PRESTON BULLANT AMATEUR FOOTBALL CLUB

# Concussion Policy and Protocol

**1. PURPOSE**

The PBAFC is committed to the health and safety of all players in all aspects of harm minimization in the assessment and treatment of concussion.

To achieve this, the PBAFC has adopted a specific and consistent approach to a range of health and safety but for the purpose of this policy – the Management of Concussion.

This document should be read in conjunction with the AFL Concussion Management Guidelines.

**2. SCOPE**

a. This policy applies to club players, trainers, coaches, committee, student interns, and volunteers.
b. This policy describes the PBAFC policy and protocol regarding the management of Concussion.

**3. REFERENCES (The following organisations have been consulted and/or referenced for this policy and Procedure)**

a. AFL Concussion Management Guideline's
b. AFL Medical Officers Association
c. Sports Medicine Australia
d. Royal Australian College of General Practitioners
e. Victorian Amateur Football Association
f. SCAT 3 test (a neuropsychological testing protocol) and;
g. Consensus Statement On Concussion In Sport - The 4th International Conference On Concussion In Sport Held In Zurich, November 2012. British Journal of Sports Medicine.

**4. RESPONSIBILITIES/ASSESSMENT**

a. Coaches, Trainers and players are to ensure that a SCAT 3 test is conducted prior to the commencement of the season. SCAt3 is a standardized tool for evaluating injured athletes for concussion and can be used in athletes aged from 13 years and older.
b. SCAt3 is designed for use by medical professionals. For non –medical professionals they should use the Sport Concussion recognition tool.
c. SCAt3 can be helpful for interpreting post-injury test scores and can be used to determine the level of recovery and the return to football.

# Protocol[1]

## Game-day management

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.

**Recognising the injury**

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

• 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.

**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 (see AFL Concussion Management Guidelines) 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) 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.

[1] Adapted from AFL Concussion Management Guidelines

## Removing the player from the game

• Initial management must adhere to the first aid rules, including airway, breathing, circulation, and spinal immobilisation.

• Any player with a suspected concussion must be removed from the game. (See section below for management of the unconscious player.)

• Due care of the neck/cervical spine must be given when removing any player after a head knock. Immobilisation of the neck in a cervical collar by a qualified first aid provider is required. A full range of child-sized and adult-sized collars should be available at every game.

• Removing the player from the game allows the first aid provider time and space to assess the player properly.

• 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.

## Referring the player to a medical doctor for assessment

• Management of head injury is difficult for non-medical personnel. In the early stages of injury, it is often not clear whether you are dealing with a concussion or there is a more severe underlying structural head injury.

• For this reason, ALL players with concussion or a 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.

• If a doctor is not available at the venue, then the player should be sent to 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 pre-game checklist should be printed and provided to trainers and other staff involved in the match-day care of players. The checklist should be kept with the Concussion Recognition Tool. The checklist should include contact details for:

a) Local general practices;

b) Local hospital emergency departments

c) Ambulance services (000). The pre-game checklist can also be provided to trainers and medical staff of the away team, who are likely to be less familiar with local medical services.

# Management of an unconscious player and when to refer to hospital

• Basic first aid principles should be used when dealing with any unconscious player (i.e. Airway, Breathing, CPR…). Care must be taken with the player's neck, which may have also been injured in the collision.

• In unconscious players, the player must only be moved (onto the stretcher) by qualified health professionals, trained in spinal immobilization techniques. If no qualified health professional is on site, then do not move the player – await arrival of the ambulance. If the unconscious player is wearing a helmet, do not remove the helmet, unless trained to do so.

• Urgent hospital referral is necessary if there is any concern regarding the risk of a structural head or neck injury.

• **Urgent transfer to hospital is required if the player displays any of the following:**

a)Loss of consciousness or seizures

b)Confusion

c) Deterioration after their injury (e.g. increased drowsiness, headache or vomiting)

d) Neck pain or spinal cord symptoms (e.g. player reports numbness, tingling, weakness in arms or legs)

**Overall, if there is any doubt, the player should be referred to hospital.**

# Follow-up management

• A concussed player must not play before having a medical clearance.

• Return to work and school –work and school take precedence over return to sport.

• In every case, the decision regarding the timing of return to training and/or playing should be made by a medical doctor (with experience in managing concussion if possible) where this course of action is unavailable the player should be sent to his own GP with a copy of his SCAT 3 test.[2][3]

• 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").

[2] RACGP and AFLMOA confirm that a GP is qualified to certify a player fit to resume playing
[3] AFL concussion management guidelines provide an attachment for GP's if required

Return to play

• 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.

• The "concussion rehabilitation" program should be supervised by the treating medical practitioner and should follow a step-wise symptom limited progression, 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.

**• In all cases, the concussed players must receive a medical clearance and get a certificate from a Doctor (see footnote 2,3) and this must be given to the Head Trainer before the player can return to the playing field.**

RESOURCES

A. SCAT TEST 3
B. SCAT 5
C. GUIDELINES FOR THE MANAGEMENT OF CONCUSSION IN AUSTRALIAN FOOTBALL FOR GENERAL PRACTITIONERS (GPS)