



# BC Amateur Baseball Association

#310 – 15225 104<sup>th</sup> Avenue, Surrey, BC V3R 6Y8

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## Concussion Policy & Protocol

### 1.0 Introduction

Baseball BC believes in fostering a safe, welcoming, and inclusive environment for participants. Baseball BC has adopted the Baseball Canada concussion policy & protocol to help guide the management of participants who may have a suspected concussion as a result of participation in baseball activities.

For the purpose of this document, a participant is defined as an athlete, coach, or umpire.

### 2.0 Purpose

This policy & protocol covers the recognition, medical diagnosis, and management of participants who may sustain a suspected concussion during a baseball activity. It aims to ensure that participants with a suspected concussion receive timely and appropriate care and proper management to allow them to return to baseball safely. This protocol may not address every possible clinical scenario that can occur during baseball-related activities but includes critical elements based on the latest evidence and current expert consensus.

### 3.0 Who should use this policy & protocol?

This protocol is intended for use by all individuals who interact with athletes inside and outside the context of school and non-school based organized baseball activity, including athletes, parents, coaches, officials, teachers, trainers, and licensed healthcare professionals.

### 4.0 Pre-Season Education

Despite recent increased attention focusing on concussion, there is a continued need to improve concussion education and awareness. Optimizing the prevention and management of concussion depends highly on annual education of all baseball stakeholders (athletes, parents, coaches, officials, teachers, trainers, licensed healthcare professionals) on current evidence-informed approaches that can prevent concussion and more serious forms of head injury and help identify and manage a participant with a suspected concussion.



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Concussion education should include information on:

- the definition of concussion,
  - possible mechanisms of injury,
  - common signs and symptoms,
  - steps that can be taken to prevent concussions and other injuries from occurring in baseball,
  - what to do when a participant has suffered a suspected concussion or more serious head injury,
  - what measures should be taken to ensure proper medical assessment,
  - return-to-school and return-to-baseball strategies,
  - return-to-baseball medical clearance requirements
- ▶ **Who:** Athletes, parents, coaches, umpires, teachers, and trainers, licensed healthcare professionals.
- ▶ **How:** Pre-season concussion education sheet

All parents, athletes, coaches, and umpires should review and submit a signed copy of the *pre-season concussion education sheet* to their coach prior to the first practice of the season. In addition to reviewing information on concussion, it is also important that all baseball stakeholders have a clear understanding of the Baseball BC concussion policy & protocol. For example, this can be accomplished through pre-season in-person orientation sessions for athletes, parents, coaches, and other sport stakeholders.

## 5.0 Head Injury Recognition

Although the formal diagnosis of concussion should be made following a medical assessment, all baseball stakeholders are responsible for the recognition and reporting of participants who may demonstrate visual signs of a head injury or who report concussion-related symptoms. This is particularly important because many baseball venues will not have access to on-site licensed healthcare professionals.

A concussion should be suspected if a participant sustains a significant impact to the head, face, neck, or body and demonstrates any of the visual signs of a suspected concussion or reports *any* symptoms of a suspected concussion as detailed in the *Concussion Recognition Tool 5*. If a participant reports any concussion symptoms to one of their peers, parents, teachers, or coaches or if anyone witnesses a participant exhibiting any of the visual signs of concussion.



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In some cases, a participant may demonstrate signs or symptoms of a more severe head or spine injury including convulsions, worsening headaches, vomiting, or neck pain. If an athlete demonstrates any of the 'red flags' indicated by the *Concussion Recognition Tool 5*, a more severe head or spine injury should be suspected, and an emergency medical assessment should be pursued.

- ▶ **Who:** Athletes, parents, coaches, umpires, teachers, trainers, and licensed healthcare professionals
- ▶ **How:** [Concussion Recognition Tool 5](#)

## 6.0 Onsite Medical Assessment

Depending on the suspected severity of the injury, an initial assessment may be completed by emergency medical professionals or by an on-site licensed healthcare professional where available. In cases where a participant loses consciousness or it is suspected they might have a more severe head or spine injury, an emergency medical assessment, by emergency medical professionals, should take place. If a more severe injury is not suspected, the participant should undergo a sideline medical assessment or medical assessment, depending on if there is a licensed healthcare professional present.

