



HUNTER VALLEY
FOOTBALL



REGULATION H: 3.11 Head Injury and Concussion Policy

Summary

This Policy provide information about:

- **Regulation H – 3.11 Head Injury and Concussion Policy**

that the Joint Zone Associations Competitions will operate under.

The Regulations, Procedures and Policies in conjunction with the Constitution and By-Laws of the Zone Association shall, with the approval of NSW Football and duly Registered with FA, apply from the date of approval and shall take precedence over any previous Regulations of the Zone Association.

Issued by the Joint Board of Directors of Macquarie Football, Newcastle Football, and Hunter Valley Football.

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POLICY ON HEAD INJURY AND CONCUSSION

1 APPLICATION AND SCOPE

This document has been produced by Macquarie Football Limited on behalf of the Joint local Zones – Hunter Valley Football, Macquarie Football and Newcastle Football.

This document sets out guidelines and policy with respect to management of head clashes which may involve the concussion of Players.

A variety of expert sources has been used to develop the document; these include FIFA Medical Assessment and Research F-MARC, AFL Medical Officers' Association, Sports Medicine Australia, and the Consensus Statement on Concussion which was issued following the 5th International Conference on Concussion in Sport held in Berlin in October 2016.

This statement was produced in conjunction with Fédération Internationale de Football Association (FIFA) and has also been adopted by FIFA.

The guidelines should be followed at all times both at training and playing the game. Decisions regarding return to playing and training after concussive injuries should be made only by a medical practitioner with experience in concussive injuries.

These guidelines are of a general nature only – individual treatment will depend on the unique facts and circumstances specific to each individual case.

These guidelines are not intended as a standard of care and should not be interpreted as such.

All players with a suspected concussion must seek an urgent medical assessment with a registered medical practitioner.

This Policy and Guidelines do not replace the need to seek medical assessment and are intended to assist in the management of concussion only.

1.1 This Concussion Policy applies to the following Joint Zones Associations competitions:

- Mini Roos (Ages 5 – 11)
- Junior Age/Grade (Ages 12 – 18)
- Under 25
- All-Age Men
- Over 35's
- Junior Age/Grade (Ages 12 – 18) Female
- Over 30's Women
- Zone Football League

1.2 The purpose of this Concussion Policy is to:

- a. provide guiding principles and general advice regarding the management of concussion in the Competitions; and
- b. mandate the process by which a Player may continue to play in a Match or return to play, following involvement in an incident which requires assessment as to whether a suspected concussion has occurred.

- 1.3 With respect to assessment of concussion, sections 2 to 7 of this Concussion Policy are of a general nature only.
- Individual treatment will depend on the facts and circumstances specific to each individual case.
- This Concussion Policy is not intended as a standard of care and should not be interpreted as such.
- 1.4 This document (policy and guidelines) will be reviewed regularly (every 12 -18 months), where necessary by the Joint Zones Associations and will be modified according to the development of new knowledge.
- 1.5 This Concussion Policy:
- applies to all Clubs, Players and Officials involved in one or more of the Joint Zones Associations Competitions,
 - applies to all Matches,
 - forms part of the Joint Zones Associations Statutes to which all Competition Participants are bound,
 - does not limit or restrict the application of the Statutes of FIFA, Football Australia, NSW Football or Joint Zones Associations and, in particular, the Code of Conduct for conduct or behaviour of a Club, Player or Official,
 - may be supplemented or varied from time to time by the Joint Zones Associations.

2. CONCUSSION POLICY

2.1. What is Concussion?

Sport related concussion (SRC) is a traumatic brain injury induced by biomechanical forces.

The broad term **Traumatic Brain Injury (TBI)** is used to describe any injuries to the brain that are caused by trauma.

Fractures of the skull and bleeding in the brain are the more severe head injuries typically involving structural damage – urgent medical attention is required for structural injuries.

In the broad spectrum of traumatic brain injury, concussion typically falls into the milder end of that spectrum and reflects a disturbance in brain function.

Concussion does not usually involve structural damage or any permanent injury to the brain tissue.

Concussion refers to a disturbance in brain function resulting from trauma to the brain; usually the changes are temporary, and the majority of Players recovers completely if managed correctly.

Trauma to the brain, which can be either direct or indirect (e.g., whiplash injury) is the major cause of concussion.

When the forces transmitted to the brain are sufficiently high, they can “stun” the nerves and affect the ways in which the nerves function.

Several common features that may be utilised in clinically defining the nature of a concussive head injury include:

- a. SRC may be caused either by a direct blow to the head, face, neck or elsewhere on the body with an impulsive force transmitted to the head,
- b. SRC typically results in the rapid onset of short-lived impairment of neurological function that resolves spontaneously.

