



# *CONCUSSION POLICY*

2025



## Contents

Introduction.....	2
What is concussion? .....	3
What are the potential complications following concussion? .....	3
Management Guidelines for Suspected Concussion .....	4
Children and adolescents (aged 5 to 17 years) .....	5
Removing the player from the match or training.....	5
Management of an unconscious player and when not refer to hospital .....	6
Follow Up Management .....	7
Role of protective equipment in Australian Football.....	7



## ***Introduction***

*This document is based on guidelines developed by the AFL Concussion Working Group Scientific Committee and has been adopted by the Rokewood Corindhap Football Netball Club*

In considering the best practice management of sport-related concussion, the priority remains the short and long-term welfare of our players. The following recommended guidelines have been developed on scientific basis that endorse an approach that prioritises assessment, rest, recovery, and a graded return to full participation.

The **Rokewood Corindhap Football Netball Club** (RCFNC), acknowledge that concussion management is important to ensure the health and well-being of our members and will ensure RCFNC coaches and club personnel are familiar with this policy and guidelines as recommended by the AFL.

Furthermore, the RCFNC acknowledges children and adolescents typically take longer to recover following a concussion than adults and will do everything possible to ensure the safety and a full recovery of our players.

In general, children and adolescents (aged 5-17) require a different approach from adults because their brains are developing, and they need to continue learning and acquiring knowledge.

The RCFNC advises this policy includes excerpts from the Management of sport-related Concussion in Australian Football position statement, as published by the Australian Football League (AFL).

## ***What is concussion?***

Head impacts can be associated with serious and potentially fatal brain injuries. “Traumatic brain injury” is the broad term used to describe injuries to the brain that are caused by trauma.

Concussion is characterised by a range of observable signs (such as lying motionless on the ground, blank or vacant look, balance difficulties or motor incoordination) or symptoms reported by the player (such as headache, blurred vision, dizziness, nausea, balance problems, fatigue and feeling “not quite right”).

Other common features of concussion include confusion, memory loss and reduced ability to think clearly and process information. It is important to note that loss of consciousness is seen in only 10-20% of cases of concussion in Australian football. That is, the player does not have to lose consciousness to have a concussion.

The effects of concussion evolve or change over time. Whilst in most cases, symptoms improve, in some cases effects can worsen in the few hours after the initial injury. It is important that a player suspected of sustaining concussion be monitored for worsening effects and be assessed by a medical doctor as soon as possible after the injury.

## ***What are the potential complications following concussion?***

There are several risks and complications associated with concussion. These include:

- Severe brain swelling (or “second impact syndrome”) which is a rare complication of head trauma in younger players;
- Increased risk of further concussion or other injuries on return to play;
- Prolonged symptoms (lasting greater than 14 days in adults; and greater than four weeks in children/adolescents);
- Symptoms of depression and other psychological problems; and
- Long-term damage to brain function.

The risk of complications is thought to be increased by allowing a player to return to sport before they have fully recovered. This is why it is important to recognise concussion and keep the player out of full-contact training and matches until they have fully recovered, as outlined below.

Concussion can cause problems with memory and information processing, which interferes with the child’s ability to learn in the classroom. It is for this reason that it is strongly recommended that a child does not return to school until medically cleared to do so.

The AFL-approved concussion management app HeadCheck, is a useful resource that should be utilised to help manage the player’s recovery phase, including the child’s return to school and sport.

## ***Management Guidelines for Suspected Concussion***

The most important steps in the initial management include:

- Recognising a suspected concussion
- Removing the player from the match or training session
- Referring the player to a medical doctor for assessment

### **Recognising a 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
- Vomiting (iv) 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
- Impaired memory (unable to recall events leading up to or following the injury)

Loss of consciousness, confusion and memory disturbance are all classic features of concussion.

The problem with relying on these features to identify a suspected concussion is that they are not present in every case.

