



# Softball Ireland Injury Policy

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## Document Details

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<b>Contributors:</b>		Colum Lavery – Softball Ireland President
<b>Contact Details:</b>		<a href="mailto:medical@softball.ie">medical@softball.ie</a>
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## Glossary of Terms and Abbreviations

Below is a list of terms and abbreviations used throughout this document:

Term	Description	Abbreviation
National Governing Body	Refers to ‘Softball Ireland’	NGB
Regions	Refers to the regional associations on the island of Ireland (SL / SU / GS)	-
Board	Refers to the Softball Ireland Board	-
Softball Ireland	The NGB of softball on the island of Ireland	SI
Softball Leinster	The regional association for Leinster	SL
Softball Ulster	The regional association for Ulster	SU
Fastpitch Ireland	The body responsible for the administration of Fastpitch Softball in Ireland	FPI
Galway Softball	The regional association for Galway	GS
Republic of Ireland	Republic of Ireland	ROI
Northern Ireland	Northern Ireland	NI
Under 18	Refers to all players under the age of 18 years	U18

## Introduction

Softball Ireland (SI) takes the health and safety of its members seriously, especially in the case of head injury or in the event of a player becoming unconscious during a game or training session. This policy has been developed to assist the regional associations, national teams, clubs, and players promote good practice regarding general safety and injury to players, with a specific focus on head injuries. SI expects all regional associations, national teams, clubs, and players to follow this policy and the guidance contained within it in full.

For further information, or clarification on any aspects of this policy, the medical committee can be contacted by emailing: [medical@softball.ie](mailto:medical@softball.ie).

## Injury Prevention

Consideration should be given to measures that reduce or prevent injuries from occurring. These may include:

- Appropriate pre-event stretching and warm-up exercises
- Appropriate post-event stretching and cool-down exercises
- Not training or playing until fully healed if recovering from a previous injury
- Wearing of suitable footwear i.e. cleats / studs rather than trainers
- Wearing of protective equipment e.g. helmets, face shields, etc.

The list above is not exhaustive and a full risk assessment should be considered for all softball events to reduce the potential risk posed to players.

## Risk Assessment

All softball events should be risk assessed for potential health and safety hazards, and appropriate measures put in place to mitigate these. For further guidance and supporting documentation on performing a risk assessment, members are directed to the following documents, which can be modified and adapted for individual use:

- SI COVID-19 Risk Assessment Guidance (2021) v1.0
- SI COVID-19 Risk Assessment Template (2021) v1.0

All documents are available to download on the SI website ([www.softball.ie](http://www.softball.ie)) or by contacting the SI Medical Committee ([medical@softball.ie](mailto:medical@softball.ie)).

## First Aid Training

It is important to clarify that any individual is capable of delivering basic first aid to an injured player, although not everyone is going to be able to manage all problems that can arise on the softball diamond. Where there is no first aider available, or the first aider involved in assessing an injured player is not comfortable with the injuries sustained, consideration should be given to contacting the emergency services or taking the injured player directly to hospital (if safe to do so).

## Designated First Aiders

Any individual who acts as a designated first aider at SI events must provide credentials of an up to date first aid course, which includes basic life support training and head injury recognition training.

## Teams / Players

Teams are not currently expected to have a fully qualified first aider, but should nominate an individual who has responsibility for managing the team first aid kit and reporting injuries to SI.

## Umpires

Umpires are not currently expected to be qualified first aiders, however they are required to be trained in head injury recognition. Umpire training courses will be updated to include basic head injury recognition training.

## Coaches

Coaches are currently not expected to be qualified first aiders. It is recommended that all coaches are trained in head injury recognition when completing their level 1 qualification.

## Levels of Event Provision

Not all SI events require the presence of a trained first aider, but consideration must be given for the possibility of injuries. The following table outlines the basic event provision which must be provided by SI teams and organisations.

