

OKLAHOMA SECONDARY SCHOOL ACTIVITIES ASSOCIATION

7300 N. Broadway Extension—Oklahoma City, Oklahoma 73116

Web Site www.ossaa.com

TO: 2021 Fast-Pitch Softball Coaches
FROM: Amy J. Cassell, Assistant Director
SUBJECT: 2021 Fast-Pitch Softball
DATE: July 2021

Enclosed you will find:
CONCUSSION/HEAD INJURY INFORMATION SHEET
LIGHTNING GUIDELINES
EMERGENCY ACTION PLAN
EXTREME HEAT POLICY

Please also visit the Sports Medicine tab at www.ossaa.com for additional health and safety information.

NOTE: ENTRY FORMS FOR FAST-PITCH ARE TO BE ENTERED NO LATER THAN August 27, 2021. ENTRY FORMS ARE REQUIRED TO ENSURE PLACEMENT IN THE PLAYOFF SERIES, AND CAN BE FOUND ON www.OssaaRankings.com, LOGIN REQUIRED. You can get your login from your Athletic Director.

2021 FAST-PITCH SOFTBALL RULES MEETINGS VIA ZOOM:

AUGUST 3

1:00 p.m.

State Rules meetings are mandatory for head coaches and must be completed by September 1. Failure to comply will result in the suspension of the head coach from all interscholastic competition until the coach is in compliance. If you are unable to attend one of the meetings, the meeting is available on-line at www.ossaa.com on August 1, click in the Sports link, then Fast-Pitch Softball. Written verification of completion must be sent to the OSSAA for on-line meetings. Coaches are required to view the Heat Acclimatization Video and Concussion Management at www.nfhslearn.com. Please read the enclosed materials carefully.

2021-2022 FAST-PITCH SOFTBALL MANUAL:

The OSSAA Fast-Pitch Softball Manual is available on-line at www.ossaa.com. The manual should answer most of your questions, but do not hesitate to call if you have questions for which you cannot find answers. We are here to aid you when you need assistance. Please be sure to note the underlined portions of the manual as those changes may affect your season schedules.

FAST-PITCH SOFTBALL ENTRY FORM:

High schools that plan to participate in fast-pitch softball should complete the Fast-Pitch Softball Entry and Facility Form found on www.OssaaRankings.com, login required. **Entry forms are due no later than August 27, 2021.**

PHYSICALS: No student shall be eligible to represent his/her school in athletics until there is on file with the principal a physical examination and parental consent certificate. Physical examinations are required for students each year. All physicals given for OSSAA participation must be given no earlier than May 1 of the preceding year in which the students are to participate and before the first day of practice in that student's particular sport. Parent(s) or guardian(s) must sign the parental consent form each year before the pupil participates in any organized athletic practice session including contest participation. For additional information, refer to Rule 1 in the 2021-2022 OSSAA Administrators Handbook, which is available at www.ossaa.com. Please remember concussion paper work must be completed annually, as well as the NFHS concussion management course. Certification of the completion of the course must be kept on file at the school. Check with school administration for your school local district policies regarding concussion management.

OSSAA RANKING PROGRAM POLICY:

The OSSAA has an on-line ranking program for use by school administrators, coaches, and the general public. The program is accessible at the OSSAA website, (www.ossaa.com).

For the sports of Football, Fall Baseball, Spring Baseball, Basketball, Fast-Pitch Softball, Slow-Pitch Softball, Volleyball, Soccer, and Wrestling (all match scores and team results of invitational tournaments), and Golf (team score), it is mandatory that results from each regular season contest be entered into the ranking program within 24 hours of the conclusion of the contest throughout the season. Once any athletic activity, with the exception of Cross Country, Swimming, Track and Field, and Tennis, enters the play-offs series for that activity, those results must also be entered within 24 hours of the conclusion of a play-off contest.

Any coach failing to report the score within 24 hours of the conclusion of a contest will initially be notified in writing of his or her failure to comply by OSSAA staff. A copy of that correspondence will be sent to the coach's school administrator as well. A second incident of failure to report will result in the coach being placed on warning for a period of one year. A third, and each subsequent failure to report will result in the suspension of the coach for the next contest.

CLASSIFICATION:

Review Section II of the 2021 OSSAA Fast-Pitch Softball Manual. Fast Pitch Classifications will be released to the OSSAA website (www.ossaa.com) as soon as they become available. The District assignments for class 2A, 3A, 4A, 5A, and 6A are posted on the Fast-Pitch page of the OSSAA website.

BATS:

By National Federation Rule: "All bats shall meet the ASA/USA bat performance standard and such bats shall be labeled with the permanent ASA/USA approved certification mark." The only legal bats will be those labeled with the permanent ASA/USA approved certification mark. Bats with stickers or previously "grandfathered" in will not be legal – only those with the permanent ASA/USA approved certification mark will be legal.