However, in some cases, signs and symptoms evolve over a number of minutes to hours,

- c. SRC may result in neuropathological changes, but the acute clinical signs and symptoms largely reflect a functional disturbance rather than a structural injury and, as such, no abnormality is seen on standard structural neuroimaging studies; and
- d. SRC results in a range of clinical signs and symptoms that may or may not involve loss of consciousness.

A conscious Player may still have a concussion.

Of the cases of concussion that occur in Football, the loss of consciousness is seen in only 10 – 20% of such cases.

The majority (80 – 90%) of concussions resolve themselves in a short (7 – 10 day) period, although the recovery period may be longer in children and adolescents.

Resolution of the clinical and cognitive features typically follows a sequential course.

However, in some cases symptoms may be prolonged.

2.2. Signs of Concussion

The area of the brain that is affected by the external forces results in a range of symptoms and signs.

As concussion is often an evolving injury, and signs and symptoms may be delayed, erring on the side of caution (i.e., keeping the player out of participation when there is any suspicion of injury) is important.

Immediate visual indicators of concussion include:

- Loss of consciousness or responsiveness,
- Lying motionless on the ground/slow to get up,
- A dazed, blank, or vacant expression,
- Appearing unsteady on feet, balance problems or falling over
- Grabbing or clutching of the head
- Impact seizure or convulsion

Concussion can include one or more of the following symptoms:

- Somatic: Headache, dizziness, “feeling in a fog”, blurred vision, nausea, balance problems, fatigue and feeling ‘not quite right’.
- Behavioural changes: Inappropriate emotions, confusion, irritability, feeling nervous or anxious.
- Cognitive impairment: Slowed reaction times, reduced ability to think clearly and process information, confusion/disorientation - not aware of location or score,

poor attention and concentration, loss of memory for events up to and/or after the concussion.

If symptoms or signs in any one or more of the clinical domains are present, an SRC should be suspected, and the appropriate management strategy instituted.

The Pocket Concussion Recognition Tool may be used to help identify a suspected concussion (see 'Resources' at the end).

3. PRACTICES TO PREVENT, RECOGNISE AND MANAGE CONCUSSION

Zone Football Clubs are encouraged and urged to adopt the following practices to prevent, recognize and manage concussion under their 'Duty of Care' umbrella.

- This complete document (policy and guidelines) is to be distributed to all current and new Zone Member Clubs through access to individual Zone Association website, under Joint Zones Associations - Rules and Regulations or by Member Club request for a hard copy of the Head Injuries and Concussion Policy.
- All Club members – Committee members, Coaches, Managers, Team Officials, Players, Parents, Caregivers, Guardians, Volunteers – will be directed to the document (policy and guidelines) on the Zone Association website or issued with a hard copy if requested.
- Zone Member Club personnel may be given the opportunity to attend approved training and accredited courses in concussion management when available.
- Zone Member Clubs will ensure that first aid equipment/kit will be made accessible and available at all training sessions and on match days.
- A Pocket Concussion Recognition Tool can be accessed as a download by all Club Coaches, Managers and Team Officials on the Zone Association website under Rules and Regulations – Regulation H and should be included in all Club first aid kits.
- Contact details for the local Hospital Emergency Departments and Ambulance Services should be provided to all Club Coaches, Managers and Team and Club Officials involved in the match day and training session to ensure a duty of care of Players – this is also to be kept with the Pocket Concussion Recognition Tool.
- Zone Member Clubs are required to utilize all available Concussion Management Resources including display of the Concussion Poster and the Guidelines for Parents, Guardians, Caregivers and Players.
- Each Player assessed to have a concussion by a registered medical practitioner must present a Medical Release (return to play clearance) Form to a Club nominated official (Secretary, Coaching Coordinator, Team Coach or Manager, etc) before the Player is permitted to resume playing/training

4. MANAGEMENT OF CONCUSSION AT ZONE CLUB LEVEL

This information is for Zone Member Club Coaches, Managers, Team Officials, First Aid Providers, Volunteers, Parents, Guardians and Caregivers.

- a. For any non-medical personnel, the management of a head injury may be rather difficult.

Especially in the early phases of the head injury, it is often not clear whether you are dealing with concussion or a more severe structural head injury.

It is therefore essential that URGENT medical assessment of all players with concussion or suspected of having concussion is obtained.

- b. In the period following a concussion, a Player ***should not*** be allowed to return to train or play until he/she has had a formal medical clearance from a medical practitioner.
- c. How common is the incidence of concussion in Football?
- 2 – 3 Players in a Team will have a concussion at some stage of their playing career.
 - up to 50% of Teammates may have had at least 1 concussion in the past.
 - female Players are twice as likely to suffer a concussion than a male Player.
 - most concussions are not reported
- d. The most important element in the management of concussion ***MUST ALWAYS*** be the welfare of the Player, in both the short and long term.
- e. What are the potential complications from suffering a concussion?

