MHSOBFC Concussion Management Policy

Concussion refers to a disturbance in brain function that results from trauma to the brain. The changes are temporary and the majority of players recover completely if managed correctly.
Key Components of Concussion management

1. Recognise the Injury

Visible clues of suspected concussion include one or more of the following

- Loss of consciousness or responsiveness
- Lying motionless on ground / slow to get up
- Vomiting
- Seizure or convulsion
- Unsteady on feet / balance problems or falling over / incoordination
- Grabbing / clutching of head
- Dazed, blank or vacant look
- Confused / not aware of plays or events
- Head / Facial injury

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

Signs and symptoms of suspected concussion

- Loss of consciousness / Headache / Seizure or convulsion / Nervous or anxious
- Dizziness / Balance Problems / Confusion / Neck Pain
- Nausea or vomiting / Feeling slowed down / Drowsiness / "Don't feel right'
- "Pressure in head" / More emotional / Blurred vision / Sensitivity to noise
- Irritability / Sensitive to light / Sadness / Difficulty remembering
- Amnesia / Fatigue or low energy / Feeling like in a "fog" / Difficulty concentrating

2. Manage Concussion

- The basic rules of first aid should be used when dealing with any player who is unconscious or injured.
- Any player who has suffered a concussion or is suspected of having a concussion must be IMMEDIATELY REMOVED FROM PLAY and medically assessed as soon as possible after the injury. They must not be allowed to return to play in the same game or practice session.
- Contact must be made with Kylie – 0403 069 622 so she can contact parents or next of kin as soon as possible
- Do not leave the player unattended – monitor in shower - have someone with them at all times be it on the bench or in the rooms
- DO NOT LET THEM DRIVE HOME – Arrange a lift for them or get someone to drive their car home if needed
- A concussed player must not return to training or playing before having a formal medical clearance
- The concussion rehabilitation program should be supervised by a medical practitioner and should follow a graded, symptom limited progression

Tools such as the CRT5 should be used to help identify a suspected concussion. Refer P4.

It is important to note, however, that brief sideline evaluation tools (such as the CRT5), are designed to help identify a suspected 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.

3. Management of an Unconscious Player and when to refer to hospital

Basic first aid rules should be used when dealing with any unconscious player (i.e. danger, response, airway, breathing, circulation).
Care must be taken with the player's neck, which may have also been injured in the collision.

- In unconscious players, the player must only be moved (on to the stretcher) by qualified health professionals, trained in spinal immobilisation techniques.
- If no qualified health professional is on site, then do not move the player – await arrival of the ambulance.
- If the unconscious player is wearing a helmet, do not remove the helmet, unless trained to do so.
- Urgent hospital referral is necessary if there is any concern regarding the risk of a structural head or neck injury.
- Overall, if there is any doubt, an ambulance should be called, and the player referred to hospital.

Urgent transfer to hospital is required in a player with any of the following:

- Neck pain or tenderness
- Double vision
- Weakness or tingling/burning in the arms or legs
- Severe or increasing headache
- Seizure or convulsions
- Loss of consciousness
- Deteriorating conscious state
- Vomiting
- Increasing restlessness, agitation or combative behaviour

4. Return to Play
When returning to play/sport once concussion symptoms have resolved, the player should follow a stepwise, medically managed exercise progression, with increasing amounts of exercise. For example: (with 24hrs ideally between each step and if symptoms worsen player is to go back a step)

- Daily activities that do not provoke symptoms
- Light aerobic activity (e.g. walking, swimming or stationary cycling) – can be started 24-48 hours after symptoms have recovered
- Light, non-contact training drills (e.g. running, ball work)
- 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)
- Full contact training – only after medical clearance › Return to competition (game play)

If the player is symptomatic for more than 10-14 days (four weeks in children/adolescents), then review by a medical practitioner, expert in the management of SRC, is recommended

