

Concussion in Sport Policy

Last Review: N/A	Constructed / Reviewed by: Clayton Utz
Next Review: March 2026	Approval Required: Yes
	Board Sign Off Date: Monday 26 th October 2024

1. Introduction

- 1.1 Sport Related Concussion (**SRC**) is a growing health concern in Australia. It affects athletes at all levels of sport, from the part-time recreational athlete to the full-time professional. Concerns about the incidence, and possible health ramifications for athletes, have led to an increased focus on the importance of diagnosing and managing the condition safely and appropriately.
- 1.2 Participant safety and welfare is paramount when dealing with all concussion incidents, both in the short term and long term.
- 1.3 Complications can occur if a player continues playing before they have fully recovered from a concussion.

2. Definition

- 2.1 Concussion is a complex process caused by trauma that transmits force to the brain either directly or indirectly and results in temporary disturbance or impairment of brain function. It can happen from an impact that is not directly to the head, and concussion does not always cause loss of consciousness.
- 2.2 Most commonly, it causes temporary impairment and the symptoms may develop over the hours or days following the injury. This means that it may be difficult to determine, by either staff, parents or medical practitioners, immediately after the injury whether a person is concussed. Cognitive functions in children and adolescents typically take up to 4 weeks to recover.
- 2.3 Concussion occurs most often in sports which involve body contact, collision or high speed.

3. Purpose

- 3.1 The purpose of this policy is to raise awareness about concussion related issues and the impact of repeated head traumas and ensure GISSA Member Schools carefully follow a suitable and appropriate course of management for a suspected concussion sustained during GISSA sporting matches or activities.

4. Accountability

- 4.1 All GISSA Member Schools are required to adopt and implement the GISSA Concussion in Sport policy and GISSA Concussion in Sport Procedures/Guidelines (Guidelines) whilst competing in GISSA sport and activities.

5. Reference Points / Background Papers

- 5.1 *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;
- 5.2 Concussions and repeated head trauma in contact sports;
https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Headtraumainsport/Report;
- 5.3 Concussion In Sport Australia Position Statement: An initiative of the Australian Institute of Sport, Australian Medical Association, Australasian College of Sport and Exercise Physicians and Sports Medicine Australia - Dr Lisa Elkington, Dr Silvia Manzanero and Dr David Hughes - AIS;
https://www.concussioninsport.gov.au/home#position_statement;
- 5.4 Concussion in Sport Policy, Issued by Sports Medicine Australia v1.0 January 2018;
<https://sma.org.au/resources-advice/concussion/>;
- 5.5 Guidelines for the Management of Concussion in Rugby League, National Rugby League;
https://www.playrugbyleague.com/media/3102/guidelines-for-the-management-of-concussion-in-rugby-league_final_v20.pdf;
- 5.6 Pocket Concussion Recognition Tool 5 -
http://www.aflcommunityclub.com.au/fileadmin/user_upload/Health_Fitness/2017_Community_Concussion_CRT.pdf;
- 5.7 Role of Helmets and Mouthguards in Australian Football -
http://www.aflcommunityclub.com.au/fileadmin/user_upload/Health_Fitness/Role_of_helmets_and_mouthguards.pdf; and
- 5.8 GISSA Concussion in Sport Procedures/Guidelines.

6. Implications for Practice

6.1 At Board Level

To properly implement this Policy, GISSA must:

- 6.1.1 ensure that this Policy and the Guidelines are endorsed on an annual basis and following significant incidents if they occur;
- 6.1.2 ensure that copies of this Policy and the Guidelines are made available to all staff;
- 6.1.3 ensure that this Policy and the Guidelines are incorporated into GISSA's record of current policies;
- 6.1.4 ensure that this Policy and the Guidelines are incorporated into GISSA's induction program, to ensure that all staff are aware of the Policy and Guidelines, have read and understood the Policy and Guidelines, and acknowledge their commitment to comply with the Policy and Guidelines; and
- 6.1.5 ensure that this Procedure is accessible to the public (including children and parents).

6.2 **At Other Levels**

To properly implement this Policy, all GISSA staff must ensure that they abide by this Policy and the Guidelines and assist GISSA in the implementation of the Policy and Guidelines.

6.3 **At GISSA Member School level**

GISSA will require Member Schools to sign an annual attestation of compliance with this policy and the Guidelines.

Concussion in Sport Procedure/Guidelines

1. Introduction

- 1.1 These guidelines have been created to assist members of GISSA in the management of concussion.
- 1.2 Sport Related Concussion (**SRC**) is a growing health concern in Australia. It affects athletes at all levels of sport, from the part-time recreational athlete to the full-time professional. Concerns about the incidence, and possible health ramifications for athletes, have led to an increased focus on the importance of diagnosing and managing the condition safely and appropriately.
- 1.3 Participant safety and welfare is paramount when dealing with all concussion incidents.
- 1.4 Complications can occur if a player continues playing before they have fully recovered from a concussion.
- 1.5 Member schools of Geelong Independent School Sports Association (**GISSA**) must take their duty of care to students seriously.

