



NORTHCOTE JUNIOR FOOTBALL CLUB

Concussion policy

Introduction

This policy has been produced to clarify the management of concussion. It is based on the Consensus Statement on Concussion in Sport, published in the BJSM 47 (5), 2013. The welfare of a player is the club's priority and the club requires all team coaches, managers, runners, trainers and first aid providers to adhere to this policy.

Management of concussion

On-field

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

The player should not be moved off the ground if unconscious or a spinal cord injury is suspected, unless there are trained officials in head/neck injury and airway management.

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
- confusion
- memory problems
- balance problems
- abnormal behaviour
- nausea/vomiting
- 'pressure in the head'
- sensitive to noise
- more emotional
- fatigue/low energy
- drowsiness
- seizure/convulsion
- blurred vision
- 'feeling in a fog'/'not right'

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. Pending the arrival of the ambulance the athlete 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:

- Seek immediate medical attention if you notice any change in behavior, vomiting, dizziness, worsening headache, double vision or excessive drowsiness.
- 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.*

Useful resources:

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

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

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

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