### 6.1 Emergency Medical Assessment

If a participant is suspected of sustaining a more severe head or spine injury during a game or practice, an ambulance should be called immediately to transfer the patient to the nearest emergency department for further medical assessment.

Coaches, parents, teachers, trainers, and umpires should not make any effort to remove equipment or move the participant until an ambulance has arrived. The participant should not be left alone until the ambulance arrives. After the emergency medical services staff has completed the emergency medical assessment, the participant should be transferred to the nearest hospital for medical assessment. In the case of youth (under 19 years of age), the participant's parents should be contacted immediately to inform them of the injury. For participants over 18 years of age, their emergency contact person should be contacted if one has been provided.

- ▶ **Who:** Emergency medical professionals



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## 6.2 Sideline Medical Assessment

If a participant is suspected of sustaining a concussion and there is no concern for a more serious head or spine injury, the participant should be immediately removed from the field of play.

### **Scenario 1: If a licensed healthcare professional is present**

The participant should be taken to a quiet area and undergo a sideline medical assessment using the Sport Concussion Assessment Tool 5 (SCAT5) or the Child SCAT5. The SCAT5 and Child SCAT5 are clinical tools that should only be used by a licensed healthcare professional that has experience using these tools. It is important to note that the results of SCAT5 and Child SCAT5 testing can be normal in the setting of acute concussion. As such, these tools can be used by licensed healthcare professionals to document initial neurological status but should not be used to make sideline return-to-sport decisions in youth athletes. Any youth participant who is suspected of having sustained a concussion must not return to the game or practice and must be referred for medical assessment.

If a youth participant is removed from play following a significant impact and has undergone assessment by a licensed healthcare professional, but there are no visual signs of a concussion and the participant reports no concussion symptoms, then the participant can be returned to play but should be monitored for delayed symptoms.

### **Scenario 2: If there is no licensed healthcare professional present**

The participant should be referred immediately for medical assessment by a medical doctor or nurse practitioner and the participant must not return to play until receiving medical clearance.

- ▶ **Who:** Athletic therapists, physiotherapists, medical doctor.
- ▶ **How:** [Sport Concussion Assessment Tool 5 \(SCAT5\)](#), [Child Sport Concussion Assessment Tool 5 \(Child SCAT5\)](#)

*Baseball BC highly recommends that a participant be taken out of the game (with the right to return to play) if hit on the head, face, or neck, including the following scenarios:  
batter hit on the helmet, catcher/umpire hit by a foul tip, pitcher hit with a batted ball.*

*Other scenarios to be considered include: a fielder hitting a fence or a post, a runner hitting a defender's hard body part (knee, elbow), or fielders entering in a collision.*



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## 7.0 Medical Assessment

In order to provide comprehensive evaluation of participant with a suspected concussion, the medical assessment must rule out more serious forms of traumatic brain and spine injuries, must rule out medical and neurological conditions that can present with concussion-like symptoms, and must make the diagnosis of concussion based on findings of the clinical history and physical examination and the evidence-based use of adjunctive tests as indicated (i.e CT scan). In addition to nurse practitioners, medical doctors that are qualified to evaluate patients with a suspected concussion include: pediatricians; family medicine, sports medicine, emergency department, internal medicine, and rehabilitation (physiatrists) physicians; neurologists; and neurosurgeons.

In geographic regions of Canada with limited access to medical doctors (i.e. rural or northern communities), a licensed healthcare professional (i.e. nurse) with pre-arranged access to a medical doctor or nurse practitioner can facilitate this role. The medical assessment is responsible for determining whether the athlete has been diagnosed with a concussion or not. Participants with a diagnosed concussion should be provided with a *medical assessment letter* indicating a concussion has been diagnosed. Participants that are determined to have not sustained a concussion must be provided with a *medical assessment letter* indicating a concussion has not been diagnosed and the athlete can return to school, work, and sports activities without restriction.

