



USA Softball of Southern California

Post Office Box 5028

Oceanside, California 92052-5028

760.945.1911 • phil.gutierrez@hotmail.com

www.socalasa.org

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-to-play 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.

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 athletes participating in youth sports organizations. 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 a 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.

Signs observed by teammates, parents and coaches include:

- Looks dizzy
- Looks spaced out
- Confused about plays
- Forgets plays
- Is unsure of game, score or opponent
- Moves clumsily or awkwardly
- Answers questions slowly
- Slurred speech
- Shows a change in personality or way of acting
- Can't recall events before or after the injury
- Seizures or has a fit
- Any change in typical behavior or personality
- Passes out

Symptoms may include one or more of the following:

- Headaches
- "Pressure in head"
- Nausea or throws up
- Neck pain
- Has trouble standing or walking
- Blurred, double or fuzzy vision
- Bothered by light or noise
- Feeling sluggish or slowed down
- Feeling foggy or groggy
- Drowsiness
- Change in sleep patterns
- Loss of memory
- "Don't feel right"
- Tired or low energy
- Sadness
- Nervousness or feeling on edge
- Irritability
- More emotional
- Confused
- Concentration or memory problems
- Repeating the same question/comment

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
- <http://www.cdc.gov/concussion/HeadsUp/youth.html>

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.
 - 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.

Baseline Score
 Post-Concussion Score

	None	Mild			Moderate		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						
Total Symptom Score (Sum of all column totals)							

Athlete's Name: _____ League/Team: _____

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

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 911 and go to the nearest Hospital Emergency Department for the following:
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|--|---|
| <ul style="list-style-type: none">○ Headache that worsens○ Seizure (uncontrolled jerking of arms/legs)○ Weakness or numbness of arms/legs○ Repeated vomiting○ Loss of consciousness○ Lack of balance/unsteadiness on feet○ Changes in vision (double, blurry vision) | <ul style="list-style-type: none">○ Can't recognize people or places○ Looks very drowsy/Can't be awakened○ Increased confusion and/or irritability○ Unusual behavior○ Slurred speech○ Drainage of blood/fluid from ears or nose○ 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.

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 by a physician (MD/DO) 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.

You must have written physician (MD/DO) clearance to begin and progress through the following Stages as outlined below, or as otherwise directed by your physician. <u>Minimum of 6 days to pass Stage I and II.</u>				
Date & Initials	Stage	Activity	Exercise Example	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	Increase heart rate to 50-75% max exertion (e.g., 100-150 bpm) Monitor for symptom return
	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 beginning Stage III, make sure that written physician (MD/DO) clearance for return to play, after successful completion of Stages I and II, has been given to your league/team concussion monitor.				
	III	Limited practice	Controlled practice drills allowed	Increase training drills Restore confidence, assess readiness for return to play Monitor for symptom return
		Full unrestricted practice	Return to normal training Return to normal unrestricted training	
MANDATORY: You must complete at least ONE unrestricted practice before return to competition.				
	IV	Return to Play (competition)	Normal game play (competitive event)	Return to full sports activity without restrictions

Athlete's Name: _____ Date of Concussion Diagnosis: _____

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:

Parent/Legal Guardian's Acknowledgement Signature: _____ Date: _____