Please make sure that your players and their parents are aware of this rule. There will be no exceptions. Member schools should only purchase bats that have the permanent ASA/USA approved certification mark. For the most current list of non-certified bats go to www.usasoftball.com.

SOFTBALLS:

The Wilson optic yellow 12-inch polycore leather softball will be used exclusively throughout the play-offs. The Wilson optic yellow 12-inch polycore leather softball will be the only softball used during the 2019 state tournament. The cor of all softballs shall not exceed .47 and a compression of 375 lbs max. The cor shall be labeled on all balls. balls that do not have a cor rating on their label are illegal.

HELMETS:

All fast pitch batting helmets shall be equipped with a NOCSAE approved face mask/guard. In accordance with NFHS Rule all equipment (bats, helmets) shall be placed outside the outside dugout for inspection by the umpires.

TIE-BREAKER:

During regular season games and tournaments, by mutual agreement teams may use the tie-breaker procedure. The tie-breaker will not be used during play-off games.

UMPIRES:

It is a requirement of the OSSAA that each game umpire provides his/her name and OSSAA identification number to the head coaches of the respective schools involved in a game. Each game umpire should present his/her name and OSSAA identification number to the head coach of each school during the pre-game conference with the head coaches. If the game umpire does not offer this information to you, please ask for it. You will need this information at the end of the fall fast-pitch softball season in order to file the required officiating report(s) with the Activities Association.

During the season, if you have a problem with an umpire(s), please email acassell@ossaa.com to notify the Activities Association. The most recent list of eligible officials is on the OSSAA.com Fast-Pitch webpage. Your high school principal has been sent the login information. Using a game umpire who is not eligible for the 2020-2021 school year puts a school in a possible liability situation and jeopardizes the catastrophic insurance provided member participants in grades 9-12. Please do not take any chances.

The OSSAA's vision for sportsmanship is built on expectations. Expectations that the school community—administrators, teachers, coaches, students, and patrons strive for displaying only positive behavior and good sportsmanship in everything they do at all interscholastic contests.

As educators we have the unique opportunity to teach the value of discipline, dignity, integrity, fairness and respect to young people each day.

We encourage all school personnel to take advantage of the opportunity and make a lasting difference.

Best wishes for a successful 2021 fast-pitch softball season.

EMERGENCY ACTION PLAN

SPORT: _____

YEAR: _____

1. FIRST TO ARRIVE ON THE SCENE PROVIDES FIRST AID.
2. SEND A COACH, MANAGER, OR UNINJURED ATHLETE TO NOTIFY THE ATHLETIC TRAINER (ATC) AND GET THE AED (IF NOT ON-SITE).
3. IF THE ATC CAN NOT BE LOCATED, THE HEAD COACH WILL BECOME THE LEADER.

LEADER: _____

- Will be in charge of the emergency situation and will instruct all others on the emergency team

LEADER'S ASSISTANT: _____

- Will assist the leader in the evaluation of the injured athlete.

PHONE CALLER: _____

- Will go to the nearest phone and activate the EMS
- Will inform the dispatcher of:
 - The nature of the injury and age of the athlete
 - The location of the athlete and directions to the site
 - Will not hang up until the dispatcher advises him/her to do so

NEAREST PHONE: _____

AMBULANCE ENTRANCE: _____

PERSON TO MEET THE EMS: _____

- Will contact any necessary staff to assure access for the ambulance
- Will meet the ambulance at the designated entrance and lead them to the injured athlete

PERSON TO ACCOMPANY ATHLETE TO HOSPITAL: _____

- Will ride with the athlete in the ambulance in the event the parents cannot be located
- Will take the athlete's emergency info to the hospital

- * It is the certified athletic trainer or coach's responsibility to inform the administrator of the incident
- * It is the certified athletic trainer or coach's responsibility to inform the athlete's parents of the injury immediately.
- * It is the certified athletic trainer's responsibility to document the circumstances surrounding the activity and all actions taken.
- * Emergency medical info for each athlete is to accompany the team at all times.

EMS (Fire, Police, Ambulance): 911
Athletic Department:

Any High School:
Athletic Training Room:

ATC:

Site contact:

Nearest Hospital:

SPORTS MEDICINE

Handbook



**NATIONAL FEDERATION OF
STATE HIGH SCHOOL ASSOCIATIONS**
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www.nfhs.org

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ENVIRONMENTAL ISSUES

Lightning Safety

By Kevin D. Walter, M.D., FAAP

- Education and prevention are the keys to lightning safety.
- Practice and competitions should be immediately suspended as soon as lightning is seen or thunder is heard.
- All athletes and spectators should seek safe shelter during severe weather.
- Play should not resume for at least 30 minutes after the last lightning strike or thunderclap.

SIGNIFICANCE

Lightning is one of the most consistent causes of weather-related deaths and injury in the U.S. According to the National Severe Storms Laboratory, there are approximately 100 lightning-related deaths and over 1000 injuries yearly.

