

USA Softball of Southern California

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To: USA Softball of Southern California Leagues and Teams

Assembly Bill No. 2007, Youth Athletics: Youth Sports Organizations: Concussions or other Head Injuries.

Prior to January 1, 2017, law required a school district, charter school or private school, that offered an athletic program to immediately remove an athlete from an athletic activity for the remainder of the day if the athlete was suspected of sustaining a concussion or head injury, and prohibited the athlete from returning to the athletic activity until the athlete was evaluated by a licensed health care provider, trained in the management of concussions, and acting within the scope of their practice, and the athlete received written clearance from the licensed health care provider to return to the athletic activity. The law also required, on a yearly basis, that a concussion and head injury information sheet be signed and returned by the athlete and the athlete's parent/guardian before the athlete's initiating practice or competition.

On September 23, 2016, The Governor signed into law Assembly Bill 2007, which, on January 1, 2017, applied the above-mentioned provisions to athletes participating in youth sports organizations. The youth organizations are defined to include organizations, businesses, nonprofit entities, or local governmental agencies that sponsor or conduct amateur sports competitions, training, camps, or clubs in which persons 17 years of age and younger participate in any of the 27 designated sports. One of the designated sports is Softball. Therefore, youth softball organizations are now required to notify the parents or guardians of athletes 17 years of age or younger who have been removed from athletic activities due to suspected concussions, as specified in the following pages. The law requires youth softball organizations to offer concussion and head injury education, or related educational materials, or both, to each coach and administrator on a yearly basis, as prescribed in the following pages. The law further requires each coach and administrator to successfully complete the concussion and head injury education at least once annually either online or in person. Additionally, the law requires youth softball organizations to identify procedures for ensuring compliance with the law's requirements for providing concussion and head injury education and a concussion and head injury information sheet. The law further requires youth softball organizations to identify procedures to ensure compliance with the athlete removal provisions and the return-toplay protocol, as specified. This law applies to all persons participating in youth softball, regardless of age. Youth softball organizations may adopt and enforce rules intended to provide a higher standard or safety for athletes than the standard established by this law.

To assist the youth softball leagues and teams affiliated with USA Softball of Southern California comply with AB 2007, information, materials and online links can be found in the following pages as listed below.

- Youth Sports and Concussions (Assembly Bill 2007)
- Concussion Information Sheet, or
- Parent and Athlete Concussion Policy Statement Sheet
- Graded Concussion Symptom Checklist
- Acute Concussion Notification Form for Parents/Guardians
- Concussion Return-to-Play (RTP) Protocol
- Concussion Certification for Coaches and Administrators
- Physician Letter to League/Team (Concussion)

Please contact our Junior Olympic Commissioner or any other member of our Junior Olympic Staff should you require assistance or more information.



USA SOFTBALL

Youth Sports and Concussions (Assembly Bill 2007)

Since 2012, per Assembly Bill 25, all schools with sports programs have been required to immediately remove an athlete from an athletic activity for the remainder of the day if the athlete is suspected of sustaining a concussion or head injury, and prohibits the athlete from returning to the athletic activity until the athlete is evaluated by a licensed health care provider, trained in the management of concussions, and acting within the scope of his or her practice, and the athlete receives written clearance from the licensed health care provider to return to the athletic activity. This law also requires, on a yearly basis, a concussion and head injury information sheet to be signed and returned by the athlete and athlete's parent or guardian before the athlete's re-initiating practice or competition.

A new law went into effect on January 1, 2017. Assembly Bill 2007 now applies these same regulations to <u>athletes participating in youth sports organizations</u>. Softball is one of the 27 youth sports now required to:

- **Remove an athlete** who may have a concussion during a practice or game to be removed from the activity for the remainder of the day.
- Any athlete removed for this reason must receive a written clearance note from a medical doctor trained in the management of concussion before returning to practice, and after completion of the Return to Learn and Return to Play Protocols.
- Before an athlete can start the season and begin practice in a sport, a **concussion information sheet** must be signed and returned to the league by the parent/guardian.
- Provide all **coaches and administrators** with training on **concussions**, and document completion and understanding of this training.

However, AB 2007 has not yet provided specific educational material, tools, information sheets or protocols for youth sports organizations. Until such material is provided, USA Softball of Southern California used the material currently available by the California Interscholastic Federation to all schools as part of AB 25, which fulfills all areas of this new law, to put together the information contained in the following pages dealing with concussions.

