

SECTION FOUR: OPERATING POLICIES

POLICY 4003 – CONCUSSION MANAGEMENT PROTOCOL

Effective date: March 12, 2016

Revision date: March 12, 2016

Policy 4003 – Concussion Management Protocol

Definitions

1. The following terms have meanings in this policy:
 - “*Concussion*” is a mild traumatic brain injury caused by either a direct or indirect blow to the head. If undetected, a concussion can lead to more serious brain injuries. Therefore, it is important that those involved in all sports are educated and aware of the signs and symptoms, and know what to do in the case that an athlete suffers a concussion.
 - “*Suspected Concussion*” means the recognition that an individual appears to have either experienced an injury or impact that may result in a concussion, or is exhibiting unusual behaviour that may be the result of concussion.
 - “*Concussion Diagnosis*” means a clinical diagnosis made by a medical doctor or nurse practitioner. It is critical that an individual with a suspected concussion be examined by a medical doctor or nurse practitioner.
 - “*Members*” –refers to all categories of membership as defined in the Bylaws of Softball Alberta, as well as all individuals employed by or engaged in activities with Softball Alberta, including but not limited to, directors, committee members, players, coaches, umpires, volunteers, officers, managers and administrators.

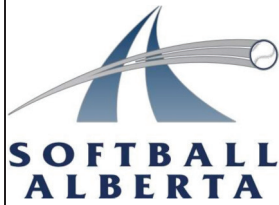
Purpose

2. Softball Alberta is committed to contributing to a healthy community and believes that participating in the activities of Softball Alberta programs and services can lead to a better life. Softball Alberta also recognizes that there are inherent risks of injury in sporting activities, a risk of concussion being one of them. This policy and related protocol tools are a step to help prevent, recognize and properly treat concussions which may occur in our activities.

What are the signs and symptoms?

3. There are many signs and symptoms of a concussion. They may exist individually or in any combination and include, but are not limited to:

- | | | |
|---|---|--|
| <ul style="list-style-type: none"> ▪ Confusion ▪ Headache ▪ Pressure in the head ▪ Difficulty concentrating ▪ Difficulty remembering ▪ Drowsiness ▪ Neck pain ▪ Dizziness ▪ Blurred vision | <ul style="list-style-type: none"> ▪ Balance problems ▪ Slurred speech ▪ Short attention span ▪ Sensitivity to light and/or noise ▪ Feeling as though “in a fog” ▪ Not feeling “right” ▪ Fatigue/low energy ▪ Trouble sleeping ▪ Mood swings | <ul style="list-style-type: none"> ▪ Irritability ▪ Sadness or depression ▪ Nervousness or anxiety ▪ Loss of consciousness ▪ Coma ▪ Paralysis ▪ Epilepsy ▪ Feeling slowed down |
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What should happen if a Concussion is suspected?

4. Suspected Concussion:

First, the athlete must not return to play after the incident. If a concussion is suspected, it is best to get clearance from a medical professional before returning to play.

5. Concussion Diagnosis:

The Pocket Concussion Recognition Tool (the PCRT) can be used to assess an athlete's state should a concussion be suspected. This tool involves asking questions, and having the athlete perform simple tasks. This tool is available at the Coaching Association of Canada, Concussion Awareness website <http://www.coach.ca/concussion-awareness-s16361>.

Although the PCRT is a good option for on-field assessment, it is still recommended that the athlete seek a medical professional's opinion to avoid any further brain damage.

Stages of Concussion Management

6. Education:

All *Members* should education themselves to recognize the signs and symptoms of concussions, the concussion action plan and on prevention strategies. Education must include the following topics:

- Physiology of a concussion
- Early recognition of signs and symptoms of a concussion
- Sport injury culture
- Sport-specific concussion prevention strategy
- The Pocket Concussion Recognition Tool
- Concussion Action Plan (CAP) Protocol
- Return to learn/work protocol following a concussion
- Return to play protocol following a concussion.

7. Prevention:

Softball Alberta requires that all activity within its purview follow the rules of the game and that the rules will be consistently enforced in order to effectively ensure safe play.

