



## **Concussion Guidelines**

### **1. BACKGROUND**

This document sets out the guiding principles and provides general advice regarding the

management of concussion in Australia.

These Guidelines have been produced using the Concussion in Sport Australia Position Statement [refer to link \(ais.gov.au\)](https://ais.gov.au) developed by; Australian Institute of Sport; Australian Medical Association; Australasian College of Sport and Exercise Physicians and Sports Medicine Australia.

These Guidelines are of a general nature only. Individual treatment will depend on the 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.

These Guidelines will be reviewed regularly by SAAS and will be modified according to the development of new knowledge.

It is recommended SAAS Member Schools develop and maintain a Concussion Policy or concussion statement in a broader safety policy considering the SAAS Concussion Guidelines.

### **2. WHAT IS CONCUSSION**

Concussion is a traumatic brain injury, induced by biomechanical forces to the head, or anywhere on the body which transmits an impulsive force to the head <sup>1</sup> (McCrory P 2016).

### **3. RECOGNISING CONCUSSION**

Recognising concussion can be difficult. The signs and symptoms are variable, non-specific and may be subtle. Concussion should be suspected when an injury results in a knock to the head or body, that transmits a force to the head.

Visual indicators of concussion include:

- (a) Loss of consciousness or responsiveness
- (b) Lying motionless on the ground/slow to get up
- (c) A dazed, blank or vacant expression
- (d) Appearing unsteady on feet, balance problems or falling over
- (e) Grabbing or clutching of the head
- (f) Impact seizure or convulsion.

Concussion can include one or more of the following symptoms:

- (a) Symptoms: Headache, dizziness, “don’t feel right”, nausea or vomiting, neck pain, blurred vision.
- (b) Behavioural changes: Inappropriate emotions, irritability, feeling nervous or

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<sup>1</sup> Consensus Statement on Concussion in Sport: The 5th International Conference on Concussion in Sport held in Berlin, October 2016 (McCrory et al).

anxious.

(c) Cognitive impairment: Slowed reaction times, confusion/disorientation- not aware of location or score, poor attention and concentration, loss of memory for events up to and/or after the concussion.

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

#### **4. REMOVE FROM PLAY**

Any athlete with a suspected concussion should be immediately removed from play, and should not be returned to activity until they are assessed by a qualified medical practitioner. Players with a suspected concussion should not be left alone and should not drive a motor vehicle.

Only qualified medical practitioners should diagnose whether a concussion has occurred, or provide advice as to whether the player can return to play.

There should be no return to play on the day of a concussive injury.

#### **5. MEDICAL ASSESSMENT**

A qualified Medical Practitioner should:

- (a) Diagnose whether a concussion has occurred – based on clinical judgement.
- (b) Evaluate the injured player for concussion using SCAT 6 (or Child – SCAT 6) or similar tool (see 'Resources' below).
- (c) Advise the player as to medical management.
- (d) Advise the player as to when it is appropriate to begin a Graduated Return to Play (RTP) Program (Annexure 1 to these Guidelines).
- (e) Clear the player to return to play following the graded Return to Sport Framework

#### **6. RETURN TO PLAY**

Following clearance from a qualified Medical Practitioner for the player to return to play, the player should progress through a Return to Sport Protocol (see 'Resources' below). In all cases, the Graded Return to Sport Framework provides for a minimum of 14 days before the player can return to contact/collision training. **For athletes under the age of 19, a minimum period of 21 days is recommended for the resumption of competitive contact/collision sport, following the resolution of all concussion symptoms.**

#### **7. RESOURCES**

- (a) [Concussion Recognition Tool](#)
- (b) [SCAT 6 – Sport Concussion Assessment Tool](#)
- (c) [Child SCAT 6 - Concussion Assessment Tool \(for children aged 5-12 years\)](#)
- (d) [Return to Sport Protocol for children under 18 years](#)