

West Ryde Rovers Football Club



CONCUSSION POLICY

West Ryde Rovers Football Club
(September 2020)



CONCUSSION POLICY

DOCUMENT CONTROL

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2.0	Updated Policy	L.Donald	WRRFC	TBA	TBA 2020

Legislation/Regulation	Reviewed by	Date of Review

UPDATES AND DISTRIBUTION LIST

Suggested changes to this document shall be proposed by the document owner. These shall be reviewed with the Management Committee where relevant and, if applicable, approval of any proposed changes shall be provided to the General Committee.

The following shall be advised of policy and/or procedure changes:

- Management Committee,
- General Committee,
- All Coaches and Managers of all Teams, and
- Any other roles identified as accountable or responsible.

REVISIONS

The next revision of this document is to take place within 3 years after the last issue date unless there have been changes in legislation or scope of application.



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CONCUSSION POLICY

INTRODUCTION

This document sets out the guiding principles and provides general advice regarding the management of concussion within the West Ryde Rovers Football Club (WRRFC)

These guidelines are based on Football Federation Australia (FFA), Sports Australia and Sports Medicine Australia (SMA) guidelines, and further documents and research provided by Brain Injury Australia and other leading authorities on Concussion.

The content of this policy is to be utilised as a guideline in general terms and is not intended to replace or act as a standard of care or medical advice, and should not be interpreted as such.

WRRFC takes its responsibility to player safety and welfare very seriously, and as such has developed this policy to ensure that our members are not only well informed, but that processes are in place to ensure that the Club can ensure that any player that suffers a possible concussion injury, is afforded all necessary time to ensure a full and proper recovery, without undue pressure from team mates, team officials or parents.

DEFINITION

A concussion is a disturbance in brain function caused by a direct or indirect force to the head. Concussion is a subset of mild traumatic brain injury (TBI) that is at the less severe end of the brain injury spectrum. It is characterised by a graded set of neurological symptoms and signs that typically arise rapidly and resolve spontaneously over a sequential course. The process of recovery, however, varies from person to person and injury to injury. ((SMA), 2015)

Concussion is generally regarded as the least serious form of traumatic brain injury (TBI), and comes from the Latin *concutere*, which means “to shake violently”.

TBI, or concussion injuries in Football, are not necessarily always related to direct forceful impact to the head or neck region. In fact, any fall, or impact that results in the impact to the head, face, neck or body may result in the brain being impacted within the skull.

Concussions are also not necessarily immediately identifiable nor indeed visible, and the impact of a concussion may not be felt by the victim for hours or even some days after the incident.

Sports related concussion in children and young people have risen 60% in the past decade.

FIFA CONCUSSION KEY ISSUES

The following extract from the FIFA Emergency Medicine Manual describes the key issues around concussion within Football today:

Head injuries in football are most likely to result from a player's head clashing with an opponent's head, elbow, arm or boot or a head clashing with the ground or goalpost. Most head clashes occur in the penalty area. Rule changes forbidding high challenges with an elevated elbow have resulted in a lower incidence of concussion in football.

Controlled heading of the ball in football, an action in which the player braces to connect the ball with his or her head, has not been shown to cause concussion.

The incidence of concussion in female footballers appears to be higher than in males. This is thought to be due to a reduced neck girth in females resulting in greater cranial acceleration and brain inertia.

Because football is a free-flowing game with no dedicated timeouts, clinicians, coaches and players need to be particularly vigilant for players who may show signs of concussion. Players suspected of having suffered a concussion are required to be immediately removed from the field for a medical evaluation.



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There should be no interference from players or team management in a decision to remove a suspected concussed player from the field.

Players diagnosed with a concussion should be permanently removed from the game or training session and not return to play that game and undergo a formal medical assessment. (FIFA, 2009)

RECOVERY

Although most people recover after a concussion, how quickly they improve depends on many factors. These factors include how severe their concussion was, their age, how healthy they were before the concussion, and how they take care of themselves after the injury.

Some people who have had a concussion find that it is hard to do their normal daily activities, their job, to get along with everyone at home, or to just simply relax.

Rest is vitally important after a concussion because it helps the brain to heal. Ignoring symptoms and trying to 'tough it out' often makes symptoms worse. Only when symptoms have reduced significantly, in consultation with your health care professional, should the player slowly and gradually return to their normal daily activities, such as work or school. If the symptoms return or the player gets new symptoms as they become more active, this is a sign that they are pushing the recovery too much, and should stop activities and take more time to rest and recover.

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

COGNITIVE REST

It is a crucial aspect of the recovery from a mild TBI such as a concussion, that the player has total cognitive rest for a minimum period of 24 hours to maximise the level of rest provided to the brain. While symptomatic players should be rested from all physical activity, physiological stress (eg. altitude and flying) and cognitive loads (e.g. school work, video games, computers and televisions) as these can all worsen symptoms and possibly delay recovery after a concussion.

