



The Ainslie Football Club is committed to following the latest AFL policy and peer reviewed research for concussion policy and management.

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

Section 1 - Summary

1. Head impacts can be associated with serious and potentially fatal brain injuries.
2. In the early stages of injury, it is often not clear whether you are dealing with a concussion or if there is a more severe underlying structural head injury. For this reason, the most important steps in initial management include:
 - i. Recognising a suspected concussion:
 - ii. Removing the player from the match or training; and
 - iii. Referring the player to a medical doctor for assessment.
3. Any player who has suffered a concussion or is suspected of having a concussion (i.e. in cases where there is no medical doctor present to assess the player or the diagnosis of concussion cannot be ruled out at the time of injury) must be medically assessed (see paragraph 3.4) as soon as possible after the injury and must **NOT** be allowed to return to play in the same match/training session.
4. There should be an appropriately accredited first aid provider at every match and the basic rules of first aid should be used when dealing with any player who is unconscious or injured.
5. Important steps for return to play following concussion include:
 - i. A brief period of complete physical and cognitive rest (24-48 hours);
 - ii. A period of symptom-limited activity to allow full recovery;
 - iii. A graded loading program (with monitoring); and
 - iv. Clearance by a medical doctor
6. Players should not enter the graded loading program until they have recovered from their concussion. Recovery means that all concussion-related symptoms and signs have fully resolved (for at least 24 hours) at rest and with activities of daily living, and they have successfully returned to work or school, without restrictions.
7. In addition to the processes outlined in this document, any concussed player must not return to competitive contact sport (including full contact training sessions) before having moved through the graded recovery process outlined in Schedule 2 and obtained medical clearance.



8. The earliest that a player may return to play (once they have successfully completed a graded loading program and they have obtained medical clearance) is on the **12th day** after the day on which the concussion was suffered.

9. The AFL-approved concussion management app HeadCheck (www.headcheck.com.au) should be utilised to recognise and assist in the management of any suspected concussion for both adults and children.

Section 2 – Key components of concussion management.

The key components of management of concussion include:

- 1) Suspecting the diagnosis in any player with symptoms such as confusion or headache after a knock to the head;
- 2) Referring the player for medical evaluation; and
- 3) Ensuring the player has received medical clearance before allowing them to return to a graded training program.

For full details refer to the AFL publication: The management of concussion in Australian Football.

<https://www.play.afl/globalassets/assets/clubhelp/pdf-excel-doc/management-of-sport-related-concussion-in-australian-football-25-april-2021-final-1.pdf>

Section 3 - Screening

All senior footballers are required to have detailed concussion screening undertaken before they can take the field of play, called a Sports Concussion Assessment Tool (SCAT5), which will be used in the event of a suspected concussion or head knock to aid in diagnosis for potential concussion

Section 4 - Game Day Management

The most important steps in the initial management of concussion include:

1. Recognising the injury;
2. Removing the player from the game; and
3. Referring the player to a medical doctor for assessment.



