

Concussion Policy

Overview

This policy is designed to use world's best practice to ensure optimum player safety regarding the management and prevention of head injuries.

Purpose

It is specifically tailored to VOLUNTEER based teams without specialized medical staff.

Its intention is to provide a streamlined process to HELP clubs provide a SAFE playing environment and take the PRESSURE off non-medical personnel to make decisions regarding safety to play.

Process

- A. Any player suspected of having suffered a head injury/concussion or is knocked unconscious shall:
 - i. Be assessed by ANY member of the team's personnel using the Pocket SCAT 2 assessment tool, preferably within 10 minutes of the incident.
 - Use of the Pocket SCAT2 requires NO medical training
- B. Any player who FAILS the SCAT2 assessment should:
 - i. NOT be returned to the field of play.
 - ii. Have their names notified to the central umpires, who will record the player's name in the match report, which is then submitted to the SAAFL.
- C. A player whose name is submitted to the SAAFL as having FAILED the SCAT 2:
 - i. Will NOT be permitted to play in the SAAFL until the league receives a MEDICAL CERTIFICATE clearing him to play.
- D. A player who suffers a Concussion should on the day of the game:
 - i. NOT consume alcohol and keep well hydrated
 - ii. NOT drive a motor vehicle
 - iii. NOT be left alone, and be woken every 2-3 hours during the night to ensure they are well.
 - iv. Seek IMMEDIATE medical attention if they:
 1. Are unconscious for more than 5 minutes
 2. Develop visual disturbance
 3. Are confused
 4. Develop nausea/vomiting
 5. Have a headache not responding to Paracetamol or Ibuprofen

Pocket SCAT2



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.

1. Symptoms

Presence of any of the following signs & symptoms may suggest a concussion.

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| <ul style="list-style-type: none">▪ Loss of consciousness▪ Seizure or convulsion▪ Amnesia▪ Headache▪ "Pressure in head"▪ Neck Pain▪ Nausea or vomiting▪ Dizziness▪ Blurred vision▪ Balance problems▪ Sensitivity to light▪ Sensitivity to noise | <ul style="list-style-type: none">▪ 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 |
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2. Memory function

Failure to answer all questions correctly may suggest a concussion.

- "At 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?"

3. 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."

Observe the athlete for 20 seconds. If they make more than 5 errors (such as lift their hands off their hips; open their eyes; lift their 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 athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, urgently assessed medically, should not be left alone and should not drive a motor vehicle.