

Provincial Women’s Softball Association Concussion Policy

Preamble

1. P.W.S.A. developed this policy is based on the 6th Consensus Statement on Concussion in Sport that was released in June 2023.
2. This policy interprets the information contained in the report that was prepared by the 2022 Concussion in Sport Group (2022 CISG), a group of sport concussion medical practitioners and experts, and adapts concussion assessment and management tools.
3. The CISG suggested 13 Rs of Sport-Related Concussion (“SRC”) management to provide a logical flow of concussion management. The 13 Rs in this policy are:
 - a. Recognize
 - b. Reduce
 - c. Remove
 - d. Re-Evaluate
 - e. Rest and Exercise
 - f. Rehabilitation
 - g. Refer
 - h. Recover
 - i. Return to Learn & Return to Sport
 - j. Reconsider
 - k. Residual Effects
 - l. Retire
 - m. Refine
4. We note that Risk Reduction, one of the previous 11 Rs based on the 5th Consensus Statement on Concussion in Sport, has been removed.
5. A concussion is a clinical diagnosis that can only be made by a physician. The 2022 CISG achieved consensus on a conceptual definition of a concussion, which is, in part, as follows:

A Sport-related concussion is a traumatic brain injury caused by a direct blow to the head, neck or body resulting in an impulsive force being transmitted to the brain that occurs in sports and exercise-related activities. This initiates a neurotransmitter and metabolic cascade, with possible axonal injury, blood flow change and inflammation affecting the brain. Symptoms and signs may present immediately, or evolve over minutes or hours, and commonly resolve

within days, but may be prolonged [...] Sport-related concussion results in a range of clinical symptoms and signs that may or may not involve loss of consciousness.

6. 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, which is a rare condition that causes rapid and severe brain swelling and often catastrophic results.
7. 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 cause a student's concussion symptoms to reappear or worsen. Without addressing identification and proper management, a concussion can result in permanent brain damage and in rare occasions, even death.

Purpose

8. P.W.S.A. is committed to ensuring the safety of Individuals in its activities. P.W.S.A. recognizes the increased awareness of concussions and their long-term effects and believes that prevention of concussions is paramount to protecting the health and safety of Individuals.
9. This policy describes the common signs and symptoms of a concussion and how to identify them, the protocol to be followed in the event of a possible concussion, and a Return to Sport protocol should a concussion be diagnosed. Awareness of the signs and symptoms of concussion and knowledge of how to properly manage a concussion is critical to recovery and helping to ensure the Individual is not returning to physical activities too soon, risking further complication.
10. This policy applies to all activities and events for which P.W.S.A. is the governing or sanctioning body including, but not limited to, competitions, practices, and training sessions.

Registration

11. When an Individual under the age of 26 years old registers with P.W.S.A., the Individual **must** provide written or electronic confirmation that they have reviewed concussion awareness resources within the past 12 months.
12. The Ontario Government has produced age-appropriate concussion resources located here:
 - a) [ages 10 and under](#)
 - b) [ages 11-14](#)

- c) [ages 15+](#)
13. Individuals under the age of 26 years old must also sign the *Concussion Code of Conduct* (**Appendix A**).
 14. For Athletes younger than 18 years old, the Athlete's parent or guardian **must** also provide confirmation that they have also reviewed the concussion resources as well and signed the *Concussion Code of Conduct*.
 15. Athlete Support Personnel must provide confirmation that they have also reviewed the concussion resources and sign the *Concussion Code of Conduct*; but not if they will be interacting exclusively with Athletes who are 26 years old or older.

Recognize

16. Timely recognition and removal, proper assessment and appropriate management are linked to faster recovery and improved outcomes following SRCs.
17. Generally, an SRC is likely to be **suspected** should an Individual:
 - a. sustains an impact to the head, face, neck, or body **and**
 - i. demonstrates one or more of the **observable signs** of a suspected concussion as detailed in **Section 18 below, OR**
 - ii. demonstrates one or more of the **observable symptoms** of a suspected concussion as detailed in **Section 19 below.**
18. The following **observable signs** may indicate a possible concussion:

a) Loss of consciousness or responsiveness;	e) Dazed, blank or vacant look;
b) Lying motionless on the playing surface;	f) Seizure, fits or convulsions;
c) Falling unprotected to the surface;	g) Slow to get up after a direct hit or indirect hit to the head;
d) Disorientation or confusion, staring or limited responsiveness, or an inability to respond appropriately to questions;	h) Balance or gait difficulties, absence of regular motor coordination, stumbling, slow laboured movements; and/or
	i) Facial injury after head trauma.

19. A concussion may result in the following **symptoms**:

Physical Symptoms

- a) Headache or “pressure in head”
- b) Balance problems or dizziness
- c) Nausea or vomiting
- d) Drowsiness, fatigue, or low energy
- e) Dizziness
- f) Blurred vision
- g) Sensitivity to light or noise
- h) “Don’t feel right”
- i) Neck pain

Changes in Emotions

- j) More emotional or irritable
- k) Sadness, nervous or anxious

Changes in Thinking

- l) Difficulty remembering or concentrating
- m) Feeling slowed down or “in a fog”

20. Failure to correctly answer any of these **memory questions** may suggest a concussion:

- a) What day is it?
- b) What venue are we at today?
- c) Where are we today?
- d) What inning is it?
- e) How many runs has your team scored?
- f) What position are you playing today?
- g) What was the result of your last at-bat?