In addition to the information provided as stated above, please visit the links below for a free information available on concussions.

http://www.cdc.gov/concussion/HeadsUp/Training/index.html

http://www.cdc.gov/headsup/youthsports/parents.html

http://www.cdc.gov/headsup/youthsports/athletes.html

http://nfhslearn.com/courses/61064/concussion-in-sports



Concussion Information Sheet

Why am I getting this information Sheet?

You are getting this information sheet about concussions because of California state law AB 2007 (effective January 1, 2017), which applies to 27 youth sports organizations, including softball:

- 1. The law requires an athlete who may have a concussion during a practice or game to be removed from the activity for the remainder of the day.
- 2. Any athlete removed for this reason must receive a written note from a medical doctor trained in the management of concussion before returning to practice.
- 3. Before an athlete can start the season and begin practice in the sport of softball, a concussion information sheet must be signed by the athlete and parent/guardian and returned to their league/team.

All coaches are required to receive training about concussions annually.

What is a concussion and how would I recognize one?

A concussion is a kind of brain injury. It can be caused by a bump or hit to the head, or by a blow to another part of the body with the force that shakes the head. Concussions can appear in any sport, and can look differently in each sport.

Most concussions get better with rest and over 90% of athletes fully recover. However, all concussions should be considered serious. If not recognized and managed the right way, they may result in problems including brain damage and even death.

Most concussions occur without being knocked out. Signs and symptoms of concussions (see following page) may show up right after the injury or can take hours to appear. If your child reports any symptoms of concussion or if you notice some symptoms and signs, seek medical evaluation from a medical doctor trained in the evaluation and management of concussion. If your child is vomiting, has a severe headache, or is having difficulty staying awake or answering simple questions, call 911 to take him/her immediately to the emergency department of your local hospital.

On the USA Softball of Southern California website is a Graded Concussion Symptom Checklist. If your child fills out this checklist after having had a concussion, it helps the doctor, trainer or coach understand how he/she is feeling and hopefully shows improvement. We ask that you have your child fill out the checklist at the start of the season even before a concussion has occurred to document if some symptoms such as headaches might be a part of his/her everyday life. This is called a "baseline" to understand what symptoms are normal and common for your child. Keep a copy for your records, and turn in the original to your league/team. If a concussion occurs, the child should fill out this checklist daily. This Graded Symptom Checklist provides a list of symptoms to compare over time to make sure the athlete is recovering from the concussion.

What can happen if my child keeps playing with concussion symptoms or returns too soon after getting a concussion?

Athletes with the signs and symptoms of concussion should be removed from play immediately. There is NO same day return to play for a youth with s suspected concussion. Youth athletes may take more time to recover from concussion and are more prone to long-term serious problems from a concussion.

Even though a traditional brain scan (e.g., MRI or CT) may be "normal", the brain has still been injured. Animal and human research studies show that a second blow before the brain has recovered can result in serious damage to the brain. If your athlete suffers another concussion before completely recovering from the first one, this can lead to prolonged recovery (weeks to months), or even to severe brain swelling (Second Impact Syndrome) with devastating consequences.

There is an increasing concern that head impact exposure and recurrent concussions may contribute to long-term neurological problems. One goal of this concussion program is to prevent a too early return to play so that serious brain damage can be prevented.

ns observed by teammates, parents and coaches include:	
Looks dizzy	Slurred speech
Looks spaced out	 Shows a change in personality or way of acting
 Confused about plays 	 Can't recall events before or after the injury
Forgets plays	 Seizures or has a fit
 Is unsure of game, score or opponent 	 Any change in typical behavior or personality
 Moves clumsily or awkwardly 	Passes out
Answers questions slowly	
umptome may include one or more of the following	
 mptoms may include one or more of the following: Headaches 	
	Loss of memory "Dep't feel right"
"Pressure in head"	 "Don't feel right"
Nausea or throws up	Tired or low energy
Neck pain	Sadness
 Has trouble standing or walking 	 Nervousness or feeling on edge
 Blurred, double or fuzzy vision 	Irritability
 Bothered by light or noise 	More emotional
 Feeling sluggish or slowed down 	Confused
Feeling foggy or groggy	 Concentration or memory problems
Drowsiness	Repeating the same question/comment
Change in sleep patterns	

What is Return to Play (RTP) determined?