SIGNS OF CONCUSSION

Immediate **visual indicators** of concussion include:

- a) Loss of consciousness or responsiveness;
- b) Lying motionless on the ground/slow to get up;
- c) A dazed, blank or vacant expression;
- d) Appearing unsteady on feet, balance problems or falling over;
- e) Grabbing or clutching of the head; and
- f) Impact seizure or convulsion.

Concussion can include one or more of the following **symptoms**:

- a) Symptoms:
 - Headache,
 - Dizziness,



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- Feeling “Pressure in the Head”
- Balance Problems
- Nausea or vomiting
- Drowsiness
- Blurred Vision
- Sensitivity to light
- Sensitivity to noise
- Fatigue or low energy
- “Don’t feel right”
- Feeling more emotional than usual
- Being more irritable than usual
- Sadness
- Being nervous or anxious
- Neck Pain
- Difficulty concentrating
- Difficulty remembering
- Feeling slow
- Feeling like “in a fog”

The Pocket Concussion Recognition Tool may be used to help identify a suspected concussion (

REMOVAL FROM PLAY

Any player with a suspected concussion should be **immediately removed from play** and shall not be returned to activity until they are assessed by a medical practitioner. Team officials (Coach and/or Manager), Match Official (Referee or Assistant Referee) or any WRRFC Committee Member can remove the player from the field with any suspicion of concussion.

Players removed from play are **not to return to play** on the day of a concussive injury

Players with a suspected concussion are never to be left alone, nor let leave and drive a motor vehicle.

If a player is more than 12 years old, the questions listed on the Concussion Recognition Tool 5 (modified appropriately for each sport) can be used to recognise a suspected concussion.

An incorrect answer to any of these questions indicates the player may have sustained a concussion:

- “What venue are we at today?”
- “Which half is it now?”
- “Who scored last in the game?”



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- “what team did you play last week/game?”
- “Did your team win the last game?”

Appropriately modified questions can include:

- “What month is it?”
- “What is the date today?”
- “What is the day of the week?”
- “What year is it?”
- “What is the time right now?”

Only qualified medical professionals shall diagnose whether a concussion has or has not occurred and whether/when the player can return to play. However, the Club can and will issue Medical Suspensions to members of the Club to ensure that the player seeks correct medical clearances prior to returning to play.

RED FLAGS

In some cases, a player may have signs or symptoms of a severe head or spinal injury. These should be considered “Red Flags”.

If a player has any of the “Red Flags” set out in the Concussion Recognition Tool 5, a severe head or spine injury should be suspected.

Red Flags include:

- Neck pain or tenderness
- Double vision
- Weakness or tingling/burning in arms or legs
- Severe or increasing headaches
- Seizure or convulsion
- Loss of Consciousness
- Deteriorating consciousness
- Vomiting
- Increasing restless, agitation or aggression

MEDICAL ASSESSMENT

A qualified Medical Practitioner should:

- a) Diagnose whether a concussion has occurred – based on clinical judgement;
- b) Evaluate the injured player for concussion using SCAT 3 (or Child – SCAT 3) or similar tool;
- c) Advise the player as to the medical management;



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ADVISE THE PLAYER AS TO WHEN IT IS APPROPRIATE TO BEGIN A GRADUATED RETURN TO PLAY PROGRAM (ANNEX 1 – POCKET CONCUSSION RECOGNITION TOOL

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 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 step:

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?"

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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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.

The CRT5 may be freely copied in its current form for distribution to individuals, teams, groups and organisations. Any revision and any reproduction in a digital form requires approval by the Concussion in Sport Group. It should not be altered in any way, rebranded or sold for commercial gain.



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- d) Annex 2 – Graduated Return to Play Program to this Policy document);
- e) Clear the player to return to play following the graduated RTP program.

RETURN TO PLAY

Following clearance from a qualified Medical Practitioner for the player to return to play, the player should progress through a **Graduated Return to Play Program** (Annex 2 – Graduated Return to Play Program).

In all cases the **Graduated Return to Play Program** provides for a minimum of 6 days before the player can play in a competitive game.

Note, that for children and adolescents under the age of 18, the period of ineligibility to play based on medical grounds is 14 days.

WRRFC ACTIONS

The following protocols have been established by WRRFC to put in place an internal management system that is to safeguard the player upon any injury sustained that may, or is defined as a concussion.

REPORTS

All Team Officials are required to notify the WRRFC Club Secretary immediately of any injury sustained on the field of play, or during any training, warm-up, cool-down period, if it is likely that the injury is one of concussion.

Irrespective of the players wish to return to the field, the player shall be removed from the field of play and not be eligible to return until they have seen a suitably qualified Medical Practitioner.

If the player's injury is as a result of unsportsmanlike or other offences under the Laws of the Game, or the regulations of the Association, then the Medical Suspension may be used as an administrative record in any request for a disciplinary Tribunal to take action against the party causing the injury.