21. If an Individual demonstrates or reports any of the following **red flags**, a Designated Person in the applicable territory or a licensed healthcare professional for any organization outside of the applicable territory shall be summoned and, if deemed necessary, an ambulance should be called¹:

- a) Neck pain or tenderness;
- b) Seizure, ‘fits’ or convulsion;

¹ If an onsite healthcare professional is not available, an ambulance should be called.

- c) Loss of vision or double vision;
- d) Actual or suspected loss of consciousness;
- e) Increased confusion or deteriorating conscious state (becoming less responsive, drowsy);
- f) Weakness or numbness / tingling / burning in arms or legs;
- g) Severe or increasing headache;
- h) Vomiting more than once;
- i) Increasingly restless, agitated, or combative; and/or
- j) Visible deformity of the skull

22. Any time an ambulance is called involving a minor Athlete, the parent/guardian and/or emergency contact of the minor Athlete must be contacted immediately to inform them of the injury.

Reduce

23. The 2022 CISG identified several recommendations with respect to preventing concussions, including Personal Protective Equipment and Concussion Management, which is relevant to P.W.S.A.'s application of this policy:

- a. Optimal concussion management strategies including implementing laws and protocols (i.e., mandatory removal from play following actual or suspected concussion; requirements to receive clearance to return-to-play from a healthcare provider; and education of coaches, parents and athletes regarding concussion signs and symptoms) are associated with a reduction in recurrent concussion rates.

Removal from Sport Protocol

- 24. Removal of an Individual from the field of play should be done if there is suspicion of a possible concussion to avoid further potential injury.
- 25. If an Individual is removed from play following an impact for cautionary reasons, but there are **no observable signs** or **symptoms** of a suspected SRC, the Athlete can be returned to play but should be monitored for delayed symptoms for up to forty-eight (48) hours.
- 26. If an Individual is suspected of sustaining an SRC and there is no concern for a more serious head or spine injury (i.e., **no red flags** as indicated above), they should be immediately removed from the field of play, and consideration of the following should be given:

- a. If a licensed healthcare professional is present, the Individual should be taken to a quiet area and undergo sideline medical assessment using the Sport Concussion Assessment Tool 6 (SCAT6) or the Child SCAT6).
 - b. If a licensed healthcare professional **is not present**, an individual with an SRC should be referred for medical assessment by a medical doctor or nurse practitioner as soon as possible.
27. In the event of a Suspected Concussion where there are **observable signs** of a concussion, **symptoms** of a concussion, or a failure to correctly answer **memory questions**, the Individual must be immediately removed from participation by a designated person who is either the team's most caring person or P.W.S.A. personnel on site.
28. In the event that any P.W.S.A. Individual exhibits any of the following;
- a. Impact seizure;
 - b. Tonic Posturing;
 - c. Ataxia (lack of coordination; losing muscle control in limbs and extremities);
 - d. Poor balance; and/or
 - e. Amnesia,

they should not return to a match or training that day, unless evaluated acutely by an experienced healthcare practitioner with a multimodal assessment (as noted below) who determines that the sign was not related to a concussion (e.g., the player has sustained musculoskeletal injury and thus unable to balance). Maddocks' questions, as newly modified per the Concussion Recognition Tool 6 (**CRT6**) outlined above in Section 18, remain part of a useful and brief on-field screen for Individuals under 12 years of age without clear on-field signs of a concussion. Incorrect answers warrant a more comprehensive off-field evaluation, as does any clinical suspicion of concussion.

29. After removal from participation, the following actions should be taken:
- a) The Designated Person who removed the Individual should consider calling 9-1-1;
 - b) P.W.S.A. must make and keep a record of the removal;
 - c) The Designated Person must inform the Individual's parent or guardian if the Individual is younger than 18 years old, and the Designated Person must inform the parent or guardian that the Individual is required to undergo a medical assessment by a physician or nurse practitioner before the Individual will be permitted to return to participation;
 - d) The Designated Person will remind the Individual, and the Individual's parent or guardian as applicable, of P.W.S.A.'s Return-to-Sport protocol as described in this Policy; and
 - e) The P.W.S.A. Concussion Report Form (Appendix D) will be completed by the Designated Person.

