

Associated Public Schools of Victoria

ABN 61 949 738 691

APS House, 15 / 13-25 Church Street, Hawthorn Vic 3122

Email: aps@apssport.org.au Website: www.apssport.org.au Mobile: 0417 512 174

Concussion in Sport Policy and Procedures

1. Introduction

Sport Related Concussion 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 player continues playing before they have fully recovered from a concussion.

2. 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 is not directly to the head, and concussion does not 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 a medical practitioner, 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 or collision at high speed.

3. Purpose

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

4. Terms

i. Medical Practitioner

An individual who is registered under National Law to practise a health profession, other than as a student.

ii. Contact Training

Contact training in sport refers to the specific phase of training or athletic preparation where athletes engage in practice sessions / activities that involve physical contact with teammates or opponents and simulation of game-like scenarios. This type of training is common in team sports where contact is a fundamental aspect of gameplay.

Sports include, but are not limited to:

- Basketball
- Australian Rules Football
- Cricket
- Hockey
- Netball

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- Touch Football
- Soccer
- Softball
- Rugby

iii. Contact Sport

Any athletic activity or game where physical contact between players is an integral part of the game's strategy or execution and where physical interaction between players is a fundamental aspect of gameplay. It often involves tackling, blocking, or other forms of bodily contact. Contact can range from incidental to full-body collisions, depending on the sport's rules and regulations.

5. Accountability

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

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

6. Reference Points / Background Papers

The Management of Concussion in Australian Football, with specific provisions for children aged 5-17 years.

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*

https://www.concussioninsport.gov.au/home#position_statement

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 -

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

APS Concussion in Sport - Procedures/Guidelines

<https://apssport.org.au/policies/>

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7. Implications for Practice

7.1 At Board Level

To properly implement this Policy, APS Sport must:

- ensure that this Policy and the APS Concussion in Sport Procedures/Guidelines (Guidelines) are endorsed on an annual basis and following significant incidents if they occur;
- ensure that copies of this Policy and the Guidelines are made available to all staff;
- ensure that this Policy and the Guidelines are incorporated into the Board's record of current policies;
- ensure that this Policy and the Guidelines are incorporated into APS Sport's induction program, to ensure that all staff are aware of the Policy and Guidelines, have read and understood the Policy and Guidelines, and acknowledge their commitment to comply with the Policy and Guidelines; and
- ensure that this Procedure is accessible to the public (including children and parents).

APS Sport will require Member Schools to sign an annual attestation of compliance with this Policy and Procedures/Guidelines. (see Appendix 1).

7.2 At Other Levels

To properly implement this Policy, all APS Sport staff must ensure that they abide by this Policy and the Guidelines and assist APS Sport in the implementation of the Policy and Guidelines; and

7.3 At APS Sport Member School level

Concussion Officer

APS Sport Member schools will appoint a Concussion Officer to oversee the concussion policy and procedures within their School.

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Concussion in Sport PROCEDURES/GUIDELINES

Introduction

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

Sport Related Concussion 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.

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

Member schools of The Associated Public Schools of Victoria (**APS**) take their duty of care to students seriously. These procedures and guidelines are in line with the latest recommendations of the Australian Institute of Sport and their comprehensive review of the best way to manage concussion in sport.

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 is not directly to the head, and concussion does not 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 practitioner, 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.

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, including 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 Sport 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 Sport Member Schools should also maintain information regarding students' concussion history to help identify players who fit into a high-risk category. Such information (refer *APPENDIX A*) should be handled and treated confidentially and in accordance with the School's relevant privacy policy.

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

- any on site medical services or first aid responders;
- local doctors or medical centres;
- registered medical practitioner;
- local hospital emergency departments; and
- ambulance services.

Designation

It is not the role of coaches or school staff members to diagnose concussion. Following any possible concussion, students should be removed from the competition until a medical practitioner has had the opportunity to diagnose whether a concussion has occurred. In the meantime, concussion protocols should be followed.

APS / AGSV Schools must share information / incident reports within 48 hours with other schools regarding a suspected concussion. This may include reports provided by external first aid officers present at games and events.

Guidelines: Match Day Procedures

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:

1. **Recognise** – recognising a suspected concussion.
2. **Remove** – removing the person from the game or activity - "*if in doubt sit them out*".
3. **Refer** – referring the person (parents/guardian) to a qualified medical practitioner for assessment.
4. **Return** – returning to either training or games.

Any player 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 on the same day.

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1. RECOGNISE – Recognise a suspected concussion

Recognising concussion can be difficult. The signs and symptoms vary, are not always specific, may be subtle and may be delayed. 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.

