

Associated Public Schools of Victoria

ABN 61 949 738 691

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Concussion in Sport Policy

Introduction:

Sport Related Concussion (**SRC**) is a growing health concern in Australia. It affects athletes at all levels of sport, from the part-time recreational athlete to the full-time professional. Concerns about the incidence, and possible health ramifications for athletes, have led to an increased focus on the importance of diagnosing and managing the condition safely and appropriately.

Participant safety and welfare is paramount when dealing with all concussion incidents, both in the short term and long term.

Complications can occur if a student continues playing before they have fully recovered from a concussion.

Definition:

Concussion is a complex process caused by trauma that transmits force to the brain either directly or indirectly and results in temporary disturbance or impairment of brain function. It can happen from an impact that's not directly to the head, and concussion doesn't always cause loss of consciousness.

Most commonly, it causes temporary impairment and the symptoms may develop over the hours or days following the injury. This means that it may be difficult to determine, by either staff, parents or medical practitioners, immediately after the injury whether a person is concussed. Cognitive functions in children and adolescents typically take up to 4 weeks to recover.

Concussion occurs most often in sports which involve body contact, collision or high speed.

Purpose:

The purpose of this policy is to raise awareness about concussion related issues and ensure APS Member Schools carefully follow a suitable and appropriate course of management for a suspected concussion sustained during APS sporting matches or activities.

Accountability:

All APS Member Schools are required to develop and maintain a Concussion Policy or a concussion statement in a broader safety policy that outlines the management procedures they are able to follow in the event of a concussion related incident.

All Concussion Policies shall be developed and maintained taking into account the APS Management of Concussion in Sport Guidelines.

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Reference Points / Background Information:

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http://www.aflcommunityclub.com.au/fileadmin/user_upload/Health_Fitness/2017_Community_Concussion_Guidelines.pdf

Concussion in Sport Australia Position Statement

An initiative of the Australian Institute of Sport, Australian Medical Association, Australasian College of Sport and Exercise Physicians and Sports Medicine Australia

Dr Lisa Elkington, Dr Silvia Manzanero and Dr David Hughes - AIS

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Concussion in Sport Policy, Issued by Sports Medicine Australia v1.0 January 2018

<https://sma.org.au/resources-advice/concussion/>

Guidelines for the Management of Concussion in Rugby League, National Rugby League

https://www.playrugbyleague.com/media/3102/guidelines-for-the-management-of-concussion-in-rugby-league_final_v20.pdf

Pocket Concussion Recognition Tool 5 -

http://www.aflcommunityclub.com.au/fileadmin/user_upload/Health_Fitness/2017_Community_Concussion_CRT.pdf

Role of Helmets and Mouthguards in Australian Football -

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APS Sport Management of Concussion in Sport Guidelines

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Management of Concussion in Sport Guidelines

Introduction:

These guidelines have been created to assist members of the APS in the management of concussion.

Sport Related Concussion (**SRC**) is a growing health concern in Australia. It affects athletes at all levels of sport, from the part-time recreational athlete to the full-time professional. Concerns about the incidence, and possible health ramifications for athletes, have led to an increased focus on the importance of diagnosing and managing the condition safely and appropriately.

Participant safety and welfare is paramount when dealing with all concussion incidents, both in the short term and long term.

Complications can occur if a student continues playing before they have fully recovered from a concussion.

The Associated Public Schools (APS) takes its duty of care to students seriously.

What is concussion:

Concussion is a complex process caused by trauma that transmits force to the brain either directly or indirectly and results in temporary disturbance or impairment of brain function. It can happen from an impact that's not directly to the head, and concussion doesn't always cause loss of consciousness.

Most commonly, it causes temporary impairment and the symptoms may develop over the hours or days following the injury. This means that it may be difficult to determine, by either staff, parents or medical practitioners, immediately after the injury whether a person is concussed. Cognitive functions in children and adolescents typically take up to 4 weeks to recover.

Concussion occurs most often in sports which involve body contact, collision or high speed. In most cases a person will recover from concussion without intervention, provided they have an adequate period of rest in order to recover.

Concussion in Children and Adolescents:

The management of sport related concussion in children (aged 5 to 12 years) and adolescents (aged 13 to 18 years) requires unique considerations suitable for the developing child.