30. Individuals who have a suspected concussion and who are removed from participation should:
- Be isolated in a dark room or area and stimulus should be reduced;
 - Be monitored;
 - Have any cognitive, emotional, or physical changes documented;
 - Not be left alone (at least for the first 1-2 hours);
 - Not drink alcohol;
 - Not use recreational/prescription drugs;
 - Not be sent home by themselves;
 - Not drive a motor vehicle until cleared to do so by a medical professional;
 - Be re-evaluated in the coming hours and days and follow the guidelines regarding relative rest outlined at **sections 33** and **34** below.
31. An Individual who has been removed from participation due to a suspected concussion should not return to participation until the Individual has been assessed medically, preferably by a physician who is familiar with the [Sport Concussion Assessment Tool – 6th Edition \(SCAT6\)](#) (for Individuals over the age of 12) or the [Child SCAT6](#) (for Individuals between 8 and 12 years old), even if the symptoms of the concussion resolve.
- Evaluation of Individuals via the SCAT6 or Child SCAT 6 should be done within 72 hours of injury to help ensure the clinical utility of the measurements but can be used up to a week after injury.
 - The SCAT 6 and Child SCAT 6 are assessments to be used by licensed healthcare providers. Those who are not healthcare providers are to use the Concussion Recognition Tool 6 (CRT 6), which is found at Appendix “[B](#)”.
32. If an Individual is assessed medically, and:
- is **not** determined to have not sustained an SRC, they should be provided with a [Medical Assessment Letter](#) indicating a concussion has not been diagnosed. The Athlete can return to school, work, and sport activities without restriction.
 - is** diagnosed with an SRC, they should be provided with a [Medical Assessment Letter](#) indicating a concussion has been diagnosed. The Individual must follow a gradual return to activities, including school, work, and sport activities (*see RTL and RTS guidelines below*).

Re-Evaluate

33. An Individual with a suspected concussion should be evaluated by a licensed physician who should conduct a comprehensive neurological assessment of the Individual and determine the Individual’s clinical status and the potential need for neuroimaging scans. Multimodal and serial evaluations should be conducted by a licensed physician/health care provider in accordance with the Sport

Concussion Office Assessment Tool (SCOAT6) or Child Sport Concussion Office Assessment Tool (Child SCOAT6) in addition to the health care provider's clinical insight.

Rest and Exercise

34. Individuals with a diagnosed SRC should engage in relative rest during the acute phase (24-48 hours), which includes activities of daily living and reduced screen time.
35. Individuals can return to light intensity physical activity such as walking that does not more than mildly exacerbate or worsen the Individual's symptoms during the acute phase (24-48 hours). Individuals should avoid vigorous exertion.
36. Individuals must be consistently aware of their symptoms. Exercise and cognitive exertion should be stopped if concussion symptom exacerbation is more than mild and brief. Exercise may be resumed once symptoms have returned to the prior level.
37. Individuals should be advised to avoid the risk of reinjury (i.e., contact, collision or fall) until determined by a qualified health care provider/licensed physician to be safe for higher risk activities.
38. Individuals must consider the diverse symptoms and problems that are associated with SRCs. Rehabilitation programs that involve controlled parameters below the threshold of peak performance should be considered.
39. Should Individuals experience sleep disturbance in the 10 days after SRC, Individuals should know that these disturbances are associated with an increased risk of persisting symptoms and may warrant evaluation and treatment.

Refer

40. Individuals who display persistent symptoms (i.e., symptoms that persist greater than four (4) weeks across children, adolescents, and adults) should be referred to physicians with experience handling SRCs, where the clinical environment allows.

Rehabilitation

41. If dizziness, neck pain and/or headaches persist for more than 10 days, Cervicovestibular Rehabilitation is recommended. This includes, combining cervical spine therapy and exercise along with vestibular rehabilitation, which is an exercise-based treatment to help with the vestibular system, which is responsible for balance and spatial orientation.
 - a. If symptoms persist beyond 4 weeks in children and adolescents, active rehabilitation and collaborative care may be of benefit.
 - b. For children, adolescents, and adults with dizziness/balance problems, either vestibular rehabilitation or Cervicovestibular Rehabilitation may be of benefit.
42. In the case of a recurrence of symptoms when progressing through the return-to-learn (RTL) or return-to-sport (RTS) strategies (see below), re-evaluation and referral for rehabilitation may be of benefit to facilitate recovery.

Recovery

43. The 2022 CISG recommended that clinical evaluation and future research include three components in the determination of recovery. For the purposes of this policy, practical aspects of recovery are highlighted through the RTL and RTS sections below.
44. Generally, SRCs have large adverse effects on cognitive functioning and balance during the first 24-72 hours after injury. For *most* Individuals, these cognitive defects, balance, and symptoms improve rapidly during the first two weeks after injury. An important predictor of slower recovery from an SRC is the severity of the Individual's initial symptoms following the first few days after the injury.
45. The below tables regarding both RTL and RTS represent a graduated return to learning and return to sport for most Individuals, particularly those that did not experience high severity of initial symptoms after following the first few days after the injury.

Return to Learn (RTL)

46. To minimise academic and social disruptions during the RTL strategy, Individuals should avoid complete rest and isolation, even for the initial 24 to 48 hours, and instead engage in a period of relative rest. Early return to activities of daily living should be encouraged if symptoms are no more than mildly and briefly increased.
47. The 2022 CISG included additional recommendations with respect to environmental, physical, curriculum and testing adjustments to help accommodate participants across several age groups and demographics. For more information, [see here](#) at page 703.
48. Medical clearance is not required for RTL, except for full participation in school-based sport and physical activity. Return to sport and physical activity should be guided by the RTS Strategy. Individuals do not need to be symptom-free to return to school and complete absence from school of more than one week is not recommended. It is common for a student's symptoms to worsen slightly with activity. This is acceptable as they progress through steps so long as the symptom exacerbation is:
 - a. **mild:** Symptoms worsen by only one to two points on a zero-to-10 scale, and
 - b. **brief:** Symptoms settle back down to pre-activity levels within an hour.

If the Individual's symptoms worsen more than this, they should pause and adapt activities as needed.

