Concussion Policy

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1 Preamble

1.1 This policy sets out the guiding principles and provides general advice regarding the management of concussion in softball in Australia.

1.2 This policy has been produced by Softball Australia.

1.3 This policy is of a general nature only. Individual treatment will depend on the facts and circumstances specific to each individual case. This policy is not intended as a standard of care and should not be interpreted as such.

1.4 This policy will be reviewed regularly by Softball Australia and will be modified according to the development of new knowledge. The latest version of this policy can be found here: http://www.softball.org.au/resources/.

2 Definition

2.1 Concussion is a brain injury and is defined as a complex pathophysiological process affecting the brain, induced by biomechanical forces.

2.2 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.

2.3 The purpose of this policy is to outline the standards and guidelines regarding the management of concussion in softball in Australia.

3 Recognising the injury

Immediate visual indicators of concussion include:

(a) Loss of consciousness or responsiveness;

(b) Lying motionless on the ground/slow to get up;

(c) A dazed, blank or vacant expression;

(d) Appearing unsteady on feet, balance problems or falling over;

(e) Grabbing or clutching of the head;

(f) Impact seizure or convulsion.

Concussion can include one or more of the following symptoms:

(g) Symptoms: Headache, dizziness, “feeling in a fog”;

(h) Behavioural changes: Inappropriate emotions, irritability, feeling nervous or anxious.

(i) Cognitive impairment: Slowed reaction times, confusion/disorientation not aware of location or score, poor attention and concentration, loss of memory for events up to and/or after the concussion.

4 Removing the players from the game

Initial management should recognise first aid rules, including DRSABCD: danger, response, send for help, airway, breathing, circulation and defibriliation.

4.1 Any player with a suspected concussion should be immediately removed from play, and should not be returned to activity until they are assessed by a qualified medical practitioner. Players with a suspected concussion should not be left alone and should not drive a motor vehicle. Only qualified medical practitioners should diagnose whether a concussion has occurred, or provide advice as to whether the player can return to play. There should be no return to play on the day of a concussive injury.

4.2 Any player who has suffered a concussion **must not** be allowed to return to play in the same game or otherwise on the same day. In the case of an unconscious player, 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.

4.3 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**!

5 Return

5.1 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 (Sports Doctor). Junior participants should not return to play until they have returned to school.

5.2 Participants should be returned to sport in a graduated manner that should be supervised by their medical practitioner. See Annexure 1.

6 Pocket Concussion Recognition Tool

6.1 The Pocket Concussion Recognition Tool was designed to help identify concussion in children, youth and adults, and is a quick reference guide that can be referred to at any time for concussion recognition and management – see link below:

https://bjsm.bmj.com/content/bjsports/early/2017/04/26/bjsports-2017-097508CRT5.full.pdf.

Annexure 1 – Graduated Return to Play Program

Rehabilitation Level	Functional exercise at each stage of rehabilitation	Objective of each stage
Level 1 No activity, minimum 24 hours following the injury where managed by a medical practitioner, otherwise minimum 14 days following the injury	Complete physical and cognitive rest without symptoms. Only proceed to Level 2 once ALL symptoms have resolved for a full 24-hour period.	Recovery
Level 2 Light aerobic exercise during 24-hour period	Walking, swimming or stationary cycling keeping intensity, <70% maximum predicted heart rate. No resistance training. Symptom free during full 24-hour period following the commencement of Level 2.	Increase heart rate
Level 3 Sport-specific exercise during 24-hour period	Running drills. No head impact activities. Symptom free during full 24-hour period following the commencement of Level 3.	Add movement
Level 4 Non-contact training drills during 24-hour period	Progression to more complex training drills, e.g. passing drills. May start progressive resistance training. Symptom free during full 24-hour period following the commencement of Level 4.	Exercise, coordination, and cognitive load
Level 5 Full Contact Practice during 24-hour period	Following medical clearance participate in normal training activities. Symptom free for a full 24- hour period following the commencement of Level 5.	Restore confidence and assess functional skills by coaching staff
Level 6 After 24 hours return to play	Return to play if remain symptom-free a minimum of 24 hours after full contact practice.	Player rehabilitated and recovered

Document control

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