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153

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163

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HUNTER VALLEY FOOTBALL INCORPORATED

HEAD INJURY & CONCUSSION POLICY

Issued by the Joint Board of Directors of Macquarie Football Limited, Newcastle Football Limited and Hunter Valley Football Incorporated.

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POLICY ON HEAD INJURY AND CONCUSSION

RATIONALE

This document has been produced by Macquarie Football Limited on behalf of the 3 local Zones – MFL, NFL, HVFA. The document sets out guidelines and policy with respect to management of head clashes which may involve the concussion of Players. A variety of expert sources has been used to develop the document; these include FIFA Medical Assessment and Research F-MARC, AFL Medical Officers' Association, Sports Medicine Australia and the Consensus Statement which was issued following the 4th International Conference on Concussion in Sport held in Zurich in November 2012.

The guidelines should be followed at all times both at training and playing the game.

Decisions regarding return to playing and training after concussive injuries should be made only by a medical doctor with experience in concussive injuries.

The guidelines are of a general nature only – individual treatment will depend on the unique facts and circumstances specific to each individual case. The guidelines are not intended as a standard of care and should not be interpreted as such.

POLICY AND RECOMMENDATIONS

1. What is Concussion?

The broad term **Traumatic Brain Injury (TBI)** is used to describe any injuries to the brain that are caused by trauma. Fractures of the skull and bleeding in the brain are the more severe injuries typically involving structural damage – urgent medical attention is required for structural injuries. In the broad spectrum of traumatic brain injury, concussion typically falls into the milder end of that spectrum and reflects a disturbance in brain function. Concussion does not usually involve structural damage or any permanent injury to the brain tissue.

Concussion refers to a disturbance in brain function resulting from trauma to the brain; usually the changes are temporary and the majority of Players recovers completely if managed correctly.

Trauma to the brain, which can be either direct or indirect (eg whiplash injury) is the major cause of concussion. When the forces transmitted to the brain are sufficiently high, they can “stun” the nerves and affect the ways in which the nerves function. The area of the brain that is affected by the external forces results in a range of symptoms and signs. The most common symptoms of concussion include headache, blurred vision, dizziness, nausea, balance problems, fatigue and feeling ‘not quite right’. Other common features of concussion include confusion, memory loss and reduced ability to think clearly and process information.

A Player with a concussion does not have to lose consciousness; a conscious Player may still have a concussion. Of the cases of concussion that occur in Football, the loss of consciousness is seen in only 10 – 20% of such cases.

The majority (80 – 90%) of concussions resolve themselves in a short (7 – 10 day) period, although the recovery period may be longer in children and adolescents.

2. Practices to Prevent, Recognise and Manage Concussion

Zone Football Clubs are encouraged and urged to adopt the following practices to prevent, recognize and manage concussion.

- This complete document (policy and guidelines) is to be distributed to all current and new Zone Member Clubs
- All Club members – Committee members, Coaches, Managers, Team Officials, Players, Parents, Caregivers, Guardians, Volunteers – will be issued with the complete document (policy and guidelines)
- Zone Member Club personnel may be given the opportunity to attend approved training and accredited courses in concussion management
- Zone Member Clubs will ensure that first aid equipment will be made available at all training sessions and on match days
- A Pocket Concussion Recognition Tool will be supplied to all Club Coaches, Managers and Team Officials and be included in all Club first aid kits
- Contact details for the local Doctors, local Hospital Emergency Departments and Ambulance Services will be provided to all Club Coaches, Managers and Team and Club Officials involved in the match day care of Players – this is to be kept with the Pocket Concussion Recognition Tool.
- Zone Member Clubs will utilize all available Concussion Management Resources including display of the Concussion Poster and the Guidelines for Parents, Guardians, Care-givers and Players,
- Each Player assessed to have a concussion by a registered medical doctor must present a Medical Release (return to play clearance) Form to a Club nominated official (Secretary, Coaching Coordinator etc) before the Player is permitted to resume playing/training
- This document (policy and guidelines) will be reviewed where necessary every 12 months

3. Management of Concussion at Zone Club Level

This is for information of Zone Member Club Coaches, Managers, Team Officials, First Aid Providers, Volunteers, Parents, Guardians and Caregivers.