Type of Event	First Aid Cover Required	Quantity
<b>Team / Club Training</b>	First Aid Kit Available	1 per team
<b>Friendly Games</b>	First Aid Kit Available	1 per team
<b>League Games</b>	First Aid Kit Available	1 per team
	Umpire Trained in Head Injury Recognition	1 per game
<b>Intervarsity Games</b>	First Aid Kit Available	1 per team
	Umpire Trained in Head Injury Recognition	1 per game
<b>Recruitment &amp; Open Days</b>	First Aid Kit Available	1 per team
	First Aider	1 per event
<b>Club Tournament, or Tournament ≥4 Teams</b>	First Aid Kit Available	1 per team
	Defibrillator Available at Venue	1 per event
	Umpire Trained in Head Injury Recognition	1 per event
	Dedicated Officer for Reporting Injuries	1 per event
<b>Club Tournament, or Tournament ≥8 Teams</b>	First Aid Kit Available	1 per team
	Defibrillator Available at Venue	1 per venue
	First Aider	1 for 6 teams
	Dedicated First Aid Tent	1 per event
<b>Regional Tournament</b>	First Aid Kit Available	1 per team
	Defibrillator Available at Venue	1 per event
	Umpire Trained in Head Injury Recognition	1 per event
	Dedicated Officer for Reporting Injuries	1 per event
<b>National Tournament</b>	First Aid Kit Available	1 per team
	Defibrillator Available at Venue	1 per venue
	First Aider	1 for 6 teams
	Dedicated First Aid Tent	1 per event
<b>International Tournament</b>	First Aid Kit Available	1 per team
	Defibrillator Available at Venue	1 per venue
	First Aider	1 for 6 teams
	Medical / Paramedic support	1 per event
	Dedicated First Aid Tent	1 per event

## Equipment

The basic minimum equipment required in a first aid kit is outlined in the table below. This list is not exhaustive and teams may wish to add other items to their own kits. Teams may also wish to bring along more items to all-day or weekend tournaments.

Remember to immediately replace any items that are used to ensure a fully-stocked first aid kit for your team. First Aid kits should also be checked on a monthly basis to ensure no items have become damaged or out of date, requiring replacement.

Item	Example Use	Min. Quantity
Instant Ice Packs	Sprains / Fractures / Head Injuries	2 packs
Sterile Saline	Washing: Wounds / Eyes	2 bottles
Antiseptic Wound Wash	Washing: Dirty Wounds	1 bottle
Bandaging	Covering Wounds / Supporting Sprains	1 roll
Scissors	Cutting Clothes / Bandaging / Dressings	1 pair
Adhesive Dressings (Plasters)	Covering Wounds	Assorted
Disposable Non-Latex Gloves	First Aider / Wound Protection	Assorted Sizes
Plastic Bag (e.g. bin, zip-lock)	Disposal of Soiled Items / Holding Ice	2 bags

## Head Injury Assessment

Concussion is a brain injury which is usually caused when a player hits their head or falls. It can happen at any time, but sporting activities (including softball) can increase the chances of a concussive injury occurring. Ignoring a concussion can result in death, therefore it must always be taken seriously. Players, coaches and umpires must therefore be able to recognise the signs and symptoms of concussion and know how to respond.

If you or another player has been hit on the head, you need to look out for signs like these:

- Headache
- Feeling dazed or confused
- Feeling drowsy or sleepy
- Feeling sick
- Feeling irritable or “in a fog”
- Having difficulty remembering things
- Having difficulty with your balance
- Any other change in normal behaviour

Concussion does not always involve loss of consciousness. You must take any of these symptoms seriously and act accordingly.

If you suspect yourself or another player of having a concussion you must immediately:

- Stop playing and remove yourself or injured player to a safe location;
- Report it to another player, coach, umpire or first-aider;
- Be honest about how you are feeling or what you have witnessed.

Do not leave a player suspected of concussion alone and do not ignore a change or deterioration in symptoms. If an injured player has lost consciousness, or their symptoms appear to be getting worse, someone must phone for an ambulance immediately.

A one-sheet summary guideline for recognising and managing concussion is included in **Appendix 2**.