A number of complications can occur following a concussion and include:

- Higher risk of injury or repeated concussion on return to play
- Symptoms may be prolonged (lasting greater than 14 days)
- Symptoms of depression and other psychological problems
- Severe brain swelling (particularly in young Players)
- Long term damage to brain function

Generally speaking, complications are not common.

Allowing a Player to return to training or playing before he/she has fully recovered is thought to increase the risk of complications.

This is the major reason that it is important to recognize concussion, make the diagnosis and keep the Player out of training and playing until the Player has fully recovered and been cleared by a medical practitioner for return.

5. GAME DAY MANAGEMENT OF CONCUSSION

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

- ***Recognise*** the Player's injury.
- ***Removing*** the Player from the training or the game.
- ***Referring*** the Player to a medical practitioner for assessment.
- ***Informing*** the Parents, Guardians and Caregivers of the Player's concussion

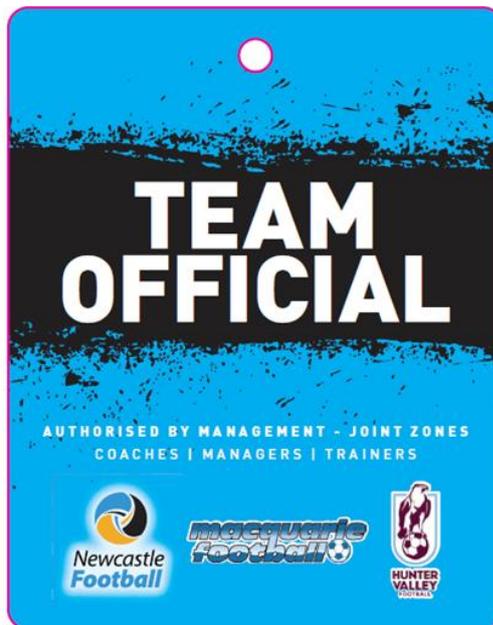
a. Recognising the Injury (Making a Diagnosis of Concussion)

Any one of the following can indicate a possible concussion:

- Loss of consciousness, confusion, and memory disturbance (but the problem with relying on these features to make a diagnosis of concussion is that they are not present in every case)
- Dazed, blank, or vacant look

- Headache, blurred vision, dizziness
- Balance problems (unsteadiness)
- Lying motionless on the ground / slow to get up
- Grabbing or clutching head
- Tools such as the Pocket Sports Concussion Assessment Tool (Pocket SCAT2) can be used to help make the diagnosis of concussion

It is important to note that brief sideline evaluation tools (such as the Pocket SCAT2 and Team Official TAG Questions) which appears on the back of the TEAM OFFICIAL tag, are designed to help make a quick assessment of possible concussion – **they are not meant to replace** a more comprehensive medical assessment and should never be used as a standalone tool for the management of concussion.



b. Removing a Player from Training or the Game

A Player suspected of having a concussion must be removed from the activity.

- Initial management must adhere to first aid rules, including airway, breathing, circulation, and spinal immobilization
- Any player with a suspected concussion must be removed from the training or game
- Removing the Player from training or game will allow, by providing the time and space, the opportunity for a first aid provider to properly assess the Player
- Any Player who has suffered a concussion **must NOT** be allowed to return to training or playing in the same game
- It is important not to be influenced by the Player, Club Officials, Coaches, Managers, Team Officials, Parents, Guardians, Caregivers, or any others suggesting that they return to play.

If there is any doubt, sit them out!

- Players with a suspected concussion **should NOT** be left alone and **must NOT** drive a motor vehicle
- With unconscious Players, the Player must only be moved (onto the stretcher) by qualified health professionals, trained in immobilization techniques.

If no qualified health professional is on site, then **do NOT move** the Player – call and await the arrival of the ambulance.

c. Referring a Player to a Medical Practitioner for Assessment

Any Player suspected of having a concussion needs urgent medical assessment.

- **ALL Players** with a suspected concussion or a concussion need to have an urgent medical assessment (by a registered medical practitioner)
- Player's Parents, Guardians or Caregivers need to be notified immediately of suspected concussion so that they are able to take the player for a medical assessment.
- This assessment should be provided by a medical practitioner present at the venue, local general practice, or hospital emergency department.
- It is useful for the Club to have on display a contact for the hospital emergency departments in close proximity to the venue at which the activity (training or game) is taking place.
- Urgent hospital referral is required if there is any concern regarding the risk of a structural head or neck injury
- Urgent transfer to hospital is required if the Player displays any of the following symptoms - loss of consciousness or seizures
- confusion
- deterioration following his/her injury (e.g., vomiting, increased headaches, or drowsiness)
- neck pain or spinal cord symptoms (e.g., numbness, tingling or weakness)

Overall, if there is any doubt about a Player's condition, the Player's Parents, Caregivers or Guardians should be notified to inform them they should ensure the player is referred to a hospital.