1. Recognising the injury (making a diagnosis of concussion)
 - Loss of consciousness, confusion and memory disturbance are classical features of concussion. The problem with relying on these features to make a diagnosis of concussion is that they are not present in every case.
 - Other symptoms that should raise suspicion of concussion include: headache, blurred vision, balance problems, dizziness, feeling “dinged” or “dazed”, “don’t feel right”, drowsiness, fatigue, difficulty concentrating or difficulty remembering.
 - Tools such as the pocket Sport Concussion Assessment Tool (SCAT5, see appendix) can be used to help make the diagnosis of concussion.
 - It is important to note however that brief sideline evaluation tools (such as the pocket SCAT5 and SCAT5) are designed to help make a diagnosis of 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.
2. Removing the player from the game
 - Any player with a suspected concussion **must be removed** from the game. This allows the first aid provider time and space to assess the player properly.
 - Any player who has suffered a concussion **must not** be allowed to return to play in the same game. Do not be swayed by the opinion of the player, trainers, coaching staff or others suggesting premature return to play.
3. Referring the player to a medical doctor for assessment
 - Management of head injury is difficult for non-medical personnel. 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, ALL players with concussion or a suspected concussion need an urgent medical assessment (with a registered medical doctor). This assessment can be provided by a medical doctor present at the venue, local general practice or hospital emergency department.
 - If a doctor is not available at the venue, then the player should be sent to a local general practitioner or hospital emergency department.
 - It is useful to have a list of local doctors and emergency departments in close proximity to the ground in which the game is being played. This resource can be determined at the start of each season (in discussion with the local medical services).
 - A pre-game checklist can be printed on the back of the SCAT5 assessment card and provided to trainers and other staff involved in the match-day care of players. The checklist should include contact details for:
 - 1) Local general practices;
 - 2) Local hospital emergency departments; and
 - 3) Ambulance services.



Management of an unconscious player and when to refer to hospital

- Basic first aid principles should be used when dealing with any unconscious player (i.e. Airway, Breathing, CPR). Care must be taken with the player's neck, which may have also been injured in the collision.
- Urgent hospital referral is necessary if there is any concern regarding the risk of a structural head or neck injury.
- Indications for urgent referral to hospital include:
 - Any player with loss of consciousness or seizures
 - Any player with persistent confusion
 - Any player who deteriorates after their injury (e.g. increased drowsiness, headache or vomiting)
 - Any player who reports neck pain or spinal cord symptoms (e.g. numbness, tingling, weakness)
- Overall, if there is any doubt, the player should be referred to hospital.

Follow-up management

- Any concussed player **must not** be allowed to return to play before having a medical clearance.
- In every case, the decision regarding the timing of return to training should be made by a medical doctor with experience in managing concussion.
- In general, a more conservative approach (i.e. longer time to return to sport) is used in cases where there is any uncertainty about the player's recovery ("if in doubt sit them out").
- A more conservative approach should also be used for younger players (under 18) as there is some evidence that concussion in this group is more severe, longer lasting and associated with higher risk of complications.

Section 5 - Return to Play

- The earliest that a player may return to play (once they have successfully completed a graded loading program and they have obtained medical clearance) is on the **12th day** after the day on which the concussion was suffered.
- The "concussion rehabilitation" program should follow a step-wise symptom limited progression, for example:
 - 1) Rest until symptoms recover (includes physical and mental rest)
 - 2) Light aerobic activity (e.g. walking, swimming or stationary cycling) – can be commenced 24-48 hours after symptoms have recovered
 - 3) Light, non-contact training drills (e.g. running, ball work)
 - 4) 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)



5) Full contact training – only after medical clearance

6) Return to competition (game play)

- There should be approximately 24-hours (or longer) for each stage.
- Players should be symptom-free during their rehabilitation program. If they develop symptoms at any stage, then they should drop back to the previously symptom-free level and try to progress again after a further 24-hour period of rest.

Section 6 - Education

1. The Ainslie Football Club is committed to offering as many resources as possible to players, coaches, officials and parents/guardians, including education sessions regarding concussion diagnosis and management.
2. The HeadCheck Concussion App for both children and adults has been developed to help trainers, coaches, or parents/guardians to recognise the symptoms of a suspected concussion and its severity.
3. The HeadCheck App guides non-medical users through a series of concise questions and observations to quickly identify whether a child's head injury requires an ambulance, hospital or GP visit.
4. The App also assists parents/guardians in managing their child's recovery program based on the symptoms displayed as well as guide the parents/guardians on their child's safe return to school training and game.
5. The App can be downloaded for free via the following links:

iPhone - <https://apps.apple.com/au/app/headcheck/id887756402>

Android - <https://play.google.com/store/apps/details?id=au.edu.mcri.headcheck&pli=1>

Effective: April 2023