**Deerfield Youth Baseball and Softball Association**

**Concussion Management Policy**

**Introduction**

A concussion is type of traumatic brain injury that interferes with normal function of the brain. It occurs when the brain is rocked back and forth or twisted inside the skull as a result of a blow to the head or body. What may appear to be only a mild jolt or blow to the head or body can result in a concussion.

The understanding of sports-related concussion has evolved dramatically in recent years. We now know that young athletes are particularly vulnerable to the effects of a concussion. Once considered little more than a “ding” on the head, it is now understood that a concussion has the potential to result in short or long-term changes in brain function, or in some cases, death.

**What is a concussion?**

You’ve probably heard the terms “ding” and “bell-ringer.” These terms were once used to refer to minor head injuries and thought to be a normal part of sports. There is no such thing as a minor brain injury. Any suspected concussion must be taken seriously. **A concussion is caused by a bump, blow, or jolt to the head or body. Basically, any force that is transmitted to the head causes the brain to literally bounce around or twist within the skull, potentially resulting in a concussion.**

**Signs of a concussion as reported by an athlete may include:**

• Headache

• Nausea

• Balance problems or dizziness

• Double or fuzzy vision

• Sensitivity to light or noise

• Feeling sluggish

• Feeling foggy or groggy

• Concentration or memory problems

• Confusion

**Signs of a concussion as observed by coaches, parents, officials or teammates may include:**

• Appears dazed or stunned

• Is confused about what to do

• Forgets plays

• Is unsure of game, score, or opponent

• Moves clumsily

• Answers questions slowly

• Loses consciousness

• Shows behavior or personality changes

• Can’t recall events prior to hit

• Can’t recall events after hit

It used to be believed that a player had to lose consciousness or be “knocked-out” to have a concussion. This is not true, as the vast majority of concussions do not involve a loss of consciousness. In fact, less than 10% of players actually lose consciousness with a concussion.

What exactly happens to the brain during a concussion is not entirely understood. It appears to be a very complex injury affecting both the structure and function of the brain. The sudden movement of the brain causes stretching and tearing of brain cells, damaging the cells and creating chemical changes in the brain. Once this injury occurs, the brain is vulnerable to further injury and very sensitive to any increased stress until it fully recovers.

Common sports injuries such as torn ligaments and broken bones are structural injuries that can be seen on MRIs or x-rays, or detected during an examination. A concussion, however, is primarily an injury that interferes with how the brain works. While there is damage to brain cells, the damage is at a microscopic level and often cannot be seen on MRI or CT scans. Therefore, the brain often looks normal on these tests, even though it has been seriously injured.

**DYBA Concussion Management Policy**

It is the policy of DYBA to remove athletes from play when the possibility of a concussion may exist.

• **If an athlete exhibits any signs, symptoms, or behaviors that make a manager, coach, parent, DYBA Officer, league official, umpire or other individual suspicious that the athlete may have a concussion by a bump, blow, or jolt to the head or body, that athlete must be removed from all physical activity, including sports and recreation.**

• The manager or coach of the athlete must report the suspected concussion to the appropriate DYBA House or Travel Director.

• The DYBA House or Travel Director must report the suspected concussion to the DYBA Commissioner who will advise the DYBA Board of Directors of the report.

• The parent(s)/guardian(s) will be advised by the manager or coach that the player may not return to play until the player is cleared by the family’s health-care professional who states in writing that the player has medical clearance to return to activity.

• The clearance to play in writing must be provided to the appropriate DYBA House or Travel Director before the athlete may be permitted to return to play. Upon receipt the Director will advise the manager or coach that the athlete is cleared to play.

• A copy of the clearance by the family’s health-care professional who states in writing that the player has medical clearance to return to activity must be provided to the DYBA Commissioner within 24 hours of receipt by the appropriate DYBA House or Travel Director.

The appropriate DYBA House or Travel Directors will communicate this policy to the league presidents and managers and ensure that all coaches and managers have been informed of this policy. The DYBA Board of Directors will publicize this policy to the DYBA membership.