6. FOLLOW-UP MANGEMENT OF CONCUSSION

Any concussed Player **must not be allowed** to return to training or playing in a game situation, before receiving a medical clearance.

a. REST

Rest is very important after a concussion because it helps the brain to heal.

Concussion affects people differently – whilst most Players with a concussion recover quickly and fully, some will have symptoms that last for days or even weeks.

A more serious concussion can last for months or longer.

It is important that Players do not ignore their symptoms and in general a more conservative approach be used in cases where there is any uncertainty.

b. RETURN

A concussed Player must not be allowed to return to training a minimum of 14 days or playing before 21 days and having a medical clearance to do so.

In every case, the decision regarding the timing of return to training or play 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 complication.

Players should be returned to sport in a graduated manner that should be supervised by their medical practitioners.

If a Player becomes symptomatic at any stage, he/she should drop back to the previous symptom free level and try to progress again after 24 hours.

If a Player continues to be symptomatic for more than 10 days, he/she should be reviewed again by the medical practitioner.

7. CONCUSSION OFFICER

Australian Sports Commission (AIS) have put forward a new Community Concussion Guidelines (as at 1-02-2024), calling for players to rest for 14 days before returning to training then return to competitive sport a week later, that is to be out of the game for at least 3 weeks with a medical clearance needed before return.

Club need to have a club person/member of their committee as a Concussion Officer to oversee the management of concussion.

A 'concussion officer' is a single point of contact and manages the coordination of matters related to concussion.

A 'concussion officer' will coordinate the collection of Concussion Return to Play Declaration and forwarded them to Member Club's Secretary to forward them to Zone Administration.

A 'concussion officer' is not a concussion expert and is not expected to diagnose concussion.

The 'concussion officer' role is to ensure that anyone diagnosed with concussion follows the organisation's agreed concussion protocol.

Their job is to be the recipient of information in relation to concussion and to ensure that the concussion protocol is enacted.

8. TOOLS TO AID RECOGNITION OF CONCUSSION

The following two simple tools may be useful in assisting with the possible identification of a concussion – but bear in mind that *medical assessment is the only certain way to do this*.

a. DO YOU HAVE CONCUSSION?

Ask the following 5 questions – a non-concussed person should be able to answer all 5 questions correctly; a concussed person will have difficulty.

- Which ground are you at today?
- Are you in a game or training right now?
- Who is with you right now?
- Who did you play in your last game?
- Did you win your last game?

This is a very simple, basic tool that can be used for “first-off” identification of concussion, but bear in mind that it can be inconclusive.

b. Pocket SCAT2 (Sport Concussion Assessment Tool 2)

Concussion should be suspected in the presence of any one or more of the following symptoms (such as headache), or physical signs (such as unsteadiness), or impaired brain function (e.g., confusion) or abnormal behaviour.

Here is a link to the Pocket [SCAT2](#) which can be used to produce an assessment tool.

I. SYMPTOMS

The presence of any or all of the following signs and symptoms may suggest a player maybe suffering from a concussion.

- | | |
|-------------------------|----------------------------|
| # Loss of consciousness | # Feeling “slowed down” |
| # Seizure or convulsion | # Feeling like “in a fog” |
| # Amnesia; | # Don’t feel right |
| # Headache | # Difficulty concentrating |
| # “Pressure in head” | # Difficulty remembering |
| # Neck Pain | # Fatigue or low energy |
| # Nausea or Vomiting | # Confusion |
| # Dizziness | # Drowsiness |
| # Blurred Vision | # More emotional |
| # Balance Problems | # Irritability |
| # Sensitivity to Light | # Sadness |
| # Sensitivity to Noise | # Nervous or anxious |

II. MEMORY FUNCTION

Failure to answer all questions correctly may suggest a concussion.

These set of questions appear on the back of the “**TEAM OFFICIAL**” Tag, to assist with a rapid assessment of a player on field or in the technical area.

- “What ground 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?”

III. BALANCE TESTING

Instructions for tandem stance:

“Now stand heel-to-toe with your non-dominant foot in back.

Your weight should be evenly distributed across both feet.

You should try to maintain stability for 20 seconds with your hands on your hips and your eyes closed.

I will be counting the number of times you move out of this position.

If you stumble out of this position, open your eyes, and return to the start position and continue balancing.

I will start timing when you are set and have closed your eyes.”

Observation of Player:

Observe the Player for 20 seconds.

If he/she makes more than 5 errors (such as lift hands off hips; open eyes; lift forefoot or heel; step, stumble; or fall; or remain out of the start position for more than 5 seconds) then this may suggest a concussion.

Any Player with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY OR TRAINING, urgently assessed medically, should not be left alone, and should not drive a motor vehicle.