BACKGROUND

Lightning-related injuries mainly occur between May and September. Most lightning-related casualties happen between 10 a.m. and 7 p.m., with the majority of those occurring between 2 p.m. and 6 p.m. Therefore, the risk of lightning-related injury appears to be highest during some of the most active periods for outdoor athletic activities. The average distance between successive lightning flashes is about two to three miles, which means that **risk is present WHENEVER lightning can be seen or thunder can be heard.**

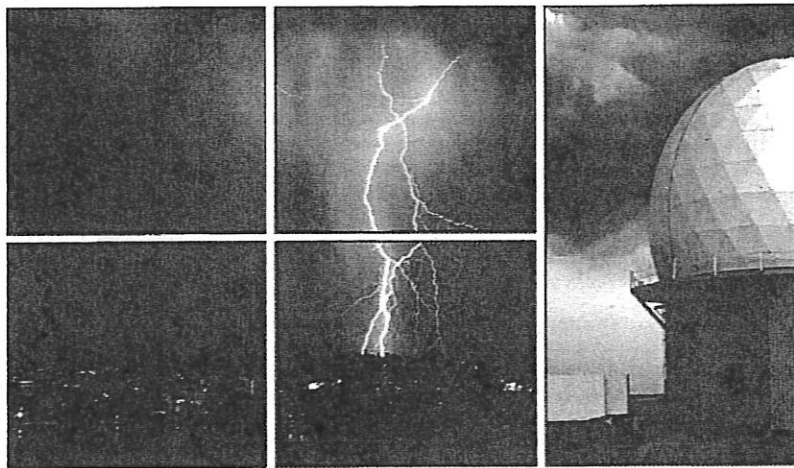
Game administrators, officials and the sports medicine staff can be aware of adverse weather by following local forecasts and by monitoring the National Weather Service (NWS). The NWS issues storm watches and warnings during times of severe weather. A watch means that the conditions are favorable for severe weather to develop, while a warning indicates severe weather has been reported and appropriate precautions should be taken. It must be remembered that any thunderstorm poses a risk of injury, even if not deemed "severe" by the NWS.

MANAGEMENT

As soon as lightning is seen or thunder is heard, practice and competition should be suspended immediately. A **Lightning Safety Plan** should be a component of the Emergency Action Plan (see Emergency Action Plan chapter) and should be in place for every sport and facility. This plan should contain instructions for participants and spectators, designation of safe shelters, and designation of warning and all clear signals. This plan must be disseminated to the proper personnel and reviewed and practiced on a routine basis.

There should also be a systematic plan for monitoring weather. The weather forecast should be closely followed throughout the day prior to any practice or competition. A weather radio is helpful in providing current information. Weather can also be monitored over the Internet or through the use of lightning strike monitors. However, such

technology should never be a substitute for directly hearing or seeing dangerous weather. There should also be one person designated to monitor threatening weather and make decisions regarding participation. However, if anyone hears thunder or sees a lightning strike, appropriate action should begin.



If lightning is imminent or a thunderstorm is approaching, all personnel, athletes and spectators should be evacuated to safe structures. A list of the closest safe structures should be announced and displayed on placards at all venues. The ideal safe structure is a fully enclosed building with plumbing, telephone and electrical service, which aid in grounding the structure. A fully enclosed automobile or school bus with all of the windows rolled up is a reasonable shelter, although care must be taken to avoid contact with any metal inside the vehicle. The hard metal frame and roof, not the rubber tires, dissipate the current around the vehicle. Golf carts and convertible cars are not safe shelters. Dugouts and golf shelters are not safe shelters and are not grounded for the effects of lightning.

Avoid the use of shower facilities for shelter and do not use showers or plumbing during a thunderstorm as the electrical current from lightning can enter the building through plumbing connections. It is also unsafe to stand near utilities or use a landline telephone during a thunderstorm because of the risk of the current traveling through the lines. Cellular and cordless telephones are considered to be safe.

If a suitable safe shelter is not available, it is best to avoid tall objects (trees, light poles, etc) that allow lightning an easy path to the ground. It is important to avoid being the tallest object. In an open field, people should crouch with their legs together, the weight on the balls of their feet, arms wrapped around their knees, and head down with their ears covered. The person should minimize contact with the ground and should NOT lie flat.

People who have been struck by lightning do not carry an electric charge. Therefore, it is safe to perform CPR, if needed. Ideally, injured persons are moved into a safe shelter. Lightning-strike victims who show signs of cardiac or respiratory arrest need emergency help.