49. Not all Individuals will require an RTL strategy or academic support. If symptom exacerbation occurs during cognitive activity or screen time, difficulties with reading, concentration or memory or other aspects of learning are reported, an RTL strategy, if considered appropriate by a clinician, should be implemented at the time of diagnosis and during the recovery process. A sample RTL 'timeline' can be seen as **Table 1**.

Stage	Aim	Activity	Stage Goal
1	Daily activities at home that do not result in more than a mild* exacerbation ² of symptoms related to the current concussion	Typical activities of the child during the day if they do not increase symptoms (e.g., reading, social interactions, light walking) Start with 5–15 min at a time and increase gradually. Minimize screen time	Gradual return to/reintroduction of typical activities
2	School activities with encouragement to return to school (as tolerated)	Homework, reading or other cognitive activities outside of the classroom Take breaks and adapt activities if they result in more than mild and brief worsening of symptoms Gradually resume screen time, as tolerated	Increase tolerance to cognitive work and connect social with peers
3	Return to school part-time, or full-time, with recommendations (as needed)	Gradual introduction of schoolwork. Build tolerance to the classroom environment over time. May need to start with a partial school day or with increased breaks during the day Gradually reduce accommodations related to the concussion and increase workload	Increase academic activities
4	Return to school full time	Gradually progress school activities until a full day can be tolerated without more than mild* symptom exacerbation *(see footnote 2)	Return to full academic activities and catch up on missed work

Table 1 – Return to Learn Strategy

Return to Sport (RTS)

50. SRCs have large adverse effects on cognitive functioning and balance during the first 24-72 hours after injury. For *most* Individuals, these cognitive defects, balance, and symptoms improve rapidly during the first two weeks after injury. An important predictor of slower recovery from an SRC is the severity of the Individual’s initial symptoms following the first few days after the injury.
51. The table below represents a graduated return to sport for most Individuals, particularly those that did not experience high severity of initial symptoms after the first few days after the injury.

² *Mild and brief exacerbation of symptoms is defined as an increase of no more than two (2) points on a 0–10 point scale (with 0 representing no symptoms and 10 the worst symptoms imaginable) for less than an hour when compared with the baseline value reported prior to cognitive activity.

Stage	Aim	Activity	Stage Goal
1	Activities of daily living and relative rest (first 24 to 48 hours)	Daily activities that do not exacerbate symptoms	Gradual reintroduction of work/school activities
After a maximum of twenty-four (24) to forty-eight (48) hours after injury, progress to Step 2			
2A	Light effort and aerobic exercise	<p>Start with light aerobic exercise, such as stationary cycling or walking at slow to medium pace.</p> <p>May start light resistance training that does not result in more than mild and brief exacerbation^{3*} of concussion symptoms. <i>*(see footnote 3)</i></p> <p>Exercise up to approximately 55% of maximum heart rate</p> <p>Take breaks and modify activities as needed</p>	Increase heart rate
2B	Moderate effort aerobic exercise	<p>Gradually increase tolerance and intensity of aerobic activities, such as stationary cycling and walking at a brisk pace</p> <p>Exercise up to approximately 70% of maximum heart rate</p> <p>Take breaks</p>	Increase heart rate
3	Individual sport-specific activities, without risk of inadvertent head impact with school accommodations (as needed)	<p>Add sport-specific activities (i.e., running, changing direction, and/or individual training drills)</p> <p>Perform activities individually and under supervision from a teacher, parent/caregiver, or coach</p> <p>Progress to where athlete is free of concussion-related symptoms, even when exercising</p>	Increase the intensity of aerobic activities and introduce low-risk sport-specific movements

³ *Mild and brief exacerbation of symptoms (i.e., an increase of no more than 2 points on a 0–10 point scale for less than an hour when compared with the baseline value reported prior to physical activity).

Athletes may begin Step 1 (i.e., symptom-limited activity) within twenty-four (24) hours of injury, with progression through each subsequent step typically taking a minimum of twenty-four (24) hours. If more than mild exacerbation of symptoms (i.e., more than 2 points on a 0–10 scale) occurs during Steps 1–3, the athlete should stop and attempt to exercise the next day. Athletes experiencing concussion-related symptoms during Steps 4–6 should return to Step 3 to establish full resolution of symptoms with exertion before engaging in at-risk activities. Written determination of readiness to RTS should be provided by a healthcare provider before unrestricted RTS as directed by local laws and/or sporting regulations.

Medical clearance			
If the Individual has completed return to school (if applicable) and has been medically cleared, progress to Step 4 ⁴ .			
4	Non-contact training drills and activities	Progress to exercises with no body contact at high intensity, including more challenging drills and activities (e.g., passing drills, multi-athlete training and practices)	Resume usual intensity of exercise, coordination, and activity-related cognitive skills.
If the Individual can tolerate usual intensity of activities with no return of symptoms, progress to step 5.			
5	Return to all non-competitive activities, full contact practice and physical education activities	Progress to higher-risk activities including typical training activities, full-contact sport practices and physical education class activities Do not participate in competitive gameplay	Return to activities that have a risk of falling or body contact, restore confidence and assess functional skills by coaching staff
6	Return to sport	Normal participation; unrestricted sport and physical activity	

