



Management of Concussion Policy

For trainers, First-Aid providers, Coaches, Club Officials, Players, and Parents

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1. CONCUSSION POLICY

Purpose:

- This Policy has been produced to clarify the management of concussion or potential concussion for all players, parents/guardian and Club Officials.
- The welfare of our players is priority, and all clubs are to adopt: **'The Management of Concussion in Australian Football with Specific Provision for Children 5-17 years'** for all age groups.
[AFL Concussion Management Junior Players.pdf \(aflq.com.au\)](http://aflq.com.au)
- All Team Managers, Coaches and Trainers adhere to the policy.

2. BACKGROUND

What is concussion?

"A traumatic brain injury".

Concussion is caused by trauma to the brain, which can be either direct or indirect (e.g. whiplash injury). This results in a range of symptoms and signs depending on the area of the brain that is affected.

Common symptoms of concussion include:

- headache,
- blurred vision,
- dizziness, nausea,
- balance problems,
- fatigue
- feeling "not quite right".

Other common features of concussion include:

- confusion,
- memory loss
- reduced ability to think clearly and process information.

Loss of consciousness is seen in only 10-20% of cases of concussion in Australian football.

Therefore, the footballer does not have to lose consciousness to have a concussion.

The recovery process is variable from person to person and injury to injury. Most cases of concussion in Australian football recover within **10-14 days** of injury,

Children and adolescents typically take longer to recover following a concussion than adults. In general, children and adolescents (aged 5-17) require a different approach from adults because their brains are developing, and they need to continue learning and acquiring knowledge.



3. GAME-DAY MANAGEMENT

Flow chart Appendix 1 as per “The Management of Concussion in Australian Football with Specific Provision for Children 5-17 years”.

The most important steps in the initial management of concussion include:

1. Recognising the injury.
2. Removing the player from the game
3. Referring the player to a medical doctor for assessment.

3.1 Recognising the injury

Any one or more of the following visual clues can indicate a possible concussion:

- Loss of consciousness or responsiveness
- Lying motionless on ground/Slow to get up
- Unsteady on feet/Balance problems or falling over/Incoordination
- Grabbing/Clutching of head
- Dazed, blank or vacant look
- Confused/Not aware of plays or events

» Loss of consciousness, confusion and memory disturbance are classical features of concussion. The problem with relying on these features is that they are not present in every case.

» **Other symptoms that should raise suspicion of concussion include** headache, blurred vision, balance problems, dizziness, feeling “dinged” or “dazed”, “don’t feel right”, drowsiness, fatigue, difficulty concentrating or difficulty remembering.

» **Tools such as the pocket Concussion Recognition Tool** and the Head check app (see appendix 2 & 3) can be used to help recognise concussion.

» **It is important to note** however that brief sideline evaluation tools (such as the pocket Concussion Recognition Tool and Headcheck app) are designed to help recognise a concussion. They are not meant to replace a more comprehensive medical assessment and should never be used as a stand-alone tool for the diagnosis and management of concussion

RED FLAGS

If ANY of the following are reported then the player should be safely and immediately removed from the field. If no qualified medical professional is available, consider transporting by ambulance for urgent medical assessment:

- ▶ Athlete complains of neck pain
- ▶ Increasing confusion or irritability
- ▶ Repeated vomiting
- ▶ Seizure or convulsion
- ▶ Weakness or tingling / burning in arms or legs
- ▶ Deteriorating conscious state
- ▶ Severe or increasing headache
- ▶ Unusual behaviour change
- ▶ Double vision



3.2 Removing the player from the game

- **Any player with a suspected concussion must be removed from the game.**
- Removing the player from the game allows the first aid provider time and space to assess the player properly.
- A qualified first aid provider is required for care of the neck/cervical spine.
- **Any player who has suffered a concussion must not be allowed to return to play in the same game.** Do not be swayed by the opinion of the player, trainers, coaching staff, parents or others suggesting premature return to play.