- ▶ **Who:** Medical doctor, nurse practitioner, nurse
- ▶ **How:** *Medical Assessment Letter*

## 8.0 Concussion Management

When a participant has been diagnosed with a concussion, it is important that the participant's parent/legal guardian is informed. All participants diagnosed with a concussion must be provided with a standardized *medical assessment letter* that notifies the participant and their parents/legal guardians that they have been diagnosed with a concussion and may not return to any activities with a risk of concussion until medically cleared to do so by a medical doctor or nurse practitioner. Because the *medical assessment letter* contains personal health information, it is the responsibility of the participant or their parent/legal guardian to provide this documentation to the athlete's coaches, teachers, or employers. It is also important for the athlete to provide this information to baseball organization officials that are responsible for injury reporting and concussion surveillance where applicable.



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Participants diagnosed with a concussion should be provided with education about the signs and symptoms of concussion, strategies about how to manage their symptoms, the risks of returning to sport without medical clearance, and recommendations regarding a gradual return to school and sport activities. Participants diagnosed with a concussion are to be managed according to their *return-to-school and baseball-return-to-play strategy* under the supervision of a medical doctor or nurse practitioner. When available, participants should be encouraged to work with the team athletic therapist or physiotherapist to optimize progression through their *baseball-return-to-play strategy*. Once the participant has completed their *return-to-school and baseball-return-to-play strategy* and are deemed to be clinically recovered from their concussion, the medical doctor or nurse practitioner can consider the participant for a return to full sports activities and issue a *medical clearance letter*.

The stepwise progressions for *return-to-school and baseball-return-to-play strategies* are outlined below. As indicated in stage 1 of the *return-to-baseball strategy*, reintroduction of daily, school, and work activities, using the *return-to-school strategy*, must precede return to sport participation.

## 8.1 Return-to-School Strategy

The following is an outline of the *return-to-school strategy* that should be used to help student-athletes, parents, and teachers collaborate in allowing the participant to make a gradual return to school activities. Depending on the severity and type of the symptoms present, student-athletes will progress through the following stages at different rates. If the student-athlete experiences new symptoms or worsening symptoms at any stage, they should go back to the previous stage. Athletes should also be encouraged to ask their school if they have a school-specific return-to-learn program in place to help student-athletes make a gradual return to school.



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Stage	Aim	Activity	Goal of each step
1	Daily activities at home that do not give the student-athlete symptoms	Typical activities during the day as long as they do not increase symptoms (i.e. reading, texting, screen time). Start at 5-15 minutes at a time and gradually build up.	Gradual return to typical activities
2	School activities	Homework, reading or other cognitive activities outside of the classroom.	Increase tolerance to cognitive work
3	Return to school part-time	Gradual introduction of schoolwork. May need to start with a partial school day or with increased breaks during the day.	Increase academic activities
4	Return to school full-time	Gradually progress	Return to full academic activities and catch up on missed schoolwork

McCroly et al. (2017). Consensus statement on concussion in sport – the 5<sup>th</sup> international conference on concussion in sport held in Berlin, October 2016. *British Journal of Sports Medicine*, 51(11), 838-847.

## 8.2 Return-to-Baseball Strategy

The following is an outline of the return-to-baseball strategy that should be used to help athletes, coaches, trainers, and medical professionals to partner in allowing the athlete to make a gradual return to baseball activities. An initial period of 24-48 hours of rest is recommended before starting the *return-to-baseball strategy*. The participant should spend a minimum duration of 24 hours without symptom increases at each stage before progressing to the next one. If the participant experiences new symptoms or worsening symptoms at any stage, they should go back to the previous stage. It is important that youth and adult student-athletes return to full-time school activities before progressing to stage 5 and 6 of the return-to-baseball strategy. It is also important that all athletes provide their coach with a *medical clearance letter* prior to returning to full contact sport activities.