Table 2 – Return to Sport Strategy

52. Individuals should be allowed to engage in activities of daily living (including walking) immediately following injury, even during the initial period of 24–48 hours of relative rest.
53. There should be at least twenty-four (24) hours (or longer) for each step. It is common for an athlete’s symptoms to worsen slightly with activity. This is acceptable as they progress through steps 1 to 3 of return to sport, so long as symptom exacerbation is:
- mild:** symptoms worsen by only one to two points on a zero-to-10 scale, and
 - brief:** symptoms settle back down to pre-activity levels within an hour
- If symptoms reoccur or worsen, the Individual should go back to the previous step. If symptoms continue to persist, the Individual should return to see a physician.
54. Individuals can expect a minimum of 1 week to complete the full rehabilitation strategy, but typical unrestricted RTS can take up to 1-month post-SRC. The time frame for RTS may vary based on individual characteristics, necessitating an individualised approach to clinical management.

⁴ Athletes who have been diagnosed with a concussion can be considered for medical clearance to return to sport activities with risk of contact or fall once they have successfully completed: (i) all steps of the RTS Strategy (if applicable), and Steps 1 to 3 of the sport-specific RTS strategy. To progress to Step 4 of RTS the athlete must provide their coach with a Medical Clearance Letter that specifies that a medical doctor or nurse practitioner has personally evaluated the patient and has cleared the athlete to return to sport. In geographic regions of Canada with limited access to medical doctors (i.e., rural, remote, or northern communities), a licensed healthcare professional (i.e. a nurse) with pre-arranged access to a medical doctor or nurse practitioner can provide this documentation.

55. Resistance training should only be added in the later stages (Stage 3 or Stage 4). Athletes may be moved into the later stages that involve risk of head impact (typically Steps 4–6 and Step 3 if there is any inadvertent risk of head impact with sport-specific activity) following authorisation by a healthcare provider and after full resolution of concussion-related symptoms, abnormalities in cognitive function and clinical findings related to the current concussion, including the absence of symptoms with and after physical exertion.
56. The Individual’s Return-to-Sport strategy should be guided and approved by a physician with regular consultations throughout the process. Specifically, progression through the later RTS strategy (Steps 4–6) should be monitored by a health care professional.
57. The Individual must provide P.W.S.A. with a medical clearance form, signed by a physician, following Stage 5 and before proceeding to Stage 6.
58. While the RTL and RTS strategies can occur in parallel, student athletes who are Individuals should complete full RTL before unrestricted RTS.
59. P.W.S.A. should be aware that healthcare providers should manage Individuals on an individual basis, accounting for specific factors that may affect their recovery trajectory, such as pre-existing factors (i.e., migraine history, anxiety) or postinjury factors (i.e., aggravation of injury, psychological stress, social factors) that impact recovery. Individuals who experience persisting symptoms (longer than four weeks) may benefit from referral to specialized interdisciplinary concussion care for assessment and care that addresses the athlete’s individual symptoms and needs. Care of persisting symptoms should follow the management recommendations in Canada’s clinical practice guidelines:
 - a. [Pediatric guidelines](#) (children and youth under 18)
 - b. [Adult guidelines](#) (18 and older)

Reconsider

60. All Individuals, regardless of competition level, should be managed using the same SRC management principles.
61. Adolescents (13 to 18 years old) and children (5 to 12 years old) should be managed differently. SRC symptoms in children persist for up to four weeks. It remains a recommendation that children and adolescents should first follow an RTL strategy before they take part in an **unrestricted** RTS strategy, despite RTL and RTS strategies occurring in parallel.

Residual Effects

62. Individuals should be alert for potential long-term problems such as cognitive impairment and depression. The potential for developing chronic traumatic encephalopathy (CTE) should also be a consideration, although the CISG stated that “*a cause-and-effect relationship has not yet been demonstrated between CTE and SRCs or exposure to contact sports. As such, the notion that repeated concussion or subconcussive impacts cause CTE remains unknown.*”

Retire

63. In some cases, it may be in the best interest of the Individual to discontinue their participation in Softball as a result of potential head injuries and SRCs. P.W.S.A. and its Individuals should understand the implications of the sport of softball and its risks, as well as that decisions regarding retirement may arise following an Individual's experience(s) with SRCs.
64. P.W.S.A. does have medical regulations with respect to clearance for participation in the sport of softball.
 - a. A medical clearance, such as a doctor's note, hospital documentation, or approval from a concussion specialist, may be necessary. Failure to meet these requirements could lead an Individual to consider stepping away from the sport.
65. The decision to retire should include a comprehensive clinical evaluation that considers all patient-, injury-, sport-specific and sociocultural factors that affect the Individual and their ability to participate in Softball. Decisions to retire should, among other things:
 - a. be based on a discussion that provides Individuals with the scientific evidence and uncertainties of their condition balanced against the benefits of participation in sport;
 - b. incorporate the Athlete's preferences and risk tolerance as well as psychological readiness to make an informed decision; and
 - c. be carefully documented and should use language that is appropriate for the health literacy of the Individual to reduce the risk that the information is misinterpreted.
66. For child or adolescent Athletes, any decision regarding retirement because of SRCs should always involve their parent/guardian. These decisions should be multidisciplinary, given concerns around RTL, and should involve all relevant parties accordingly, including, but not limited to, healthcare providers, teachers, school leadership, coaches and caregivers.
67. Should retirement occur, the Individuals should be reminded of the importance of physical activity, and that Individuals should be encouraged to continue physical activity that avoids the chance of an SRC.