Following a concussion, athletes may have difficulties with short and long-term memory, concentration and organization. They will require rest while recovering from injury (e.g., avoid reading, texting, video games, loud movies), and may even need to stay home for a few days. As the athlete returns to normal they may benefit from a reduced schedule, depending on how they feel. If recovery from the concussion is taking longer than expected, they may also benefit by a more reduced activity and may require further assessment by a medical doctor trained in the management of concussion. If the athlete is in school at time of the concussion, the California Interscholastic Federation Return to Learn guidelines should be completed and return to complete school before beginning any sports or physical activities, unless your doctor makes other recommendations. Go to the CIF website (cifstate.org) for more information on Return to Learn.

Concussion symptoms should be completely gone before returning to competition. A RTP progression involves a gradual, step-wise increase in physical effort, sports-specific activities and the risk for contact. If symptoms occur with activity, the progression should be stopped. If there are no symptoms the next day, exercise can be restarted at the previous stage.

RTP after concussion should occur only with medical clearance from a medical doctor trained in the evaluation and management of concussions, and a step-wise progression program monitored by an athletic trainer, coach or other authorized person. (As a guide, California state law AB2127, effective 1/1/15, which deals with schools, states that return to play (e.g., full competition) must be no sooner than 7 days after the concussion diagnosis has been made by a physician.)

Final thoughts for Parents/Guardians:

It is well known that athletes will often not talk about signs of concussions, which is why this information sheet is so important for review with them. Teach your child to tell the coaching staff if he/she experiences such symptoms, or if he/she suspects that a teammate has had a concussion. You should also feel comfortable talking to the coaches or trainer about possible concussion signs and symptoms that you may be seeing in your child.

References:

- American Medical Society for Sports Medicine position statement: concussion in sport (2013)
- Consensus statement on concussions in sport: the 4th International Conference on Concussions in Sport held in Zurich, November 2012
- <u>http://www.cdc.gov/concussion/HeadsUp/youth.html</u>



Concussion Information Sheet

League/Team: ____

You are receiving this information sheet about concussions because of California State Law AB 2007 (effective January 1, 2017):

- 1. The law requires an athlete who may have a concussion during a practice or game to be removed from the activity for the remainder of the day.
- 2. Any athlete removed for this reason must receive a written note from a medical doctor trained in the management of concussion before returning to practice.
- 3. Before an athlete can start the season and begin practice in a sport, a concussion information sheet must be signed and returned to the league/team by the athlete and the parent/guardian.

Every year all coaches are required to receive training about concussions.

For current and up-to-date information on concussions you can visit: http://www.cdc.gov/concussion/HeadsUp/youth.html

I acknowledge that I have received and read the USA Softball of Southern California Concussion Information Sheet.

Athlete Name (Printed)

Athlete Signature

Date

Parent/Legal Guardian (Printed)

Parent/Legal Guardian Signature

Date

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Parents and Athlete Concussion Policy Statement Sheet

Year: _____

Team Name: ______

What is a Concussion? A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow or jolt to the head or body that causes the head and brain to move quickly back and forth. Even or what seems to be a mild bump or blow to the head can be serious.	What are the signs and symptoms of Concussion? Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If an athlete reports one or more symptoms after a bump, blow or jolt to the head or body, the athlete should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.	Why should an athlete report their symptoms? If an athlete has a concussion, their brain needs time to heal. While an athlete's brain is still healing, they are much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain, and can even be fatal.
Symptoms Reported by Athletes: • Headache or "pressure" in head • Confusion • Nausea • Sensitivity to light • Balance problems or dizziness • Sensitivity to noise • Double or blurry vision • Feeling sluggish, hazy, foggy or groggy • Concentration or memory problems • Just not "feeling right" or "feeling down"	Concussion Danger Signs: a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow or jolt to the head or body they exhibit any of the following danger signs: • One pupil larger than the other • Is drowsy or cannot be awakened • A headache that gets worse • Weakness, numbness or decreased coordination • Convulsions or seizures • Slurred speech • Has unusual behavior • Cannot recognized people or place • Becomes increasingly confused, restless or agitated	Signs Observed by Coaching /Administrative Staff: • Appears dazed or stunned • Is confused about assignment or position • Forgets an instruction • Is unsure of game, score or opponent • Moves clumsily • Answers questions slowly • Loses consciousness, even briefly • Can't recall events prior to hit or fall • Can't recall events after hit or fall • Shows mood, behavior or personality change

