



Concussion Policy

Concussion occurs when, after a blow to the head, there is brain injury with some immediate disturbance of brain function. Any player showing the signs or symptoms of concussion should be removed from the field immediately and referred to a medical practitioner.

A player who has suffered concussion with or without loss of consciousness should not participate in any match or training session until he/she is fully recovered and has been cleared by a thorough medical examination.

All players sustaining a concussion require a medical clearance before the resumption of training or playing.

Key Considerations

- 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. **If in doubt, sit them out!**
- There should be a trained first aider at every game and the principles of first aid should be used when dealing with any player who is unconscious or injured.
- A concussed player must not be allowed to return to school or return to training or playing before having a formal medical clearance.
- The child is not to return to play or sport until they have successfully returned to school/learning, without worsening of symptoms.
- Symptom assessment in the child often requires the addition of parent and/or teacher input.
- It is reasonable for a child to miss a day or two of school after concussion, but extended absence is uncommon.

For the updated Concussion Management Document please visit: www.wafootball.com.au



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Pocket CONCUSSION RECOGNITION TOOL



To help identify concussion in children, youth and adults



FIFA



FEI

RECOGNIZE & REMOVE

Concussion should be suspected if one or more of the following visible clues, signs, symptoms or errors in memory questions are present.

1. Visible clues of suspected concussion

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

2. Signs and symptoms of suspected concussion

Presence of any one or more of the following signs & symptoms may suggest a concussion:

- | | | |
|-------------------------|--------------------------|----------------------------|
| • Loss of consciousness | • Headache | • Seizure or convulsion |
| • Dizziness | • Balance problems | • Confusion |
| • Nausea or vomiting | • Feeling slowed down | • Drowsiness |
| • "Pressure in head" | • More emotional | • Blurred vision |
| • Irritability | • Sensitivity to light | • Sadness |
| • Amnesia | • Fatigue or low energy | • Feeling like "in a fog" |
| • Nervous or anxious | • Neck Pain | • "Doesn't feel right" |
| • Sensitivity to noise | • Difficulty remembering | • Difficulty concentrating |

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3. Memory function

Failure to answer any of these questions 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?"

Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, and should not be returned to activity until they are assessed medically. Athletes with a suspected concussion should not be left alone and should not drive a motor vehicle.

It is recommended that, in all cases of suspected concussion, the player is referred to a medical professional for diagnosis and guidance as well as return to play decisions, even if the symptoms resolve.

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 | ▶ Deteriorating conscious state |
| ▶ Increasing confusion or irritability | ▶ Severe or increasing headache |
| ▶ Repeated vomiting | ▶ Unusual behaviour change |
| ▶ Seizure or convulsion | ▶ Double vision |
| ▶ Weakness or tingling / burning in arms or legs | |

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the player (other than required for airway support) unless trained to do so.
- Do not remove helmet (if present) unless trained to do so.

From McCrory et al, Consensus Statement on Concussion in Sport, Br J Sports Med 47 (5), 2013

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CONCUSSION MANAGEMENT IN AUSTRALIAN FOOTBALL

Concussion refers to a disturbance in brain function that results from trauma to the brain. The changes are temporary and the majority of players recover completely if managed correctly.

Key Components of Concussion Management

1. Recognise the injury
2. Remove the player from the game
3. Refer the player to a medical doctor for assessment
4. Ensure the player has received medical clearance for a graduated return to training

There should be a trained first aider 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.

Recognise Concussion

1. Visible clues of suspected concussion

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
• Dazed, blank or vacant look	• Grabbing / Clutching of head
• Unsteady on feet / Balance problems or falling over / Incoordination	• Confused / Not aware of plays or events

2. Signs and symptoms of suspected concussion

Presence of any one or more of the following signs & symptoms may suggest a concussion:

• Loss of consciousness	• Headache	• Seizure or convulsion	• Nervous or anxious
• Dizziness	• Balance problems	• Confusion	• Neck Pain
• Nausea or vomiting	• Feeling slowed down	• Drowsiness	• "Don't feel right"
• "Pressure in head"	• More emotional	• Blurred vision	• Sensitivity to noise
• Irritability	• Sensitivity to light	• Sadness	• Difficulty remembering
• Amnesia	• Fatigue or low energy	• Feeling like "in a fog"	• Difficulty concentrating

Manage Concussion

- ✓ Any player who has suffered a concussion or is suspected of having a concussion must be **IMMEDIATELY REMOVED FROM PLAY** and medically assessed as soon as possible after the injury. **They must not be allowed to return to play in the same game or practice session.**
- ✓ A concussed player must not return to school or return to training or playing **before having a formal medical clearance.**
- ✓ A concussed child (player aged 5-17) is not to return to play or sport until they have successfully returned to school/ learning, without worsening of symptoms. Symptom assessment in the child often requires the addition of parent and/or teacher input.
- ✓ The concussion rehabilitation program should be supervised by the treating medical practitioner and should follow a graded, symptom limited progression.

In the best practice management of concussion in football, the critical element remains the welfare of the player, both in the short and long term.

"IF IN DOUBT, SIT THEM OUT"



**AFL Research Board
AFL Medical Officers' Association**



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