Refine

68. The 2022 CISG identified several areas of refinement to strengthen future consensus statements: *Para Sport, Paediatrics, the Athlete's Voice and Ethical Considerations, limitations, and improvements*. The following are relevant for P.W.S.A.'s application of this policy.

Paediatrics

69. Brain development in the child (5–12 years) and adolescent (13–18 years) and the requirement for return to school guidance necessitate modified paradigms in paediatric SRC.
70. Child and adolescent athletes are less likely to have trained medical personnel available on the sidelines, and it is strongly recommended that the CRT6 be used by all adults supervising child and adolescent sport.

71. RTS is a priority in children and adolescents, and while full RTL is recommended before unrestricted RTS, the two strategies be implemented by P.W.S.A. in parallel.
72. Children and adolescents with repeat concussions wishing to continue to play or to progress to the next age-level group or elite pathway/national level programmes require individualised assessment.

Risk Reduction and Prevention

73. P.W.S.A. recognizes that knowing an Individual's SRC history can aid in the development of concussion management and the Return to Sport strategy. The clinical history should also include information about all previous head, face, or cervical spine injuries. P.W.S.A. encourages Individuals to make coaches and other stakeholders aware of their individual histories.

Administrative Responsibilities

74. P.W.S.A. 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.
75. Member Associations are responsible for maintaining records of reported concussion injuries and documentation of Participant diagnosis and clearance to return to play.
76. P.W.S.A. will conduct a review of this policy every 3 years. A Committee comprised of P.W.S.A. 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.

Non-Compliance

77. Failure to abide by any of the guidelines and/or protocols contained within this policy may result in disciplinary action in accordance with P.W.S.A.'s policies for Discipline and Complaints.

Liability

78. P.W.S.A. shall not be liable for any Individual or other individual's use or interpretation of this Policy. Further, none of P.W.S.A.'s directors, officers, employees, agents, representatives, and other individuals involved in any way in the administration of this Policy shall be liable to any other individual in any way, in relation to any lawful acts or omissions committed in the honest application, administration, and/or enforcement of this policy.

Policy Name: Concussion Policy

Ratification Date: February 15, 2026

Review Date: February 2029

Appendix A - Concussion Code of Conduct

PART A

The following section of the Concussion Code of Conduct must be signed by all Individuals under the age of 26 years old. For Individuals who are younger than the age of majority in the applicable territory, a parent/guardian must also sign this section.

I will help prevent concussions by:

- wearing the proper equipment for my sport and wearing it correctly;
- developing my skills and strength so that I can participate to the best of my ability;
- respecting the rules of my sport or activity; and
- demonstrating my commitment to fair play and respect for all (respecting other athletes, coaches, team trainers and officials).

I will care for my health and safety by taking concussions seriously, and I understand that:

- a concussion is a brain injury that can have both short-term and long-term effects;
- a blow to my head, face or neck, or a blow to the body that causes the brain to move around inside the skull may cause a concussion;
- I don't need to lose consciousness to have had a concussion;
- I have a commitment to concussion recognition and reporting, including self-reporting of possible concussion and reporting to a designated person when and an Individual suspects that another Individual may have sustained a concussion. (Meaning: If I think I might have a concussion I should stop participating in further training, practice, or competition **immediately**, and I will tell an adult if I think another athlete has a concussion); and
- continuing to participate in further training, practice or competition with a possible concussion increases my risk of more severe, longer lasting symptoms, and increases my risk of other injuries.

I will not hide concussion symptoms. I will speak up for myself and others.

- I will not hide my symptoms. I will tell a coach, official, team trainer, parent or another adult I trust if I experience **any** symptoms of concussion.
- If someone else tells me about concussion symptoms, or I see signs they might have a concussion, I will tell a coach, official, team trainer, parent or another adult I trust so they can help.
- I understand that, if I have a Suspected Concussion, I will be removed from sport and that I will not be able to return to training, practice or competition until I undergo a medical assessment by a medical doctor or nurse practitioner and have been medically cleared to return to training, practice or competition.

- I have a commitment to sharing any pertinent information regarding incidents of removal from sport with my school and any other sport organization with which I have registered. (Meaning: If I am diagnosed with a concussion, I understand that letting all of my other coaches and teachers know about my injury will help them support me while I recover.)

I will take the time I need to recover because it is important for my health.

- I understand my commitment to supporting the return-to-sport process and I will follow my sport’s Return-to-Sport Protocol.
- I understand I will have to be medically cleared by a medical doctor or nurse practitioner before returning to training, practice or competition.
- I will respect my coaches, team trainers, parents, health-care professionals, and medical doctors and nurse practitioners, regarding my health and safety.

By signing here, I acknowledge that I have fully reviewed and commit to this *Concussion Code of Conduct*.

Name of Organizational Participant (print)

Signature of Organizational Participant

Date of Birth

Name of Parent or Guardian (print)

Signature of Parent or Guardian

Date

PART B

The following section of the Concussion Code of Conduct must be signed by all coaches and team trainers who interact with Individuals under the age of 26 years old.

