



Etobicoke Girls Softball League Concussion Policy Summary

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



STEP 2: Most caring adult completes Etobicoke Girls Softball League Suspected Concussion Report Form and provides a copy to:

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

2) EGSL President:
etobicokegirlssoftball@gmail.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/anxiety, irritable

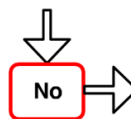
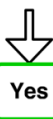
***Medical professional includes:** Medical doctor, family physician, pediatrician, emergency room physician, sports-medicine physician, neurologist or nurse practitioner.
Documentation from any other source will not be acceptable

Call 911 immediately
to go to nearest Emergency Department

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

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

Send medical documentation of diagnosis to team coach/trainer to send to EGSL President



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

STEP 5: Enter Stage 1 of EGSL Return to Play Protocol

Send medical documentation of no diagnosis to coach/trainer to send to EGSL president before on-field activity

Receive clearance from team coach/trainer

Return to game play



Etobicoke Girls Softball League 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"/> Headache that worsen	<input type="checkbox"/> Can't recognize people or places	Was 911 Called? <input type="checkbox"/> Yes <input type="checkbox"/> 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 coach 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 coach/trainer in the event of a suspected concussion in any Etobicoke Girls Softball League (EGSL) activity. Once this form is complete, give one copy of this report to parent/guardian and the other to the EGSL president, EMAIL: etobicokegirlsoftball@gmail.com. Parents are to take this form to a medical professional immediately.

* Please review Etobicoke Girls Softball League Concussion Policy for list of appropriate medical professionals for diagnosis.



Etobicoke Girls Softball League Return to Play Protocol

Stage 1: Rest and energy conservation (*at least 24 hours*)

- Rest your brain and body (stop studying, working and playing)
- Conserve your brain and body's energy, it is needed to feel well and allow the brain to heal

Stage 1: Signature of completion (requires player & parent/guardian signatures)

I confirm that _____ completed Stage 1 for minimum of 24 hours with no symptoms on _____
MM/DD/YY

(Player Signature)

(Parent/Guardian Signature)

Stage 2: Light general exercise (*at least 24 hours*)

- Off-field activities
- Begin with a warm up (stretching/flexibility) for 5-10 minutes
- Start a cardio workout for 15-20 minutes which can include: stationary bicycle, elliptical, treadmill, fast paced walking, light jog, rowing or swimming (50% intensity)

Stage 2: Signature of completion (requires player & parent/guardian signatures)

I confirm that _____ completed Stage 2 for minimum of 24 hours with no symptoms on _____
MM/DD/YY

(Player Signature)

(Parent/Guardian Signature)

Stage 3: General conditioning and softball specific skills work done individually (*at least 24 hours*)

- Off-field activities
- Begin with a warm up (stretching/flexibility) for 5-10 minutes
- Increase intensity and duration of cardio workout to 20-30 minutes
- Begin softball specific skill work: running,
- 50-60% intensity

Stage 3: Signature of completion (requires player & parent/guardian signatures)

I confirm that _____ completed Stage 3 for minimum of 24 hours with no symptoms on _____
MM/DD/YY

(Player Signature)

(Parent/Guardian Signature)

Stage 4: General conditioning and softball specific skill work done with a teammate (*at least 24 hours*)

- Can begin on-field activities
- Increase duration up to 60 minutes. Begin resistance training including neck and core strengthening exercises
- Begin on-field warm-up
- Begin on-field practice of softball drills with a partner: fielding, hitting

Stage 4: Signature of completion (requires player, parent/guardian & coach/trainer signatures)

I confirm that _____ completed Stage 3 for minimum of 24 hours with no symptoms on _____
MM/DD/YY

(Player Signature)

(Parent/Guardian Signature)

(Coach/Trainer)