



Overview

One of the most important roles a coach plays is to be able to protect players from injury. Head injuries are of particular concern, considering potential longer term impacts outside of the playing field. In order to fulfill your obligations as an HLL volunteer, you must prioritize concussion awareness and treatment. The HLL board, with guidance from the [CDC's Heads Up](#) program, has collected the following resources to ensure our volunteers are trained properly. Please take the time to review. We recommend printing out symptom checklists as well as action plans in the event of a head injury.

If It Looks Bad, It Probably Is

In the case of severe injuries or anything that appears severe (with loss of consciousness, vomiting, etc.), don't hesitate to call 911 or seek immediate medical attention. Having the printed medical waivers with the managers is critical for expediting medical attention. While pretty rare in baseball, they unfortunately can happen and we as a league should leverage medical professionals to help ensure the safety of our kids.

Preventing Concussions Through Safe Practices

Baseball is a unique game in many ways, but especially in terms of pace as there can be long periods of relative light activity followed by sudden flurries of rapid movement and activity. As managers and coaches, it's incumbent upon us to ensure safe practice and game activity for the benefit of the kids:

Fielders

- Ensure each player has “eyes-on” every pitch and that we don't have daydreamers in the infield or outfield.
- Don't block the basepaths, a step forward or backward for infielders is the right move.
- Entering & exiting the field of play at practice or between innings requires everyone's full attention.
- No walking in front of the pitchers mound or plate. Walk behind each of these areas.
- Don't hang out by home or near 1st base (including Umpires)
- No screen time for any reason on the field of play for managers, coaches, players, and umpires.

Hitters

- Helmets should fit properly and be well maintained, age appropriate, worn consistently & correctly and appropriately certified for use. Keep helmets on until back in the dugout in games. With any headgear, please be aware of and protect the temple/temporal bone.
- For fielders, headsavers and padding in hats is strongly encouraged. Pitcher headgear is highly recommended.
- Proper bat handling has barrels down unless you are at the plate.
- There is no on deck circle in HLL.

Recognizing Concussions

Identifying and recognizing [concussions](#) is critically important for a manager and coach, so know the symptoms and take the most conservative view by substituting the player out and conducting a proper evaluation. The [CDC has simple guidelines](#) to follow. For further insight, the CDC has resources for recognizing and treating [suspected head injuries](#) and offers a free training course on [concussion safety for youth coaches](#).



**LEARN CONCUSSION SIGNS
AND SYMPTOMS**

SEE FULL LIST OF SYMPTOMS @
www.cdc.gov/Concussion

- Headache
- Dizziness
- Blurred Vision
- Difficulty Thinking Clearly
- Sensitivity to Noise & Light

Physical Symptoms of a Concussion

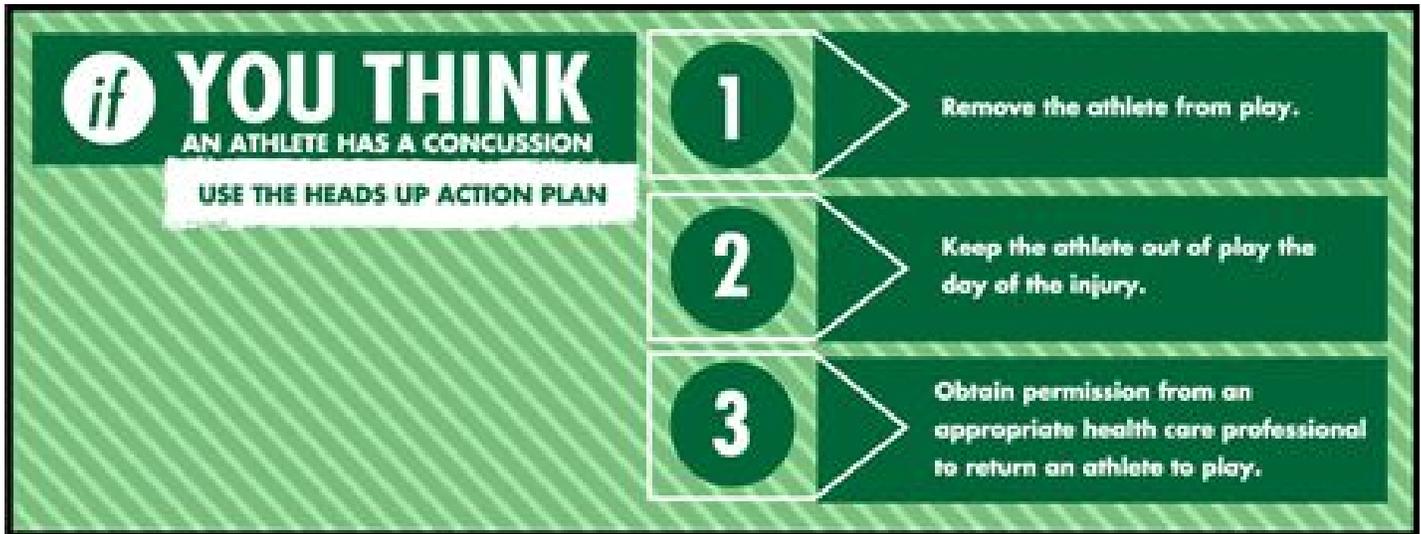
- Double vision
- Headache or reported head pressure
- Nausea / vomiting
- Dizziness / can't maintain balance
- Sensitivity to light or noise
- Sluggishness, grogginess
- Clumsy movements
- Concentration and memory problems
- Confused
- Doesn't "feel right"