I can help prevent concussions through my:

- efforts to ensure that my athletes wear the proper equipment and wear it correctly;
- efforts to help my athletes develop their skills and strength so they can participate to the best of their abilities;
- respect for the rules of my sport or activity and my efforts to ensure that my athletes do too; and
- commitment to fair play and respect for all (respecting other coaches, team trainers, officials and all Individuals and ensuring my athletes respect others and play fair).

I will care for the health and safety of all Individuals by taking concussions seriously. I understand that:

- a concussion is a brain injury that can have both short-term and long-term effects;
- a blow to the head, face, or neck, or a blow to the body may cause the brain to move around inside the skull and result in a concussion;
- a person doesn't need to lose consciousness to have had a concussion;
- an Athlete with a Suspected Concussion should stop participating in training, practice or competition **immediately**;
- I have a commitment to concussion recognition and reporting, including self-reporting of possible concussion and reporting to a designated person when an Individual suspects that another Individual may have sustained a concussion; and
- continuing to participate in further training, practice or competition with a Suspected Concussion increases a person's risk of more severe, longer lasting symptoms, and increases their risk of other injuries or even death.

I will create an environment where Individuals feel safe and comfortable speaking up. I will:

- encourage athletes not to hide their symptoms, but to tell me, an official, parent or another adult they trust if they experience **any** symptoms of concussion after an impact;
- lead by example. I will tell a fellow coach, official, team trainer and seek medical attention by a physician or nurse practitioner if I am experiencing any concussion symptoms;
- understand and respect that any athlete with a Suspected Concussion must be removed from sport and not permitted to return until they undergo a medical assessment by a physician or nurse practitioner and have been medically cleared to return to training, practice or competition.

- *For coaches only:* commit to providing opportunities before and after each training, practice and competition to enable athletes to discuss potential issues related to concussions.

I will support all Individuals to take the time they need to recover.

- I understand my commitment to supporting the Return-to-Sport process.
- I understand the athletes will have to be cleared by a physician or nurse practitioner before returning to sport.
- I will respect my fellow coaches, team trainers, parents, physicians and nurse practitioners and any decisions made with regards to the health and safety of my athletes.

By signing here, I acknowledge that I have fully reviewed and commit to this *Concussion Code of Conduct*.

Name and role (print)

Signature

Date

Appendix B – Concussion Recognition Tool 6 (CRT6)

CRT6™

Concussion Recognition Tool

To Help Identify Concussion in Children, Adolescents and Adults



What is the Concussion Recognition Tool?

A concussion is a brain injury. The Concussion Recognition Tool 6 (CRT6) is to be used by non-medically trained individuals for the identification and immediate management of suspected concussion. It is not designed to diagnose concussion.

Recognise and Remove

Red Flags: CALL AN AMBULANCE

If **ANY** of the following signs are observed or complaints are reported after an impact to the head or body the athlete should be immediately removed from play/game/activity and transported for urgent medical care by a healthcare professional (HCP):

- Neck pain or tenderness
- Seizure, 'fits', or convulsion
- Loss of vision or double vision
- Loss of consciousness
- Increased confusion or deteriorating conscious state (becoming less responsive, drowsy)
- Weakness or numbness/tingling in more than one arm or leg
- Repeated Vomiting
- Severe or increasing headache
- Increasingly restless, agitated or combative
- Visible deformity of the skull

Remember

- In all cases, the basic principles of first aid should be followed: assess danger at the scene, check airway, breathing, circulation; look for reduced awareness of surroundings or slowness or difficulty answering questions.
- Do not attempt to move the athlete (other than required for airway support) unless trained to do so.
- Do not remove helmet (if present) or other equipment.
- Assume a possible spinal cord injury in all cases of head injury.
- Athletes with known physical or developmental disabilities should have a lower threshold for removal from play.

If there are no Red Flags, identification of possible concussion should proceed as follows:

Concussion should be suspected after an impact to the head or body when the athlete seems different than usual. Such changes include the presence of **any one or more** of the following: visible clues of concussion, signs and symptoms (such as headache or unsteadiness), impaired brain function (e.g. confusion), or unusual behaviour.

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CRT6™

Developed by: The Concussion in Sport Group (CISG)

Supported by:





CRT6

Concussion Recognition Tool To Help Identify Concussion in Children, Adolescents and Adults



1: Visible Clues of Suspected Concussion

Visible clues that suggest concussion include:

- Loss of consciousness or responsiveness
- Lying motionless on the playing surface
- Falling unprotected to the playing surface
- Disorientation or confusion, staring or limited responsiveness, or an inability to respond appropriately to questions
- Dazed, blank, or vacant look
- Seizure, fits, or convulsions
- Slow to get up after a direct or indirect hit to the head
- Unsteady on feet / balance problems or falling over / poor coordination / wobbly
- Facial injury

2: Symptoms of Suspected Concussion

Physical Symptoms	Changes in Emotions
Headache	More emotional
"Pressure in head"	More irritable
Balance problems	Sadness
Nausea or vomiting	Nervous or anxious
Drowsiness	
Dizziness	Changes in Thinking
Blurred vision	Difficulty concentrating
More sensitive to light	Difficulty remembering
More sensitive to noise	Feeling slowed down
Fatigue or low energy	Feeling like "in a fog"
"Don't feel right"	
Neck Pain	Remember , symptoms may develop over minutes or hours following a head injury.