- (a) For any non-medical personnel, the management of a head injury may be rather difficult. Especially in the early phases of the head injury, it is often not clear whether you are dealing with concussion or a more severe structural head injury
It is therefore essential that URGENT medical assessment of all players with concussion or suspected of having concussion is obtained.
- (b) **In the period following a concussion, a Player should not be allowed to return to train or play until he/she has had a formal medical clearance.**
- (c) How common is the incidence of concussion in Football?
 - 2 – 3 Players in a Team will have a concussion at some stage
 - up to 50% of Team mates may have had at least 1 concussion in the past
 - female Players are twice as likely to suffer a concussion than a male Player
 - most concussions are not reported
- (d) **The most important element in the management of concussion MUST ALWAYS be the welfare of the Player, in both the short and long term.**
- (e) What are the potential complications from suffering a concussion?

A number of complications can occur following a concussion and include:

- Higher risk of injury or repeated concussion on return to play
- Symptoms may be prolonged (lasting greater than 14 days)
- Symptoms of depression and other psychological problems
- Severe brain swelling (particularly in young Players)
- Long term damage to brain function

Generally speaking, complications are not common. Allowing a Player to return to training or playing before he/she has fully recovered is thought to increase the risk of complications. This is the major reason that it is important to recognize concussion, make the diagnosis and keep the Player out of training and playing until the Player has fully recovered and been cleared for return.

4. Game Day Management of Concussion

The most important steps in the initial treatment and management of concussion include:

- **Recognise the Player's injury**
- **Removing the Player from the training or the game**
- **Referring the Player to a medical doctor for assessment**
- **Informing the Parents, Guardians and Caregivers of the Player's concussion**

(a) Recognising the Injury (Making a Diagnosis of Concussion)

Any one of the following can indicate a possible concussion:

- Loss of consciousness, confusion and memory disturbance (but the problem with relying on these features to make a diagnosis of concussion is that they are not present in every case)
- Dazed, blank or vacant look
- Headache, blurred vision, dizziness
- Balance problems (unsteadiness)
- Lying motionless on the ground / slow to get up
- Grabbing or clutching head
- Tools such as the Pocket Sports Concussion Assessment Tool (Pocket SCAT2) can be used to help make the diagnosis of concussion

It is important to note that brief sideline evaluation tools (such as the Pocket SCAT2 and Team Official TAG Questions) are designed to help make a diagnosis of concussion – they are not meant to replace a more comprehensive medical assessment and should never be used as a stand-alone tool for the management of concussion.

(b) Removing a Player from Training or the Game

A Player suspected of having a concussion must be removed from the activity.

- Initial management must adhere to first aid rules, including airway, breathing, circulation and spinal immobilization
- Any player with a suspected concussion must be removed from the training or game
- Removing the Player from training or game will allow, by providing the time and space, the opportunity for a first aid provider to properly assess the Player
- Any Player who has suffered a concussion must NOT be allowed to return to training or playing in the same game
- It is important not to be influenced by the Player, Club Officials, Coaches, Managers, Team Officials, Parents, Guardians, Caregivers or any others suggesting that they return to play.
If there is any doubt, sit them out!
- Players with a suspected concussion should NOT be left alone and must NOT drive a motor vehicle
- With unconscious Players, the Player must only be moved (onto the stretcher) by qualified health professionals, trained in immobilization techniques. If no qualified health professional is on site, then do NOT move the Player – call and await the arrival of the ambulance.

(c) Referring a Player to a Medical Doctor for Assessment

Any Player suspected of having a concussion needs urgent medical assessment.