Children have physical and developmental differences - less developed neck muscles; increased head to neck ratio; and brain cells and pathways that are still developing.

Children and adolescents may have greater susceptibility to concussion, they may also take longer to recover, and they may be at risk of severe consequences such as second impact syndrome. Managing concussion in children and adolescents therefore requires different standards and a more conservative approach.

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Guidelines: Pre Match Procedures

Education

APS Member Schools should conduct an annual process to educate staff members involved in sport about concussion. This should include information regarding:

- what is concussion;
- causes of concussion;
- common signs and symptoms;
- steps to reduce the risk of concussion;
- procedures if a student has suspected concussion or head injury; and
- return to school and sport medical clearance requirements.

Information

APS Member Schools should also maintain information regarding students' concussion history to help identify players who fit into a high-risk category. Such information should be handled and treated confidentially and in accordance with the School's relevant privacy policy.

Prior to any event or match, APS Member Schools should ensure that all relevant staff are provided with information regarding local health services in the event of an incident, including:

- local doctors or medical centres;
- local hospital emergency departments; and
- ambulance services.

Guidelines: Game Day Management

In the early stages of injury, it is often not clear whether you are dealing with a concussion or there is a more severe underlying structural head injury. For this reason, the most important steps in initial management and beyond include:

Recognise - recognising a suspected concussion

Remove - removing the person from the game or activity

Refer - referring the person (parents/guardian) to a qualified doctor for assessment

Return - returning to either training or games

Any student 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/practice session.

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1. RECOGNISE - Recognise a suspected concussion

Recognising concussion can be difficult. The signs and symptoms vary, are not always specific, and may be subtle. Onlookers should suspect concussion when an injury results in a knock to the head or body that transmits a force to the head. A hard knock is not required – concussion can occur from minor knocks. Watch for when a player collides with another player, a piece of equipment, or the ground.

One or more individuals at a sporting event should be identified as the person responsible for concussion related activity. However, all individuals including other staff members, parents and other students should report any suspected concussion.

The following steps should be used as a guide to help the identification of concussion. However, these guidelines only provide brief sideline evaluations of concussion and it is still imperative that a comprehensive medical assessment is conducted by an appropriately experienced medical practitioner.

Step 1: Red Flags

If there is concern after an injury, including whether any of the following signs are observed or complaints are reported, then the player should safely be removed from the game or activity. If no licensed healthcare professional is available, call an ambulance for urgent medical assessment:

Neck pain or tenderness	Loss of consciousness
Double vision	Deteriorating conscious state
Weakness or burning/tingling in arms or legs	Vomiting
Severe or increasing headache	Increasingly restless, agitated or combative
Seizure or convulsion	

Where a player is suspected of sustaining a severe head or spinal injury, call an ambulance immediately to take them to an Emergency department. Do not attempt to move the player (other than required for airway support) unless trained to do so.

If, at any time, there is any doubt regarding a student's health, they should be referred to hospital.

Step 2: Observable Signs

Sometimes there will be clear signs that a player has sustained a concussion. If they display any of the following clinical features, immediately remove the player from sport:

Lying motionless on ground or slow to get up after a direct or indirect hit to the head	Dazed, blank or vacant look
Inability to appropriately respond to questions	Disorientation, confusion or no awareness of game/events
Unsteady on feet or balance problems or Falling over (incoordination)	Facial injury after head trauma

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Note: Loss of consciousness, confusion and memory disturbance are clear features of concussion. The problem with relying on these features to identify a suspected concussion is that they are not present in every case.

Step 3: Symptoms

Suspect a concussion and act immediately if a player displays any of these **symptoms**:

Headache	Dizziness	Feeling slowed down
'Don't feel right'	Confusion	Sadness
'Pressure in the head'	Blurred vision	Feeling like 'in a fog'
Difficulty concentrating	Drowsiness	Nervous or Anxious
Neck pain	Balance problems	More emotional
Difficulty remembering	Sensitivity to light	
Nausea or Vomiting	Sensitivity to noise	
Fatigue or Low energy	Irritability	

Step 4: Memory

Where players are older than 12 years, they may be asked a number of questions to recognise suspected concussion. If a player fails to answer any of the following questions (modified as required) correctly, this may suggest a concussion:

"What venue/location are we at today?"	"What team did you play last week/last game?"
"Which half is it now?"	"Did your team win the last game?"
"Who scored last in the game?"	