*Symptoms reported by the player that should raise suspicion of concussion include:*

- Headache
- Nausea or feel like vomiting
- Blurred vision
- Balance problems or dizziness
- “Don’t feel right”
- Sensitivity to light or noise
- More emotional or irritable than usual
- Difficulty concentrating
- Difficulty remembering

### ***Children and adolescents (aged 5 to 17 years)***

- Symptom evaluation in a child often requires the addition of parent and/or teacher input.
- A child is not to return to football, or netball, until he/she has successfully returned to school/learning, is symptom-free, and has received medical clearance. However early introduction of limited physical activity is appropriate, as long as symptoms do not worsen.
- It is reasonable for a child to miss a day or two

### ***Removing the player from the match or training***

The basic rules of first aid should be used when dealing with any player who is unconscious or injured.

- Immobilisation of the neck in a cervical collar by a qualified first aid provider may be required. An appropriately sized collar should be available at every match and training session.
- Removing the conscious player from the match or training session allows the first aid provider time and space to assess the player properly. Assessment should take place in a distraction-free environment, such as the change rooms.
- Any player with a concussion or suspected 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 removed from play and not be allowed to return in the same match or training session. Do not be swayed by the opinion of the player, trainers, coaching staff, parents or others suggesting premature return to play.

*Management of a 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 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.*

### ***Management of an unconscious player and when not 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 (onto 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 transferred to hospital.

Urgent transfer to hospital is required for 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

## ***Follow Up Management***

Important steps for return to play following concussion include:

- **No player is to return to play for 21 days following a concussion**
- **Rest**
- **Recovery – symptom-limited activity**
- **Graded loading program (with monitoring)**
- **Clearance by a medical doctor in form of a letter**

## ***Role of protective equipment in Australian Football***

### ***Helmets***

There is no definitive evidence that helmets prevent concussion or other brain injuries in Australian Football.

Helmets may have a role in the protection of players on return to play following specific injuries (e.g. face or skull fractures).

