



Central Murray & Golden Rivers Leagues

CONCUSSION POLICY



RATIONALE

Concussion must be taken extremely seriously to safeguard the short and long term health and welfare of players, and especially younger players in our age grades and junior competitions.

PURPOSE

- The Concussion Policy outlines the framework of duty of care and accountability for all people involved in our netball and football sports.
- It provides a simple position statement of where our leagues stand in relation to clubs and their management of potential concussion incidents. It is the responsibility of each club to ensure this policy is implemented.
- This framework is to be circulated to all personnel at clubs and should be understood and followed by all parties for the benefit and welfare of their players.
- Player and umpire welfare is the principle underpinning the policy and if clubs fail to adhere to this policy the Board will issue fines and/or sanctions on clubs and/or specific club personnel.

IMPLEMENTATION

- Even though much of the documentation is written by the AFL and is relevant to football, these same rules apply to netball. It is important that trainers, team managers, primary carers, court supervisors, club officials, coaches, players, umpires and parents are aware of the AFL document, 'The Management of Concussion in Australian Football' 1.
- Each home team has a duty of care for the well-being and welfare of umpires during the match. The Concussion policy applies equally to umpires.
- The qualified trainer, primary carer or club doctor has a duty of care for the assessment of the player or any officiating umpire, and must not be influenced by coaches, selectors, players or club administrators. It doesn't matter if the player declares themselves fit, the duty of care is with the trainer, primary carer or club doctor.
- The trainer, primary carer or club doctor has the final decision in assessing and removing a player from the game. Any player they think has suffered from concussion is to take no further part in the game.
- If a player is knocked unconscious the player is to take no further part in the game and should be immediately referred to a medical specialist.
- If a player has received a head injury the trainer is to conduct an assessment of the player, using the current version of the AFL sponsored 'Pocket Concussion Recognition Tool'. If the trainer is unsure of the player's condition, the player is to stay off for at least a further 15 minutes before the trainer conducts another assessment. If the trainer, primary carer or doctor is still uncertain then the player is to be removed from the game. [**"IF IN DOUBT, SIT THEM OUT"**]
- If a player is thought to have suffered concussion the Team Manager or a nominated club official is to inform the parents, partner, carer or friend of the injured player. **This person is to be made aware** of the symptoms of concussion and the need for observation and monitoring. Where appropriate, medical assistance should be encouraged and sought.
- A concussed player must have a medical certificate, clearing them of concussion, before returning to playing. It is the club's duty of care to ensure the player provides the medical certificate and these are retained by the club.
- If clubs fail to follow these guidelines charges can be brought against the club and/or personnel for failing to follow this policy.



CONCUSSION RECOGNITION TOOL 5

To help identify concussion in children, adolescents and adults



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



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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