RETURN TO PLAYING FIELD

The NFHS recommends following the 30-minute rule when making return-to-play decisions. After the last flash of lightning is witnessed or the last thunderclap is heard, it is recommended to wait at least 30 minutes before resuming practice or competition. Given the average rate of thunderstorm travel, the storm should move 10 to 12 miles away from the area, reducing the risk of local lightning strike. **Any subsequent lightning strike or thunder after the beginning of the 30-minute count should reset the clock and another count should begin.**

PREVENTION

In order to prevent lightning-related injuries, it is important to formulate and implement a Lightning Safety Plan and provide adequate education for all athletes and personnel. The plan needs to be reviewed and practiced periodically. The plan also must include a systematic approach for monitoring local weather activity and recognizing signs of nearby danger (thunder and lightning strikes). Criteria for suspension and resumption of activity should be clear. Appropriate safe shelters for each athletic venue should be clearly identified.

References

- Bennett BL. A model lightning safety policy for athletics. *Journal of Athletic Training* 1997;32:251-253.
- Cooper MA, et al. Lightning injuries. In: Auerbach PS, ed. *Management of Wilderness and Environmental Emergencies*. 5th ed. C.V. Mosby, 2007:68-108.
- Holle R, Lopez R. Lightning-impacts and safety. *WMO Bulletin* 1998;47:148-155.
- National Collegiate Athletic Association. Guideline 1d: Lightning safety. 2010-11 Sports Medicine Handbook (21st edition).

Resources

www.lightningsafety.com
www.weather.com
www.weather.gov

Effective July 1, 2013, there is a new policy with regard to Extreme Heat. Information will be sent to Coaches of Fall Activities as well as local School Administrators.

XLVIII. EXTREME HEAT

The OSSAA recognizes that heat related illness is the leading cause of preventable death in high school students participating in activities. The Board adopted the following policies:

Acclimatization Period: Whenever students are participating in an environment in which the temperature cannot be controlled there should be acclimatization period. The acclimatization period is defined as the first 14 days of participation beginning with the first date of practice in that sport or activity, or the first date a participant begins practice, whichever is later. Any speed, strength, or conditioning programs shall not be considered a part of the acclimatization period. All students participating in athletics or activities, including those who arrive to preseason practice after the first day of practice, are required to follow the guidelines of the first days of the acclimatization period.

All athletic coaches and marching band directors are required to view *A Guide to Heat Acclimatization and Heat Illness Prevention* at www.nfhslearn.com, annually. A certificate of completion shall be kept on file for each coach or marching band director at the member school.

FOOTBALL (Mandates)

- a. Preseason practice shall be limited to 2 ½ hours per session with a minimum of one hour between practice sessions. No more than 5 hours of practice per 24-hour period will be allowed. There will be no physical activity during the one-hour rest period. Any time a coach is present during football practice, the time will count toward the maximum 5 hours, with the exception of strength training.
- b. If a practice session is interrupted by inclement weather or heat restrictions, and it is required the session be divided for the good of the student-athlete's welfare as long as the total practice time does not exceed 2 ½ hours.
- c. When multiple practices are conducted in the same day, it is required that either practice not exceed 2½ hours in length and students not participate in more than five total hours of practice activities, including walk-through sessions. Warm-up, stretching, cool down and conditioning activities are included as part of the practice time. Practices should be separated by at least one hour, where there is no physical activity between the end of the first practice and the beginning of the second practice.
- d. Immediately prior to any practice, coaches are required to use a smart-phone APP, or other mechanism or program to get heat index, such as CoachSmart or the OSHA APP. There are also programs available on the Internet, such as AccuWeather, or Weather.com. These programs are free and can be used on any smart-phone, tablet, or computer. A chart outlining recommendations for making concessions for extreme heat is available on the OSSAA website, Schools must develop their own form to record the heat index each practice session.
- e. All practices must be held under the supervision of a coach employed by the school.
- f. Practices must always be conducted with an open water policy.
- g. Cooling stations shall be made available for the athletes (buckets of cool water, wet towels, sponges, etc.)
- h. Each program shall have a heat related emergency plan on hand at all times.

Guidelines for outdoor activities:

- a. Athletic Coaches or marching band directors should use a smart-phone APP, or other mechanism or program to get heat index, such as CoachSmart or the OSHA APP. There are also programs available on the Internet, such as AccuWeather, or Weather.com. These programs are free and can be used on any smart-phone, tablet, or computer. A chart outlining recommendations for making concessions for extreme heat is available on the OSSAA website. Schools must develop their own form to record the heat index each practice session.
- b. All practices should be held under the supervision of a coach, director, or sponsor employed by the school.
- c. Practices should always be conducted with an open water policy.
- d. Each program should have a heat related emergency plan on hand at all times.
- e. Preseason practice should be avoided if possible between the hours of 12 p.m. and 6 p.m.
- f. Parents and students should be educated on the importance of hydration during extreme heat conditions.
- g. Cooling stations should be made available when possible (buckets of cool water, wet towels, sponges, etc.)
- h. Equipment should be removed for conditioning.