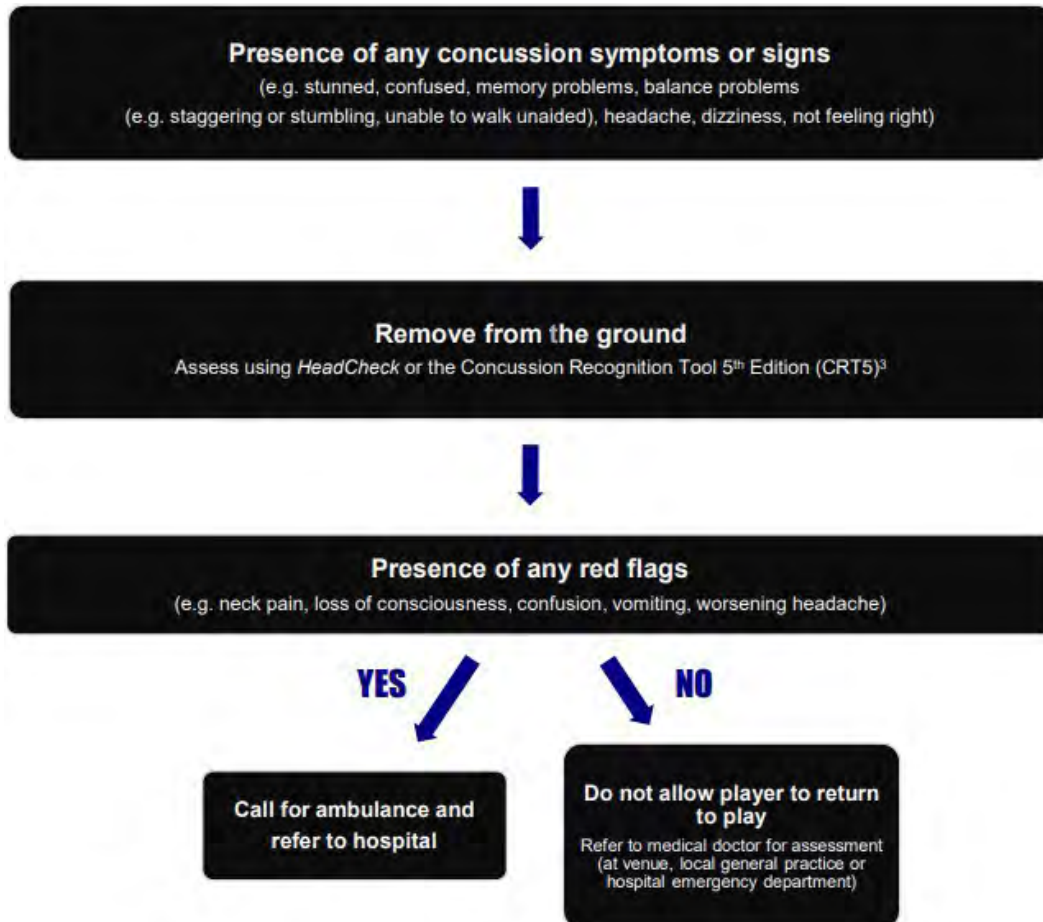
### ***Mouthguards***

Mouthguards have a definite role in preventing injuries to the teeth and face and for this reason they are strongly recommended at all levels of football. Mouthguards should be worn for all matches and contact training sessions.

Dentally fitted laminated mouthguards offer the best protection. ‘Boil and bite’ type mouthguards are not recommended for any level of play as they can dislodge during play and block the airway.

There is some preliminary scientific evidence that mouthguards may prevent concussion or other brain injuries in Australian Football.





**Figure 1. Summary of the management of concussion in Australian Football.**

Note: For any player with loss of consciousness, basic first aid principles should be used (i.e. airways, breathing, CPR). Care must also be taken with the player's neck, which may have also been injured in the collision. The unconscious player must not be moved by anyone other than a medical professional or ambulance officer. An ambulance should be called, and these players transported to hospital immediately for further assessment and management.

## STAGES OF GRADED RETURN TO PLAY

### Activity

#### Stage 1: RELATIVE REST:

##### Duration: 1-2 days

- Gentle day to day activities p as guided by symptoms.
- Minimise screen time (TV, computer/homework/work/phone/social media and gaming)

## STAGE 2: RECOVERY

### Activity

#### 1. Daily activities that do not provoke symptoms

- Increase day-to-day activities - as guided by symptoms. Include short walks
- Limit screen time (TV, computer/ homework/work/phone social media and gaming). duration depends on symptoms.
- No team training drills. No resistance training.
- Duration: Minimum of 1 day
- Progress if concussion related symptoms resolved or not worsened from previous level (either during activity or by the next day.)

#### 2. Light aerobic exercises

- Start light activity e.g. Walking, jogging or cycling at a slow to medium pace.
- Aim for about 50-60% maximum heart rate (can carry a conversation when exercising).
- No team training drills. No resistance training.
- Duration: Minimum of 1 day
- Progress if concussion related symptoms resolved or not worsened from previous level (either during activity or by the next day.)

#### 3. Moderate aerobic exercise

- Start moderate aerobic exercises e.g. walking, jogging or cycling at a slow medium pace.
- Aim for about 60-80% maximum heart rate.
- May continue with moderate aerobic exercise over a number of days/sessions if still have symptoms related to concussion.
- No team training drills. No resistance training.
- Duration: Minimum 2 days
- Progress if concussion related symptoms resolved or not worsened from previous level (either during activity or by the next day.)

#### 4. High Intensity aerobic exercises

- Start high – intensity aerobic exercises (e.g. running or cycling at high intensity)
- Up to maximum heart rate.
- No team training drills.
- Can commence gentle resistance training (50 – 75% of usual loads.)
- **Duration: Minimum 2 days.**
- **A. Progress if complete recovery of all concussion – related symptoms and signs at rest and high intensity training.**
- **B. Have returned to school or work (without any need for modifications.)**

### STAGE 3: ACTIVITY

#### 1. Non – contact training

- Return to full team training sessions – non contact activities only
- Minimum of 2-3 training sessions with no consecutive days of football training (to allow for rest and recovery).
- **Duration: Minimum 7 days.**
- **A. Limited contact training**
- **B. Full team training allowed**
- **C. Progress if remaining completely free of any concussion-related symptoms.**

#### 2. Limited & full contact training

- Full team training allowed – able to participate in drills with incidental and /or controlled contact (including tackling)
- No consecutive days of training (ie. Must have non-contact activity days in between training sessions.)
- **Duration: Minimum of 7 days to progress through graded contact training.**
- **Progress if:**
- **A. Remaining completely free of any concussion – related symptoms**
- **B. Player is confident to return to full contact training**
- **C. PLAYER HAS MEDICAL CLEARANCE TO RETURN TO FULL CONTACT TRAINING.**