All *Members (and participants)* will behave ethically at all times.

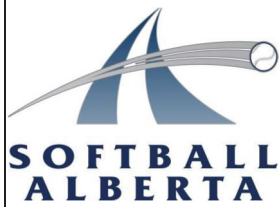
Softball-specific concussion prevention strategies will be followed for all activity under the purview of Softball Alberta.

8. Identification:

The Concussion Action Plan (CAP) should be available and implemented at all activities and events in case of a concussion or suspected concussion. A Concussion Action Plan (CAP) will allow proper care for athletes when a suspected concussion occurs. The CAP will provide appropriate direction to all individuals.

9. Document Incident:

Record the details of the incident and the player's progression through the stages of concussion management. There are several times throughout the duration of the concussion at which information needs to be documented: **Time of injury** - record and monitor all signs and symptoms for 48 hours following the injury; **during recovery** - record how much school/work/sport time has been missed, valuable for the player if they ever sustain another concussion; **return to play** - documentation needs to occur if the player has clearance from a medical doctor before returning to game play.



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10. Return to Learn:

The Concussion Action Plan (CAP) should be available and implemented at all activities and events in case of a concussion or suspected concussion. Follow each step through completion.

11. Return to Play:

Return to learn/work must be fully complete, the player must be in full time school / work environment without physical activity before starting return to play.

Resources

<http://www.sportmedab.ca/content.php?id=1745>

<http://www.coach.ca/concussion-awareness-s16361>

<http://www.braincarecentre.com/>

<http://www.parachutecanada.org/>

Pocket CONCUSSION RECOGNITION TOOL™

To help identify concussion in children, youth and adults



RECOGNIZE & REMOVE

Concussion should be suspected **if one or more** of the following visible clues, signs, symptoms or errors in memory questions are present.

1. Visible clues of suspected concussion

Any one or more of the following visual clues can indicate a possible concussion:

- Loss of consciousness or responsiveness
- Lying motionless on ground/Slow to get up
- Unsteady on feet / Balance problems or falling over/Incoordination
- Grabbing/Clutching of head
- Dazed, blank or vacant look
- Confused/Not aware of plays or events

2. Signs and symptoms of suspected concussion

Presence of any one or more of the following signs & symptoms may suggest a concussion:

- Loss of consciousness
- Seizure or convulsion
- Balance problems
- Nausea or vomiting
- Drowsiness
- More emotional
- Irritability
- Sadness
- Fatigue or low energy
- Nervous or anxious
- "Don't feel right"
- Difficulty remembering
- Headache
- Dizziness
- Confusion
- Feeling slowed down
- "Pressure in head"
- Blurred vision
- Sensitivity to light
- Amnesia
- Feeling like "in a fog"
- Neck Pain
- Sensitivity to noise
- Difficulty concentrating

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3. Memory function

Failure to answer any of these questions correctly may suggest a concussion.

- "What venue are we at today?"
- "Which half is it now?"
- "Who scored last in this game?"
- "What team did you play last week / game?"
- "Did your team win the last game?"

Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, and should not be returned to activity until they are assessed medically. Athletes with a suspected concussion should not be left alone and should not drive a motor vehicle.

It is recommended that, in all cases of suspected concussion, the player is referred to a medical professional for diagnosis and guidance as well as return to play decisions, even if the symptoms resolve.

RED FLAGS

If ANY of the following are reported then the player should be safely and immediately removed from the field. If no qualified medical professional is available, consider transporting by ambulance for urgent medical assessment:

- Athlete complains of neck pain
- Increasing confusion or irritability
- Repeated vomiting
- Seizure or convulsion
- Weakness or tingling/burning in arms or legs
- Deteriorating conscious state
- Severe or increasing headache
- Unusual behaviour change
- Double vision

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the player (other than required for airway support) unless trained to do so
- Do not remove helmet (if present) unless trained to do so.

from McCrory et. al, Consensus Statement on Concussion in Sport. Br J Sports Med 47 (5), 2013

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