2. What is concussion?

- 2.1 Concussion is a complex process caused by trauma that transmits force to the brain either directly or indirectly and results in temporary disturbance or impairment of brain function. It can happen from an impact that is not directly to the head, and concussion does not always cause loss of consciousness.
- 2.2 Most commonly, it causes temporary impairment and the symptoms may develop over the hours or days following the injury. This means that it may be difficult to determine, by either staff, parents or medical practitioners, immediately after the injury whether a person is concussed. Cognitive functions in children and adolescents typically take up to 4 weeks to recover.
- 2.3 Concussion occurs most often in sports which involve body contact, collision or high speed.

3. Concussion in Children and Adolescents

- 3.1 The management of SRC in children (aged 5 to 12 years) and adolescents (aged 13 to 18 years) requires unique considerations suitable for the developing child.
- 3.2 Children have physical and developmental differences, including less developed neck muscles, increased head to neck ratio, and brain cells and pathways that are still developing.
- 3.3 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.

4. Guidelines: Pre-Match Procedures

4.1 Education

4.1.1 GISSA Member Schools should conduct an annual process to educate staff members involved in sport about concussion. This should include information regarding:

- (a) what is concussion;
- (b) causes of concussion;
- (c) common signs and symptoms;
- (d) steps to reduce the risk of concussion;
- (e) procedures if a student has suspected concussion or head injury; and
- (f) return to school and sport medical clearance requirements.

4.2 Information

4.2.1 GISSA Member Schools should also maintain information regarding students' concussion history to help identify players who fit into a high-risk category. Such information should be handled and treated confidentially and in accordance with the School's relevant privacy policy.

4.2.2 Prior to any event or match, GISSA Member Schools should ensure that all relevant staff are provided with information regarding local health services in the event of an incident, including:

- (a) local doctors or medical centres;
- (b) local hospital emergency departments; and
- (c) ambulance services.

4.3 Designation

4.3.1 While all staff members have a role to play in recognising and managing concussions, GISSA Member Schools should designate:

- (a) a concussion officer to oversee general concussion management at the school and to ensure the concussion protocol is enacted; and
- (b) a coordinator at each game or event who can ensure that concussion protocol is communicated and followed. Ideally and when resources permit, a medical practitioner, first aid provider or sports trainer should be assigned this task.

5. Guidelines: Match Day Procedures

- 5.1 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:
- 5.1.1 **Recognise** – recognising a suspected concussion
 - 5.1.2 **Remove** – removing the person from the game or activity
 - 5.1.3 **Refer** – referring the person (parents/guardian) to a qualified doctor for assessment
 - 5.1.4 **Return** – returning to either training or games
- 5.2 Any player 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.

1. RECOGNISE — Recognise a suspected concussion

- 5.3 Recognising concussion can be difficult. The signs and symptoms vary, are not always specific, and may be subtle. Onlookers should suspect concussion when an injury results in a knock to the head or body that transmits a force to the head. A hard knock is not required – concussion can occur from minor knocks. Watch for when a player collides with another player, a piece of equipment, or the ground.
- 5.4 One or more individuals at a sporting event should be identified as the person responsible for concussion related activity. However, all individuals including other staff members, parents and other students should report any suspected concussion.
- 5.5 The following steps should be used as a guide to help the identification of concussion. However, these guidelines only provide brief sideline evaluations of concussion and it is still imperative that a comprehensive medical assessment is conducted by an appropriately experienced medical practitioner.

5.6 Step 1: Red Flags

If there is concern after an injury, including whether any of the following signs are observed or complaints are reported, then the player should safely be removed from the game or activity. If no licensed healthcare professional is available, call an ambulance for urgent medical assessment:

Neck pain or tenderness	Loss of consciousness
Loss of vision or double vision	Deteriorating conscious state
Weakness or burning/tingling in arms or legs	Vomiting
Severe or increasing headache	Increasingly restless, agitated or combative
Seizure or convulsion	Unusual behavioural change

Where a player is suspected of sustaining a severe head or spinal injury, call an ambulance immediately to take them to an Emergency department. Do not attempt to move the player (other than required for airway support) unless trained to do so.

If, at any time, there is any doubt regarding a student's health, they should be referred to hospital.

5.7 Step 2: Observable Signs

Sometimes there will be clear signs that a player has sustained a concussion. If they display any of the following clinical features, immediately remove the player from sport:

Lying motionless on ground or slow to get up after a direct or indirect hit to the head	Dazed, blank or vacant look
Inability to appropriately respond to questions	Disorientation, confusion or no awareness of game/ events
Unsteady on feet or balance problems or Falling over (incoordination)	Facial injury after head trauma

Note: Loss of consciousness, confusion and memory disturbance are clear features of concussion. The problem with relying on these features to identify a suspected concussion is that they are not present in every case.

