



Concussion Guidelines

Concussion is a brain injury caused by a knock or blow, hard enough anywhere to the head or body, where the force is transmitted to the head. It can also be caused by a fall. This causes a temporary neurological impairment, where symptoms may evolve hours or even days in some cases after the incident. While all concussions should be assessed by a doctor, most will resolve themselves without the need for any specific treatment outside of rest, followed by a gradual return to activities. All concussions should be taken seriously!

Recognising concussion can be difficult. It is therefore important to know when to suspect a concussion, because appropriate response and management can help prevent further injury or even death in extreme cases. There are several possible symptoms and signs, but they can be subtle and are not only specific to concussion. Not only hard knocks or blows are required, but concussion can also occur from a relatively minor knock and should always be given consideration if any of the following visual clues become obvious:

Visible Clues of a Suspected Concussion

- **Loss of consciousness or responsiveness**
- **Lying motionless on the playing surface**
- **Falling unprotected to the playing surface**
- **Disorientation or Confusion**
- **Staring or limited responsiveness with an inability to respond appropriately to questions**
- **Dazed, Blank or Vacant look**
- **Seizure, Fits or convulsions**
- **Slow to get up after a direct or indirect hit to the head**
- **Unsteady on feet / balance problems or falling over / poor coordination / wobbly**
- **Facial Injury**

Loss of consciousness, lying motionless, seizures or balance difficulties are all clear signs that a player has sustained a significant injury. Urgent medical support is critical in these circumstances. If any of the above symptoms are observed, then the player should be removed from the field of play where they can be observed further for any other symptoms. When removed from the field of play, further questioning like:

- Where are we today?
- What team are we playing?
- Who scored the last goal in the game?
- What team did we play last week?
- Did you win your last game, last week?

These questions along with the below observations are all good indicators as to whether a player has suffered a concussion injury.

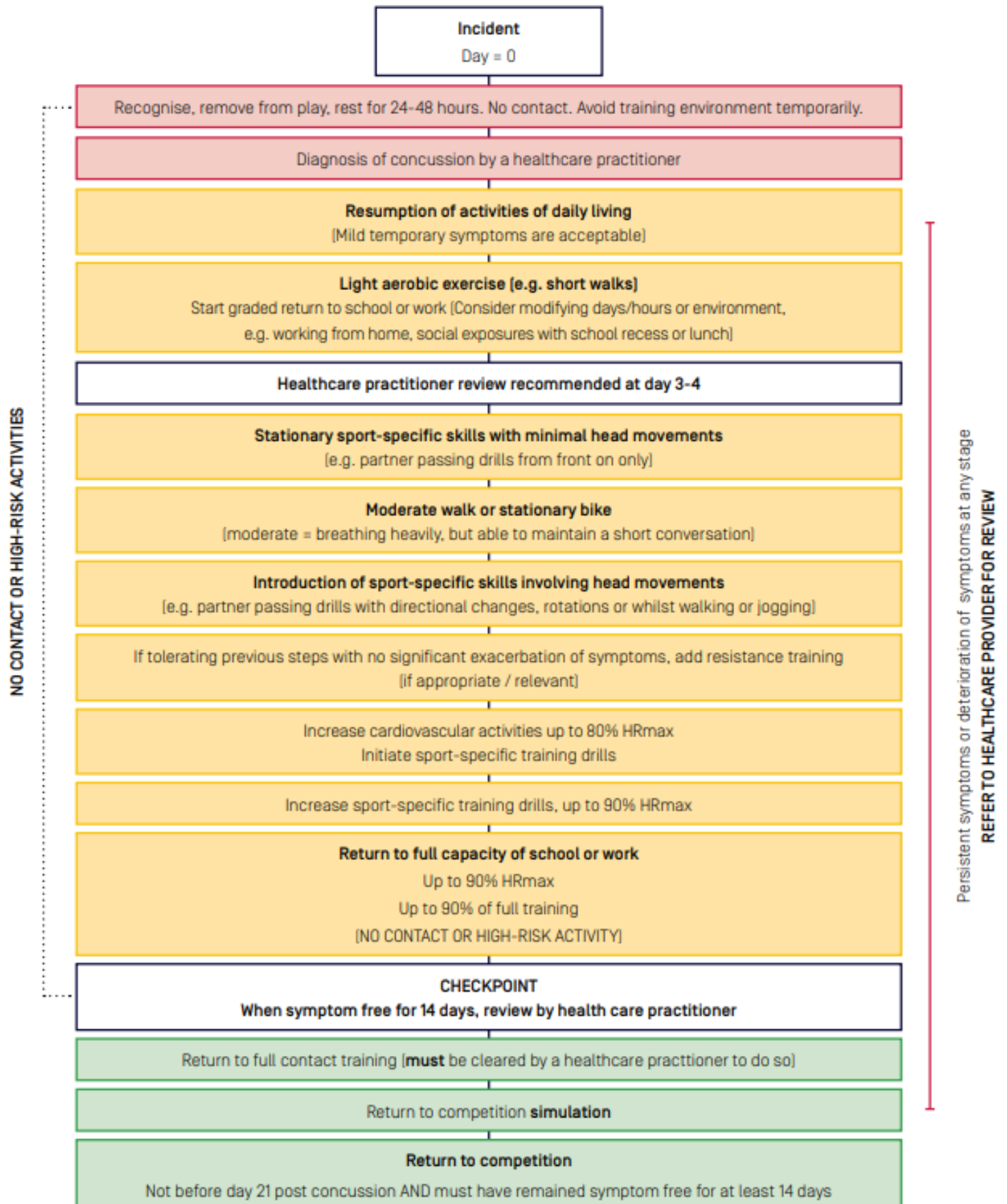
Critical symptoms/signs	Obvious symptoms/signs	Subtle symptoms/signs
<ul style="list-style-type: none"> → Neck Pain → Increasing Confusion, Agitation, or Irritability → Repeated Vomiting → Seizure or Convulsion → Weakness or Tingling/Burning in the Arms or Legs → Deteriorating Conscious State → Severe or Increasing Headache → Unusual Behavioural Change → Double Vision 	<ul style="list-style-type: none"> → Loss of Consciousness → No Protective Action in Fall to Ground Directly Observed or on Video → Seizure or Jerky Movements after a knock → Confusion, Disorientation → Memory Impairment → Unsteady on Feet or Balance Problems → Player Reports Significant, New or Progressive Concussion Symptoms → Dazed or Looking Blank/Vacant → Changed Behaviour – may be more Irritable, Agitated, Anxious or Emotional than normal 	<ul style="list-style-type: none"> → Headache → 'Pressure in the Head' → Neck Pain → Nausea or Vomiting → Dizziness → Blurred Vision → Balance Problems → Sensitivity to Light → Sensitivity to Noise → Feeling Slowed Down → Feeling like 'In a Fog' → Don't Feel Right → Difficulty Concentrating → Difficulty Remembering → Fatigue or Low Energy → Confusion → Drowsiness → More Emotional → Irritability → Sadness → Nervous or Anxious → Trouble Falling Asleep

