**Concussion Management Policy**

**Purpose:**

This policy supports JCUSAs commitment to wellbeing and safety by ensuring that JCUSA acts in the best interest of player safety and welfare.

It is the intentions of this policy that all participants with a suspected concussion receive timely and appropriate medical advice and care to enable them to safely return to everyday activities and sport as well as improving safety and health outcomes for the players.

This document should be read in conjunction with PRO056 Concussion Management Procedure.

**Scope:**

This policy applies to all Association staff and volunteers, players, trainers, coaches and other stakeholders who play, facilitate, manage or have a role in the JCUSA sporting programs.

**Policy Statement:**

JCUSA is committed to supporting players effectively in all aspects of harm minimisation, and the assessment and treatment of concussion to create safe sporting environments.

JCUSA recognises that managing concussion in adolescents requires different standards and a more conservative approach as they take longer to recover1.

This policy will clearly state:

* how to recognise and manage concussion in sports1;
* that players with potential head injuries or concussion must be removed from the field/court of play immediately;
* who can move a player with a suspected neck or spinal injury;
* that concussion management for an adolescent has different standards and a more conservative approach;
* adolescents and adults have a minimum rest time of 19 days, even if submitted Form 403 JCUSA Sport Medical Clearance Form;
* players must declare their concussion history when registering to participate in a JCUSA sporting program;
* the managing concussion framework that JCUSA will utilise;
* Recognising when an injury has occurred;
* When to remove a player from a game;
* Referring a player to a medical practitioner; and
* Returning to sport after suffering a concussion;
* examples of complex concussions scenarios; and
* concussion management summary flowchart.

**Responsibilities:**

**General Managers’ responsibilities**

* Riskware data entry of Form 056 Injury Report Form - Sport and Rec Only.

**Sport and Recreation Manager**

* ensure all stakeholders are aware of the concussion policy2;
* ensure all stakeholders follow game day and practice concussion protocols2;
* ensure concussed players follow appropriate protocols and medical assessment when resuming participation2;
* ensuring standard head injury advice is accessible for players and their carers1 via the JCUSA Sport website page; and
* act in the best interest of player safety and welfare.

**Sport and Recreation Officer. Sport and Recreation Program Officers/Level 1 & 2 Sports Trainers, First Aiders**

* recognising and reporting players with visual signs of a head injury or who report concussion symptoms;
* managing a players’ return to sport post a minor head injury;
* providing injured players with Form 056 Injury Report Form - Sport and Rec Only;
* taking a photo of the players completed Form 056 Injury Report Form - Sport and Rec Only and providing a copy to the General manager as soon as possible;
* informing players on how to access Form 403 JCUSA Sport Medical Clearance Form to return to play from the JCUSA Sports website page and how to upload completed form via the same website;
* accessing and securely storing Form 403 JCUSA Sport Medical Clearance Form to return to play;
* maintaining confidentially and privacy of medical information provided by a player;
* acting in the best interest of player safety and welfare;
* recognising symptoms and signs of concussion and removing players from the game;
* referring players to an independent medical doctor (independent is defined as not being a family relative of the player3; and
* ensuring concussion is appropriately managed as per procedure PRO071 Concussion Management Procedure.

**Players**

* accurately and honestly complete the online registration form to participate in a JCUSA facilitated sport, including documenting previous concussions or head trauma1;
* reporting any potential concussion symptoms, they experience2;
* reporting if they suspect a team mate or fellow player has concussion2;
* following any medical advice they receive2;
* accessing Form 403 JCUSA Sport Medical Clearance Form via the JCUSA Sport website page post-concussion;
* providing Form 403 JCUSA Sport Medical Clearance Form that has been completed by an independent medical practitioner that confirms that are able to return to playing sport;
* uploading a completed Form 403 JCUSA Sport Medical Clearance Form via the JCUSA Sport website page;
* adhering to the below recommendations is they have a suspected concussion:
* Not be left alone initially (at least for the first 1–2 hours);
* Not drink alcohol;
* Not use recreational drugs;
* Not take certain prescription medications including aspirin; anti-inflammatory medications, sedative medications or strong pain-relieving medications;
* Not be sent home by themselves;
* Not drive a motor vehicle; and
* Be referred for appropriate medical assessment1,4,6; and
* seek the highest level of medical care reasonably available to ensure concussion is managed appropriately3.