HEAT RELATED EMERGENCY PLAN

SPORT _____ DATE: _____

1. First responder should begin first aid.
2. Send additional responders, i.e. manager, uninjured student, or coach to notify Athletic Trainer, or call 911 if no Athletic Trainer is available.
3. If Athletic Trainer is unavailable, head coach will become leader, if head coach is unavailable another person shall be designated as leader.

- Leader shall instruct all others responding to situation.
- Leader's assistant shall assist in the evaluation of the student in distress.
- Designate someone to call 911 and activate EMS if situation necessitates.
- Gather information:

Name of student and gender, approximate age

Nature of distress

Location of athlete and directions to the site

Call back number for EMS to contact caller if needed

Designate a person to meet EMS

Designate person to ride with student if it is necessary to be transported

Contact parent or guardian of student

It is the Certified Athletic Trainer, or person designated as the Leader to report the incident to a school administrator.

It is the Certified Athletic Trainer, or person designated as the Leader to report the incident to the parent or guardian.

It is the Certified Athletic Trainer, or person designated as the Leader to document the circumstances surrounding the activity and all actions taken.

DOCUMENTATION OF EVENT:

Leader's Name _____ Asst. Leader's Name _____

Person to meet EMS _____

Person accompanying student with EMS _____

Contact information:

Athletic Trainer: Name and Phone _____

School Administrator: Name and Phone _____

Fire/Ambulance/EMS: 911

DESCRIBE CIRCUMSTANCES:

HEAT RELATED ILLNESS CHART

Under 95 degrees Heat Index	<p>All activities</p> <ul style="list-style-type: none"> ➤ Provide ample amounts of water. This means that water should always be available and students should be able to take in as much water as they desire. ➤ Optional water breaks every 30 minutes for 10 minutes in duration ➤ Ice-down towels for cooling ➤ Watch/monitor students carefully for necessary action.
95 degrees to 99 degrees Heat Index	<p>All activities</p> <ul style="list-style-type: none"> ➤ Provide ample amounts of water. This means that water should always be available and students should be able to take in as much water as they desire. ➤ Mandatory water breaks every 30 minutes for 10 minutes in duration ➤ Ice-down towels for cooling ➤ Watch/monitor students carefully for necessary action. ➤ Helmets and other possible equipment removed while not involved in contact. ➤ Reduce time of outside activity. Consider postponing practice to later in the day. ➤ Re-check temperature and humidity every 30 minutes to monitor for increased Heat
100+ degrees	<p>All activities</p> <ul style="list-style-type: none"> ➤ Provide ample amounts of water. This means that water should always be available and students should be able to take in as much water as they desire. ➤ Mandatory water breaks every 30 minutes for 10 minutes in duration ➤ Ice-down towels for cooling ➤ Watch/monitor students carefully for necessary action. ➤ Alter uniform by removing items if possible ➤ Allow for changes to dry t-shirts and shorts. ➤ Reduce time of outside activity as well as indoor activity if air conditioning is unavailable. ➤ Helmets and other possible equipment removed if not involved in contact or necessary for safety. If necessary for safety, suspend activity. ➤ Re-check temperature and humidity every 30 minutes to monitor for increased Heat

TYPES OF HEAT ILLNESS:

Heat Cramps:

- Some students may experience heat cramps. This type of cramp is the tightening and spasms experienced in muscle. It is often preceded by heavy sweating and large electrolyte losses, this may look like white residue on clothing or equipment.
- If an student is experiencing heat cramps, he or she should stop the activity, find a cool spot to gently stretch and massage the muscle, and drink appropriate fluids like sports drinks (or salty foods and other fluids) that contain significant levels of sodium.

Heat Exhaustion:

- Another type of heat illness is heat exhaustion. Conditions and signs of this problem can include profuse sweating, dehydration, fatigue, lightheadedness, rapid pulse, and low blood pressure. Body temperature may be slightly elevated. If heat exhaustion is suspected, the student should lie in a cool place with legs elevated, have cool, wet towels applied to the body, drink cool fluids, and have someone monitor their vital signs. With heat exhaustion, often the ill student feels better when he or she rests in a cool place and replenishes fluids by drinking cool liquids. Continue to monitor the student. If signs are present that the illness is severe or progressing, activate the emergency action plan. Check the student for warning signs. Call 911 or the local emergency number immediately. Have someone administer your emergency care plan.

Heat Stroke:

- This is the most serious heat-related illness. With heat stroke, an student will have a high body temperature – 104° F or higher - and could have red, hot, dry or moist skin, vomit, be incoherent or lose consciousness, have shallow breathing and/or a weak pulse. He or she might experience mild shock, convulsions, or a coma, and can die from heat stroke.
- If he or she goes into respiratory or cardiac arrest, begin rescue breathing or CPR, as appropriate. Cool by any means possible, as quickly as possible. If necessary, medical or coaching personnel should place the player in an ice bath or “cool pool” and call for emergency medical services (EMS). Continue to cool and monitor the student while awaiting EMS.

