



Safety & Emergency Preparedness Program

Appendix D

Concussion Fact Sheet & Return-to-Play Form

Purpose & Overview

Concussions are a type of traumatic brain injury that require immediate recognition, removal from play, and medical evaluation. Beth-Wood Baseball adheres to **Connecticut General Statutes §21a-432** and the **CDC HEADS UP Program** to ensure safe management and return to play.

What Is a Concussion?

A concussion occurs when a blow to the head or body causes the brain to move rapidly inside the skull. Even seemingly minor impacts can disrupt normal brain function. Symptoms may appear immediately or hours later.

Signs and Symptoms

Observed Signs (what others see):

- Appears dazed or confused
- Moves clumsily / off balance
- Answers questions slowly or forgets instructions
- Loss of consciousness (even brief)
- Displays personality or behavior changes

Reported Symptoms (what the athlete feels):

- Headache or pressure in head
 - Dizziness / nausea / vomiting
 - Blurred or double vision
 - Sensitivity to light or noise
 - Difficulty concentrating or feeling “foggy”
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Immediate Coach Actions

1. **Remove the player from play immediately.**
 2. **Do not allow return the same day.**
 3. **Notify the parent or guardian within 24 hours.**
 4. **Request medical evaluation** by a licensed professional trained in concussion management.
 5. **Document the incident** on the league’s Injury Report Form.
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When to Call 911 Immediately

- Repeated vomiting or seizures
 - Worsening headache or unequal pupil size
 - Slurred speech or difficulty walking
 - Loss of consciousness > 1 minute
 - Any signs of spinal injury
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Return-to-Play Protocol

No player may resume baseball until they are symptom-free and have received **written medical clearance**.

Typical stepwise progression:

1. **Rest until symptom-free.** No physical or cognitive exertion.
2. **Light aerobic exercise.** Walking or stationary cycling.
3. **Sport-specific drills.** No head impact.
4. **Non-contact practice.** Full conditioning.
5. **Full contact / game play** after final medical clearance.

If symptoms return at any stage, stop activity and resume only when cleared again by a medical professional.

Physician Clearance Form Template

Player Name: _____

Date of Injury: _____

Diagnosis: _____

Physician Name: _____

License # / Phone: _____

☐ Player is cleared to resume full baseball activities without restriction.

☐ Player is not cleared and requires re-evaluation on: _____

Signature: _____

Date: _____

Education & Prevention

- Coaches and volunteers complete annual concussion awareness training.
 - Players and parents review concussion information at registration.
 - Emphasize safe play, proper sliding techniques, and helmet compliance.
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Sources (2023 – 2025 updates)

- **CDC.** *HEADS UP Concussion in Youth Sports* (2024).
- **Connecticut General Statutes §21a-432** (2024).
- **Babe Ruth League.** *Concussion Policy and Education Guidelines* (2024).