3.3 Referring the player to a medical doctor for assessment.

- Management of head injury is difficult for non-medical personnel. It can be difficult to tell if you are dealing with concussion or a more serious injury in the early stages.
- For this reason, **ALL** players with concussion or a suspected concussion need an urgent medical assessment. This assessment can be provided by a medical doctor present at the venue, local general practice or hospital emergency department.
- If a doctor is not available at the venue, then the player should be encouraged to attend a local general practitioner or hospital emergency department.
- It is useful to have a list of local doctors and emergency departments in close proximity to the ground in which the game is being played. This resource can be determined at the start of each season (in discussion with the local medical services).
- A Trainer's manual should be printed and provided to trainers and should be kept with the Concussion Recognition Tool.
- The trainer is encouraged to complete an injury report form and a copy is provided to the child's parent/guardian as well as the club. (**Appendix 4**)

4. Follow-up management

4.1 Important steps

(a) Important steps for return to play following concussion include:

- (i) Rest
- (ii) Recovery – symptom-limited activity
- (iii) Graded loading program (with monitoring)
- (iv) Clearance by a medical doctor

- A concussed player must not be allowed to return to school or return to play before having a medical clearance. (**See Appendix 5**)
- Return to learning and school take precedence over return to sport.
- In every case, the decision regarding the timing of return to training should be made by a medical doctor with experience in managing concussion.
- In general, a more conservative approach (i.e., longer time to return to sport) is used in cases where there is any uncertainty about the player's recovery ("**if in doubt, sit them out**").



4.2 Return to play-

Schedule 2 for Phases of Rest, Recovery and Return to Play following Concussion (Appendix 6)

- Players should not return to play until they have returned to school/ learning without worsening of symptoms.
- Players should be returned to play in a graduated fashion, for example:
 1. **Rest until symptoms recover (includes physical and mental rest)**
 2. **Light aerobic activity (e.g., walking, swimming or stationary cycling) – can be commenced 24-48 hours after symptoms have recovered**
 3. **Light, non-contact training drills (e.g., running, ball work)**
 4. **Non-contact training drills (i.e., progression to more complex training drills, may start light resistance training. Resistance training should only be added in the later stages)**
 5. **Full contact training – only after medical clearance**
 6. **Return to competition (game play)**
 - There should be approximately 24 hours (or longer) for each stage.
 - Players should be symptom-free during their rehabilitation program. If they develop symptoms at any stage, then they should drop back to the previously symptom-free level and try to progress again after a further 24-hour period of rest.
 - If the player is symptomatic for more than 10 days, then review by a medical practitioner, expert in the management of concussion, is recommended.
 - Players can receive assessment and management at:

Alphington Sports Medical Clinic

Concussion Clinic

Call 9481 5744 to enquire about this service or to make an appointment.

[Concussion | Alphington Sports Medicine Clinic](#)

5. Questions and Answers

You may have many questions about concussions, head injuries, and what the YJFL is doing, this document answers many questions from Associate Professor Alan Pearce.

[www.yarrafl.org.au- Questions and Answers Document](http://www.yarrafl.org.au-Questions-and-Answers-Documents)

6. Other Resources and References:

- The AFL have advised how to manage concussion in community football. Read now: <https://www.afl.com.au/clubhelp/policies/health-and-safety/concussion-management>
- It is important we understand the process to return to play following a concussion. Read the AFL's new guidelines: <https://www.afl.com.au/clubhelp/policies/health-and-safety/concussion-management>
- Do you know how to recognise the signs or symptoms of a possible concussion? Learn how to do that now: <https://www.afl.com.au/clubhelp/policies/health-and-safety/concussion-management>
- Do you know what to do if you suspect a possible concussion? Learn the steps for initial management of concussion here: <https://www.afl.com.au/clubhelp/policies/health-and-safety/concussion-management>
- There is now an easy way to help manage concussion across community football. Developed in partnership with @MurdochChildrensResearchInstitute, the @AFL approved Headcheck app will help manage concussion on the ground. Download here: www.headcheck.com.au

Appendix 1:

SCHEDULE 1: MANAGEMENT OF CONCUSSION ON THE DAY OF INJURY



Figure 1. Summary of the management of concussion in Australian Football.

Note: For any player with loss of consciousness, basic first aid principles should be used (i.e. airways, breathing, CPR). Care must also be taken with the player's neck, which may have also been injured in the collision. The unconscious player must not be moved by anyone other than a medical professional or ambulance officer. An ambulance should be called, and these players transported to hospital immediately for further assessment and management.

Appendix2:

Concussion Recognition Tool

CONCUSSION RECOGNITION TOOL 5[®]

To help identify concussion in children, adolescents and adults



RECOGNISE & REMOVE

Head impacts can be associated with serious and potentially fatal brain injuries. The Concussion Recognition Tool 5 (CRT5) is to be used for the identification of suspected concussion. It is not designed to diagnose concussion.

