



# Concussion Protocol

## The Basin Junior Football Club

### Version 1.0 May 2019



**Disclaimer:** The information in this protocol is general. Reading or using this protocol is not the same as getting medical advice from your doctor or health professional. All reasonable attempts have been made to ensure the information is accurate. However “The Basin Junior Football Club” is not responsible for any loss, injury, claim or damage that may result from using or applying information in this protocol. The information in this protocol should be considered and interpreted in the context of other risk management, insurance, governance and compliance framework and obligations relevant to sporting organisations. Familiarity with relevant International Sports Federation (ISF), National Sporting Organisations (NSO) and State Sporting Organisation (SSO) policies and requirements is essential to enable appropriate interpretation and application of the information in this protocol.

**Prevention:** The Basin Bears Junior Football club takes the following measures to prevent and manage the risk of concussion incidents:

- Designated Concussion Coordinator
- Coaches undertake required EFL/AFL Coaches training to learn and promote safe tackling rules and regulations to all players.
- Helmet wearing policy – ALL players are required to wear an adequate sports helmet in accordance to club policy in the age groups Under 9 – Under 12 inclusive.
- Appropriate First Aid /Sports trainer training is provided to and undertaken by all Trainers, depending on age group and in accordance with EFL Sports trainers Association Guidelines and regulations.
- Trainers Information and education evenings offered by the club for Trainer’s, Coaches and parents each season to revise skills and knowledge re: concussion recognition and management.
- All Club first aid kits contain a copy of SCAT5 Tool.
- Concussion Facts Sheets and information posters are posted at the club rooms
- A medical Emergency Plan has been developed and communicated to all coaches, officials and designated individuals.
- Medical Profile and consent forms – Parents and Players are required to provide a medical profile to the training coordinator prior to the first game of the season. Parents and Players are required to report any history of previous concussions. This information should be handled and treated with full confidentiality.
- Parents and Players should obtain any proper medical care, follow any medical advice given, and advise club trainers and coaches of any ongoing care required.

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**2. Concussion Incident, ID and Response:** In the event a player sustains an injury as a result of a blow to the head, face or neck or a blow to the body that causes a forceful movement to the head:

- After initial assessment by the trainer on the ground and if safe to do so, all Players are to be safely removed from play.
- ID common symptoms using SCAT5 Recognition Tool for suspected concussion and take appropriate initial response.

**3. Suspected Concussion Initial Response:** Initial management must adhere to first aid rules, including airway, breathing, circulation and spinal immobilisation.

### **Conscious Player:**

- Stop players activity immediately
- If required call 000 (if the player is suspected of sustaining a severe head or spinal injury) DO NOT MOVE THE PLAYER
- If safe to do so remove the player from the ground
- Conduct an initial concussion assessment of the player (SCAT5 Recognition Tool), follow recommendations and emergency response procedures NB: Although the SCAT5 tool can help recognize concussion, they are not a replacement for a comprehensive medical assessment.
- If the player answers any of the questions incorrectly or displays any signs or symptoms considered to be “red flags” the player should not return to activity until assessed by a medical practitioner, even if they feel ok.

### **Unconscious Player:**

- In cases where the player is unconscious or has lost and regained consciousness or a neck or spinal injury is suspected, maintain airway management if required otherwise the player is not to be moved and emergency services is to be contacted and the player is to be closely monitored and supervised by a trainer until emergency medical help arrives.
- Do not remove Helmet unless there is difficulty breathing
- Contact parent/guardian to inform them emergency services has been contacted
- Stay with player until medical services has arrived and monitor and document any changes If player regains consciousness, keep still and reassure until medical services arrive.

### **4. Referral for Medical Assessment**

- All Players with concussion or suspected concussion need a medical assessment by a medical practitioner. If one is not present at the game, the player should be referred to a local GP or hospital emergency department.

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### 5. Return to Play or Sport:

Managing concussion is a shared responsibility between the player, coach, sports trainer, parents and medical practitioner. Open communication is essential and information should be shared. Coaches, administrators and officials should provide players and their parents with information about the:

- immediate management of a suspected concussion;
- graduated return-to- participation protocol; and
- Medical clearances needed to return to participation.

Always refer the player and, if they are a child, their parents, to a qualified medical practitioner with some expertise in the management of concussion. A player who has suffered a concussion should return to sport gradually. They should increase their exercise progressively, as long as they remain symptom-free and in conjunction with the advice of a medical practitioner.

### Acknowledgements:

The Basin Junior FC Trainers Coordinator 2019 developed this protocol with information gained from:

- SMA Concussion in Sport Policy” Issued by Sports Medicine Australia V10 January 2018
- CCI Template Sample Concussion Protocol for Schools – developed in close collaboration with the Epworth Hospital Concussion Clinic, supervised by Professor John Oliver AM MBBS MD (Melb) FAFRM (RACP)