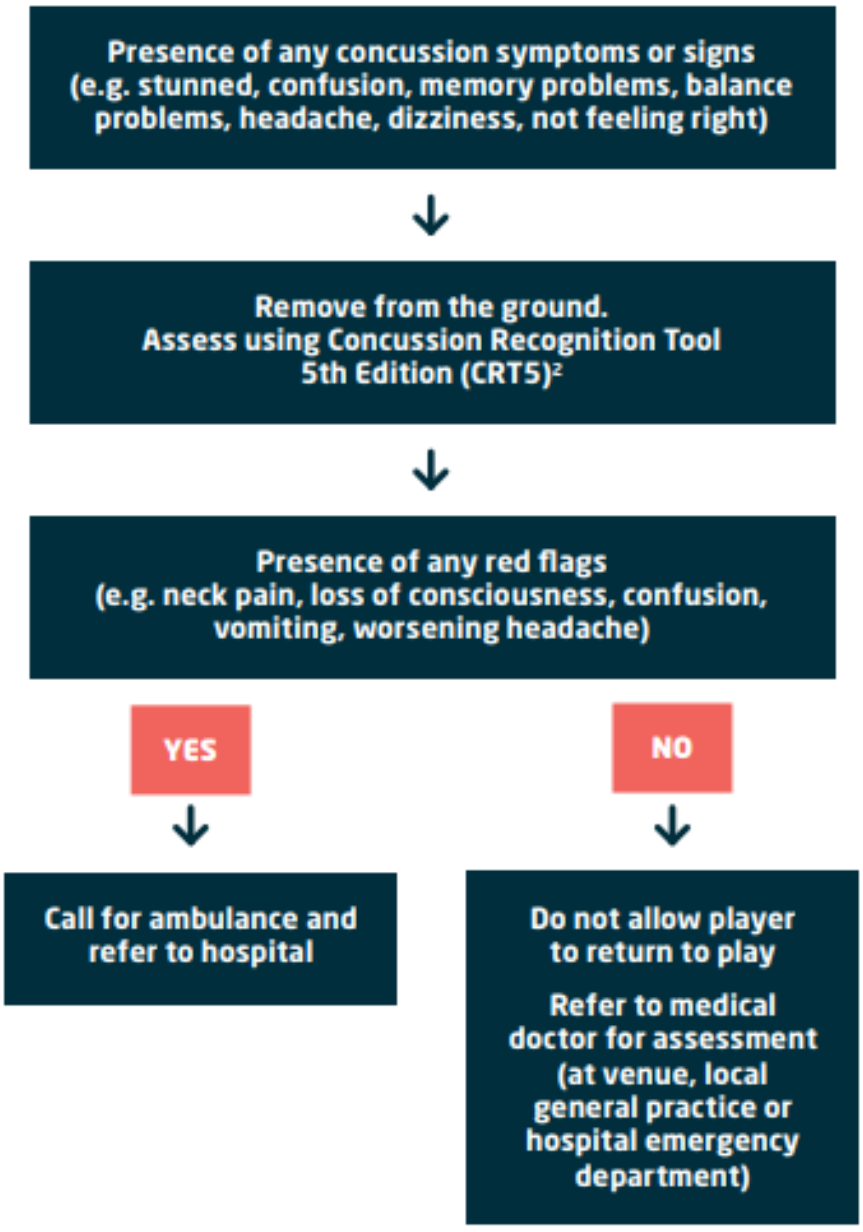
In the best practice management of concussion in football, the critical element remains the welfare of the player, both in the short and long term.

It is strongly advised that all players have Ambulance Cover as a minimum and if possible Private Health Insurance. In emergency cases where the player can respond always ask if they have Ambulance Cover before making the call. When suffering signs of concussion, they may be unable to answer correctly and, in those cases, it is important to call Kylie. She will speak to the parent/emergency contact to determine if they can come and pick up the injured player if that is deemed to be appropriate. When an injured player is unable to respond at all then always call an ambulance immediately.

The Trainer will ultimately make the call to the Coach if a concussion is suspected and that player will no longer participate. Coaches at MHSOBFC are all aware of this protocol and will respect the call of the Trainer. Our Motto is:

IF IN DOUBT, SIT THEM OUT

Management guidelines for suspected concussion



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 so do.
- 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 steps:

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 inability to respond appropriately to questions
- Blank or vacant look
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Facial injury after head trauma

Supported by

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?"

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.

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