- ALL Players with a suspected concussion or a concussion need to have an urgent medical assessment (by a registered medical doctor)
- This assessment should be provided by a medical doctor present at the venue, local general practice or hospital emergency department
- It is useful for the Club to have on display a list of contacts for local doctors and emergency departments in close proximity to the venue at which the activity (training or game) is taking place
- Urgent hospital referral is required 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 symptoms
 - loss of consciousness or seizures
 - confusion
 - deterioration following his/her injury (eg vomiting,, increased headaches or drowsiness)
 - neck pain or spinal cord symptoms (eg numbness, tingling or weakness)

should

**Overall, if there is any doubt about a Player's condition, the Player
be referred to hospital.**

5. Follow-up Management of Concussion

Any concussed Player must not be allowed to return to training or playing in a game situation, before receiving a medical clearance.

(a) **REST**

Rest is very important after a concussion because it helps the brain to heal. Concussion affects people differently – whilst most Players with a concussion recover quickly and fully, some will have symptoms that last for days or even weeks.

A more serious concussion can last for months or longer. It is important that Players do not ignore their symptoms and in general a more conservative approach be used in cases where there is any uncertainty.

(b) **RETURN**

A concussed Player must not be allowed to return to school, training or playing before having a medical clearance.

In every case, the decision regarding the timing of return to school, training or play should be made by a medical doctor with experience in managing concussion.

In general, a more conservative approach (ie 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!") A more conservative approach should also be used for younger Players (under 18) as there is some evidence that concussion in this group is more severe, longer lasting and associated with higher risk of complication. Players should not return to play until they have returned to school.

Players should be returned to sport in a graduated manner that should be supervised by their medical practitioners. If a Player becomes symptomatic at any stage, he/she should drop back to the previous symptom free level and try to progress again after 24 hours.

If a Player continues to be symptomatic for more than 10 days, he/she should be reviewed again by the medical practitioner.

6. Tools to Aid Recognition of Concussion

The following two simple tools may be useful in assisting with the possible identification of a concussion – but bear in mind that medical assessment is the only certain way to do this.

(a) **DO YOU HAVE CONCUSSION?**

Ask the following 5 questions – a non-concussed person should be able to answer all 5 questions correctly; a concussed person will have difficulty.

- **Which ground are you at today?**
- **Are you in a game or training right now?**
- **Who is with you right now?**
- **Who did you play in your last game?**
- **Did you win your last game?**

This is a very simple, basic tool that can be used for "first-off" identification of concussion, but bear in mind that it can be inconclusive.

(b) **PocketSCAT2 (Sport Concussion Assessment Tool 2)**

Concussion should be suspected in the presence of any one or more of the following symptoms (such as headache), or physical signs (such as

unsteadiness), or impaired brain function (eg confusion) or abnormal behavior.

1. SYMPTOMS

Presence of any or all of the following signs & symptoms may suggest a concussion.

- | | |
|-------------------------|----------------------------|
| # Loss of consciousness | # Feeling "slowed down" |
| # Seizure or convulsion | # Feeling like "in a fog" |
| # Amnesia; | # Don't feel right |
| # Headache | # Difficulty concentrating |
| # "Pressure in head" | # Difficulty remembering |
| # Neck Pain | # Fatigue or low energy |
| # Nausea or Vomiting | # Confusion |
| # Dizziness | # Drowsiness |
| # Blurred Vision | # More emotional |
| # Balance Problems | # Irritability |
| # Sensitivity to Light | # Sadness |
| # Sensitivity to Noise | # Nervous or anxious |

2. MEMORY FUNCTION

Failure to answer all questions correctly may suggest a concussion.

- # "What ground 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?"

3. BALANCE TESTING

Instructions for tandem stance:

"Now stand heel-to-toe with your non-dominant foot in back. Your weight should be

evenly distributed across both feet. You should try to maintain stability for 20 seconds with your hands on your hips and your eyes closed. I will be counting the

number of times you move out of this position. If you stumble out of this position, open your eyes and return to the start position and continue balancing. I will start

timing when you are set and have closed your eyes."

Observation of Player:

Observe the Player for 20 seconds. If he/she makes more than 5 errors (such as lift hands off hips; open eyes; lift forefoot or heel; step, stumble; or fall; or remain out of the start position for more than 5 seconds) then this may suggest a concussion.

Any Player with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, urgently assessed medically, should not be left alone and should not drive a motor vehicle.

