Following the introduction of the new concussion management guidelines for AFL matches, the AFL Medical Officers Association has produced guidelines for community football.

WCFNC policy on Concussion in conjunction with AFL Guidelines for players coaches and Medical staff. By implementing this policy, WCFNC will as far as is practicable, endeavour to reduce the risk of concussion related injury to all players.

The guidelines are for trainers, first-aid providers, coaches, umpires, club officials and parents and should be understood and followed by all parties for the benefit and welfare of the players.

The Guidelines

In the best practice management of concussion in football, the critical element is the welfare of the player in the short and long term. These guidelines should be adhered to at all times.

Decisions regarding return to play after a concussive injury (a disturbance of brain function) should only be made by a medical officer with experience in concussive injuries.

Generally, initial decisions in this area in community football will be made by the head trainer, or the senior most trainer involved at that event, unless the club has a medical doctor in attendance.

Trainers should not be swayed by the opinions of players, coaching staff or others suggesting a premature return to play. Conversely, coaches must, in accordance with the AFL Coaches Code of Conduct, not put undue pressure on trainers or players to make such decisions.

A major responsibility of coaches is their duty of care towards their players and the players’ safety. This duty is highlighted when players receive a knock to the head and suffer a concussive injury.

Management Guidelines for Coaches.

One of your major responsibilities as a coach is the duty of care towards the players and their safety. This duty is highlighted when players receive a knock to the head and suffer a concussive injury.

1. Removal from the game

* Any player with a suspected concussion must be removed from the game. This allows the first aid provider or medical support staff time and space to assess a player properly. Any player who has suffered a concussion or is suspected of having a concussion must be medically assessed as soon as possible after the injury and must not be allowed to return to play in the same game or train in the same practice session.
* There should be a trained first aider (trainer with current first aid qualifications) at every game and the principles of first aid, including management of the cervical spine, should be used when dealing with any player who is unconscious or injured.
* A concussed player must not be allowed to return to training or playing before having a formal medical clearance.

2. Medical Assessment

All players with concussion or suspected concussion need an urgent medical assessment (with a registered medical doctor). This assessment can be provided by a medical doctor present at the venue, local general practice or hospital emergency department.

3. Returning to play

It is important that concussion is managed correctly and that players do not return to play or training until they are fully recovered. It is critical that the basic principles of return to play decisions are followed. A concussed player must not be allowed to return to play before having a medical clearance. Decisions regarding return to play after a concussive injury should only be made by a medical officer with experience in concussive injuries.

Concussion

Concussion is a mild brain injury, caused by trauma that results in temporary dysfunction of the brain. When it occurs a player may experience symptoms and temporary loss of some brain skills such as memory and thinking abilities. It is important for coaches to be aware of signs of concussion which are often subtle.

Some of the possible symptoms of concussion:

* Headache
* Nausea, vomiting and abdominal pain
* Dizziness
* Altered, blurred or lost vision
* Fatigue
* Ringing in the ears
* Memory disturbance
* Loss of consciousness

Some of the signs you may observe:

* Loss of balance
* Irritability
* Pale complexion
* Poor concentration
* Slow or altered verbal skills
* Inappropriate behaviour
* Mental confusion and memory loss
* Not feeling your usual self

If a player just seems to be not feeling their usual self - think of concussion.

 Generally, initial decisions in this area in community football will be made by the head trainer, or senior most trainer available at the event, unless the club has a medical doctor in attendance.

A player with suspected concussion must be withdrawn from playing or training until fully evaluated by a medical practitioner and cleared to play.

Players with suspected concussion, having been removed from the field, should not be left alone and should not drive a motor vehicle.

Refer the player immediately to hospital if:

* there is any concern regarding the risk of a structural head or neck injury; or
* a player deteriorates after their injury (e.g. increased drowsiness, headache or vomiting)

Players should return to play in graded fashion, following a step wise concussion rehabilitation program. Player should be symptom free throughout the steps.