3: Awareness

(Modify each question appropriately for each sport and age of athlete)

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

- "Where are we today?"
- "What event were you doing?"
- "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 PRACTICE OR PLAY and should NOT RETURN TO ANY ACTIVITY WITH RISK OF HEAD CONTACT, FALL OR COLLISION, including SPORT ACTIVITY until ASSESSED MEDICALLY, even if the symptoms resolve.

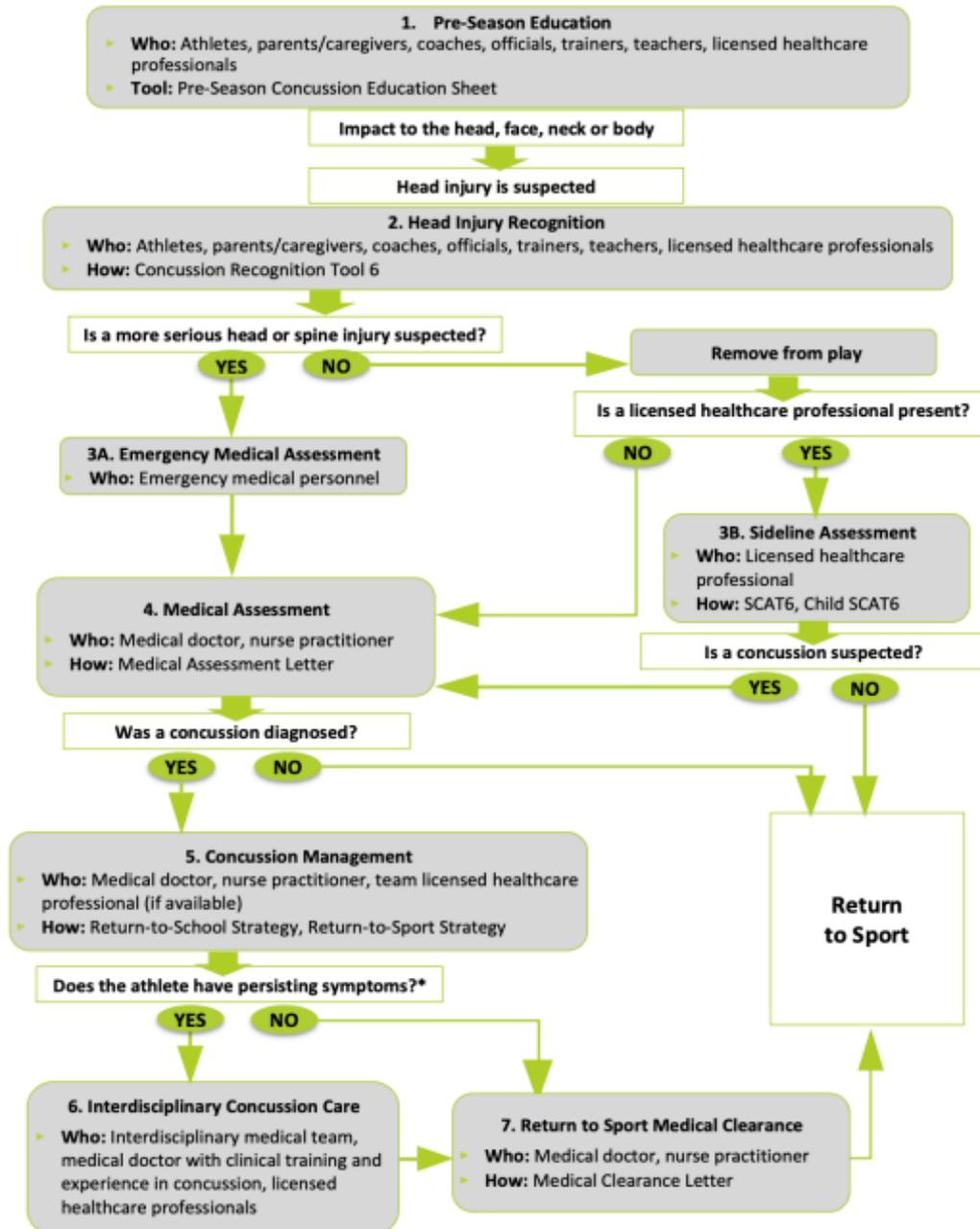
Athletes with suspected concussion should **NOT**:

- Be left alone initially (at least for the first 3 hours). Worsening of symptoms should lead to immediate medical attention.
- Be sent home by themselves. They need to be with a responsible adult.
- Drink alcohol, use recreational drugs or drugs not prescribed by their HCP
- Drive a motor vehicle until cleared to do so by a healthcare professional

Appendix C – Sport Concussion Pathway

Canadian Sport Concussion Pathway

The flowchart that follows is a visual representation of the decision-making pathway that reflects the recommendations in this guideline.



*Persisting symptoms: lasting longer than 4 weeks



Appendix D – Suspected Concussion Report Form

Player Name:		DOB:	
Date & Time of Injury:		Club Name:	
Division & Tier:		Location of Injury:	
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?
<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.)	
		Yes
		No

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