Non-Physical Symptoms of Concussion

- Appears dazed or stunned
- Is confused about what to do on the field
- Forgets a simple instruction
- Is unsure of the score, or who or where they're playing
- Answers questions slowly
- Loses consciousness, even briefly
- Shows immediate behavior or personality changes
- Can't recall what happened before or after the trauma

When A Concussions Happens

“An athlete suspected of having a concussion or head injury must be removed from the activity and be cleared by a health care provider before returning to the activity.” - California Law AB25.



If you [suspect a player](#) of having a concussion or head injury, follow the protocol outlined above. Note the nature of the strike to the head, and be aware of any impacts to the temporal bone, or temple. Research suggests this to be the most dangerous strike, as it is the thinnest part of the skull. According to the Southern Impact Research Center, the authority on impact protection and testing in the United States, “almost all ball-head impacts in baseball are glancing blows, however, the temple area is the most vulnerable part of the human body.” The center adds that a direct impact to the temple at just 30 miles per hour can be fatal. After tending to a player who has been removed from play because of a suspected concussion, the coach must contact the Safety Director. Parents must provide written permission for the child to [return to play](#) after a head injury or concussion.



HEADS UP Action Plan

The [CDC's Heads up](#) program provides a great set of resources regarding youth sports and concussions. HLL has included excerpts to help reinforce the points above.

Remove from Play

Remove the young athlete from play. When in doubt, sit them out!

Seek Medical Attention

Keep a young athlete with a possible concussion out of play the same day of the injury and until cleared by a health care provider. Do not try to judge the severity of the injury yourself. Only a health care provider should assess a young athlete for a possible concussion. After you remove a young athlete with a possible concussion from practice or play, the decision about return to practice or play is a medical decision that should be made by a health care provider. As a coach, recording the following information can help a health care provider in assessing the young athlete after the injury:

- Cause of the injury and force of the hit or blow to the head or body
- Any loss of consciousness (passed out/knocked out) and if so, for how long
- Any memory loss right after the injury
- Any seizures right after the injury
- Number of previous concussions (if any)

Inform and Educate Parents

Inform the young athlete's parent(s) about the possible concussion, and give them HEADS UP fact sheet for parents. This fact sheet can help parents watch the young athlete for concussion signs or symptoms that may show up or get worse once the young athlete is at home or returns to school.



the

[Fact Sheet for Parents pdf](#)

Get Written Concussion Care Instructions

Ask for written instructions from the young athlete's health care provider on return to play. These instructions should include information about when they can return to play and what steps you should take to help them safely return to play. Before returning to play an athlete should:

- Be back to doing their regular school activities.
- Not have any symptoms from the injury when doing normal activities.
- Have the green-light from their health care provider to begin the return to play process.

Returning to Sports and Activities

After a concussion, an athlete should only return to sports practices with the approval and under the supervision of their health care provider.



Below are six gradual steps that you, along with a health care provider, should follow to help safely return an athlete to play. Remember, this is a gradual process. These steps should not be completed in one day, but instead over days, weeks, or months.

6-Step Return to Play Progression

It is important for an athlete's parent(s) and coach(es) to watch for concussion symptoms after each day's return to play progression activity. An athlete should only move to the next step if they do not have any new symptoms at the current step. If an athlete's symptoms come back or if he or she gets new symptoms, this is a sign that the athlete is pushing too hard. The athlete should stop these activities and the athlete's medical provider should be contacted. After more rest and no concussion symptoms, the athlete can start at the previous step.

Step 1: Back to regular activities (such as school)

Athlete is back to their regular activities (such as school) and has the green-light from their healthcare provider to begin the return to play process. An athlete's return to regular activities involves a stepwise process. It starts with a few days of rest (2-3 days) and is followed by light activity (such as short walks) and moderate activity (such as riding a stationary bike) that do not worsen symptoms. You can learn more about the steps to return to regular activities at: https://www.cdc.gov/headsup/basics/concussion_recovery.html.

Step 2: Light aerobic activity

Begin with light aerobic exercise only to increase an athlete's heart rate. This means about 5 to 10 minutes on an exercise bike, walking, or light jogging. No weight lifting at this point.

Step 3: Moderate activity

Continue with activities to increase an athlete's heart rate with body or head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weightlifting (less time and/or less weight from their typical routine).

Step 4: Heavy, non-contact activity

Add heavy non-contact physical activity, such as sprinting/running, high-intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills (in 3 planes of movement).

Step 5: Practice & full contact

Young athlete may return to practice and full contact (if appropriate for the sport) in controlled practice.

Step 6: Competition

Young athlete may return to competition.