7. CONCUSSION RECOGNITION & MANAGEMENT GUIDELINES FOR PARENTS and GUARDIANS and CAREGIVERS

Concussion is a mild brain injury, caused by trauma that results in temporary dysfunction of the brain. When it occurs a child may experience symptoms and temporary loss of brain skills such as memory and thinking abilities. It is important for

parents of young Players to be aware of possible signs of concussion which are often quite subtle.

The trauma causing concussion can sometimes be obvious but at other times may be very subtle and hardly noticed. If there are some symptoms or signs of concussion, ask your child or an adult who was present whether they were unconscious, dazed or confused at the time of the incident. If a child with concussion returns to sport whilst still symptomatic, there is increased risk of further injury to the child.

Therefore, no Player who has concussion, or suspected of having concussion, should return to his/her sporting activity (training or playing) until cleared by a doctor.

Some of the possible symptoms of concussion:

# Headache	# Dizziness	# Memory Loss
# Nausea / vomiting	# Blurred vision	# Fatigue
# Feeling like 'being in a fog'		

Some of the signs you may observe:

# Slow to get up	# Dazed or vacant look
# Clutching / holding head	# Confusion
# Balance problems	# Irritability

If you observe any of these symptoms or signs see a doctor as soon as possible.

If you observe deterioration in these symptoms or signs go immediately to

an

Accident and Emergency department at your nearest hospital.

PROGRESSION AND MANAGEMENT

As a temporary brain dysfunction, concussion will resolve with time. This may

vary

from an hour or so to several days. Occasionally the brain will recover even more slowly.

games).

The best treatment is physical and cognitive rest (ie no school, TV, computer

brain

The child must be seen by a doctor who will monitor the symptoms, signs and

child

functioning. The doctor will determine when the child may return to school. The

must not return to sport until after a successful return to school. **The doctor must clear the child to return to sporting activity** and this will usually involve a

stepped

approach with gradual increase in activities over a few days.

or

The doctor may arrange a specialist opinion (if the concussion is slow to resolve)

cognitive testing (brain functioning).

If at any stage the signs or symptoms are worsening, seek urgent medical help.

KEY MESSAGES

- **Concussion is a temporary dysfunction of the brain following trauma**

- **Suspect concussion if your child is irritable, complains of a headache, is sick, extensively fatigued or just not himself/herself**
- **Seek medical attention – urgently if the symptoms/signs are worsening**
- **Rest is the best treatment followed by a return to school before gradual return to physical activity**

8. CONCUSSION RECOGNITION & MANAGEMENT GUIDELINES FOR PLAYERS AND PARTNERS

Concussion is a mild brain injury, caused by trauma that results in temporary dysfunction of the brain. When it occurs a Player may experience symptoms and temporary loss of brain skills such as memory and thinking abilities. It is important for Players/partners to be aware of possible signs of concussion which are often subtle.

If there are some symptoms or signs of concussion, ask team mates, coaches or others present whether they observed the Player to be unconscious, dazed or confused at the time of the incident. If a Player with concussion returns to the sport whilst still symptomatic, there is increased risk of further injury. Therefore, **no Player who has concussion, or suspected of having concussion, should return to his/her sporting activity (training or playing) until cleared by a doctor.**

Some of the possible symptoms of concussion:

Headache # Dizziness # Memory loss # Fatigue
Nausea / vomiting # Blurred vision # Feeling like 'being in a fog'

Some of the signs you may observe:

Slow to get up # Dazed or vacant look #
Confusion
Clutching/holding head # Balance problems #
Irritability

You might think that you are just not feeling your usual self! Think concussion!

- **If you observe any of these symptoms or signs see a doctor as soon as possible.**
- **If you observe deterioration in these symptoms or signs go immediately to an Accident and Emergency Department at your nearest Hospital.**

PROGRESSION AND MANAGEMENT

As temporary brain dysfunction, concussion will resolve with time. This may vary from an hour to several days. Occasionally the brain will recover even more slowly.