RESOURCES:

Australian Institute of Sport – [Concussion Resources for Community Sport](#)

Sports Medicine Australia – [Concussion Resources](#)

Pocket Concussion Recognition Tool,

found here: <http://bjism.bmj.com/content/47/5/267.full.pdf>

SCAT 3 – Sport Concussion Assessment Tool – 3rd Edition,

found here: <http://bjism.bmj.com/content/47/5/259.full.pdf>

Child-SCAT3- Sport Concussion Assessment Tool (for children ages 5-12 years),

found here: <http://bjism.bmj.com/content/47/5/263.full.pdf>

AIS/AMA position statement on concussion in sport,

found here: <http://concussioninsport.gov.au/>

Pocket SCAT2,

found here: https://bjism.bmj.com/content/bjsports/43/Suppl_1/i89.full.pdf

Football Australia Concussion Policy,

found here: [FFA Concussion Policy \(playfootball.com.au\)](https://www.playfootball.com.au/ffa-concussion-policy)

APPENDIX 1:

CONCUSSION RECOGNITION AND MANAGEMENT GUIDELINES - FOR PARENTS, GUARDIANS or CAREGIVERS -

Concussion is a mild brain injury, caused by trauma that results in temporary dysfunction of the brain.

When it occurs, a child may experience symptoms and temporary loss of brain skills such as memory and thinking abilities.

It is important for parents of young Players to be aware of possible signs of concussion which are often quite subtle.

The trauma causing concussion can sometimes be obvious but at other times may be very subtle and hardly noticed.

If there are some symptoms or signs of concussion, ask your child or an adult who was present whether they were unconscious, dazed or confused at the time of the incident.

If a child with concussion returns to sport whilst still symptomatic, there is increased risk of further injury to the child.

Therefore, no Player who has concussion, or suspected of having concussion, should return to his/her football activities (training or playing) until cleared by a medical practitioner.

Some of the possible common symptoms of concussion that may be observed by Parents, Guardians or Caregivers in their child:

- Headache
- Dizziness
- Memory Loss
- Nausea/vomiting
- Blurred vision
- Fatigue (wanting to go to sleep)
- Feeling like 'being in a fog'

Some of the other signs of concussion that you may observe:

- Slow to get up
- Dazed or vacant look
- Clutching / holding head
- Confusion
- Balance problems
- Irritability

If you observe any of these symptoms or signs, see a medical practitioner as soon as possible.

If you observe deterioration in these symptoms or signs in your child, take them immediately to the Emergency department at your nearest hospital.

PROGRESSION AND MANAGEMENT

As a temporary brain dysfunction, concussion will resolve with time.

This may vary from an hour or so to several days.

Occasionally the brain will recover even more slowly.

The best treatment is physical and cognitive rest (i.e., no school, TV, computer Games, mobile phone, etc.).

The child must be seen by a medical practitioner who will monitor the symptoms, signs, and brain functioning.

The medical practitioner will determine when the child may return to school.

The child ***must not return to sport*** until after a successful return to school.

The medical practitioner ***must clear the child*** to return to sporting activity and this will usually involve a stepped approach with gradual increase in activities over a few days.

The medical practitioner may arrange a specialist medical practitioner opinion (if the concussion is slow to resolve) or cognitive testing (brain functioning).

If at any stage you observe the signs or symptoms are worsening, seek urgent medical help.

KEY MESSAGES TO PARENTS, GUARDIANS OR CAREGIVERS

- * Concussion is a temporary dysfunction of the brain following trauma
- * Suspect concussion if your child is irritable, complains of a headache, is sick, extensively fatigued or just not himself/herself
- * Seek medical attention – urgently if the symptoms/signs worsen
- * Rest is the best treatment followed by a return to school before gradual return to physical activity.

APPENDIX 2:

CONCUSSION RECOGNITION AND MANAGEMENT GUIDELINES - FOR PLAYERS AND PARTNERS -

Concussion is a mild brain injury, caused by trauma that results in temporary dysfunction of the brain.

When it occurs, a Player may experience symptoms and temporary loss of brain skills such as memory and thinking abilities.

It is important for Players/partners to be aware of possible signs of concussion which are often subtle.

If there are some symptoms or signs of concussion, ask team-mates, coaches or others present whether they observed the Player to be unconscious, dazed or confused at the time of the incident.

If a Player with concussion returns to the sport whilst still symptomatic, there is increased risk of further injury.

Therefore, **no Player** who has concussion, or suspected of having concussion, should return to his/her football activities (training or playing) until cleared by a medical practitioner.

Some of the possible common symptoms of concussion that may be observed:

- Headache
- Dizziness
- Memory Loss
- Nausea/vomiting
- Blurred vision
- Fatigue (wanting to go to sleep)
- Feeling like 'being in a fog'

Some of the other signs of concussion that you may observe:

- Slow to get up
- Dazed or vacant look
- Clutching / holding head
- Confusion
- Balance problems
- Irritability

You might think that you are just not feeling your usual self!

Think concussion!