## Record Keeping and Incident Reporting

It is a requirement for all teams to report injuries directly to SI. When an injury occurs, this should be reported to SI using the **Injury Report Form** included in **Appendix 1**.

The reasons for reporting injuries to SI are:

- To investigate serious injuries and learn how to avoid them again in the future
- To inform policy and guideline development
- To have a written record of any injuries that might form the basis of an insurance claim
- To support teams with recurrent injuries e.g. targeted training or coaching

Not all injuries have to be reported immediately, therefore SI have created a grading system for injuries and a recommended timescale for these to be communicated:

Grade	Example of Injury	Action Required
<b>1 / Minor</b>	<ul style="list-style-type: none"> <li>• Cuts</li> <li>• Sprains</li> <li>• Minor collisions</li> </ul>	<ul style="list-style-type: none"> <li>• Complete Injury Report Form</li> <li>• Email to SI within 7 days of incident</li> <li>• Include regional association in email</li> </ul>
<b>2 / Moderate</b>	<ul style="list-style-type: none"> <li>• Broken bones</li> <li>• Head injury</li> <li>• Concussion</li> <li>• Loss of consciousness</li> </ul>	<ul style="list-style-type: none"> <li>• Complete Injury Report Form</li> <li>• Email to SI within 24 hours of incident</li> <li>• Include relevant regional association in email</li> </ul>
<b>3 / Severe</b>	<ul style="list-style-type: none"> <li>• Temporary Disability</li> <li>• Permanent Disability</li> <li>• Death</li> </ul>	<ul style="list-style-type: none"> <li>• Phone SI President Immediately</li> <li>• Email SI Medical Committee Immediately</li> <li>• Complete Injury Report Form</li> <li>• Email to SI as soon as possible</li> </ul>

## Emergency Services Contact Details

### Republic of Ireland (ROI):

Emergency Services (ask for an Ambulance): Dial **999** or **112** from any phone

### Northern Ireland (NI):

Emergency Services (ask for an Ambulance): Dial **999** from any phone



## Safeguarding

If an injury occurs in an U18 player, the relevant Softball Ireland Safeguarding Policies should be followed. The U18 status of a player should not delay immediate first aid, however consideration should be given to the fact that the injured party is not an adult and may require modified care.

The team captain / manager should immediately contact the U18 player's parent or guardian to inform them of the injury (if not already present).

More information on the Softball Ireland Safeguarding Policies can be accessed via the Safeguarding Hub on the Softball Ireland website (link: [www.softball.ie/safeguarding](http://www.softball.ie/safeguarding)).

## Legal Liability

It is very unlikely that any action would be taken against a first aider who was using the first aid training that they have received.

There is no requirement for medical, nursing or allied health professionals participating as players in the sport of softball to provide first aid where there is a qualified first aider present. Where no first aider is present health professionals should consider their own training and limitations before intervening with an injured player.

Before intervening with an injured player, health professionals should consider the following:

- Is there a trained first aider available?
- Is there any other health professionals present who may be better suited to deliver first aid?
- Are they suitably trained to deal with the injury sustained?
- Do they have appropriate indemnity cover for dealing with out of hospital injuries?
- Are they under the influence of alcohol, medications or other substances that might impair their judgement?

The Medical Protection Society (Ireland/UK) recommend that all doctors assisting at sporting events in a medical capacity:

- Ensure all skills are up-to-date and that qualifications are appropriate for the event.
- Acquire basic knowledge of the sport, risks and possible injuries participants may sustain.
- Ensure that appropriate medical equipment to the sport is available according to the ruling body's requirements and professional opinion.
- Become acquainted with the guidance of the sporting organisation.

- Be familiar with the local emergency services.
- Discuss and arrange appropriate professional indemnity.
- Ensure the level of responsibility is agreed with the event organisers.
- Should you be required to provide treatment to a member of the team, you should document your findings clearly and retain this record.

## Injury Monitoring and Audit

It is recommended that SI perform a yearly audit of reported injuries to ensure no rule or policy changes are required.