HEAT INDEX	HEAT-RELATED EFFECTS
80-89	Fatigue
90-104	Heat cramps, and heat exhaustion
105-129	Heat cramps or heat exhaustion likely
130+	Heat Stroke Highly likely

Concussion Facts

Youth Athletes



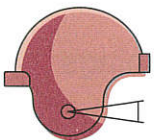
What is a concussion?

When an athlete gets their “bell rung” or gets “lit up” they have suffered a concussion. Concussions are a type of *traumatic brain injury (TBI)*. Concussions are caused by a bump, blow, hit, or jolt to the head or body that moves the head and brain rapidly back and forth. Falling or being hit against or by another person or object are common causes of concussions. Your head doesn’t have to be struck to cause a concussion; for example, a body-to-body hit has the potential to cause a concussion.



What does a concussion do to my brain?

When you experience a concussion, your brain may bounce or twist inside your skull, sometimes stretching or damaging brain cells and causing chemical changes within the brain. A concussion interrupts your brain’s functioning. When your brain is injured by a concussion, the injury can affect you physically, emotionally, behaviorally, and/or cognitively (how you think).



Can concussion risk be reduced?

YES! There are ways to reduce your risk of a concussion. Practice good sportsmanship and follow your coach’s instructions for safe game play. If you play contact sports, learn the fundamentals and appropriate techniques. Make sure bicycle, athletic, and ATV helmets fit properly and are worn consistently. While a helmet doesn’t prevent a concussion, it does protect your head from more severe injuries.



Can I keep playing after a concussion?

Your brain needs time to heal after a concussion. If you *continue to play* or *return to play too soon*—before your brain has finished healing—you have a greater chance of getting another concussion. **A repeat concussion that occurs while your brain is still healing can be very serious and can affect you for a lifetime. It can even be fatal.** If you think you may have sustained a concussion during a practice or game, **immediately** talk to your coach, game official, athletic trainer, or parent/guardian and **remove yourself from play**. Do **not** return to play on the same day as the injury. You need to see a health care provider to be evaluated for a concussion and given written clearance to return to play.



SIGNS AND SYMPTOMS

There are many signs and symptoms of a concussion. **Concussion symptoms may appear minutes, hours, or days after the initial injury.** Symptoms may be physical, emotional, behavioral, or cognitive (affect thinking). You may notice these symptoms yourself or someone else may observe them. If you experience any of these symptoms after a blow to the head or body, tell someone immediately.

Physical

- Headache or pressure in the head
- Dizziness, balance problems
- Nausea or vomiting
- Sensitivity to noise, ringing in ears
- Sensitivity to light, blurry or double vision
- Feel tired
- Tingling
- Do not "feel right"
- Feel dazed, stunned

Emotional/Behavioral

- Become irritable
- Become sad or depressed
- More emotional than usual
- Anxious or nervous
- Personality or behavioral changes such as becoming impulsive

Cognitive

- Trouble thinking clearly
- Trouble concentrating
- Trouble remembering, can't recall events before or after the hit
- Feel sluggish, hazy, foggy, or groggy
- Feel "slowed down"
- Repeat questions or answer questions more slowly
- Confusion
- Forget routine things

DANGER SIGNS

If one or more of these symptoms emerges after a hit to the head or body, **IMMEDIATELY** call 911 or get someone to drive you to the nearest emergency room.

- One pupil larger than the other
- Drowsy or cannot wake up
- Headache that gets worse and does not go away
- Slurred speech, weakness, numbness
- Decreased coordination
- Loss of consciousness
- Repeated vomiting or ongoing nausea
- Shaking or twitching (convulsions or seizures)
- Unusual behavior, increased confusion, restlessness, or agitation

Learn more: concussion.health.ok.gov | 405.426.8440

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OKLAHOMA
State Department
of Health



OKLAHOMA
Education



Concussion Facts

Coaches



What is a concussion?

When an athlete gets their “bell rung” or gets “lit up” they have suffered a concussion. A concussion is a type of *traumatic brain injury (TBI)* caused by a bump, blow, hit, or jolt to the head or body that moves the head and brain rapidly back and forth. This sudden movement can cause the brain to bounce or twist inside the skull, sometimes stretching and damaging brain cells and creating chemical changes in the brain. The effects of a concussion can be serious and should be treated as such. The brain continues to grow and develop into the mid-twenties; disruptions to that development from a TBI in childhood or adolescence can have long-term consequences on the brain’s functioning.



When an athlete takes a hit

If you suspect an athlete has sustained a concussion, **immediately** remove them from play. Do **not** allow the athlete to return to play on the same day as the injury (unless the athlete is evaluated by a licensed health care provider who provides *written* clearance allowing same-day return to play). Record the time and circumstances of the injury, along with any concussion signs/symptoms you observe or the athlete reports to you, and provide this information to the medical team.