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	Unusual behavioural change

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

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.

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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 player suspected of having concussion must 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. Always adopt a conservative approach **"if in doubt sit them out"**.

Organise for the player to be assessed and monitored by a medical practitioner or a qualified first aider. Initial management must adhere to the first aid rules, implementing the acronym D.R.S.A.B.C.D (Danger, Response, Send for help, Airway, Breathing, Circulation [CPR], Defibrillation) and spinal immobilisation.

A student with concussion or suspected concussion should not be left alone or be sent home by themselves, and needs to be with a responsible adult. Students should 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.

3. REFER — Refer the person to a medical practitioner for assessment

The player should be assessed by a suitably qualified medical practitioner if present at the game or training session.

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

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If a medical practitioner is **not** present, the player should (refer *APPENDIX A*) be assessed by the qualified medic / first aider on site at first chance. They then should be sent to a local general medical practice or local hospital emergency department, particularly if there is any doubt about the condition.

At this time, ensure the player 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 handover is made to the parent or guardian and it is clear that the person can be collected.

4. RETURN – Return to school and either training or games

Returning to learning and school takes precedence over returning to sport. A student should not return to full contact sport activities until they have successfully completed a full return to learning activities.

A student who sustains a confirmed concussion is subject to the following protocols:

- STEP 1 - following an assessment by a medical practitioner, a parent / guardian must inform the school's Concussion Officer of the student's concussion diagnosis. The parent / guardian will submit **SECTION 1-2** of the Medical Clearance Form (Concussion referral) – refer *APPENDIX A* – to the school Concussion Officer;
- STEP 2 - once the student has been symptom free for a minimum 14 days (at rest), a family can seek formal clearance from a medical practitioner to return to competitive contact training. Once reviewed by a medical practitioner, a parent / guardian will submit **SECTION 3** of the Medical Clearance Form (Concussion referral) – refer *APPENDIX A* - to the school Concussion Officer. This indicates an approval to consider a return to competitive contact training;
- STEP 3 - after the resumption of competitive contact training, if there is no recurrence of symptoms over the next 24 hours, a plan to return to competitive contact sport can be considered;
- STEP 4 - provided the student has remained symptom free for a minimum of 14 days and it has been at least 21 days from when the concussion was sustained, the school Concussion Officer and the student / parent-guardian can approve an agreed plan to return to competitive contact sport.

Multiple Concussions

For the purpose of this policy, multiple concussions are defined as a minimum of two (2) concussions in a 3-month period, or three (3) or more concussions within a 12-month period. Where this occurs, the individual should follow a more conservative return to sport protocol.

- Second concussion within 3 months - students must be symptom-free for 28 days before seeking medical clearance to make a return to competitive contact training. Return to competitive contact sport should not occur for a minimum of 6 weeks from the time of the most recent concussion.
- Three concussions within a 12-month period – the student must seek confirmation from a medical practitioner as to when they are able to return to competitive contact training and / or sport.

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Medical Clearance

Even where medical clearance has been obtained, the school/staff member must not allow the player to return to, or continue training or competing if their condition deteriorates, or if the student advises that they are feeling any symptoms or showing any signs of concussion. During the first training session or game following a concussion, staff members are to closely monitor the player. Where there is uncertainty about a student's recovery, in all cases the staff member will adopt a more conservative approach, **"if in doubt sit them out"** and remove them from the activity and follow the protocols and procedures outlined above. The clearance process is to be re-assessed.

Managing concussion is a shared responsibility between the player, coach, sports trainer/medic, parents, medical practitioner, and school's Concussion Officer. Open communication is essential, and information should be shared. 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. Cognitive stimulation such as screens, reading and undertaking learning activities should be gradually introduced after 48 hours of the concussion.

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 an appropriate return-to-school strategy with their medical practitioner and child's school.

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 fully, some will have symptoms that last for days or even weeks. A more serious concussion can last for months or longer.

Current medical advice suggests that 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 competitive contact activities until at least 14 days from the resolution of all symptoms and not return to competitive contact sport prior to 21 days from the time of suffering concussion.