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Stage	Aim	Activity	Goal of each step
1	Symptom-limiting activity	Daily activities that do not provoke symptoms.	Gradual re-introduction of work/school activities
2	Light aerobic activity	Walking or stationary cycling at slow to medium pace. No resistance training. -Light intensity jogging or stationary cycling for 15-20 minutes at sub-symptom threshold intensity	Increase heart rate
3	Baseball-specific exercise	Running drills. No head impact activities - Moderate intensity jogging for 30-60 minutes at sub-symptom threshold intensity - Low to moderate impact throwing, receiving, hitting and agility drills	Add movement
4	Non-contact training drills	Harder training drills, i.e. running catches. May start progressive resistance training. - Participation in high intensity running and drills - Non-contact practice without risk of colliding with another participant - Participation in resistance training workouts	Exercise, coordination and increased thinking
5	Full practice	Following medical clearance - Participation in full practice without activity restriction	Restore confidence and assess functional skills by coaching staff
6	Return to baseball	Normal game play	

McCroly et al. (2017). Consensus statement on concussion in sport – the 5<sup>th</sup> international conference on concussion in sport held in Berlin, October 2016. *British Journal of Sports Medicine*, 51(11), 838-847.

- ▶ **Who:** Medical doctor, nurse practitioner and team athletic therapist or physiotherapist (where available)
- ▶ **How:** *Return-to-Learn Strategy, Return-to Baseball Strategy, Medical Assessment Letter*

## 9.0 Multidisciplinary Concussion Care

Most participants who sustain a concussion while participating in baseball will make a complete recovery and be able to return to full school and baseball activities within 1-4 weeks of injury. However, approximately 15-30% of individuals will experience symptoms that persist beyond this time frame. If available, individuals who experience persistent post-concussion symptoms (>4 weeks for youth athletes, >2 weeks for adult athletes) may benefit from referral to a medically supervised multidisciplinary concussion clinic that has access to professionals with licensed training in traumatic brain injury that may include experts in sport medicine,



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neuropsychology, physiotherapy, occupational therapy, neurology, neurosurgery, and rehabilitation medicine.

Referral to a multidisciplinary clinic for assessment should be made on an individualized basis at the discretion of an athlete's medical doctor or nurse practitioner. If access to a multidisciplinary concussion clinic is not available, a referral to a medical doctor with clinical training and experience in concussion (e.g. a sport medicine physician, neurologist, or rehabilitation medicine physician) should be considered for the purposes of developing an individualized treatment plan. Depending on the clinical presentation of the individual, this treatment plan may involve a variety of health care professionals with areas of expertise that address the specific needs of the athlete based on the assessment findings.

- ▶ **Who:** Multidisciplinary medical team, medical doctor with clinical training and experience in concussion (e.g. a sports medicine physician, neurologist, or rehabilitation medicine physician), licensed healthcare professionals.

## 10.0 Return to Baseball and Sports

Participants who have been determined to have not sustained a concussion and those that have been diagnosed with a concussion and have successfully completed their *return-to-school and return-to-baseball strategy* can be considered for return to full sports activities. The final decision to medically clear an athlete to return to full game activity should be based on the clinical judgment of the medical doctor or nurse practitioner taking into account the athlete's past medical history, clinical history, physical examination findings, and the results of other tests and clinical consultations where indicated (i.e. neuropsychological testing, diagnostic imaging). Prior to returning to full contact practice and game play, each athlete that has been diagnosed with a concussion must provide their coach with a standardized *medical clearance letter* that specifies that a medical doctor or nurse practitioner has personally evaluated the patient and has cleared the athlete to return to sports. In geographic regions of Canada with limited access to medical doctors (i.e. rural or northern communities), a licensed healthcare professional (such as a nurse) with pre-arranged access to a medical doctor or nurse practitioner can provide this documentation. A copy of the *medical clearance letter* should also be submitted to sports organization officials that have injury reporting and surveillance programs where applicable.

Athletes who have been provided with a *medical clearance letter* may return to full sport activities as tolerated. If the athlete experiences any new concussion-like symptoms while returning to play, they should be instructed to stop playing immediately, notify their parents, coaches, trainer, or teachers, and undergo follow-up *medical assessment*. If the athlete sustains



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a new suspected concussion, the Baseball BC concussion policy & protocol should be followed as outlined here.

- ▶ **Who:** Medical doctor, nurse practitioner
- ▶ **Document:** *Medical Clearance Letter*

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