Athlete Name (Printed)	Athlete Signature	Date	Parent/Guardian Name (Printed)	Parent/Guardian Signature	Received Fact Sheet (Initial)	Date



Graded Concussion Symptom Checklist

Today's Date:	_ Time:	_Hours of Sleep:	Date of Diagnosis:

- Grade the 22 symptoms with a score of 0 through 6. •
 - Note that these symptoms may not all be related to a concussion.
- You can fill this out at the beginning of the season as a baseline (after a good night's sleep) •
- If you suffer a suspected concussion, use this checklist to record your symptoms daily. •
 - 0 Be consistent and try to grade either at the beginning or end of each day.
- There is no scale to compare your total score to; the checklist helps you follow your symptoms on a day-to-day • basis.
 - If your total scores are not decreasing, see your physician right away.
- Show your baseline (if available) and daily checklists to your physician.

	None		Mild	Ν	loderate		Severe
Headache	0	1	2	3	4	5	6
"Pressure in Head"	0	1	2	3	4	5	6
Neck Pain	0	1	2	3	4	5	6
Nausea or Vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Blurred Vision	0	1	2	3	4	5	6
Balance Problems	0	1	2	3	4	5	6
Sensitivity to light	0	1	2	3	4	5	6
Sensitivity to noise	0	1	2	3	4	5	6
Feeling slowed down	0	1	2	3	4	5	6
Feeling like "in a fog"	0	1	2	3	4	5	6
"Don't feel right"	0	1	2	3	4	5	6
Difficulty Concentrating	0	1	2	3	4	5	6
Difficulty Remembering	0	1	2	3	4	5	6
Fatigue or low energy	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
Trouble falling asleep	0	1	2	3	4	5	6
More emotional than usual	0	1	2	3	4	5	6
Irritability	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6
Nervous or Anxious	0	1	2	3	4	5	6
Total Sum of Each Column	0						
		Tota	al Symptom	Score (Su	m of all colu	mn totals)	

Athlete's Name:_________________________League/Team:_______

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D.O.B._____ Physician (MD/DO) _____ Date:_____

Baseline Score

Post-Concussion Score



Acute Concussion Notification Form for Parents/Guardians

- Your child has symptoms consistent with a concussion. At the time of evaluation, there was no sign of any serious complications.
- He/she will need monitoring for a further period by a responsible adult, and should not be left alone over the next 12-14 hours.

Call 91	Call 911 and go to the nearest Hospital Emergency Department for the following:				
0	Headache that worsens	0	Can't recognize people or places		
0	Seizure (uncontrolled jerking of arms/legs)	0	Looks very drowsy/Can't be awakened		
0	Weakness or numbness of arms/legs	0	Increased confusion and/or irritability		
0	Repeated vomiting	0	Unusual behavior		
0	Loss of consciousness	0	Slurred speech		
0	Lack of balance/unsteadiness on fee	0	Drainage of blood/fluid from ears or nose		
0	Changes in vision (double, blurry vision)	0	Loss of bowel and/or bladder control		

Recommendations:

- AVOID medications like ibuprofen (Motrin, Advil) or aspirin for the next 48 hours due to the potential of increased bleeding risk in the brain.
- Acetaminophen (Tylenol) can be tried but often won't take away a concussion headache. DO NOT give narcotic pain medication like codeine.
- Check for normal breathing every few hours while sleeping but DO NOT wake your child up unless you are concerned. If he/she can't be aroused, call 911 immediately.
- Make an appointment to see a physician within 72 hours. Inform your child's coaches about the injury. Keep your child at home if symptoms are severe or worsen through normal activity.
- Track your child's symptoms using the Graded Concussion Symptoms Checklist. Bring these checklists to your physician.
- No activities like other sports and no physical exertion until your child is evaluated and cleared by a physician (MD/DO) trained in the diagnosis and management of concussions.
- Refer to the other concussion materials/protocols provided and available online.

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Concussions Return to Play (RTP) Protocol

California State Law AB 2117, which applies to the California Interscholastic Federation, states that to return to play (i.e., Competition) cannot be sooner than 7 days after evaluation <u>by a physician (MD/DO)</u> who has made the diagnosis of concussion, and ONLY after completing a Graduated Return to Play Protocol. Since the State of California, in implementing AB 2007 (Concussion Law), has including softball organizations outside of the CIF, the following protocol should be followed before an athlete returns to full competition after suffering a concussion.