2. REMOVE — Remove the person from the game or activity

Any person suspected of having concussion should be removed from the game/training and should have no further involvement. Do not be swayed by the opinion of the player, trainers, coaching staff, parents or others regarding the return of the student to play.

Organise the student to be assessed and monitored by a medical doctor or a qualified first aider. Initial management must adhere to the first aid rules, including airway, breathing, circulation and spinal immobilisation.

A student with concussion or suspected concussion should not; be left alone, be sent home by themselves and need to be with a responsible adult. Students should also not take prescription medication, including aspirin, anti-inflammatory medication, sedative medications or strong pain relieving medications. The student's parents or guardian should be contacted to inform them of the incident.

An Incident Report must be completed for a concussion related incident.

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3. REFER — Refer the person to a qualified doctor for assessment

The student should be assessed by a medical doctor present at the game or training session.

Where possible, the initial responder should describe the incident to the doctor or qualified first aider and notify them of the player's responses to any questions asked of them.

If a doctor is **not** present, the player should be assessed by a qualified first aider at first chance. They then should be sent to a local general practice or local hospital emergency department, particularly if there is any doubt on the condition.

At this time, ensure the student is closely monitored and escorted for referral. Students should not be sent home by themselves and should not drive a motor vehicle. Stay with the student until a thorough hand over is made to the student's parents or guardian and it is clear that the person can be collected.

4. RETURN — Return to either training or games, and school

A student should only return to school and/or sport once they have received medical clearance to do so. Only a medical doctor should provide medical clearance for the person to return to **school** or the **game** or **training**. A qualified first aider **should not** provide medical clearance.

Returning to learning and school should take precedence over returning to sport. A student should not return to playing sport until they are symptom free and have received medical clearance. In every case, the decision regarding the timing of return to school or play should be made by a medical doctor with experience in managing concussion.

Even if medical clearance has been obtained, the school/staff member should not allow the player to return to play if their condition deteriorates or if the student advises that they are still feeling any symptoms of concussion.

Where there is uncertainty about a student's recovery, always adopt a more conservative approach, "**if in doubt sit them out**".

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Medical Clearance:

Parents are required to provide the school with medical clearance in writing.

As a matter of course and follow up, the APS Member School is to contact parents for consent to participate in subsequent training or games.

During the next training session or game, a staff member should closely monitor the player. If they show any signs of concussion, the staff member should remove them from the game or training session and follow the procedures outlined above.

Managing concussion is a shared responsibility between the player, coach, sports trainer/medic, parents and medical practitioner. Open communication is essential, and information should be shared. Always refer the player and, if they are a child, their parents, to a qualified medical practitioner with some expertise in the management of concussion. A player who has suffered a concussion should return to sport gradually. They should increase their exercise progressively, as long as they remain symptom-free.

Return to Learn:

Children require a different approach from adults because their brains are developing, and they need to continue learning and acquiring knowledge.

The priority when managing concussion in children should be returning to school and learning, ahead of returning to sport. Concussion symptoms can interfere with memory and information processing. This can make it hard for children to learn in the classroom.

Parents should discuss with their doctor and child's school, an appropriate return-to-school strategy.

Rest and Recovery:

Rest is very important after a concussion because it helps the brain to heal. Concussions affect people differently. While most athletes 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.

Most people will recover from a concussion within 10 to 14 days. Children and adolescents often take longer to recover from a concussion than adults, and it is not abnormal for symptoms to last up to 4 weeks for children or adolescents.

For children and adolescents, it is suggested the graduated return to play protocol should be extended such that a child does not return to contact/collision activities less than 14 days from the resolution of all symptoms.

Rest is recommended immediately following a concussion (24–48 hours). Rest means not undertaking any activity that provokes symptoms. However, anyone who has suffered a concussion should be encouraged to become gradually and progressively more active if they do not experience any symptoms.

It is important that athletes do not ignore their symptoms and in general a more conservative approach be used in cases where there is any uncertainty.

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Disclaimer:

These guidelines do not create any binding obligations on the APS. The association has no control over the implementation of these guidelines and cannot be held liable where schools or individuals fail to follow any aspect of these guidelines, during participation in school sport, personal sport, or club sport.

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