STEP 1: RED FLAGS – CALL AN AMBULANCE

If there is concern after an injury, including whether ANY of the following signs are observed or complaints are reported, then the player should be safely and immediately removed from play/game/activity. If no licensed healthcare professional is available, call an ambulance for urgent medical assessment:

- Neck pain or tenderness
- Double vision
- Weakness or tingling/burning in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness
- Deteriorating conscious state
- Vomiting
- Increasingly restless, agitated or combative

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Assessment for a spinal cord injury is critical.
- Do not attempt to move the player (other than required for airway support) unless trained to do so.
- Do not remove a helmet or any other equipment unless trained to do so safely.

If there are no Red Flags, identification of possible concussion should proceed to the following steps:

STEP 2: OBSERVABLE SIGNS

Visual clues that suggest possible concussion include:

- Lying motionless on the playing surface
- Slow to get up after a direct or indirect hit to the head
- Disorientation or confusion, or inability to respond appropriately to questions
- Blank or vacant look
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Facial injury after head trauma



STEP 3: SYMPTOMS

- Headache
- "Pressure in head"
- Balance problems
- Nausea or vomiting
- Drowsiness
- Dizziness
- Blurred vision
- Sensitivity to light
- Sensitivity to noise
- Fatigue or low energy
- "Don't feel right"
- More emotional
- More irritable
- Sadness
- Nervous or anxious
- Neck pain
- Difficulty concentrating
- Difficulty remembering
- Feeling slowed down
- Feeling like "in a fog"

STEP 4: MEMORY ASSESSMENT

(IN ATHLETES OLDER THAN 12 YEARS)

Failure to answer any of these questions (modified appropriately for each sport) correctly may suggest a concussion:

- "What venue are we at today?"
- "Which half is it now?"
- "Who scored last in this game?"
- "What team did you play last week/game?"
- "Did your team win the last game?"

Athletes with suspected concussion should:

- Not be left alone initially (at least for the first 1-2 hours).
- Not drink alcohol.
- Not use recreational/prescription drugs.
- Not be sent home by themselves. They need to be with a responsible adult.
- Not drive a motor vehicle until cleared to do so by a healthcare professional.

The CRT5 may be freely copied in its current form for distribution to individuals, teams, groups and organisations. Any revision and any reproduction in a digital form requires approval by the Concussion in Sport Group. It should not be altered in any way, rebranded or sold for commercial gain.

ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY, EVEN IF THE SYMPTOMS RESOLVE

Appendix 3:

AFL HeadCheck Concussion Management App

The HeadCheck Concussion App for both children and adults has been developed to help Trainers, Coaches or Parents/Guardians to recognise the symptoms of a suspected concussion and its severity. The Head App guides non-medical users through a series of concise questions and observations to quickly identify whether a child's head injury requires an ambulance, hospital, or a GP visit.

The App also assists Parents/Guardians in managing their child's recovery program based on the symptoms displayed as well as guide the Parents/Guardians on their child's safe return to school, training and games.

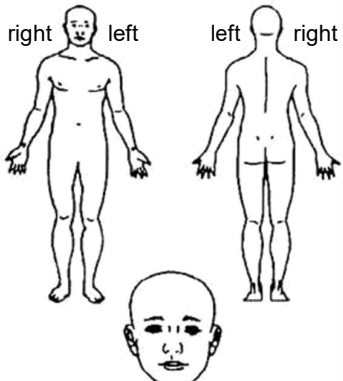
The App can be downloaded for free via the following links:

iPhone Users via the App store

Android Users via the Google play Store



Appendix 4: Sports Injury Report Form Template

Injury details: <i>This report reflects an accurate record of the injured person's reported symptoms of injury</i>			
Name of person injured:		DOB: (Day/Month/Year) / /	
Date when injury occurred: / /		Date when injury is evident: / /	
Person injured: Athlete Coach Other:		Gender: M F	
Supervising coach: _____ (Signature)		Witness: _____ (Signature)	
First aid provided by: _____ (Signature)		Time of first aid: :	Initial treatment: No treatment required
Nature of injury: New injury Aggravated injury		CPR	RICER
Recurrent injury Other:		Crutches	Sling/splint
Did the injury occur during... Training Event Other:		Dressing	Strapping
		Massage	Stretching
Symptoms of injury:			
Blisters	Inflammation/swelling	Spinal injury	
Bleeding nose	Cramp	Cardiac problem	
Bruising/contusion	Suspected bone fracture/break	Electrical shock	
Cut	Dislocation	Burn	
Graze/abrasion	Concussion/head injury	Insect bite/sting	
Sprain	Loss of consciousness	Poisoning	
Strain	Respiratory problem	Other:	
Body part injured:		How did the injury occur?	
		Collision with a fixed object	Overbalance
		Collision/contact with another person	Overstretch
		Fall from height/awkward landing	Slip/trip
		Fall/stumble on same level	Other:
		Extra detail regarding how the injury occurred:	
		Was protective equipment worn on the injured body part?	Yes No
Follow up action:		None	Medical practitioner/physiotherapist
		Hospital	Ambulance
		Other:	
Signature of person completing form:		Date: / /	