Instructions:

- This is an example of a graduated return to play protocol that MUST be completed before you can return to full competition.
 - A certified athletic trainer (AT), physician, or identified concussion monitor (e.g., coach) must initial each stage after you successfully pass it.
 - You should be back to normal activities before beginning Stage II, unless otherwise instructed by your physician.
 - After Stage I, you cannot progress more than one stage per day (or longer if instructed by your physician).
- If symptoms return at any stage in the progression, IMMEDIATELY STOP any physical activity and follow up with your AT, other identified monitor or your physician. In general, if you are symptoms-free the next day, return to the previous stage where symptoms had not occurred.
- Seek further medical attention if you cannot pass a stage after 3 attempts due to concussion symptoms, or if you feel uncomfortable an anytime during the progression.

			ID/DO) clearance to begin and progress directed by your physician. <u>Minimum</u> of		
Date & Initials	Stage	Activity	Objective of the Stage		
	I	No physical activity for at least 2 full symptoms-free days	No activities requiring exertion (weight Lifting, jogging)	Recovery and elimination of symptoms	
	II-A	Light aerobic activity	10-15 minutes (min) of walking or stationary biking. Must be performed under direct supervision by designated individual	Increase heart rate to no more than 50% of perceived maximum (max) exertion (e.g., <100 beats per min (bpm)) Monitor for symptom return	
	II-B	Moderate aerobic activity (Light resistance training)	20-30 min jogging or stationary biking Body weight exercises (squads, push-ups), max 1 set of 10, no more than 10 min total		
	II-C	Strenuous aerobic activity (Moderate resistance activity)	30-45 min running or stationary biking Weight lifting ≤ 50% of max weight	Increase heart rate to > 75% max exertion Monitor for symptom return	
	II-D	Non-contact training with drills (No restrictions for weightlifting)	Non-contact drills, sport activities (cutting, jumping, sprinting)	Add total body movement Monitor for symptom return	
Prior	to begin		ten physician (MD/DO) clearance for retu been given to your league/team concus	rn to play, after successful completion of sion monitor.	
		Limited practice	Controlled practice drills allowed	Increase training drills	
	ш	Full unrestricted practice	Return to normal training Return to normal unrestricted training	Restore confidence, assess readiness for return to play Monitor for symptom return	
		MANDATORY: You must comple	ete at least ONE unrestricted practice bet	fore return to competition.	
	IV	Return to Play (competition)	Normal game play (competitive event)	Return to full sports activity without restrictions	

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Concussion Certification for Coaches

California law, per Assembly Bill 2007 (effective January 1, 2017), mandates that all coaches receive training on concussions. The training requirement may be fulfilled through the free, online course through the National Federation of High Schools (NFHS).

NFHS Learning Center: Concussion in Sports

http://nfhslearn.com/courses/61064/concussion-in-sports

Complete this 20-minute online class for FREE from the NFHS.

Coaches should download and print their certificate at the completion of the course.

Coaches shall remove from practice or game competition any athlete who is suspected of sustaining a concussion or head injury and remain out of practice or play for the rest of the day.

Coaches shall not allow an athlete who has been removed from practice or play because of a suspected concussion/brain injury to return to practice or play until the athlete has received written clearance from a licensed health care provider trained in the evaluation and management of brain injuries.

Additional Resources

CDC – Heads up: Concussion in High Schools Sports

http://www.cdc.gov/headsup/highschoolsports/index.html



Physician Letter to League/Team (Concussion)

To Whom It May Concern:

Patient's Name: _____ DOB: _____

Date of Concussion Diagnosis by MD/DO: _____

Injury Status

Has been diagnosed by a MD/DO with a concussion and is currently under our care. Medical follow-up evaluation is scheduled for (date):

Was evaluated and did not have a concussion injury. There are no limitations on softball physical activity.

Physical Activity Status (Please mark all that apply)				
This athlete is not to participate in physical activity of any kind.				
This athlete is not to participate in physical activities except for untimed, voluntary walking.				
This athlete may begin a graduated return to play progression (see Concussion Return to Play Protocol Form).				
This athlete has medical clearance for unrestricted athletic participation (Has successfully completed the Concussion Return to Play protocol).				

Physician's (MD/DO) Signature: _____ Examination Date: _____

Physician's Stamp and Contact Information: