



Ainslie Football Club

**concussion
policy for
junior players**

IF IN DOUBT, SIT THEM OUT

This policy is based on comprehensive advice on concussion in sport developed by the Australian Institute of Sport (AIS) and the Australian Medical Association (AMA)

It applies to junior players 18 and under.

We encourage all volunteers, players and parents to familiarise themselves with the AIS/AMA advice and read it in conjunction with this policy.

<https://concussioninsport.gov.au/>

WHAT IS CONCUSSION?

An injury to the brain which needs to be treated seriously.

All concussed players need to see a doctor.

A player does not need to be unconscious to be concussed.

Concussion can be caused by a blow to the head. It can also be caused by any collision or force that causes the brain to strike the side of the skull.

<https://concussioninsport.gov.au/>

signs and symptoms

Recognising concussion can be difficult. Only a trained medical professional can diagnose concussion. But the following guide has been developed to help those without medical training. Remember, **IF IN DOUBT, SIT THEM OUT**

Concussion Recognition Tool 5

The AIS/AMA list the following signs and symptoms.

OBVIOUS SIGNS

- Loss of consciousness
- No protective movement by the player when they fall (eg bracing with hands)
- Impact seizure or tonic posturing (going rigid)
- Confusion, disorientation
- Memory impairment
- Balance disturbance or motor incoordination (e.g. ataxia)
- Player reports significant, new, or progressive concussion symptoms
- Dazed, blank/vacant stare or not their normal selves
- Behaviour change atypical of the player

SUBTLE SIGNS

- 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 (if applicable)

If you suspect concussion, the player must be removed from the field for the rest of the game, and not be allowed to return to sport that day unless cleared by a doctor.

Any parent of the player, the coach, manager, or first aid volunteer can remove a child from the field of play. Further, if they suspect concussion, they all have a responsibility to do so.

Management of head injury is difficult for non-medical personnel. 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. The AIS/AMA say **any child suspected of suffering a concussion should be checked by a medical practitioner.**

The Ainslie Football Club strongly recommends seeing practitioners who have experience in diagnosing and treating sports concussion.

Here is a short list of local medical professionals experienced in diagnosing and treating concussion.

They have been recommended by our volunteers. This list is not an endorsement by the Ainslie Football Club

Dr Steve Freeman

Ochre Health Medical Centre
Health Hub Level B Bld 28
Uni of Canberra
Bruce ACT 2617 T:6180 8500

Dr Porter, Dr Shaw & Dr Harris

Canberra Orthopaedics and Sports Medicine
Suite 21, Calvary Clinic,
40 Mary Potter Circuit Bruce ACT 2617
T: (02) 6253 5404

Dr Peter Cole

THE SURGERY AT JERRA
1/37 Jerrabomberra Pkwy,
Jerrabomberra NSW 2619
T: 02 6247 7222

recovery

A junior player with concussion can't play for at least two weeks.

Children and adolescents take longer than adults to recover from concussion. Doctors will be more conservative with early rest, and return to play.

Players can only return to full contact/collision play, or full contact training **14 days after their symptoms have ceased** eg if a player suffers headaches for 4 days after the injury, and on the 5th day becomes symptom free, the fortnight begins on the fifth day after the injury.

immediate management

If concussion is suspected, first-aid principles still apply. Other injuries such as bleeding or suspected fractures may need to be dealt with first. Check for neck and spinal injuries if the player was unconscious, or has neck pain.

A responsible adult must stay with the player and note any symptoms. Do not allow the player to drive, or take aspirin, anti-inflammatories (such as ibuprofen, diclofenac or naproxen), sleeping tablets or sedating pain meds.

The player must see a doctor for diagnosis.

If concussion is diagnosed, the player will need 24-48 hours physical and cognitive rest. **Medical clearance is needed before the player returns to school, or returns to sport.**

return to learn

A concussed child must not return to any sporting activity until they have successfully resumed normal school activities without aggravating their symptoms.

Increasing the 'load' on the brain when concussed (by thinking or concentrating for long periods) can bring on or worsen symptoms of concussion. It's recommended to gradually increase the cognitive load without provoking symptoms.

School programs may need to be modified to include more regular breaks and increased time to complete tasks. Exams may need to be postponed.

return to sport

Otherwise known as a graduated return to play. Once a player is back at school and symptom free, a doctor can advise on gradually reintroducing sport.

The AMA/AIS recommends the following step by step schedule.

Importantly, they recommend that **“the child does not return to contact/collision activities less than 14 days after the resolution of all symptoms”** <https://concussioninsport.gov.au/athlete>

“Activities” means both training and games.

Progress through the steps needs to be staggered so the child does not return to full contact/collision activities for a fortnight after symptoms have resolved.

STEP ONE: begin with light aerobic activity (at an intensity that can easily be maintained whilst having a conversation) until symptom-free

STEP TWO: basic sport-specific drills which are non-contact and with no head impact

STEP THREE: more complex sport-specific drills without contact, may add resistance training

STEP FOUR: full contact practice following medical review

STEP FIVE: normal competitive sporting activity.

Do not proceed to the next step until the child is symptom free.

If there is a recurrence of symptoms, there should be a ‘step down’ to the previous level until symptoms have resolved.

But remember, full contact practice cannot begin until the child is medically reviewed.

Why this approach?

The Ainslie Football Club endorses the AIS/AMA advice because of the potential seriousness of concussion, and the greater recovery time needed for children and adolescents.

Head impacts can be associated with potentially fatal brain injuries.

There is a possible link between mental illness and concussion, although the relationship is not clear.

There has been recent concern about potential long-term consequences of concussion. While the link between concussion and long-term illness is uncertain, taking a conservative approach to concussion management is important.

Athletes need to have a good understanding of concussion in order to appreciate the importance of reporting symptoms and complying with rest and return to sport advice.

Parents and coaches must also be able to recognise the symptoms and signs of concussion in order to detect concussions at the community sport level where there is no medical supervision present.

Remember - this policy is to be read in conjunction with the comprehensive guide developed by the AIS and AMA.

<https://concussioninsport.gov.au/>

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