

# Gridiron Australia



## Concussion Policy

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Version	Scope	Status	Board Approval Date	In Effect Date
1.0	Public	Approved	11 August 2019	11 August 2019

### 1. Concussion

A concussion is a brain injury that may be caused by a blow to the head, face, neck or elsewhere on the body with an “impulsive” force transmitted to the head. Concussions can occur without loss of consciousness or other obvious signs. A repeat concussion that occurs before the brain recovers from the previous one (hours, days or weeks) can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in brain swelling, permanent brain damage and even death.

Gridiron Australia takes the management of concussion seriously. This policy describes the actions that must be followed by all participants. Coaches, Trainers, Administrators, Players, and Game Officials should all be familiar with the content of this policy.

#### 1.1 Reference Documents

This policy is based upon the Sport Australia Concussion Position statement that includes more information, including flow charts.

[https://www.concussioninsport.gov.au/\\_data/assets/pdf\\_file/0005/683501/February\\_2019\\_-\\_Concussion\\_Position\\_Statement\\_AC.pdf](https://www.concussioninsport.gov.au/_data/assets/pdf_file/0005/683501/February_2019_-_Concussion_Position_Statement_AC.pdf)

The standard for non-medical staff is the Concussion Recognition Tool 5 (CRT5) published by the British Journal of Sports Medicine. (also included in Appendix 1 of this document)

<https://bjsm.bmj.com/content/bjsports/51/11/872.full.pdf>

The standard for Medical Practitioners is the Sport Concussion Assessment Tool (SCAT5), also from BJSM. This policy is used by Medical Practitioners in the diagnosis and ongoing treatment of concussion. This link references the adult version, a version for under 12s is also available.

<https://bjsm.bmj.com/content/bjsports/early/2017/04/26/bjsports-2017-097506SCAT5.full.pdf>

## 2. Initial Recognition

A concussion can occur during games and training. It is usually caused by a forceful blow or body that results in rapid movement of the head, but this is not always noticed or may not seem as impactful as required. Combined with a change in the participants behaviour, thinking or physical functioning, this may be a sign of a concussion and further diagnosis should occur before the participant continues in physical activity.

The CRT5 is used for the identification of suspected concussion, not diagnosis. Coaches, Administrators and Game Officials should be familiar with the tool and its purpose. Coaches should be able to apply it assuming they have it available to reference. It is a 1-page document and should be included in play books and or game notes so that participants can have ready access and familiarity with it.

- *If the player has lost consciousness, they should instead be referred immediately to a Medical Practitioner or ambulance. The CRT5 is not required, and the player cannot be cleared to return today.*
- *Initial assessment must follow the procedure outlined in the CRT5. Provided that none of the CRT5 Red Flags are the indicated, observers must follow the remainder of the CRT5 process to determine further treatment and referral if necessary.*

Trainers will have a more thorough knowledge of the CRT5, and combined with their first aid knowledge are the preferred users of this tool for initial screening of concussion suspects.

- *If a qualified Trainer is present, or if the player has also been excluded from the game under the injury timeout provisions, the assessment process must be handed over to the Trainer who will conduct a more thorough assessment using the CRT5. The Trainer will make a determination to let the player return that day or be subject to the exclusion policy.*

## 3. Exclusion from Contact

It is important that players suffering a concussion are excluded from contact until sufficient recovery time has elapsed.

- *A player who has been referred to a Trainer for assessment, is suspected to have a concussion, has suffered a head injury, or been removed from the game due to an injury timeout will not return to play until they have been assessed and cleared that day by the Trainer (under CRT5).*
- *If a player is not assessed, a concussion will be assumed and further exclusion provisions will apply.*

The default assumption when a Trainer does not assess a player is that a concussion has occurred. It is therefore in the interests of all players that Clubs and Leagues work to ensure that a qualified Trainer is available for players at all games.

The SCAT5 is a standardized tool for evaluating concussions designed for use by physicians and licensed healthcare professionals. The SCAT5 cannot be performed correctly in less than 10 minutes. There are two versions of this tool, and the one appropriate for the age of the patient should be used.

- *A player who has suffered a loss of consciousness or been diagnosed with a concussion will not be allowed to return to play for a period of 10 days unless notification of a written clearance by a Medical Practitioner is provided to GA and the League.*

- *A player who suffers a second or subsequent concussion within a 12-month period will not be allowed to return to play for 24 days unless notification of a written clearance by a Medical Practitioner is provided to GA and the League.*

A player who suffers more than two concussions in a 12-month period should seriously consider their role in the sport. Becoming a Coach, Trainer, Administrator, or Game Official are all excellent and fulfilling options.

## **4. Qualification Standards**

### **4.1 Coaches and Officials**

All coaches and game officials should have an awareness of concussion and this procedure.

- *(From 1 July 2020) Level 0 Standards for Coaches and Game Officials will include content and an assessment of the awareness of the CRT5 and this policy.*

### **4.2 Trainers**

For the purpose of this policy, a Trainer is a specific term that refers to a person with particular qualifications. It is more than just a job title.

They are either:

- A registered medical practitioner

Or have all of the following:

- Be a registered nurse or hold a current first aid certificate
- A comprehensive understanding of this policy
- A comprehensive understanding of CRT5
- A comprehensive understanding of the sport Australia Concussion Position Statement

There is currently no formal assessment of Trainers.

