



CONCUSSION POLICY AND PROTOCOL*

Upper Ottawa Valley Little League

* This Policy does not constitute any medical advice and does not contain any medical diagnoses, symptom assessments or medical opinions.

1. Preamble

- 1.1 Whereas the education and awareness of concussions is an important part of providing a safe sporting environment; and whereas Upper Ottawa Valley Little League is committed to taking all reasonable steps to provide a safe and secure sporting environment for athletes, coaches, umpires and third parties in its activities.
- 1.2 Upper Ottawa Valley Little League concussion Management Protocol, is in alignment with Rowan's law
- 1.3 This applies to all sanctioned events including games, practices, tournaments and clinics
- 1.4 Failure to follow protocol may face penalties including revocation of membership

2. Purpose

The purpose of this Policy is to contribute to a safe sporting environment through education and by promoting awareness of concussion diagnosis and graduated return to play of players who have suffered a concussion.

3. Definition

3.1 Individual – applies to but not limited to athletes, coaches, officials, volunteers, managers, administrators, directors and officers of the Upper Ottawa Valley Little League, and parent/guardians of the athletes.

3.2 A concussion:

- a. Is a brain injury that causes changes in how the brain functions, leading to symptoms that can be physical (e.g., headache, dizziness), cognitive (e.g., difficulty concentrating or remembering), emotional/behavioural (e.g., depression, irritability) and/or related sleep (e.g., drowsiness, difficulty falling asleep);
- b. May be caused either by a direct blow to the head, face or neck, or a blow to the body that transmits a force to the head that causes the brain to move rapidly within the skull;
- c. Can occur even if there has been no loss of consciousness (In fact most concussions occur without a loss of consciousness); and,
- d. Cannot normally be seen on X-rays, standard CT scans or MRIs.
- e. Can take 24-36 hours for symptoms to appear
- f. Symptoms can last up to 4 weeks in children and in some cases symptoms are prolonged

- research suggests that a youth who suffers a second concussion before he/she is symptom free from the first concussion is susceptible to prolonged period of recovery and there is a rare condition (second impact syndrome) that causes rapid and severe brain swelling with often catastrophic results

Definition cited from, Ministry of Tourism, Culture and Sport Concussion Guideline

4. Prevention:

4.1 For safety of our athletes and spectators, warnings will be placed/announced at fields reminding all to be aware of surroundings and to keep their heads up.

4.2 Limit head and body contact

4.3 Ensure proper equipment is used, inspected on a regular basis and has a proper fit

4.4 Facilities shall be checked to ensure a safe environment for participation

5. Education:

5.1 Youth baseball players, coaches and parents will be provided education on sport- related concussions.

a. All parents, coaches, players and umpires will complete concussion education annually prior to registering using resources provided by the Province of Ontario.

b. Access to appropriate concussion education resources provided by the Province of Ontario will be posted on our website

c. All parents and athletes will sign a **“Participation agreement”** at the time of registration acknowledging that they have reviewed the ministry’s concussion education information and that they understand the signs and symptoms of concussion

d. Players will sign a **“Code of Conduct”**

5.2 Education will be provided at coaches preseason meeting regarding concussion recognition and management

5.3 Coaches will sign a **“Code of conduct- concussion awareness form”**

5.4 Upper Ottawa Valley Little League will provide all teams with First Aid kits that contain an appropriate **“Concussion Recognition Tool”**

5.5 Upper Ottawa Valley Little League will provide access to an appropriate **“Concussion Recognition Tool”** on its website

6. Identification/Recognition/Removal/Referral

Any participant who experiences a blow to the head or another part of the body with significant transmittal force and is experiencing signs or symptoms of a concussion (see below chart) is considered to have a suspected concussion.

Concussion can be identified by self reported signs and symptoms, observed signs by coach/official/executive/parent or peer reported signs.

General Concussion Symptoms		
Nausea/vomiting	Numbness/tingling	Drowsiness
Headache	Feeling mentally foggy	Sleeping more/less
Dizziness	Feeling slowed down	Trouble falling asleep
Visual Problems	Difficulty concentrating	Sensitive to light
Balance Problems	Difficulty remembering	Sensitive to noise
Irritability	Sadness	Nervous/anxious
More emotional	fatigue	Dazed, blank look
Grabbing/clutching head		

Red flags		
Neck pains	Increasing confusion or irritability	Weakness/tingling in arms or legs
Seizures/convulsions	Repeated vomiting	Deteriorating consciousness
Severe or increasing headache	Unusual behaviour	Double vision
Slurred speech		

It is the responsibility of both the coaches and umpires to identify a potential occurrence of a concussion and follow this protocol. And remember, “When in doubt, sit them out”

When a suspected concussion has occurred

- 1- Individual is removed from activity immediately
 - a. If the individual is unconscious, unresponsive or has a suspected neck injury, call 911, leave the player on the field and begin first aid to maintain airway while stabilizing neck. Do not remove helmet.
 - b. If the individual is conscious, remove from field or play and assess for signs and symptoms (as in above tables)
- 2- Parent or guardian is contacted by coach/team manager
- 3- Individual must be monitored until released to parent/guardian or to paramedic
 - a. Injured person may not drive themselves
- 4- **“Suspected concussion report form”** must be completed by the coach and submitted to the safety officer at safety@uovll.ca
 - a. If possible, a photo can be taken of the form and emailed to the safety office while the original can be provided to the parent/guardian to take with to see the physician

- 5- It is the responsibility of the parent/guardian to take the individual to see a medical doctor or nurse practitioner within 24 hours
 - a. **“Concussion Return to Play certification form”** must be completed by a physician or nurse practitioner and submitted to the safety officer at safety@uovll.ca
 - i. If the medical professional determines the individual has not had a concussion, parent/guardian continues to monitor for 24 hours and then player may return to play
 - ii. If the medical professional determines the individual to have had a concussion, they will begin step #1 of graduated return to play
 - 1. Note individual only advances from each step if they have no symptoms at the current step for at least 24 hours
 - 2. Individual may only advance to games once signed off by medical professional
 - 3. Parent/guardian are also responsible for notifying individual’s other activities of concussion (ie: other sports, school) to help ensure safe play and well being of the individual

If a coach is made aware of a concussion which has occurred at a location other than a Little League event, then documentation should also be provided from a health professional when the individual is cleared to return to sport.

7. Tracking

7.1 Injury tracking sheets that are submitted to the association will be reviewed on a yearly basis to monitor for injury incidence and to develop strategies to reduce their risks

7.2 The association will maintain records of reported concussions and documentation of clearance to return to play

8. Evaluation

8.1 This policy will be reviewed every 4 years to ensure it is up to date

8.2 Policy may be amended if there is any new legislation or new evidence in best management of concussions.

Date of last review: March 25, 2024

Policy created: Feb 21, 2020