It is recommended that this policy is reviewed earlier than stated in the event of a serious injury to ensure the highest level of safety for our players.

## Appendix 1: Injury Report Form

### Injured Party

Name:		Address:	
DOB:			
Club:			
Phone Number:		Email Address:	

### Details of the Injury

Date:		Game or Training:	
Time of Injury:		Exact Location:	
Time Reported:		Reported By:	
Grade of Injury:	<input type="checkbox"/> 1 / Mild	<input type="checkbox"/> 2 / Moderate	<input type="checkbox"/> 3 / Severe
Nature of Injury:	Describe what injury was sustained. _____ _____ _____		
Details of Injury:	Describe the circumstances of how the injury was sustained. _____ _____ _____		
Any Witnesses:	Name and contact details of any witnesses. _____ _____ _____		
Unconsciousness:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Concussion:	<input type="checkbox"/> Yes <input type="checkbox"/> No
First Aid Provided:	<input type="checkbox"/> Yes <input type="checkbox"/> No	By Whom:	

### Additional Information

Were any of the following contacted?			
<input type="checkbox"/> Ambulance	<input type="checkbox"/> Police	<input type="checkbox"/> Parents (if under 18)	
Time Contacted:		By Whom:	
What was the outcome of the injury?			
<input type="checkbox"/> Taken Out of Game	<input type="checkbox"/> Taken Home	<input type="checkbox"/> Taken to Hospital	
Are there any safeguarding issues if player under 18?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Referred to SI Children's Officer

### Details of the Person Reporting the Incident

Name:		Position:	
Signature:		Email Address:	
Date:		Time:	

## Appendix 2: Head Injury Assessment Guideline

**Concussion should be suspected in the presence of any ONE OR MORE of the following: symptoms, physical signs, impaired brain function or abnormal behaviour.**

### 1. SYMPTOMS

Presence of any of the following signs and symptoms may suggest a concussion:

- Loss of consciousness
- Seizure or convulsion
- Amnesia
- Headache
- “Pressure in head”
- Neck Pain
- Nausea or Vomiting
- Dizziness
- Blurred vision
- Balance problems
- Sensitivity to light
- Sensitivity to noise
- Feeling slowed down
- Feeling like “in a fog”
- “Don’t feel right”
- Difficulty concentrating
- Difficulty remembering
- Fatigue or low energy
- Confusion
- Drowsiness
- More emotional
- Irritability
- Sadness
- Nervous or anxious

### 2. MEMORY FUNCTION

Failure to answer all the following questions correctly may suggest a concussion:

*“At what venue are we at today?”*

*“Which inning is it now?”*

*“Who scored last in this game?”*

*“What team did you play in your last game?”*

*“Did your team win the last game?”*

### 3. BALANCE TESTING

Instruct the player to perform a tandem stance and observe for 20 seconds:

*“Now stand heel-to-toe with your non-dominant foot in back. Your weight should be evenly distributed across both feet. You should try to maintain stability for 20 seconds with your hands on your hips and your eyes closed. I will be counting the number of times you move out of this position. If you stumble out of this position, open your eyes and return to the start position and continue balancing. I will start timing when you are set and have closed your eyes.”*

If the player makes more than 5 errors (such as lift their hands off their hips; open their eyes; lift their forefoot or heel; step, stumble, or fall; or remain out of the start position for more than 5 seconds) then this may suggest a concussion.

**Any player with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, urgently assessed medically, and should not be left alone or allowed to drive a motor vehicle.**

## Appendix 3: One Sheet Injury Policy Summary

### First Aid Kit (Minimum Required Contents)

First Aid Kit Contents	
Instant Ice Packs	2 packs
Sterile Saline	2 bottles
Antiseptic Wound Wash	1 bottle
Bandaging	1 roll
Scissors	1 pair
Adhesive Dressings (Plasters)	Assorted
Disposable Non-Latex Gloves	Assorted Sizes
Plastic Bag (e.g. bin, zip-lock)	2 bags

### Injury Reporting Pathway

