

Missoula Softball Association/Montana Softball Association (Collectively, “MSA”) Recommended Concussion Safety Guidelines

Recognition and Management

If a player exhibits any signs, symptoms or behaviors that make a coach, captain, umpire, or MSA representative suspicious of a concussion, MSA encourages the player to be removed from play immediately and closely observed. Sustaining another head injury after a concussion can lead to worsening concussion symptoms, increased risk for further injury and, rarely, death.

Coaches, captains, umpires, and MSA are not expected to “diagnose” a concussion. That is the role of an appropriate healthcare professional. However, everyone involved in athletics must be aware of the signs, symptoms and behaviors associated with a concussion. If a player is suspected of having a concussion, then the player must be immediately removed from all physical activity, and the coach, captain, and umpire must report the incident to MSA immediately.

A person does not have to lose consciousness or be “knocked out” to have a concussion.

Signs Observed by Coaching Staff

- Loss of consciousness (even if brief) *
- Seizure*
- Increasing sleepiness*
- Worsening headache*
- Sudden or persistent vomiting*
- “Bouncing” pupils
- Inability to focus
- Dazed or stunned appearance
- Confusion about assignment or position
- Forgetful or unable to follow instructions
- Uncertainty of game, score, opponent, situation, etc.
- Clumsy movements
- Slow response to questions
- Mood, behavior, or personality changes
- Inability to recall events, either before or after hit or fall

***RED FLAGS**

Symptoms Reported by Player

- Headaches or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness

- Double or blurry vision
- Sensitivity to light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Emotions of “not feeling right” or “feeling down”

If in Doubt, the Player Sits Out

When a player is suspected of having a concussion, MSA recommends following the “Heads Up” 4-step Action Plan:

1. Remove the player from play.
2. Advise player to be evaluated by an appropriate healthcare professional. Ensure another adult is accompanying a potentially concussed player. (***RED FLAGS:** If any red flags are present, the player should go to the emergency department immediately.)
3. Inform the player’s coach/captain about the possible concussion and give them information on concussion.
4. Keep the player out of play the day of the injury, and until an appropriate healthcare professional says the player is symptom-free and gives the okay to return to activity.

The signs, symptoms and behaviors associated with a concussion are not always apparent immediately after a bump, blow, or jolt to the head or body and may develop over a few hours or longer. A player should be closely watched following a suspected concussion and should never be left alone.

Players should never try to “tough out” a concussion. Nobody should ever encourage a player to “play through” the symptoms of a concussion. In addition, there should never be an attribution of bravery or courage to players who play despite having concussion signs and/or symptoms. MSA will not tolerate this behavior.

If a player returns to activity before being fully healed from an initial concussion, the player is at greater risk for a repeat concussion. A repeat concussion that occurs before the brain has a chance to recover from the first can slow recovery or increase the chance for long-term problems. In rare cases, a repeat concussion can result in severe swelling and bleeding in the brain that can be fatal.

Return to Play

After suffering a concussion, no player should return to play or practice on that same day. MSA recommends that a player **not** be allowed to resume play following a concussion until symptom free and given the approval to resume physical activity by an appropriate healthcare professional.