CLUB ADMINISTRATIVE ACTIONS

Upon receipt of an initial report of a possible concussion injury, the Club Secretary will initiate a WRRFC Medical Suspension (see Annex 3 – Example WRRFC Medical Suspension) which shall be issued to the injured player, and also a copy sent to the team officials.

The Medical Suspension of the Club is to be effective immediately upon issue, and shall remain in place as per the period prescribed in the Medical Suspension.

In accordance with current guidelines the following suspensions shall be placed on players deemed to have received a concussion injury:

- a) Children – 14 days;
- b) Adolescents – 14 days;
- c) Adults – 7 days.



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Where players do not gain medical clearance in writing at the end of the initial Medical Suspension, the Club will issue a further Medical Suspension which will be issued until final medical clearance is received by the Club.

If within the period of the Medical Suspension issued by WRRFC, the player receives a formal medical clearance in writing, the player may request for the WRRFC Management Committee to rescind the Medical Suspension upon receipt of such medical clearance.

DISREGARD

Disregard of this policy may be considered as a breach of the Code of Conduct. This could result in the player's inability to register for future competitions with the Club or other clubs affiliated with the Gladesville Hornsby Football Association (GHFA) or North West Sydney Women's Football (NWSWF).

USEFUL LINKS AND RESOURCES

Pocket Concussion Recognition Tool 5

<http://bjsm.bmj.com/content/51/11/872>

AIS/AMA position statement on concussion in sport

<https://concussioninsport.gov.au/>

The 5th International Conference on Concussion in Sport: Consensus Statement

<http://bjsm.bmj.com/content/51/11/838>

Sports Medicine Australia

<https://sportconcussion.com.au/>



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ANNEX 1 – POCKET CONCUSSION RECOGNITION TOOL

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STEP 3: SYMPTOMS

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

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?"	• "What team did you play last week/game?"
• "Which half is it now?"	• "Did your team win the last game?"
• "Who scored last in this game?"	

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ANNEX 2 – GRADUATED RETURN TO PLAY PROGRAM

REHABILITATION LEVEL	FUNCTIONAL EXERCISE AT EACH STAGE OF REHABILITATION	OBJECTIVE OF EACH STAGE
LEVEL 1 No activity, minimum of 24 hours following the injury where managed by a medical practitioner, otherwise minimum 7 days following injury (14 days for children / adolescents).	Complete physical and cognitive rest without symptoms. Only proceed to Level 2 once ALL symptoms have resolved	Recover
LEVEL 2 Light aerobic exercise during 24hr period	Walking, swimming or stationary cycling keeping intensity, <70% maximum predicted heart rate. No resistance training. Symptom free during full 24 hour period	Increase heart rate
LEVEL 3 Sport-specific exercise during 24 hour period	Running drills. No head impact activities. Symptom free during full 24 hour period	Add Movement
LEVEL 4 Non-contact training drills during 24 hour period	Progression to more complex training drills, e.g. passing drills. May start progressive resistance training. Symptom free during full 24 hour period	Exercise, coordination, and cognitive load
LEVEL 5 Full Contact Practice	Following medical clearance participate in normal training activities	Restore confidence and assess functional skills by coaching staff
LEVEL 6 After 24 hours return to play	Player rehabilitated	Recovered

((SMA), 2015)

During all periods of the above, progression to the next stage is only to be achieved as long as the injured player does not exhibit or experience any symptoms of concussion within that period.

If at any time the player does experience a recurrence of symptoms, then the player should seek appropriate medical advice prior to continuing with any graduated return.



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ANNEX 3 – EXAMPLE WRRFC MEDICAL SUSPENSION

The following is the broad example of a Medical Suspension letter to be sent to the injured player, with a copy also sent to the Team Officials. This letter of suspension is to be sent on WRRFC letter head by, or on behalf of, the Club Secretary.

I am writing to you in relation to an incident that occurred in the *<Insert Age/Division>* fixture between WRRFC and *<Insert Opposition Club>* on *<Insert Date>*, at *<Insert Location>*, at which time you subsequently suffered head trauma leading to a possible concussion injury.

WRRFC takes concussion type head trauma injuries very seriously, and as such we follow and implement the concussion strategies and recommendations under the Australian Concussion in Sport guidelines.

As such, WRRFC are formally advising you that we are placing you on an immediate Medical Suspension from all football related activities for a period of participating in any football activities for a period of *<Insert Period – Min 7 days for Adults, 14 days for U18 and below>* days. The period of Medical Suspension will end at midnight the *<Insert Date>*. This suspension is to ensure that you are given enough time to recover from your injuries.

This suspension immediately removes your ability to train or play football in any form, until such time as the suspension is complete. This includes running, any football skill drills or the like.

WRRFC issues this suspension as a method of ensuring that players ensure they give their body enough time to recuperate from injuries that may not be immediately obvious.

If you feel strongly that you are ready to play after 7 days of Medical Suspension, or prior to the end of the suspension, then the Committee will consider the reduction of the suspension if a supporting letter is received by the Club from your Doctor(s).



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