- *GA will establish a Trainer accreditation procedure before 1 July 2020.*

## **5. Specific Procedures**

It is important that all participants are aware of their specific responsibilities, which are listed here. It is also important to ensure participants know where their role fits, so participants should not restrict themselves to just knowledge of their section.

### **5.1 GA Admin Officer (Central Body)**

GA will provide a contact and an email template for all concussion reports, and will distribute details of the report to relevant parties. Parties will keep the central body informed of the progress of the player. The central body will produce annually a report (anonymous player data) for GA and the State Boards.

### **5.2 Leagues**

Leagues will ensure that this policy is enforced. They will track the return to play clearances and not allow players who have completed the process to participate. Leagues will ensure that Trainers have the necessary knowledge to assess potential concussions.

### 5.3 All Coaches

When a player is subject to a concussion or a potential concussion, they must ensure a report is made so that the incident and return to play can be managed. This includes during training. This includes symptoms that are delayed in their onset from the incident that potentially caused them. Although the obligation for making a report to the central body ultimately lies with the Head Coach, when the player is under the coach's supervision it is the responsibility of the Coach to assist and ensure that the Head Coach is notified. Coaches that elect to not report incidents may be subject to sanction preventing them from participating.

- *When a player is subject to or causes a significant impact, the coach will check on the player at the earliest opportunity to see if they are OK, and if not will engage this policy.*

### 5.4 Head Coaches

Coaches are responsible for ensuring that the player does not play until the return to play process has been followed. A Coach that lets a player participate outside of medical advice may be subject to sanction preventing them from participating.

The Head Coach is responsible for ensuring that all concussions and potential concussions are reported to the central body. Coaches that elect to not report incidents may be subject to sanction preventing them from participating.

- *The Head Coach will notify the Central Body and League of all concussions.*

To respect the privacy of players receiving a medical clearance, there is no requirement for clearances to be forwarded or proven to GA or the Leagues. Head Coaches making a false assertion may be subject to sanction preventing from them participating.

- *The Head Coaches will notify the Central Body asserting that the clearance is in order.*

Neither a Medical Clearance nor a player sitting out the required time force you to allow the player to resume contact. You still have a duty of care and if you believe that there is reason to keep the player out despite the clearance or time away, then do so.

### 5.5 All Game Officials

Game officials will only involve themselves where a player appears to be suffering an adverse effect from contact. This may be during an injury timeout but can occur outside of one - for example a player attempting to stumble off after a significant impact. A player subject to a such contact that appears unaffected will not be subject to this procedure.

- *Game officials will ensure that coaches are aware of players that they consider need to be assessed for Concussion. The obligation to check the player remains with the Coaches and Trainers.*

A referral to a coach under this policy without an injury timeout does not constitute a commencement of the CRT5 process. Players do all sorts of unusual things and it is up to the coaching staff to take responsibility and start the process if appropriate.

- *Game officials will mention all concussions and reports to coaches in their game reports.*

## 5.6 Trainers

Once a player is removed from play, only the Trainers can authorise their return. Trainers are expected to perform this role without fear or favour.

## 5.7 Players

For some situations the first to notice a player acting strangely will be teammates inside a huddle. If you notice a teammate acting in a manner that may indicate a concussion, you should notify an official who will call an injury timeout.

## 5.8 All participants and spectators

If you see concerning behaviour or potential violations of this policy, please notify the GA Admin contact.

# 6. Reporting and Contact Details

## 6.1 Reporting Via Revolutionise

GA will investigate a process of submitting concussion reports via the Injury Report facility of Revolutionise. Until this procedure is finalised, the email procedure is the official method of reporting.

## 6.2 Reporting Via Email

Role	Contact Email
GA Admin Officer (Central Body)	<a href="mailto:admin@ga.org.au">admin@ga.org.au</a>

The reports will be submitted by email sent to [admin@ga.org.au](mailto:admin@ga.org.au) and the contact in the table above for your state. If there is no league contact, send it to the league secretary.

From a Head Coach reporting a concussion, provide:

- Your name and your teams name
- Date, Start Time of Game (if applicable), Field, Opponent (if applicable)
- Player Details - Name, Age, Jersey number
- Brief description of the incident e.g.: type of play, position, nature of drill, etc

From a Game Official, provide:

- Your name
- Date, Start Time of Game, Field, Teams playing, Level of Competition
- Player Details - Team, Jersey number
- Brief description of the incident e.g.: type of play, position, injury timeout taken, foul called, etc

From a Head Coach providing return to play clearance, provide a statement similar to the following:

- Player Name, number XX suffered a concussion on DATE. I have sighted a Medical Clearance from their Doctor asserting that they are able to return to contact.
- Do not include a scan or photo of the clearance.

Notification is not required if a player has been excluded for the required period instead of receiving a clearance.

## **7. Privacy Considerations**

Player names and numbers will only be used for matching incidents and clearances, identifying repeat incidences, or correspondence dealing with particular incidents. Player names and numbers will not be included in summaries or statistical reports.

Medical Clearances will only be distributed to those who need to confirm a clearance. There should be no requirement for a clearance to be scanned or emailed to anybody, and people receiving them should not carelessly forward them. They will not be forwarded to those who only require notification of a clearance.

## CONCUSSION RECOGNITION TOOL 5<sup>®</sup>

To help identify concussion in children, adolescents and adults



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### 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 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 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?"

#### 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.

**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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