



NORTHCOTE JUNIOR FOOTBALL CLUB

Building strong community spirit through a positive football experience.

Concussion Policy

Document 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 the Club's priority and all team Coaches, Team Managers, Runners and Trainers are required to adhere to this policy.

Aim

The Club aims to minimise the risk of short or long-term effects for any player suffering a concussion or suspected concussion while playing or training, or as part of any other Club activity.

Background

AFL football is an activity with an inherent risk of injury, including concussion. It is important that all players, parents/guardians and Club officials are educated about the symptoms of concussion and the importance of acting upon them. Concussion has the potential to cause significant short and/or long-term health impacts and it is therefore critical that it is managed appropriately in all instances. NJFC endorses a precautionary approach to the management of concussion or suspected concussion, placing player wellbeing before team performance and game day activity in all circumstances. This policy is based on the Consensus Statement on Concussion in Sport 2016, published in the BJSM 51 (11), 2018.

Application

Management of concussion

Preventive approach

Team officials (especially Coaches, Team Managers, Trainers and Runners) should monitor players during matches and training for symptoms of concussion, as concussion can occur as a result of a seemingly innocuous incident. Players observed using dangerous tackling techniques should be counselled and instruction in safer techniques reinforced. Coaches are required to undertake a concussion module as part of their coaching accreditation requirements.

On-field

For any player with loss of consciousness, basic first aid principles should be applied (i.e. DRABC). Care must also be taken with the player's neck which may have been injured in the collision. An ambulance **MUST** be called, and the player transported to hospital immediately for further assessment and management.

The player should not be transported off the ground if unconscious or a spinal cord injury

is suspected. Fitting a spinal collar is beyond the scope of our Trainers and the proper course of action is to wait for a paramedic or other medical person with the appropriate training.

In the presence of any one or more of the following symptoms or physical signs, concussion should be suspected and the player **must be removed immediately from the ground** and assessed by either a qualified first aid provider or a registered medical practitioner, if present:

- headache
- dizziness
- loss of consciousness
- neck pain
- confusion
- memory problems
- balance problems
- abnormal behaviour
- nausea/vomiting
- 'pressure in the head'
- sensitivity to noise or light
- more emotional
- more irritable
- sadness
- nervous or anxious
- fatigue/low energy
- drowsiness
- seizure/convulsion
- blurred vision
- 'feeling in a fog'/'not right'
- difficulty concentrating
- feeling 'slowed down'

Off-field

Upon assessment of the player, the team's first-aid official must:

- If there are any factors present indicating the need for urgent hospital referral (e.g. confusion, vomiting, worsening headache, neck pain or spinal cord symptoms including numbness, tingling, weakness), **call for an ambulance** to have the player transported to hospital immediately. The SCAT5 concussion recognition tool (Appendix 1) is provided to all trainers to assist in this assessment, and the HeadCheck™ app is also available. Pending the arrival of the ambulance the player should be cared for with the appropriate precautions for maintenance of airway and cervical spine protection.
- If there are *no* factors present indicating the need for urgent referral, **do not allow the player to return to play** but refer the player to a registered medical practitioner for assessment (i.e. at the ground or a hospital emergency department).

In either case, the team's first-aid official must:

- Advise the coach that the player will not be returning to play in the game.
- Contact the player's parent/guardian in person if at the ground or otherwise by phone (the team manager is required to have a list of contact telephone numbers for each player's parent/guardian).
- Continually monitor the player until he/she is released into the care of ambulance personnel or the parent/guardian.

Concussion injury advice to player's parent/guardian

The player's parent/guardian should be given the following advice:

- Not leave the player alone for at least the first 2 hours

- Seek immediate medical attention if any change in behaviour, vomiting, dizziness, worsening headache, double vision or excessive drowsiness occurs. The HeadCheck™ phone app can be useful for monitoring symptoms.
- Ensure the player rests and avoids strenuous activity for at least 48 hours.
- Do not administer sleeping tablets.
- Use paracetamol or codeine for headache. Do not use aspirin or anti-inflammatory medication.
- Do not train or play sport until medically cleared.
- On return to training – the player should undertake a *graded* return to full training and then complete 1 full week of training with no recurrence of symptoms before return to play

Follow-up management

In every case, the decision regarding the timing of return to training should be made by a registered medical practitioner preferably with experience in managing sports concussion.

Any concussed player must not be allowed to return to training and playing before having an explicit medical clearance to train AND play. *These assessments should preferably be made separately.*

Resources

McCrory P, Meeuwisse W, Dvorak J, *et al.* Br J Sports Med 2018; 51(11):838–847.

<http://www.aflcommunityclub.com.au/index.php?id=66>

<https://concussioninsport.gov.au/position-statement>

Concussion Recognition Tool 5© available from https://sportconcussion.com.au/wp-content/uploads/2016/02/Concussion_Recognition_Tool5.pdf

HeadCheck™ Concussion Recognition Support Tool for Android and iPhone, produced in consultation with Murdoch Childrens Research Institute

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CONCUSSION RECOGNITION TOOL 5[®]

To help identify concussion in children, adolescents and adults



Supported by



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 an inability to respond appropriately to questions
- Blank or vacant look
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Facial injury after head trauma

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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.

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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

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