

METROPOLITAN EAST SCHOOL SPORT CONCUSSION RECOGNITION AND MANAGEMENT POLICY

For players, coaches, managers, administrators and parents

- Should an injury occur that results in a suspected concussion, it must be referred to a medical practitioner. If concussion is diagnosed then the state/national sporting organisations' concussion policy must be followed. If there is no sport specific concussion policy then the below policy must be adhered to.
- These guidelines will be followed at **all** times and any decision regarding returning to play after concussive injuries should only be made by a doctor with experience in dealing with such injuries.
- The most important element in the management of concussion **must always** be the welfare of the person involved, in both the short and long term.
- Concussion is a disturbance in brain function resulting from trauma that is transmitted to the brain either directly or indirectly. There are no structural changes and the changes that do occur are temporary and recover spontaneously.
- Complications can occur if the player is allowed to continue playing before they have recovered from the concussion. Therefore, a player who is suspected of having a concussion must be taken out of the game or training session immediately. Such a player **will not** be returned to play in the same game.
- The management of a head injury may be difficult for non-medical personnel. It is often not clear whether you are dealing with concussion or there is a more severe structural head injury, especially in the early phases of the injury.
- Therefore, it is imperative that all players with concussion or suspected of having a concussion need **urgent** medical assessment.

Game-day management

1. Recognising the injury – see signs and symptoms below.
2. Removing the player from the game – management must adhere to the first aid rules, including airway, breathing, circulation and spinal immobilization.
3. Referring the player to a medical doctor for assessment – local doctor, hospital or dial 000.

Follow-up management

1. Rest and recover – players diagnosed with concussion must rest and recover from all symptoms of concussion.
2. Return to play – a player's return should be gradual through consultation and written clearance from a medical practitioner.
3. All documentation relating to concussion injuries is to be retained and forwarded to RSSO and the students' school as per incident report forms.

Some of the possible symptoms of concussion include:

| | | | |
|--------------------|---------------------|--------------------|------------------------|
| Headache | Dizziness | Fatigue | Altered or lost vision |
| Memory disturbance | ringing in the ears | Nausea or vomiting | Abdominal pain |

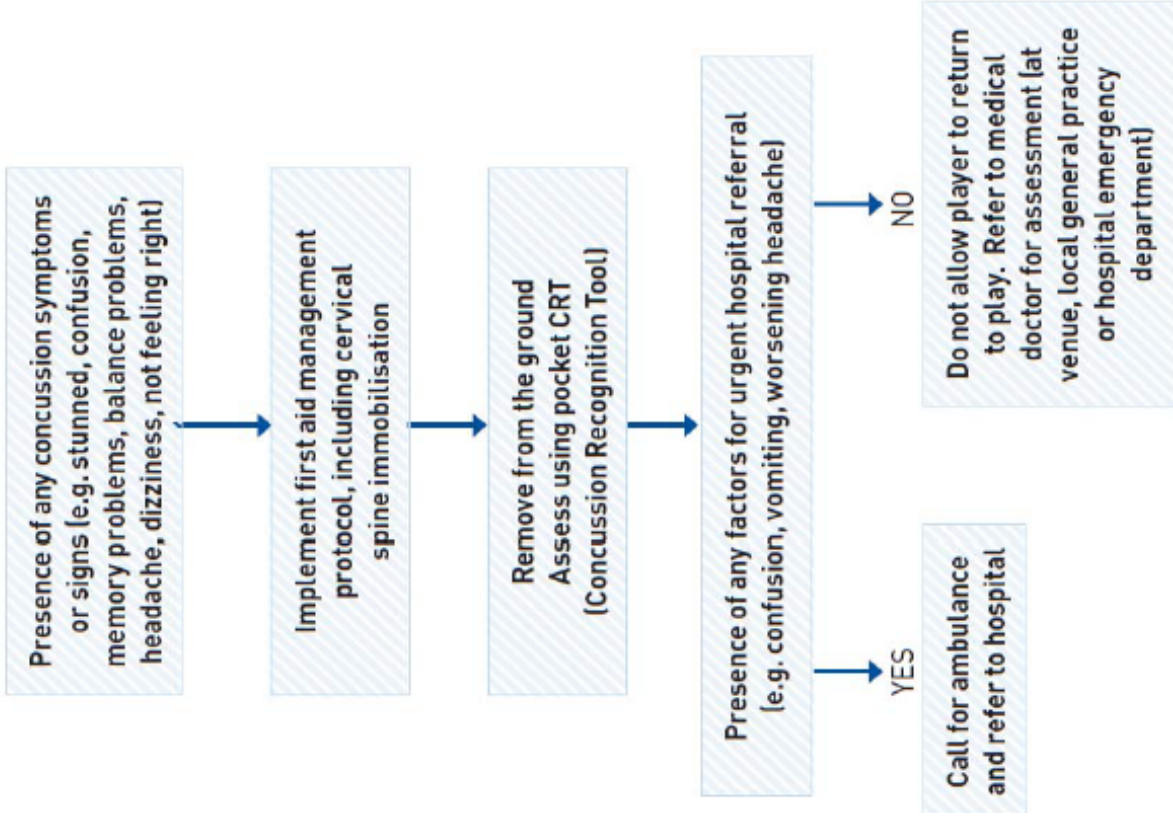
Some of the signs you may observe include:

| | | | |
|-----------------|-------------------------------|--------------------|-----------------------------|
| Loss of balance | Slow or altered verbal skills | Poor concentration | Inappropriate behaviour |
| Pale complexion | Memory loss | Irritability | Not feeling your usual self |

If you observe any of these symptoms or signs **please see a doctor as soon possible.**

If you observe deterioration in these symptoms or signs **go immediately to the emergency department at your local hospital.**

Management Guidelines for Suspected Concussion



Pocket CONCUSSION RECOGNITION TOOL

To help identify concussion in children, youth and adults

RECOGNISE & REMOVE

Concussion should be suspected if **one or more** of the following visible clues, signs, symptoms or errors in memory questions are present.

1. Visible clues of suspected concussion

Any one or more of the following visual clues can indicate a possible concussion:

- Loss of consciousness or responsiveness
- Lying motionless on ground / Slow to get up
- 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

2. Signs and symptoms of suspected concussion

Presence of any one or more of the following signs and symptoms may suggest a concussion:

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

3. Memory function

Failure to answer any of these questions correctly may suggest a concussion.

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

Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, and should not be returned to activity until they are assessed medically. Athletes with a suspected concussion should not be left alone and should not drive a motor vehicle.

It is recommended that, in all cases of suspected concussion, the player is referred to a medical professional for diagnosis and guidance as well as return to play decisions, even if the symptoms resolve.

RED FLAGS

If ANY of the following are reported then the player should be safely and immediately removed from the field. If no qualified medical professional is available, consider transporting by ambulance for urgent medical assessment:

- ▶ Athlete complains of neck pain
- ▶ Severe or increasing headache
- ▶ Seizure or convulsion
- ▶ Deteriorating conscious state
- ▶ Repeated vomiting
- ▶ Double vision
- ▶ Increasing confusion or irritability
- ▶ Unusual behaviour change
- ▶ Weakness or tingling / burning in arms or legs

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the player (other than required for airway support) unless trained to do so.
- Do not remove helmet (if present) unless trained to do so.

from McCrory et al, Consensus Statement on

Concussion in Sport. Br J Sports Med 47 (5), 2013

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