

PROVINCIAL WOMEN'S SOFTBALL ASSOCIATION 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 Provincial Women's Softball Association (hereinafter referred to as P.W.S.A.) and its member 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, Guardians/Caregivers
- Executive Members
- Ad Hoc Committee Members
- NCCP Coach Developers
- CANpitch Regional Pitching Instructors
- Softball Academy Staff
- Tournament Conveners

The policy covers the following P.W.S.A. sanctioned events including, but not limited to:

- Competitions (Qualifiers, Provincials and Canadian/Eastern Championships in Ontario)
- Tournaments (Invitational and Private tournaments as per sanctioning)
- Training Opportunities (Colour Your Dream)
- Skill Development Sessions (P.W.S.A. Skills Camp and Team Ontario Talent ID)
- Technical Development Clinics (CANpitch Clinics, Softball Academy)
- P.W.S.A. Meetings

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

1.0 Awareness

What is 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 they are 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 to "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 to 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 P.W.S.A. 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 checked by 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 P.W.S.A. activity who experience any concussion signs and symptoms following a blow to the head or another part of the body are considered to have a suspected concussion and must stop participation in P.W.S.A. 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).

Removing a participant with a suspected 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 emergency department
- d. The Most Caring Adult is to contact the parent or guardian
- e. Participant should be monitored until released to a parent, 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).**

2) 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 participant's 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

- 3) 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 professionals 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:

- 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 if they deem the Participant is unfit to do as per P.W.S.A. 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 to the previously identified Personnel (P.W.S.A.).
- 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
- d) It is the responsibility of the Most Caring Adult and the Parent/Guardian as previously identified (Section 1.0 – Awareness)
- e) 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
- f) 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 so as per P.W.S.A. policy

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 24-48 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 P.W.S.A 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 P.W.S.A.'s Concussion Policy, specific roles and responsibilities and updated according to the policy revisions.

6.0 Tracking

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

P.W.S.A. are responsible for maintaining records of reported concussion injuries and documentation of Participant diagnosis and clearance to return to play.

7.0 Evaluation

P.W.S.A. will conduct a review of this policy every 3 years.

8.0 Evaluation Review

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.

Policy Name: Concussion

Ratification Date: January 28, 2024

Review Date: January, 2027



Provincial Women's Softball Association Suspected Concussion Report Form

Player Name: _____

DOB: _____

Date & Time of Injury: _____

Club Name: _____

Division: _____

Level: _____

Game/Practice Location: _____

Injury Description

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"/> Headaches that worsen	<input type="checkbox"/> Can't recognize people or places	Was 911 Called? Yes 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 Provincial Women's Softball Association (P.W.S.A.) activity. Once this form is complete, give one copy of this report to parent/guardian and the other to the P.W.S.A. head offices, **EMAIL: littlehands1@rogers.com**. Parents are to take this form to a medical professional immediately.



Provincial Women's Softball Association Concussion Policy Summary

STEP 1: A suspected concussion has been identified and player is removed from play
When present, most caring adult holds the final decision to remove players with a suspected concussion

STEP 2: Most caring adult completes Provincial Women's Softball Association (P.W.S.A.) Suspected Concussion Form and provide a copy to:

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

2) P.W.S.A. Office:
littlehands1@rogers.com

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.)

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

Call 911 Immediately
Go to nearest Emergency Department

Schedule an appointment immediately with a medical professional. *Go to nearest Emergency. If **'Red Flag' Symptoms**

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

Send medical documentation of diagnosis to team trainer to send to P.W.S.A. office

Yes

No

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

Send medical documentation of no diagnosis to team trainer to send to P.W.S.A. office before on-field activity

Receive clearance from team

Return to game play

STEP 5: Enter Stage 1 of P.W.S.A. Return to Play Protocol

***Medical professional includes:** Medical doctor, family physician, pediatrician, emergency room physician, sports-medicine physician, neurologist or nurse practitioner.
Documentation from any other source will not be acceptable