**Definitions**

|  |  |
| --- | --- |
| Adolescents | Players aged 13 to 18 years |
| Adult | 19 years and over |
| Association | The James Cook University Student Association |
| Concussion | According to Sports Medicine Australia, “Concussion is a disturbance in brain function rather than a structural injury to the brain. It is caused by direct or indirect force to the head, face, neck or elsewhere with the force transmitted to the head. A player does not have to be knocked unconscious to have a concussion. Loss of consciousness is seen in only 10–15% of cases of concussion.Concussion is difficult to diagnose and only medical doctors can definitively diagnose a concussion. However, recognising a suspected concussion at the time of injury is extremely important to ensure appropriate management and to prevent further injury. Recovery from concussion varies from person to person, and injury to injury. If recognised and appropriately managed most people will recover from their symptoms”4. |
| Minor/mild head injury | The most common type of minor head injury is concussion. Concussion may be associated with loss of consciousness (‘a blackout’)5. |

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| Potential head injury  | Refers to an injury that has the potential to cause concussion or a more severe injury to the brain. This can be caused by:1. a direct blow to the head; or
2. indirect force transmitted to the head from a blow to another part of the body that transmits force to the head (e.g. a whiplash injury).

Potential head injury or concussion must be considered possible whenever a player receives an injury to the head, either from a direct blow or indirectly.Note: minor bumps and grazes to the head may not necessarily require medical review but any injury to the head or face that requires medical attention (e.g. a laceration requiring suturing or a fractured facial bone/nose) must also be assessed for possible concussion3. |
| Red Flags | Warning signs of a significant head injury.6 |
| RiskWare | RiskWare is JCU's online system for:* Enterprise Risk Management, including recording, assessing and managing business risks, and
* Work Health and Safety Risk Management, including reporting and managing incidents, injuries and hazards.
 |
| Signs and symptoms of an impact to the head1,2,4,7,6 |

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| Signs (Observation) | Symptoms reported |
| * Dazed, blank or vacant look
* Lying motionless on ground / Slow to get up
* Unsteady on feet / Balance problems or falling over /Uncoordinated
* Loss of consciousness or unresponsive
* Confused / Not aware of plays or events
* Grabbing / Clutching of head
* Seizure (fits)
* More emotional / Irritable than normal for that person
 | * Headache
* Dizziness
* Neck pain
* Mental clouding, confusion, or feeling slowed down
* Visual problems
* Blurred vision
* Nausea or vomiting
* Fatigue
* Drowsiness / Feeling like ‘in a fog’/ Difficulty concentrating
* “Pressure in head”
* Sensitivity to light or noise
* Nervous and/or anxious
* Sadness
 |

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**Acronyms**

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| --- | --- |
| JCUSA | James Cook University Student Association |
| S&R | Sport and Recreation |

**Policy**

All players with potential head injuries or concussion must be removed from the field/court of play immediately. If a neck or spinal injury is suspected, only ambulance officers are to remove the player, however, if a greater threat to their health exists, Level 2 Sports Trainers are able to safely move the player.

If a player has sustained or had signs of concussion at another event/activity they are not to participate in our programs, until cleared by a medical practitioner and 19 days since sustaining the injury must have passed.

Players will be informed by a Concussion A Frame that is placed at the entrance to the fields/courts that JCUSA Sport & Recreation is not liable if they have sustained or had signs of concussion in the past 19 days and have not disclosed it to JCUSA Sport & Recreation staff.

**Adolescents**

Managing concussion in adolescents requires different standards and a more conservative approach. Adolescent players:

* are more susceptible to concussion;
* take longer to recover1;
* are reported to have more significant memory and mental processing issues; and
* are more susceptible to rare and dangerous neurological complications, including death caused by a single or second impact7.

Adolescents have a minimum rest time of 19 days, even if they have submitted Form 403 JCUSA Sport Medical Clearance Form.

**Players declaring their concussion history**

Knowing about an athlete’s previous concussions can help to identify players who fit into a high-risk category4 and several studies have shown previous concussion to be a risk for further concussion1.

Players are to truthfully document any previous concussions on their registration form.

Players with a history of two or more concussions within the past year maybe at greater risk of further brain injury1 and slower recovery. These potential players are required to provide JCUSA with a copy of Form 403 JCUSA Sport Medical Clearance Form from their medical practitioner which confirms it is safe for them to return to playing sport/s.

**Managing Concussion Framework**

JCUSA will adhere to the 5 critical steps of concussion management.

1. Recognise: Recognise an injury has occurred
2. Remove: Remove the player from the game or activity
3. Refer: Refer the player to a qualified doctor for assessment1.
4. Rest and recovery Rest and revocer from the injury
5. Return to play/sport Medical clearance obtained to return to play/sport.