- **If you observe any of these symptoms or signs, see a medical practitioner as soon as possible.**
- **If you observe deterioration in these symptoms or signs, go immediately to the Emergency Department at your nearest Hospital.**

PROGRESSION AND MANAGEMENT

As temporary brain dysfunction, concussion will resolve with time.

This may vary from an hour to several days.

Occasionally the brain will recover even more slowly.

The best treatment is rest from physical activity and work/study.

The Player should be seen by a medical practitioner who will monitor the symptoms, signs, and brain functioning.

The medical practitioner must clear the Player to return to sporting activity and this will usually involve a stepped approach with gradual increase in activities over a few days.

If at any stage the symptoms or signs are worsening, seek urgent medical attention.

OTHER IMPORTANT POINTS:-

- * Do not drive until medically cleared
- * No alcohol
- * No prescription or non-prescription drugs without medical supervision
Specifically:
 - no sleeping tablets
 - no sedating pain killers
 - no anti-inflammatory drugs
 - no aspirin

KEY MESSAGES

- **Concussion is a temporary dysfunction of the brain following trauma**
- **Suspect concussion if you are irritable, sick, extensively fatigued (want to go to sleep), have a headache or just not feeling your usual self.**
- **Seek medical attention.**
- **Rest is the best treatment, followed by a gradual return to physical activity and work / study.**

APPENDIX 3:

GRADUAL RETURN TO PLAY PROGRAM FOLLOWING CONCUSSION

The following program represents the sequence that should be followed by any Player who suffers a concussion. (Football Australia 2018 Concussion Policy)

For each of the 6 Stages/Levels of Rehabilitation the Activity Level, the Functional Exercise and the Objective of the Stage is outlined to assist Players in staging their return to play after concussion.

Rehabilitation Level	Functional exercise at each stage of rehabilitation	Objective of each stage
Level 1 No activity in 24 hours following the injury where managed by a medical practitioner, otherwise minimum 14 days following the injury	Complete physical and cognitive rest without symptoms. Only proceed to level 2 once ALL symptoms have resolved.	Recovery
Level 2 Light aerobic exercise during 24-hour period	Walking, swimming, or stationary cycling keeping intensity, < 70% maximum predicted heart rate. No resistance training. Symptom free during full 24-hour period.	Increase heart rate
Level 3 Sport-specific exercise during 24-hour period	Running drills. No head impact activities. Symptom free for a full 24- hour period following the commencement of level 3.	Add movement
Level 4 Non-contact training drills during 24-hour period	Progression to more complex training drills, e.g., passing drills. May start progressive resistance training. Symptom free for a full 24-hour period following the commencement of level 4.	Exercise, coordination, and cognitive load
Level 5 Full Contact Practice during 24-hour period	Following medical clearance participate in normal training activities. Symptom free for a full 24- hour period following the commencement of level 5.	Restore confidence and assess functional skills by coaching staff
Level 6 Return to play	Return to play if remain symptom-free a minimum of 24 hours after full contact practice.	Player rehabilitated and recovered

APPENDIX 4:

GRADUAL RETURN TO PLAY PROGRAM FOLLOWING CONCUSSION – CHILDREN AND ADOLESCENTS

Should the child or adolescent (player) experience a recurrence of any concussion symptoms at any level below, unless otherwise advised by the suitably qualified medical professional managing the Graduated Return to Play Program – Children and Adolescents, the athlete must at least return to the immediately preceding level until they are able to complete that level symptom-free.

Rehabilitation Level	Functional exercise at each stage of rehabilitation	Objective of each stage
Level 1 No activity in 24 hours following the injury where managed by a medical practitioner, otherwise minimum 14 days following the injury	Complete physical and cognitive rest without symptoms. Only proceed to level 2 once <u>ALL</u> symptoms have resolved.	Recovery
Level 2 (a) Graduated return to learning activities – must return to school or regular learning environment at least part-time	Typical activities and cognitive work that the player does during the day, such as reading, writing and/or working on a screen, that do not cause the player symptoms. Player may need to commence these activities at home. The player may not progress to commence level 2(b) until the athlete has at least returned to the school or typical learning environment part-time. On returning to school or learning environment part-time, the player may require increased breaks or time to complete tasks.	Gradual return to typical activities and cognitive work
Level 2 (b) Light aerobic exercise during at least 24-hour period symptom-free	Walking, swimming, or stationary cycling keeping intensity, < 70% maximum predicted heart rate. No resistance training. Symptom free during full 24-hour period.	Increase heart rate

