



Policy 08/2016

Concussion Management Guidelines

Update Approved by the Board: 30th August 2016
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1 Background

Concussion refers to a disturbance in brain function caused by a direct or indirect force to the head. The effect concussion can have on a participant can vary from person to person, and injury to injury. Usually the changes are temporary and the majority of participants recover completely if managed correctly. Concussion is a relatively common injury in many sport and recreational activities. Softball WA, Associations and Clubs have an important role to play in preventing the likelihood of concussion occurring, and managing and rehabilitating injured participants. In considering the best practise management of concussion in sport and recreation, the critical element remains the welfare of the participant, both in the short and long term.

2 Purpose

These guidelines aim to establish a set of guidelines and standards to prevent, and effectively manage, any concussions sustained through the game of Softball in Western Australia. Any participant (including players, umpires, scorers or coaches) with suspected concussion must be withdrawn from the activity, referred to a medical practitioner immediately for assessment and diagnosis and not to return to the activity that day.

The effect that a concussion has on a participant can vary from person to person, depending on which part of the brain is affected. It can cause visible signs to those who witnessed the collision, including loss of consciousness.

3 Concussion Recognition and Management

By utilising the 5 R's we can ensure that the health and well being of participants remains the number one priority.

These include:

1. Recognise



2. Removal
3. Referral
4. Rest
5. Return to play

4 Game Day Management

4.1 Recognising the injury

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

- Loss of consciousness
- Dazed, blank or vacant look
- Headache, blurred vision, dizziness
- Confused/not aware of plays or events
- Balance problems (unsteadiness)
- Lying motionless on ground/slow to get up
- Grabbing or clutching head

Refer to the Softball WA Pocket Concussion Recognition Tool to help identify concussion. It is important to note that brief sideline evaluation tools are designed to recognise a concussion but they cannot replace a **comprehensive medical assessment**.

4.2 Removing the participants from the game

Initial management must adhere to the first aid rules, including airway, breathing, circulation and spinal immobilisation. Any participant with a suspected concussion must be removed from the game. (See section below for management of the unconscious participant).

Removing them from the game allows the opportunity to properly evaluate the injury.

Any participant who has suffered a concussion must not be allowed to return to play in the same game. In the case of an unconscious participant, they must only be moved by qualified



health professionals. If no qualified health professional is on site, the participant must not be moved – call and await arrival of the ambulance.

It is important not to be influenced by the individual, other players, coaching staff, trainers, and parents or any others suggesting that they return to the game. **If there is any doubt, sit them out!**

4.3 **Refer the person**

All participants with concussion or a suspected concussion need a medical assessment by a registered medical doctor. If a doctor is not present, then the participant should be sent to a local general practice or local hospital emergency department. Urgent transfer to hospital is required if the participant displays any of the following symptoms:

- Loss of consciousness or seizures
- Confusion
- Deterioration following their injury (e.g. vomiting, increased headaches or drowsiness)
- Neck pain or spinal cord symptoms (e.g. numbness, tingling or weakness)

If there is any doubt on the participant's condition they should be referred to hospital.

5 **Follow Up Management**

5.1 **Rest**

Rest is very important after a concussion because it helps the brain to heal. Concussions affect people differently. While most people with a concussion recover quickly and fully, some will have symptoms that last for days or even weeks. A more serious concussion can last for months or longer. It is important that people do not ignore their symptoms and in general, a more conservative approach be used in cases where there is any uncertainty.

5.2 **Return**

A concussed participant must not be allowed to return to play, or on the case of juniors must not return to school, before having a medical clearance. In every case the decision regarding the timing of return to school or play should be made by a medical doctor with experience in



managing concussion. Junior participants should not return to play until they have returned to school.

Participants should be returned to sport in a graduated manner that should be supervised by their medical practitioner. See player example below:

Rehabilitation Stage	Exercise/Activity Suggestions
<i>No Activity Stage</i>	<ul style="list-style-type: none"> • <i>Chalk Board Sessions</i> • <i>Provide scenarios and have player memorise signs/plays</i>
<i>Light Aerobic Activity Stage after 24 hours of symptoms resolving</i>	<ul style="list-style-type: none"> • <i>Light jogging</i> • <i>Light stretching</i> • <i>No throwing or swings</i>
<i>Sport Specific Exercise Stage</i>	<ul style="list-style-type: none"> • <i>Increasing intensity of jogging/running as tolerated</i> • <i>Player can now jog/run to bases/positions</i> • <i>Throwing stages/breakdown</i> • <i>Progress to full throws</i>
<i>Non-Contact Training Drills</i>	<ul style="list-style-type: none"> • <i>Throwing and catching</i> • <i>Hitting wiffle balls</i> • <i>Continue with tracking drills/pitch recognition drills</i> • <i>Base running drills</i> • <i>No base runners to minimise risk of collisions</i>
<i>Full Contact Practice</i>	<ul style="list-style-type: none"> • <i>Full practice with team including sliding, hitting real balls, and base runners</i>
<i>Return to Play</i>	<ul style="list-style-type: none"> • <i>Game</i>

(Reference: McCrory et al, 2012 – Consensus Statement on Concussion in Sport – the 4th International Conference on Concussion in Sport)

It is important to note there should be approximately 24 hours between stages. If a player becomes symptomatic at any stage they should drop back to the previous symptom free level and try to progress again after 24 hours. If a player continues to be symptomatic for more than 10 days they should be reviewed again by a medical practitioner.



Appendix 1 Pocket Concussion Recognition Tool

Adopted: 30th August 2016

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Appendix 1 – Concussion Management Policy

POCKET CONCUSSION RECOGNITION TOOL

To assist in the identification of concussion in children, youth and adults

RECOGNISE AND REMOVE

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

1. Visible cues of suspected concussion

Any one of more of the following visual cues can indicate 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 and symptoms may suggest a concussion

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

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 participant with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, and should not be returned to activity until they are assessed medically. Participants 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 participant be 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 participant should be safely and immediately removed from the field. If no qualified medical professional is available, consider transporting by ambulance for urgent medical assessment:

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

Remember:

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

References:

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