The best treatment is rest from physical activity and work/study. The Player should

be seen by a doctor who will monitor the symptoms, signs and brain functioning.

The

doctor must clear the Player to return to sporting activity and this will usually involve a stepped approach with gradual increase in activities over a few days. **If at any stage the symptoms or signs are worsening, seek urgent medical attention.**

OTHER IMPORTANT POINTS:-

- Do not drive until medically cleared
- No alcohol
- No prescription or non-prescription drugs without medical supervision

Specifically # no sleeping tablets # no sedating pain
killers # no anti-inflammatory drugs # no aspirin

KEY MESSAGES

- **Concussion is a temporary dysfunction of the brain following trauma**
- **Suspect concussion if you are irritable, sick, extensively fatigued, have a headache or just not feeling your usual self.**
- **Seek medical attention.**
- **Rest is the best treatment, followed by a gradual return to physical activity and work / study.**

9. GRADUATED RETURN TO PLAY PROGRAM FOLLOWING CONCUSSION

The following program represents the sequence that should be followed by any Player who suffers a concussion. For each of the 6 Stages/Levels of Rehabilitation the Activity Level, the Functional Exercise and the Objective of the Stage is

outlined to assist Players in staging their return to play after concussion.

Rehabilitation Level 1	No activity 24 hours following the injury where managed by a medical practitioner, otherwise minimum 14 days following the injury Functional Exercise: Complete physical and cognitive rest without symptoms. Only proceed to level 2 once ALL symptoms have resolved. Objective of Stage Recovery
Rehabilitation Level 2	Light aerobic exercise during 24 hour period Functional Exercise Walking, swimming or stationary cycling keeping intensity, < 70% maximum predicted heart rate. No resistance training. Symptom free during full 24 hour period. Objective of Stage Increase heart rate
Rehabilitation Level 3	Sport-specific exercise during 24 hour period Functional Exercise Running drills. No head impact activities, Symptom free during full 24 hour period. Objective of Stage Add movement
Rehabilitation Level 4	Non-contact training drills during 24 hour period Functional Exercise Progression to more complex training drills eg passing drills. May start progressive resistance training. Symptom free during full 24 hour period Objective of Stage Exercise, coordination, and cognitive load
Rehabilitation Level 5	Full contact practice Functional Exercise Following medical clearance, participate in normal training activities Objective of Stage Restore confidence and assess functional skills by coaching staff
Rehabilitation Level 6	After 24 hours return to play

Functional Exercise Player rehabilitated
Objective of Stage Player recovered

10. FLOW CHART FOR MANAGEMENT GUIDELINES

The simple Flow Chart of the overall management approach needed in regards to possible concussion is summarized below. These guidelines need to be followed both at training and match day activities.

- 1 Presence of any concussion signs or symptoms (eg dazed, stunned, confused, memory problems, balance problems, headache, dizzy, unwell)

GO TO 2

- 2 Remove from training or match
Assess using Team Official Tag Questions or Pocket SCAT2

GO TO 3

- 3 Assessment of Concussion

YES GO TO 4a NO GO TO 4b

- 4a Presence of any concussion factors that necessitate urgent hospital referral (eg confusion, vomiting, worsening headache, loss of consciousness *)

- 4b Allow Player to return to match or training; monitor and reassess regularly for rest of training/match

GO TO 5b

- 5b Inform Parents, Guardians or Caregivers of Head Clash during Training or match

YES GO TO 5a NO GO TO 5c

- 5a Call for an ambulance and refer play to hospital practitioner department

- 5c Do not allow Player to return to Refer to a local general or hospital emergency

GO TO 6a

GO TO 6d

- 6a Inform Parents, Guardians or Caregivers of Head Clash during training or match. Report and record incident in Club Injury Book

- 6d Inform Parents, Guardians or Caregivers of Head Clash training or match. Report and record incident in Club Injury Book

NOTE: * For any Player with loss of consciousness, basic first aid principles should be used (ie Airways, Breathing, CPR ...) Care must always be taken with the Player's neck, which may have also been injured in the collision. An ambulance should be called and these Players transported to hospital immediately for further assessment and management.

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