Rehabilitation Level	Functional exercise at each stage of rehabilitation	Objective of each stage
<p>Level 3 (a) Continual gradual return to learning activities – return to school full time</p>	<p>Increased learning activities and cognitive work and return to the school or learning environment full-time.</p> <p>Player may require additional breaks or increased time to complete tasks</p> <p>Player must at least have returned to the school or learning environment full-time, manage the increase in learning activities and cognitive work and be symptom-free to commence level 3(b).</p>	<p>Increased learning activities and cognitive work and return to learning environment full-time</p>
<p>Level 3 (b) Sport-specific exercise during at least 24-hour period symptom-free</p>	<p>Running drills.</p> <p>No head impact activities.</p> <p>Symptom free for a full 24- hour period following the commencement of level 3(b)</p>	<p>Add movement</p>
<p>Level 4 (a) Return to school or learning environment full-time and full academic activities symptom-free</p>	<p>Player must be able to tolerate full-time academic activities with no amendments or alterations and catch up on missed work prior to commencing level 4(b).</p>	<p>Return to full learning activities and cognitive load with no amendments or alterations</p>
<p>Level 4 (b) Non-contact training drills during 24-hour period</p>	<p>Progression to more complex training drills, e.g., passing drills.</p> <p>May start progressive resistance training.</p> <p>Symptom free for a full 24-hour period following the commencement of level 4.</p>	<p>Exercise, coordination, and cognitive load</p>
<p>Level 5 Full Contact Practice during 24-hour period</p>	<p>Following medical clearance participate in normal training activities.</p> <p>Symptom free for a full 24- hour period following the commencement of level 5.</p>	<p>Restore confidence and assess functional skills by coaching staff</p>
<p>Level 6 Return to play</p>	<p>Return to play if remain symptom-free a minimum of 24 hours after full contact practice.</p>	<p>Player rehabilitated and recovered</p>

APPENDIX 5:

FLOW CHART FOR CONCUSSION MANAGEMENT GUIDELINES

The simple Flow Chart of the overall management approach needed in regard to possible concussion is summarized below.

These guidelines need to be followed both at training and match day activities.

- 1** Presence of any concussion signs or symptoms (e.g., dazed, stunned, confused, memory problems, balance problems, headache, dizzy, unwell).
GO TO 2
- 2** Remove from training or match Assess using Team Official Tag Questions or Pocket SCAT2.
GO TO 3
- 3** Assessment of Concussion.
YES, GO TO 4a
NO GO TO 4b
- 4a** Presence of any concussion factors that necessitate urgent hospital referral (e.g., confusion, vomiting, worsening headache, loss of consciousness *).
YES, GO TO 5a
NO GO TO 5b
- 4b** Allow Player to return to match or training; monitor and reassess regularly for rest of training/match.
GO TO 5b
- 5a** Call for an ambulance and refer player local hospital Emergency Department.
GO TO 6a
- 5b** Inform Parents, Guardians or Caregivers of Head Clash during Training or match.
NO GO TO 5c
- 5c** Do not allow Player to return to match/training.
Refer to family to a medical practitioner or local hospital Emergency Department.
GO TO 6b
- 6a** Inform Parents, Guardians or Caregivers of Head Clash during Training or match.
Report and record in Club Injury Book
- 6b** Inform Parents, Guardians or Caregivers of Head Clash during Training or match.
Report and record in Club Injury Book

NOTE: * For any Player with loss of consciousness, basic first aid principles should be used (i.e., Airways, Breathing, CPR ...).

Care must always be taken with the Player's neck, which may have also been injured in the collision.

An ambulance should be called, and these Players transported to hospital immediately for further assessment and management.

APPENDIX 6:

CONCUSSION RETURN TO PLAY DECLARATION

Player's Name: **Club:**

Date of Concussion: **Match in which concussed:**

(Age/Grade/Division)

Once a Player has been diagnosed as having suffered concussion, the Player cannot return to play in a competitive match unless and until they have been cleared to play by a Medical Practitioner or nominated delegate.

The decision on whether a Player is fit to return to play in a competitive football match must be made solely by a Medical Practitioner or nominated delegate and in accordance with the Joint Zone Associations Concussion Policy, including by following the Graduated Return To Play Program or Graduated Return To Play Program – Children and Adolescents.

In order for the Player to be able to play in a competitive match under the auspices of the Joint Zone Associations:

1. The Medical Practitioner or nominated delegate must sign this certificate confirming that the Player will be fit to resume playing competitive football on and from the date of the match; and
2. This signed declaration must be received by President/Secretary of the above player's club 48 hours prior to the match.

Medical Practitioner Declaration:

I confirm that:

1. I have assessed the Player's rehabilitation from concussion in accordance with the Joint Concussion Policy.
2. The Player has progressed through the Graduated Return To Play Program or Graduated Return To Play Program – Children and Adolescents.
3. In my medical opinion, the Player will be fit to return to competitive play on:

Medical Practitioner:

Signature: **Date:**

Address:

Phone Number:

Club President/Secretary Declaration:

I confirm that:

1. The Club has complied with the Football Australia Concussion Policy, including the Graduated Return To Play Program or Graduated Return To Play Program – Children and Adolescents.
2. The Club has received medical advice from the Medical Practitioner or nominated delegate in accordance with the Medical Practitioner declaration above.

