Concussion Policy

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1 Introduction

1.1 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.

1.2 The purpose of this Concussion Policy document is to outline the standards and guidelines regarding the management of concussion in Baseball in Victoria.

2 Concussion Recognition and Management

2.1 By utilising the 5 Rs we can ensure that the health and wellbeing of participants remains the number one priority.

2.2 These include:

- Recognise
- Removal
- Referral
- Rest
- Return to play

Recognising the injury

2.3 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

2.4 Refer to the 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.**

Removing the participants from the game

2.5 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.

2.6 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.

2.7 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**!

Refer the person

2.8 All participants with concussion or a suspected concussion need a medical assessment by a registered sports and/or medical doctor for return to play guidance. 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)

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

Rest

2.10 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.

Return

2.11 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.

2.12 Participants should be returned to sport in a graduated manner that should be supervised by their medical practitioner. See player example (Appendix 1).

3 Pocket Concussion Recognition Tool

3.1 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 – available online.

Appendix 1

Rehabilitation Stage	Exercise/Activity Suggestions
No activity stage	• Physical and cognitive rest
Light aerobic activity stage after 24 hours of no symptoms	• Light jogging • Light stretching • No throwing or swings • Intensity must be < 70% max heart rate
Sport specific exercise stage	• Increasing intensity of jogging/running as tolerated • Player can now jog/run to bases/positions • Throwing stages/breakdown • Progress to full throws
Non-contact training drills	• Throwing and catching • Infield/Outfield drills • Hitting wiffle balls • Continue with tracking drills/pitch recognition drills • Base running drills • No base runners to minimise risk of collisions
Full contact practise	• Following medical clearance. Full practise with team including sliding, hitting real balls, and base runners
Return to play	• Game

(Reference: McCrory et al, 2013 – 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 rest until symptoms resolve once again and resume the program at the previous asymptomatic stage. If a player continues to be symptomatic for more than 10 days they should be reviewed by a Sports Physician.

For more information, refer to SMA Position Statement on Concussion or download the SMA Concussion Booklet.

Document control

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