



## Ontario Amateur Softball Association'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 Ontario Amateur Softball Association (OASA) and its Members sanctioned events.

- Competitions
- Tournaments
- 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
- NCCP Coach Developers
- CANpitch Regional Pitching Instructors
- Softball Performance Centre Staff
- Tournament Conveners

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

- Competitions (Qualifiers, Eliminations, Provincials and National Championships in Ontario)
- Tournaments (Invitational and Private tournaments as per sanctioning)
- Training Opportunities (OASA Springboards)
- Skill Development sessions (Team Ontario Talent ID)
- Technical Development Clinics (CANpitch Clinics, Softball Performance Centre)
- OASA Meetings

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

**With the passing of Rowan's Law in the province of Ontario in 2018 the OASA will ensure that it follows the requirements outlined to comply.**

**Rowan's Law resources will be posted on the OASA website for all to access and to provide guidance based on the age of the athlete participating in our events.**

## 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.

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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 groggy	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	Increased 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 (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 OASA 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 OASA 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 OASA 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) are 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:

- a. 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
- b. The participant with a suspected concussion must be removed from participation immediately
- c. If **Red Flag Symptoms** are present the Most Caring Adult will call 911 for immediate transfer to an emergency department
- d. The Most Caring Adult is to contact the parent or guardian
- e. Participant should be monitored until release to a parent or guardian or paramedic. No participant with a suspected concussion should be left alone
- f. 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**

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

- a. 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
- b. 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:**

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- a) 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 the OASA policy

**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 (OASA)
- 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 OASA's Concussion Policy, specific roles and responsibilities and updated according to the policy revisions.

## **6.0 Tracking**

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

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

## **7.0 Evaluation**

OASA will conduct a review of this policy every 3 years. A Committee comprised of Softball Ontario and Member Association representatives and external concussion experts 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.