Club President/Secretary:

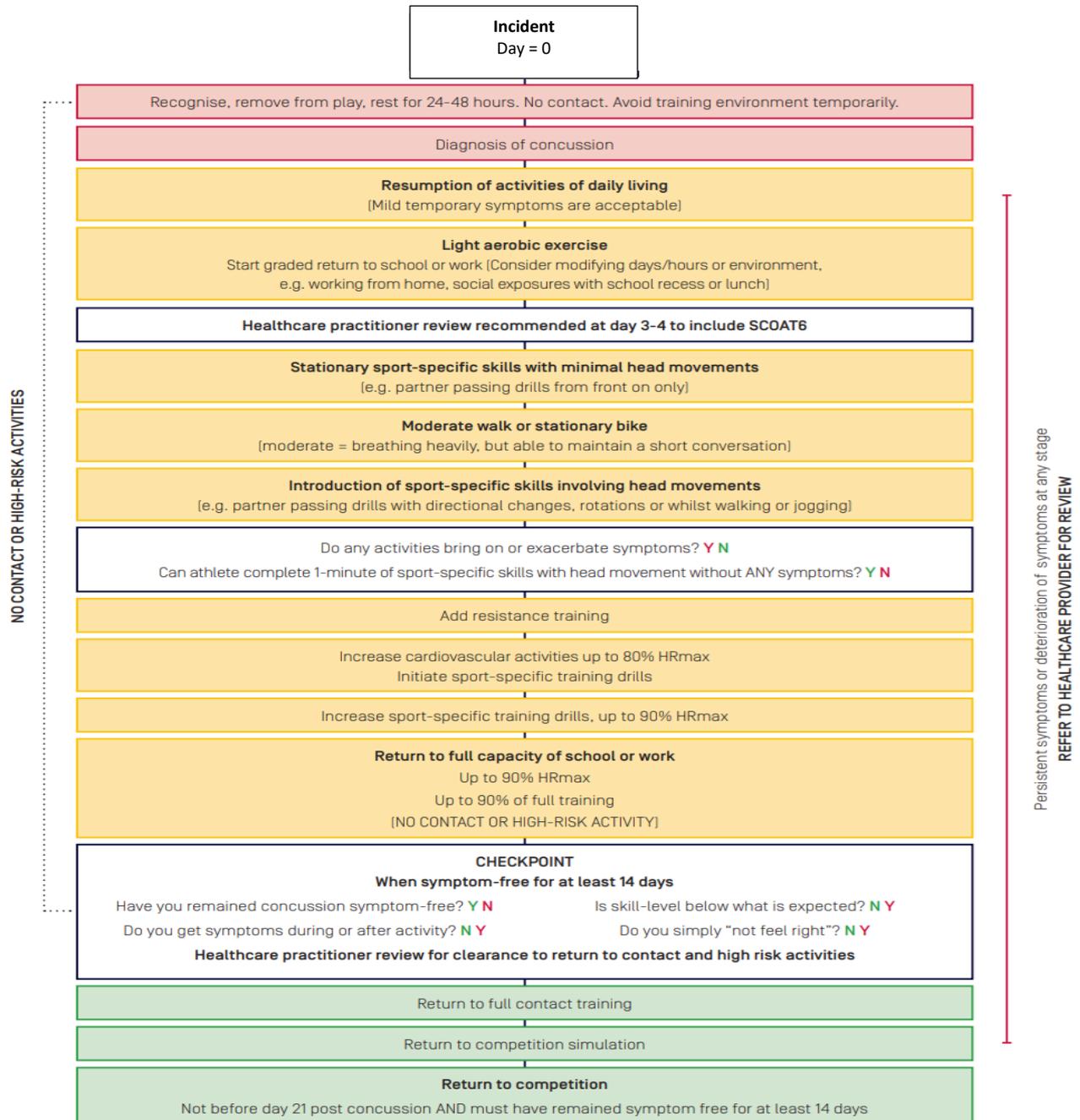
Signature: **Date:**

Please note: This form must be sent by the Club and received by the Zone Association Administration by at least two (2) hours prior to the close of business on the Friday prior to the Player returning to competitive play.

APPENDIX 7: AIS 2024 Recommended Procedures

GRADED RETURN TO SPORT FRAMEWORK FOR COMMUNITY AND YOUTH

Each stage, highlighted in orange or green below, should be at least 24 hours and symptoms should return to baseline prior to commencing the next activity or stage.



Some high-performance athletes may have access to appropriately trained Healthcare Practitioners experienced in multi system concussion rehabilitation. These athletes may be cleared earlier if their sports concussion protocol allows. Refer to the graded return to sport framework for advanced care settings. Note, athletes aged under 19 years should NOT have access to earlier clearance available in advanced care settings.

Approved and Issued: February 2025

Assessment/Review: **January 2026**