



# FALCONS



## Concussion Management Policy & Procedures

Effective: 09/03/2020

Concussion is a disturbance in brain function caused by direct or indirect force to the head, face, neck or elsewhere with the force transmitted to the head. When it occurs, a player may experience symptoms and temporary loss of some brain skills such as memory and thinking abilities. A player does not have to be knocked out to have a concussion. It is important for all stakeholders (parents, players, coaches, sports trainers etc.) to be aware of signs and symptoms of concussion which are often subtle.

The priority remains the short- and long-term welfare of the player. These guidelines are to be adhered to at all times. The AFL Doctors' Association, AIS and AMA have issued new guidelines to manage concussive episodes sustained during activities.

This policy is based on those guidelines and is shown below:

### **Information for players/parents**

If you are suspected of having a concussion, it is important that you take the following steps to guide your recovery. Recovery time will vary from person to person and it is important that you are supervised by a responsible adult to help identify any changes in behaviour, vomiting, dizziness, worsening headache, double vision or excessive drowsiness. If you develop any of these symptoms, please go to the nearest hospital emergency department immediately.

It is important that you/your child rest (both physically and mentally), including no training or sport, until your symptoms resolve and you have been medically cleared (as per the processes outlined above).

Please adhere to the following guidelines:

- No alcohol consumption.
- No prescription or non-prescription drugs without medical supervision (specifically: no sleeping tablets).
- Do not use aspirin, anti-inflammatory medication or sedating pain killers.
- Do not drive until medically cleared.
- Do not train or play any sport until medically cleared.
- Avoid excessive screen time.
- Avoid mentally strenuous/draining activities.
- Avoid physical activity until you have been medically cleared (however, players are encouraged to take a low intensity 10-15 minute walk daily under supervision of a responsible adult).

## **Management of Concussion**

The following 3 steps will be implemented in the initial management of concussion:

### ***1. Recognising a suspected concussion***

A trainer or junior first aider will assess a player suffering a suspected concussive episode at trainings and during games. The 'Concussion Recognition Tool 5' (CRT5) will be used to assess for the signs and symptoms of a suspected concussion. All senior trainers and junior first aiders at our club will be educated in the use of the CRT5 Tool and attend regular updates on concussion management.

### ***2. Removing the player from the game***

If the player presents with any signs and symptoms of concussion as indicated in step 1 (above) they will be removed from training or game and not allowed to continue. If there is any doubt, the player will be removed from training or game and referred for further assessment.

Player welfare is the first and foremost concern when making this determination. It is important not to argue with the person who is making this decision. In short, *when in doubt, the player is out!*

### ***3. Referring the player to a medical doctor for assessment***

All players with suspected concussion need an urgent medical assessment. It is the club's preference that the player get assessed by a clinician qualified in concussion, including one of our preferred providers:

*Dr. Geoff Verrall*  
SPARC  
90 Henley Beach Rd, Mile End  
8234 9707

*Jack O'Leary*  
Kinetic Rehabilitation & Performance  
586 Lower Northeast Rd, Campbelltown  
8368 7444

The player shall not be allowed to resume training or playing again until a written clearance from their clinician has been received by the Club. The clinician is required to clear the player utilising the SCAT 5 or Child SCAT 5 Assessment Tool. Please note, a doctor's certificate that simply states "OK to play" *will not suffice*. We need specific written evidence that a SCAT 5 has been performed.

If *no* concussion is determined by the clinician, then the player can return to training and play.

If a concussion *is* determined by the clinician, then the player shall undertake a graduated return to play concussion rehabilitation program (outlined below).

## **Return to Play Procedures**

In order to 'return to play' the following steps will need to be completed, guided by the treating clinician and under supervision of the Club's medical services team and trainers. These steps will need to be completed at least 24 hours apart and players must have no concussion symptoms after each session in order to move onto the next step:

- a) Daily activities that do not provoke symptoms, including returning to school or work
- b) Light aerobic activity (e.g. walking, swimming or stationary cycling)
- c) Light, non-contact training drills (e.g. running, ball work)
- d) Non-contact training drills (i.e. progression to more complex training drills, may start light resistance training. Resistance training should only be added in the later stages).

After completion of each of these steps, players must obtain a written medical clearance from the treating clinician and have completed a SCAT5 before they are allowed to commence full contact training and then return to matches.