These initial steps should be followed by appropriate rest, recovery, return to university/work/everyday activities and return to sport.4

**Recognise an injury has occurred:**

JCUSA Sport and Recreation staff and Level 1 & 2 Sports Trainers will proactively monitor the game of play in order to observe when a player collides with:

* another player;
* a piece of equipment; and/or
* the ground4.

Players who sustain an impact to the head, face, neck, or body can demonstrate the below visual signs or report symptoms 2,3, 4, 6. Questions will be asked to check if the players memory has been impacted.

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| --- | --- | --- |
| Signs (Observation) | Symptoms reported | Sample memory test questions |
| * Dazed, blank or vacant look
* Lying motionless on ground / Slow to get up
* Unsteady on feet / Balance problems or falling over /Uncoordinated
* Loss of consciousness or unresponsive
* Confused / Not aware of plays or events
* Grabbing / Clutching of head
* Seizure/convulsion/fits
* More emotional/irritable than normal for that person
 | * Headache
* Dizziness
* Neck pain
* Mental clouding, confusion, or feeling slowed down
* Visual problems
* Blurred vision
* Nausea or vomiting
* Fatigue
* Drowsiness / Feeling like ‘in a fog’/ Difficulty concentrating
* “Pressure in head”
* Sensitivity to light or noise
* Nervous and/or anxious
* Sadness
 | * “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?”
 |
| If any of these signs or symptoms are present, remove the player from the activity immediately. The player should not return to activity until assessed by a medical practitioner, even if they seem okay or feel okay.4 |

Red Flags

In some cases, a player may have signs or symptoms of a severe head or spinal injury. These should be considered “Red Flags” and if a player has any of the “Red Flags”

a severe head or spine injury should be suspected.

Red Flags include:

* Neck pain or tenderness;
* Double vision;
* Weakness or tingling/burning in arms or legs;
* Severe or increasing headaches;
* Seizure or convulsion;
* Loss of consciousness;
* Deteriorating consciousness;
* Vomiting; and
* Increasing restless, agitation or aggression.4

If an athlete is suspected of sustaining a severe head or spinal injury (“Red Flag”), an ambulance is to be called immediately4.

A player may also report symptoms of a concussion to a team mate, official or coach.

When an athlete is suspected of having a concussion, first aid principles still apply, and a systematic approach to assessment of airway, breathing, circulation, disability and exposure applies in all situations. Cervical spine injuries should be suspected if there is any loss of consciousness, neck pain or a mechanism that could lead to spinal injury. Manual in-line stabilisation should be undertaken until a cervical spine injury is ruled out2.

**Remove the player from the game:**

Upon recognising a player is displaying signs and symptoms of a potential concussion, the player in question will be removed from play immediately and referred to a medical practitioner. The player is closely monitored and escorted for referral2.

A player who is removed from an activity because of a suspected concussion must not resume the activity1.

**Refer the player to a qualified doctor for assessment:**

All players with concussion or suspected concussion need a medical assessment by a medical practitioner4.

**Returning to Sport/Play:**

A player is to provide JCUSA with a completed Form 403 JCUSA Sport Medical Clearance Form by uploading it on the JCUSA Sport website page in order for them to be considered eligible to return to participate in sport.

Regardless of age, all players cannot return to play for at least 19 days3 after all symptoms and signs have disappeared and they submit a completed Form 403 JCUSA Sport Medical Clearance Form.

Any player who displays new symptoms following a head injury:

1. will be immediately removed from the game;
2. will not return to playing that game; and
3. has to be assessed by a medical practitioner in order to return to play.

**Complex Concussion Scenarios:**

Players must see an independent medical doctor experienced in sports concussion management to follow an individualised management plan if they have:

* more than 2 concussions in 12 months;
* multiple concussions over their playing career;
* concussions occurring with less collision force; and
* concussion symptoms lasting longer than expected i.e. a few days3.

 **Concussion Management Summary Flowchart**6

**Player with suspected concussion**

**On field/court signs of concussion:**

Loss of consciousness

Lying motionless, slow to get up

Seizure/fit

Confusion/disorientation

Memory impaired

Balance/coordination

Nausea or vomiting

Headache or pressure in the head

Visual or hearing disturbance

Dazed/blank/vacant stare

Behavioral or emotional changes

Immediate and permanent removal from sport.

Take normal first aid precautions including neck protection.