ANY PLAYER with a suspected concussion should be – IMMEDIATELY REMOVED FROM PRACTICE OR PLAY and should NOT RETURN TO ANY ACTIVITY WITH RISK OF HEAD CONTACT, FALL OR COLLISION, including SPORT ACTIVITY until ASSESSED MEDICALLY, even if the symptoms resolve.

If a player is suspected of a concussion incident, normal First Aid principles should always apply. Neck injuries should be suspected if there is any loss of consciousness, neck pain or a mechanism that could lead to spinal injury. A player in this type of situation should not be moved without guidance from appropriately trained individuals. The Player should not be left alone (at least for the first 3hrs). Worsening symptoms should lead to immediate medical attention. The Player should not be sent home alone, they need to be with a responsible adult who is aware of the situation.

IF IN DOUBT, SIT THEM OUT!

Graded Return to sport framework for community and Junior's sport:



Examples of return to sport timeframes:

Note:

- > Day of concussive incident is considered 'Day 0'
- > Examples below assume a sport where competition occurs weekly on a Saturday
- > The 14 day symptom free period does not start until the first day that the athlete is symptom free

Key:

Incident
Symptomatic
Symptom-free
Contact training
Full competition

Athlete symptom-free on day 3 [Tuesday of the 1st week]				
Saturday	5. Saturday	12. Saturday	Saturday	Saturday
Sunday	6. Sunday	13. Sunday	Sunday	Sunday
Monday	7. Monday	14. Monday	Monday	Monday
1. Tuesday	8. Tuesday	Tuesday	Tuesday	Tuesday
2. Wednesday	9. Wednesday	Wednesday	Wednesday	Wednesday
3. Thursday	10. Thursday	Thursday	Thursday	Thursday
4. Friday	11. Friday	Friday	Friday	Friday

Athlete symptom-free on day 7 [Saturday of second week]				
Saturday	1. Saturday	8. Saturday	Saturday	Saturday
Sunday	2. Sunday	9. Sunday	Sunday	Sunday
Monday	3. Monday	10. Monday	Monday	Monday
Tuesday	4. Tuesday	11. Tuesday	Tuesday	Tuesday
Wednesday	5. Wednesday	12. Wednesday	Wednesday	Wednesday
Thursday	6. Thursday	13. Thursday	Thursday	Thursday
Friday	7. Friday	14. Friday	Friday	Friday