WHEN IN DOUBT, SIT THEM OUT

The brain needs time to heal after a concussion. An athlete who continues to play or who returns to play too soon – before the brain has finished healing – has a greater chance of getting another concussion. **A repeat concussion that occurs while the brain is still healing can be very serious and can affect an athlete for a lifetime. It can even be fatal.**



MYTH: A concussion always causes you to lose consciousness (pass out).

FACT: Most concussions don’t cause you to pass out. In fact, concussion symptoms may not appear for hours or days after the hit.



SIGNS AND SYMPTOMS

There are many signs and symptoms of a concussion. **Concussion symptoms may appear minutes, hours, or days after the initial injury.** Symptoms may be physical, emotional, behavioral, or cognitive (affect thinking). You may observe these signs in an athlete or the athlete may report symptoms to you.

Physical

- Headache or pressure in the head
- Dizziness, balance problems
- Nausea or vomiting
- Sensitivity to noise, ringing in ears
- Sensitivity to light, blurry or double vision
- Feels tired
- Tingling
- Does not "feel right"
- Seems dazed, stunned

Emotional/Behavioral

- Becomes irritable
- Becomes sad or depressed
- More emotional than usual
- Anxious or nervous
- Personality or behavioral changes, such as becoming impulsive

Cognitive

- Trouble thinking clearly
- Trouble concentrating
- Trouble remembering, can't recall events before or after the hit
- Feels sluggish, hazy, foggy, or groggy
- Feels "slowed down"
- Repeats questions or answers questions more slowly
- Confusion
- Forgets routine things

DANGER SIGNS

If one or more of these signs emerges after a hit to the head or body, **IMMEDIATELY** call 911 or tell the parent/guardian to take the athlete to the nearest emergency room.

- One pupil larger than the other
- Drowsy or cannot wake up
- Headache that gets worse and does not go away
- Slurred speech, weakness, numbness
- Decreased coordination
- Loss of consciousness
- Repeated vomiting or ongoing nausea
- Shaking or twitching (convulsions or seizures)
- Unusual behavior, increased confusion, restlessness, or agitation

Learn more: concussion.health.ok.gov | 405.426.8440

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RETURN TO PLAY PROTOCOL

STEP 1: BACK TO REGULAR ACTIVITIES



Goal: Complete normal activities and remain symptom free for at least 24 hours



STEP 2: LIGHT AEROBIC ACTIVITY



Goal: Minimal increase in heart rate

Time: 5-10 minutes

Feels easy: walking \leq 2 mph, stretching exercises

NO weight lifting, resistance training, jumping, or hard running.



STEP 3: MODERATE ACTIVITY



Goal: Noticeable increase in heart and respiratory rates with limited body and head movement

Time: Less time than typical routine

Feels fairly easy to somewhat hard: brisk walking (15 min/mile)

NO head impact activities. **NO** helmet or other equipment use.



STEP 4: HEAVY NON-CONTACT ACTIVITY



Goal: High-intensity activity without contact

Time: Close to typical routine

Non-contact training drills in full uniform, weight lifting, resistance training, running, high-intensity stationary cycling.



STEP 5: PRACTICE AND CONTACT



Goal: Return to practice, full contact as applicable to sport



STEP 6: RETURN TO PLAY



Goal: Return to full game play, practice, and competition



Learn more: concussion.health.ok.gov | 405.426.8440

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RETURN TO PLAY: BACK TO SPORTS AFTER A CONCUSSION



Before you begin:



An athlete's progression through the Return to Play Protocol should be monitored by a designated return to play case manager such as a coach, athletic trainer, or school nurse.



Each step should take a *minimum* of 24 hours; it should take at least one week to proceed through the full Return to Play Protocol. This process can take several weeks or months, depending on the individual and the injury.



If concussion symptoms return at any step during the return to play process, the protocol must be stopped. The athlete may only resume return to play activities when they have been symptom free for a *minimum* of 24 hours. Return to play progression must resume at the step before symptoms reemerged.

*Example: An athlete going through the Return to Play Protocol has progressed to Step 5 (practice and contact) when concussion symptoms return. Return to play activities must be halted until the symptoms stop and remain absent for at least 24 hours. At that point, the Return to Play Protocol resumes; **however**, the athlete restarts at Step 4 (heavy non-contact activity), the step **before** concussion symptoms reemerged.*

WHEN IN DOUBT, SIT THEM OUT

Athletes should not begin the Return to Play Protocol on the same day of the injury. A licensed health care provider must evaluate the athlete and provide written clearance for the athlete to return to activity. Continuing to play, or returning to play too soon, after a concussion increases the chances of sustaining another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect an athlete for a lifetime.

It can even be fatal.