**Red Flags:**

Neck pain

Increasing confusion, agitation or irritability

Repeated vomiting

Seizure or convulsion

Weakness or tingling/burning in the arms or legs

Deteriorating conscious states

Severe or increasing headache

Unusual behavioural change

Visual or hearing disturbance

**No**

**Yes**

Refer to medical practitioner as soon as possible

Immediate referral to emergency department

**Related Legislation and Documents**

POL003 WHS Policy

PRO056 Concussion Management Procedure

Form 040 Accident, Incident & Injury Report

Form 056 Injury Report Form - Sport and Rec Only

Form 403 JCUSA Sport Medical Clearance Form

Sporting Codes Concussion Guidelines:

Australian Football League

AFL Concussion Guidelines for Australian Football

<https://www.afl.com.au/clubhelp/policies/health-and-safety/concussion-management>

The Management of Sport-Related Concussion in Australian Football

With Specific Provisions for Children and Adolescents (Aged 5-17 Years), April 2021

<https://resources.afl.com.au/afl/document/2021/04/26/9a186f44-ad48-4fab-b6ab-e4be45a578d7/Management-of-Sport-Related-Concussion-in-Australian-Football-25-April-2021-FINAL.pdf?_ga=2.57774829.679351500.1654749949-2067207158.1654749949>

Basketball Australia

<https://australia.basketball/wp-content/uploads/2018/09/BA-Concussion-Guidelines-Harcourt-FINAL.pdf>

Cricket Australia

<https://www.cricketaustralia.com.au/cricket/rules-and-regulations>

Football Federation Australia

FFA Concussion Guidelines

[https://www.footballaustralia.com.au/sites/ffa/files/2018-01/18-0102%20FFA%20Concussion%20Guidelines%20(final).pdf](https://www.footballaustralia.com.au/sites/ffa/files/2018-01/18-0102%20FFA%20Concussion%20Guidelines%20%28final%29.pdf)

National Rugby League

Guidelines for the Management of Concussion in Rugby League

<https://playnrl.com/media/2604/the-management-of-concussion-in-rugby-league-final.pdf>

Netball Australia

Policy and Position Statement on Concussion in Netball

<https://netball.com.au/sites/default/files/2021-09/HP005Concussion%20PolicyPositionStatementandGuidelinesSept2021.pdf>

Rugby Australia

Concussion Management

<http://www.rugbyau.com/about/codes-and-policies/safety-and-welfare/concussion-management>

Touch Football Australia

Concussion Policy

<https://touchfootball.com.au/media/11311/tfa_concussion-policy-july-2021_2.pdf>

**References**

1. Australian Government, Sport Australia, Concussion in Sport, Concussion in Sport Australia: Position Statement, February 2019, retrieved from <https://www.concussioninsport.gov.au/__data/assets/pdf_file/0005/683501/February_2019_-_Concussion_Position_Statement_AC.pdf> on 019/06/2022
2. Sports Medicine Australia, Concussion, retrieved from <https://sma.org.au/resources-advice/concussion/> on 09/06/2022.
3. Rugby Australia, Concussion Procedure (Rugby Public – Standard Care Pathway), retrieved from <https://d26phqdbpt0w91.cloudfront.net/NonVideo/1ec5a184-03eb-4dc2-83d7-1b44e698cb6f.pdf> on 9/06/2022
4. Concussion in Sport Policy, Sports Medicine Australia, V1.0, dated January 2018, retrieved from <https://sma.org.au/sma-site-content/uploads/2018/03/Concussion-Policy-2018.pdf> on 9/06/2022.
5. Queensland Health, Emergency Department Fact Sheets, Minor Head Injury, retrieved from [https://www.health.qld.gov.au/\_\_data/assets/pdf\_file/0032/436874/ed-minor\_head\_injury.pdf](https://www.health.qld.gov.au/__data/assets/pdf_file/0032/436874/ed-minor_head_injury.pdf%20) on 09/06/2022.
6. Ruby Australia, Concussion Management, Flow Chart sourced from [https://d26phqdbpt0w91.cloudfront.net/NonVideo/0f28275d-cc81-4dfe-f1ca-08d94d8a2c86.pdf on 09/06/2022](https://d26phqdbpt0w91.cloudfront.net/NonVideo/0f28275d-cc81-4dfe-f1ca-08d94d8a2c86.pdf%20on%2009/06/2022).
7. World Rugby, Concussion Guidance, retrieved from <https://www.world.rugby/the-game/player-welfare/medical/concussion/concussion-guidelines> on 10/06/2022.

**Administration**

Note: Printed copies of this policy are uncontrolled and currency can only be assumed at the time of printing.

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| Approval Authority | JCUSA Council |
| Version Number: | V1.0 |
| Date for next review: | 1/8/2023 |
| Revision History | Located in the Document Record Management System |