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 as long as 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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Concussion in Sport Australia Position Statement

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Pocket Concussion Recognition Tool 5

http://www.aflcommunityclub.com.au/fileadmin/user_upload/Coach_AFL/Injury_Management/2013_Pocket_Concussion_Recognition_Tool_CRT.pdf

Role of Helmets and Mouthguards in Australian Football -

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

Concussion Education Training

[Concussion Management AIS \(ausport.gov.au\)](http://ausport.gov.au)

AIS Concussion Referral & Return Form

https://www.concussioninsport.gov.au/_data/assets/pdf_file/0010/1133929/Concussion-referral-and-return-form.pdf

For more information on Concussion Officer's responsibilities, see link here:

https://www.concussioninsport.gov.au/_data/assets/pdf_file/0003/1133994/37382_Concussion-Guidelines-for-community-and-youth-FA-acc.pdf

Return to sport Diagram

https://www.concussioninsport.gov.au/_data/assets/pdf_file/0003/1133994/37382_Concussion-Guidelines-for-community-and-youth-FA-acc.pdf

Disclaimer

These guidelines do not create any binding obligations on APS Sport. APS Sport 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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APPENDIX A

**APS
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Medical Clearance Form - Concussion referral

SECTION 1 - INITIAL CONSULTATION / DETAILS OF INJURED PERSON - VISIT 1

SCHOOL STAFF / TEAM OFFICIAL TO COMPLETE; (MANAGER, COACH OR FIRST AID / HEALTH PRACTITIONER) AT THE TIME / ON THE DAY OF THE INJURY, BEFORE PRESENTING TO MEDICAL PRACTITIONER REVIEWING THE PLAYER

Name of Player:	Date of Birth:
Sport:	School:

MEDICAL PRACTITIONER WOULD IDEALLY SEE THE INJURED PERSON WITHIN 72 HOURS OF THE INCIDENT

Dear Medical Practitioner,

This person has presented to you today because they were injured on (day & date of injury) _____ in a (game or training session) _____ and suffered a potential head injury or concussion.

The injury involved: (*select one option*)

Direct Blow or Knock to head or body	Indirect injury to the head e.g., whiplash	Incident not seen
The subsequent signs or symptoms observed (tick one or more):		
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 Other:	
<ul style="list-style-type: none">Is this their first concussion in the last 12 months?If NO, number of concussions sustained in the last 3 months:If NO, how many concussions in the last 12 months:		

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Name:	Role:
Signature:	Date:

PARENT / LEGAL GUARDIAN'S CONSENT

I _____ (insert name) consent to
_____ (insert Medical Practitioner's name) providing
information to my School regarding the head injury / concussion and confirm the information
I have provided the medical practitioner has been complete and accurate.

Name:	Signature:	Date:
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SECTION 2 - INITIAL CONSULTATION (VISIT 1 continued)

- 1. Students who have suffered a concussion or a suspected concussion must be treated as having suffered concussion.**
- Please note, any person who has been diagnosed showing signs and symptoms of concussion MUST follow the [APS Sport Concussion in Sport Policy and Procedures](#)
- The student has been informed that they must be referred to a medical practitioner. Your role as this medical practitioner is to assess the person and to guide their progress through the protocol steps outlined in the **APS Sport Concussion in Sport Policy and Procedure**.
- FOR CHILDREN & ADOLESCENTS AGED UNDER 19 IN COMMUNITY (NON-ELITE) SPORT, THE ATHLETE MUST BE SYMPTOM FREE FOR 14 DAYS BEFORE RETURN TO ANY CONTACT TRAINING. THE MINIMUM TIME FOR RETURN TO COMPETITIVE CONTACT IS 21 DAYS.**

I have read and understood the information above and have assessed the person.

Confirmation of Concussion: Yes / No

Medical Practitioner's Name:

Signed:	Date:
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FAMILY RETURNS SECTION 1 and 2 TO SCHOOL CONCUSSION OFFICER

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Medical Clearance Form - Concussion referral

SECTION 3 – PROTOCOLS FOR RETURN TO SPORT & CLEARANCE APPROVAL (VISIT 2)

I (medical practitioner's name) _____ have reviewed
(students name) _____ and based upon the evidence presented to me
by them and their family / support person, their history and a medical examination I can confirm:

- I have reviewed SECTION 1 of this form, specifically the mechanism of injury and subsequent signs and symptoms.
- 5. The student / parents-guardian confirm they have followed the [APS Sport Concussion in Sport Policy and Procedures](#)
- The student / parent-guardian have confirmed they have returned to normal school / study normally and have no symptoms related to this activity.
- At the time of this visit, the student / parent-guardian confirm they have been symptom-free for at least 14 days from the date of the original incident.
- The student / parent-guardian acknowledges they must not return to competitive contact sport for a minimum of 21 days, symptom-free, from the time of concussion occurred.

I therefore approve that this person may return to full contact training and if they successfully complete contact training without recurrence of symptoms, the person may consider a return to playing competitive contact sport.

Medical Practitioner's Name

Signature:

Date:

FAMILY RETURNS SECTION 3 TO SCHOOL CONCUSSION OFFICER