RETURN TO LEARN PROTOCOL

OVERVIEW

Every student will experience a concussion differently. One student may spend an extended time in one return to learn phase, while another may not need a particular phase at all.



PHASE 1

No school

A licensed health care provider should provide written clearance for a student to return to school after a concussion. A concussion management team should be assembled and begin to develop a plan for the student.



PHASE 2

Half-day attendance with accommodations

The concussion management team leader should meet with the student and their parents to review information from the health care provider (e.g., current symptoms and recommended accommodations), concussion management team member roles and responsibilities, and the initial concussion management plan.



PHASE 3

Full-day attendance with accommodations

Monitor the student for worsening or reemerging symptoms during class. The concussion management team should be communicating on a regular basis to evaluate progress and collaborating to revise the concussion management plan as needed based on any changes in symptoms or symptom severity.



PHASE 4

Full-day attendance without symptoms

When the student can participate in all classes and has been symptom free for at least 24 hours, they may begin the Return to Play Protocol for physical activities at school (e.g., gym, PE classes, athletics participation).



PHASE 5

Full school and extracurricular involvement

For most students, accommodations for concussion recovery are temporary and informal. When recovery is prolonged, however, formal support services (e.g., an individualized education plan, a response to intervention protocol, or 504 plan) may be needed to support the student.

To learn more about supporting students returning to learn after a concussion, visit <https://concussion.health.ok.gov>

Contact us: concussion@health.ok.gov | 405.426.8440

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RETURN TO LEARN: BACK TO CLASS AFTER A CONCUSSION

WHAT IS A CONCUSSION AND HOW CAN IT IMPACT LEARNING?

- A concussion is a type of traumatic brain injury (TBI) caused by a bump, blow, or jolt to the head or body that moves the head and brain rapidly back and forth, causing the brain to bounce or twist in the skull. Concussion symptoms can impact a student physically, cognitively, and emotionally. These symptoms may disrupt the student's ability to learn, concentrate, keep track of assignments, process and retain new information, tolerate light and noise, and appropriately regulate emotions and behaviors. School professionals play a vital role in creating a culture that values safety and open communication, encourages students to report symptoms, and supports students throughout the process of recovery. Teachers and other school staff can provide symptom-based classroom accommodations while the student's brain continues to heal from the concussion. Supports can be lifted as the brain heals and concussion symptoms no longer keep the student from full classroom participation.
- After a concussion, it is as important to rest the brain as it is the body. Students will need an initial break, usually 2 to 3 days, from cognitive activities such as problem solving, concentrating or heavy thinking, learning new things, memorizing, reading, texting, computer or mobile device time, video games, and watching television. Upon clearance from their health care provider, students can gradually return to learning activities.
- Providing appropriate support for a student returning to school after a concussion requires a collaborative team approach. Teachers, school counselors, school nurses, school administration, parents/guardians, the student, and the student's health care provider are examples of these team members. Continuous communication between students, caregivers, health care providers, and school staff is vital to ensure the student's individual needs are understood and consistently met by their support team throughout recovery.

CONCUSSION SIGNS TO WATCH FOR IN THE CLASSROOM

- Increased problems paying attention or concentrating
- Increased problems remembering or learning new information
- Longer time needed to complete tasks or assignments
- Difficulty organizing tasks or shifting between tasks
- Inappropriate or impulsive behavior during class
- Greater irritability or more emotional than usual
- Less ability to cope with stress
- Difficulties handling a stimulating school environment (lights, noise, etc.)
- Physical symptoms (headache, fatigue, nausea, dizziness)

EXAMPLES OF SCHOOL SUPPORTS



- Reduce assignments and homework to key tasks only and base grades on adjusted work.
- Provide extra time to work on assignments and take tests.
- Provide written instructions, study guides, and/or help for classwork.
- Limit tests to one per day.
- Allow students to demonstrate understanding of a concept orally instead of in writing.
- Provide class notes and/or allow students to use a computer or tape recorder to record classroom information.



- Allow time to visit the school nurse for treatment of headaches or other symptoms.
- Provide rest breaks.
- Provide extra time to go from class to class to avoid crowds.
- If students are bothered by light, allow sunglasses, blue light blocking glasses, or sitting in a less bright location (e.g., draw blinds, sit them away from windows).
- If students are bothered by noise, provide noise-reducing headphones and a quiet place to study, test, or spend lunch or recess.
- Do not substitute concentration activities for physical activity (e.g., do not assign reading instead of PE).



- Develop an emotional support plan (e.g., identify an adult with whom they can talk if feeling overwhelmed).
- Locate a quiet place students can go when feeling overwhelmed.
- Students may benefit from continued involvement in certain extracurricular activities, such as organizational or academic clubs, as approved by their health care provider.
- Arrange preferential seating, such as moving the student away from windows (e.g., bright light) or talkative peers, or closer to the teacher.

Provide structure and consistency; make sure all teachers are using the same strategies.