rustration, nervousness/anxious, irritable

***Medical professional includes:** Medical doctor, family physician, pediatrician, emergency room physician, sports-medicine physician, neurologist or nurse

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.

practitioner.

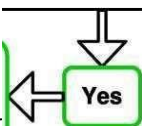
Documentation from any other source will not be acceptable

diagnosis to team trainer to send to Softball Ontario office

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

Send medical documentation of

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



STEP 5: Enter Stage 1 of Softball Ontario Return to Play Protocol

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

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

Receive clearance from the team trainer

Return to game play