SPORTS ASSOCIATION OF CATHOLIC COEDUCATIONAL SECONDARY SCHOOLS
Concussion Guide and Procedures

Preamble

Sports Association of Catholic Co-educational Secondary Schools (SACCSS) has 15 member colleges that are located across the North Western suburbs of Melbourne. The member colleges compete in weekly Home and Away sporting seasons across the year, in both indoor and outdoor sport.

This guide aims to provide recommendations for the safe management of head injuries for its member students when participating in SACCSS sporting events.

Introduction

'In considering the best practice management of sport-related concussion (SRC), the priority remains the short- and long-term welfare of the player.' – AFL Community Concussion Guidelines 2017

In general, children require a different approach from adults because their brains are developing, and they need to continue learning and acquiring knowledge. As such, the priority is not just player welfare and return to sport, but a critical element is return to school and learning.

Student safety and welfare is paramount when dealing with all concussion incidents, both in the short term and long term. Complications can occur if a student continues playing before they have fully recovered from a concussion.

What is concussion?

Concussion is caused by trauma to the brain, which can be either direct or indirect (e.g. whiplash injury). When the forces transmitted to the brain are high enough, they can "stun" the nerves and affect the way in which the brain functions. This results in a range of observable signs (such as lying motionless on the ground, blank or vacant look, balance difficulties or motor incoordination, etc) 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 per cent of cases of concussion. That is, the player does not have to lose consciousness to have a concussion.

The management of sport related concussion in children (aged 5 to 12 years) and adolescents (aged 13 to 18 years) requires unique considerations suitable for the developing child.
Children have physical and developmental differences - less developed neck muscles; increased head to neck ratio; and brain cells and pathways that are still developing.
Children and adolescents may have greater susceptibility to concussion, they may also take longer to recover, and they may be at risk of severe consequences such as second impact syndrome. Managing concussion in children and adolescents therefore requires different standards and a more conservative approach.

Recommendation

It is the recommendation of SACCSS that the following guidelines are followed by the staff/coaches/officials at all SACCSS Events:

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, the most important steps in initial management and beyond include:

Recognise - recognising a suspected concussion

Remove - removing the person from the game or activity

Refer - referring the person (parents/guardian) to a qualified doctor for assessment

Any student who has suffered a concussion or is suspected of having a concussion MUST be medically assessed as soon as possible after the injury and must NOT be allowed to return to play in the same game/practice session.
The following guides are sourced from the AFL Community Concussion Guidelines 2017:

Management of a CONSCIOUS player

Players with suspected concussion should:

- Be immediately removed from participation
- Not be left alone initially (at least for the first 1–2 hours)
- 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
- Be referred for appropriate medical assessment

Recognising a suspected concussion

› Visible clues of 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
- 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
- Facial injury

Management guidelines for suspected concussion

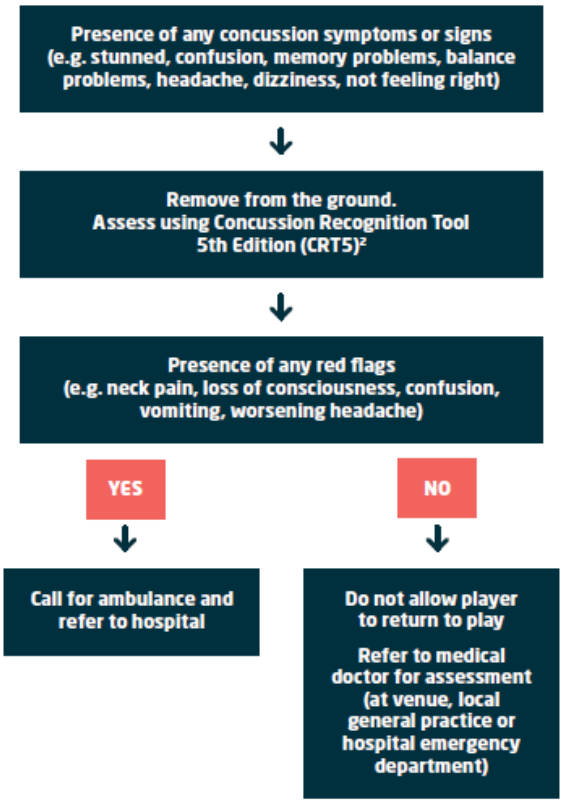

Figure 1. Summary of the management of concussion in Australian Football.

*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.

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

- Headache
- Nausea or feel like vomiting
- Blurred vision
- Balance problems or dizziness
- Feeling "dinged" or "dazed"
- "Don't feel right"
- Sensitivity to light or noise,
- More emotional or irritable than usual
- Sadness, nervous/anxious
- Neck pain
- Feeling slowed down, feeling like in a fog
- Difficulty concentrating or difficulty remembering

Management of an UNCONSCIOUS player and when to 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 (on to 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 referred to hospital.

Follow Up Management

It is the recommendation of SACCSS that any concussed player should not return to school or return to sport before having a medical clearance. Returning to learn and school should take precedence over return to sport.

A 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").

Rest is very important after a concussion because it helps the brain to heal. Most people will recover from a concussion within 10 to 14 days. Children and adolescents often take longer to recover from a concussion than adults, and it is not abnormal for symptoms to last up to 4 weeks for children or adolescents.

For children and adolescents, it is suggested the graduated return to play protocol should be extended such that a child does not return to contact/collision activities less than 14 days from the resolution of all symptoms.

Rest is recommended immediately following a concussion (24–48 hours). Rest means not undertaking any activity that provokes symptoms. However, anyone who has suffered a concussion should be encouraged to become gradually and progressively more active if they do not experience any symptoms.

Return to Play

SPORTS MEDICINE AUSTRALIA

Following 24–48 hours of physical and mental rest

Stage	Activity	Goal of Each Stage
1. Daily activities while remaining symptom-free	Daily activities that do not provoke symptoms	Gradually reintroduce work or school activities.
2. Light aerobic exercise	Walking, swimming or stationary cycling at a slow to medium pace. No strength or weight training	Increase heart rate
3. Sport-specific exercise	Running drills in football or skating drills in ice hockey. No activities with head impact	Add movement
4. Non-contact training drills	Harder training drills, e.g. passing etc. Start progressive strength or weight training.	Exercise, coordination, and mental load
Medical clearance		
5. Full contact training	Normal training activities	Restore confidence and assess skills by coach
6. Return to play	Normal game play	

References and Background Information

The Management of Concussion in Australian Football, with specific provisions for children aged 5-17 years
http://www.aflcommunityclub.com.au/fileadmin/user_upload/Health_Fitness/2017_Community_Concussion_Guidelines.pdf

Concussion in Sport Policy, Issued by Sports Medicine Australia v1.0 January 2018
https://sma.org.au/resources-advice/concussion/

Disclaimer: *These guidelines do not create any binding obligations on the SACCSS. The association has no control over the implementation of these guidelines at Senior Sport and Premier League matches and cannot be held liable where schools or individuals fail to follow any aspect of these guidelines, during participation in school sport, personal sport, or club sport.*

Appendix 1: Child SCAT5 SPORT CONCUSSION ASSESSMENT TOOL

Appendix 2: Concussion Recognition Tool 5 – AFL Community Concussion CRT