Note: Coaches without medical training should refer all medical decisions to appropriately qualified persons. Do not attempt to 'diagnose' an injury. Users of this form are advised that medical information should be treated confidentially. In some states, additional legislation affects the management of health record

Appendix 5:

MEDICAL CLEARANCE FORM



RETURN TO PLAY CLEARANCE FORM

PLAYER DETAILS

Player: Club:

Date of concussion: / /

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The player must take this form to a Doctor to receive a medical clearance from any symptoms of concussion before returning to full contact training or playing Australian Football.

The player must return this form to their club who must retain a copy and provide to their League if requested.

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DECLARATION OF FITNESS TO RETURN TO PLAY

I have examined (player) on / /

By signing this document, I declare that the above player has recovered from their concussion (including full resolution of their concussion-related symptoms and signs) and has completed a graded loading program without recurrence of any clinical features.

In my opinion the player is now medically fit to return to full contact training or playing Australian Football.

Signed: Date: / /

Doctor name: Provider #:

Please note that the earliest that a player may return to play (once they have successfully completed a graded loading program and they have obtained medical clearance) is on the 12th day after the day on which the concussion was suffered.



Appendix 6:

SCHEDULE 2: PHASES OF REST, RECOVERY AND RETURN TO PLAY FOLLOWING CONCUSSION

Focus	Goal	Requirements to move to next stage
Rest		
Rest	<ul style="list-style-type: none"> • Help speed up recovery 	<ul style="list-style-type: none"> • Complete physical and cognitive rest in the first 24 – 48 hours
Recovery		
Symptom limited activity	<ul style="list-style-type: none"> • Two days of activities that do not provoke symptoms 	<ul style="list-style-type: none"> • No concussion-related symptoms at rest or with physical or brain activity for at least 1 day and the player has successfully returned to work/school • The player should also have a medical clearance (e.g. physiotherapist, sports trainer, first aider) to confirm that the player has had no concussion-related symptoms for at least 1 day
Graded Loading – individual program		
Light / moderate aerobic exercise	<ul style="list-style-type: none"> • Light / moderate aerobic exercise (e.g. walking, jogging, cycling at slow to medium pace) • No resistance training 	<ul style="list-style-type: none"> • Remain completely free of any concussion-related symptoms
Recovery day		
Sport-specific exercise	<ul style="list-style-type: none"> • Increased intensity (e.g. running at an increased heart rate) and duration of activity • Add sports specific drills (e.g. goal kick, stationary handball) • Commence light resistance training 	<ul style="list-style-type: none"> • Remain completely free of any concussion-related symptoms • The player should also have a medical clearance (e.g. physiotherapist, sports trainer, first aider) to confirm that the player has had no concussion-related symptoms for at least 1 day
Recovery day		
Graded Loading – full team training		
Limited contact training	<ul style="list-style-type: none"> • Return to full team training – non-contact except drills with incidental contact (incl. tackling) 	<ul style="list-style-type: none"> • Remain completely free of any concussion-related symptoms • Player confident to return to full contact training
Recovery day		
<i>Clearance by a medical doctor is required before returning to the final full contact training session and competitive contact sport</i>		
Full contact training	<ul style="list-style-type: none"> • Full team training 	<ul style="list-style-type: none"> • Remain completely free of any concussion-related symptoms • Player confident to participate in a match
Recovery day		
Return to Play		

Note: Schedule 2 outlines the minimum process to follow in returning to play following a concussion. The earliest that a player may return to play (once they have successfully completed a graded loading program and they have obtained medical clearance) is on the 12th day after the day on which the concussion was suffered.

Figure 1. Summary of the management of concussion in Australian Football. Note: For any player with loss of consciousness, basic first aid principles should be used (i.e. airways, breathing, CPR). Care must also be taken with the player's neck, which may have also been injured in the collision. The unconscious player must not be moved by anyone other than a medical professional or ambulance officer. An ambulance should be called, and these players transported to hospital immediately for further assessment and management.