5.8 Step 3: Symptoms

Suspect a concussion and act immediately if a player displays any of these **symptoms**:

Headache	Dizziness	Feeling slowed down
'Don't feel right'	Confusion	Sadness
'Pressure in the head'	Blurred vision	Feeling like 'in a fog'
Difficulty concentrating	Drowsiness	Nervous or Anxious
Neck pain	Balance problems	More emotional
Difficulty remembering	Sensitivity to light	
Nausea or Vomiting	Sensitivity to noise	
Fatigue or Low energy	Irritability	

5.9 Step 4: Memory

Where players are older than 12 years, they may be asked a number of questions to recognise suspected concussion. If a player fails to answer any of the following questions (modified as required) correctly, this may suggest a concussion:

"What venue/location are we at today?"	"What team did you play last week/last game?"
"Which half is it now?"	"Did your team win the last game?"
"Who scored last in the game?"	

2. REMOVE — Remove the person from the game or activity

- 5.10 Any player suspected of having concussion must be removed from the game/training and should have no further involvement. Do not be swayed by the opinion of the player, trainers, coaching staff, parents or others regarding the return of the student to play.
- 5.11 Organise the player to be assessed and monitored by a medical doctor or a qualified first aider. Initial management must adhere to the first aid rules, including airway, breathing, circulation and spinal immobilisation.

A student with concussion or suspected concussion should not be left alone or be sent home by themselves, and needs to be with a responsible adult. Students should not take prescription medication, including aspirin, anti-inflammatory medication, sedative medications or strong pain relieving medications. The student's parents or guardian should be contacted to inform them of the incident.

- 5.12 An Incident Report must be completed for a concussion related incident.

3. REFER — Refer the person to a qualified doctor for assessment

- 5.13 The player should be assessed by a medical doctor present at the game or training session.
- 5.14 Where possible, the initial responder should describe the incident to the doctor or qualified first aider and notify them of the player's responses to any questions asked of them.
- 5.15 If a doctor is **not** present, the player should be assessed by a qualified first aider at first chance. They then should be sent to a local general practice or local hospital emergency department, particularly if there is any doubt on the condition.
- 5.16 At this time, ensure the player is closely monitored and escorted for referral. Students should not be sent home by themselves and should not drive a motor vehicle. Stay with the student until a thorough hand over is made to their parent or guardian and it is clear that the person can be collected.

4. RETURN — Return to either training or games, and school

- 5.17 The risk of complications from concussion is increased if a student is permitted to return to sport before they have fully recovered. A student should only return to school and/or sport once they have received medical clearance to do so. Only a medical doctor should provide medical clearance for the person to return to **school** or the **game** or **training**. A qualified first aider **should not** provide medical clearance.
- 5.18 Returning to learning and school takes precedence over returning to sport. A student should not return to full contact sport activities until they have successfully completed a full return to learning activities.
- 5.19 A student who sustains a confirmed concussion is subject to the following protocols:
 - 5.19.1 introduction of light exercise after an initial 24 - 48 hours of relative rest;
 - 5.19.2 once the student has been symptom free for 14 days (at rest), a family can seek formal clearance from a medical practitioner to return to contact or collision training;
 - 5.19.3 If there is no recurrence of symptoms 24 hours after the resumption of full contact training, then a return to contact sport can be considered;
 - 5.19.4 the student must wait a minimum 21 day recovery period from the time of concussion before returning to competitive contact/collision sport.;
 - 5.19.5 the student may be reviewed and cleared by a medical practitioner to return to competitive contact/collision sport, provided the student has been symptom free for at least 14 days and 21 days has passed from the time of concussion.

- 5.20 Even if medical clearance has been obtained, the school/staff member should not allow the player to return to play if their condition deteriorates or if the student advises that they are still feeling any symptoms of concussion.
- 5.21 There needs to be consideration of all symptom domains (physical, cognitive, emotional, fatigue, sleep) throughout the recovery process.
- 5.22 Where there is uncertainty about a student's recovery, always adopt a more conservative approach, **"if in doubt sit them out"**.
- 5.23 A student with a history of multiple concussions is at risk of experiencing prolonged symptoms before return to sport. Those who suffer from multiple concussions within a short period of time should be managed more conservatively. Multiple concussions can be a minimum of two concussions within a 3-month period, or a minimum of three concussions in a 12-month period. A recommended starting point for return to sport after second concussion within three months, would be 28 days symptom-free before return to contact training and a minimum of six weeks from the time of the most recent concussion until return to competitive contact/collision sport.
- 5.24 **Medical Clearance:**
- 5.24.1 Parents are required to provide the school with medical clearance in writing.
- 5.24.2 As a matter of course and follow up, the GISSA Member School must contact parents for consent to participate in subsequent training or games.
- 5.24.3 During the next training session or game, a staff member should closely monitor the player. If they show any signs of concussion, the staff member should remove them from the game or training session and follow the procedures outlined above.
- 5.24.4 Managing concussion is a shared responsibility between the player, coach, sports trainer/medic, parents and medical practitioner. Open communication is essential and information should be shared. Always refer the player and 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.
- 5.25 **Return to Learn**
- 5.25.1 Children require a different approach from adults because their brains are developing, and they need to continue learning and acquiring knowledge. Cognitive stimulation such as screens, reading and undertaking learning activities should be gradually introduced after 48 hours of the concussion.
- 5.25.2 The priority when managing concussion in children should be returning to school and learning, ahead of returning to sport. Concussion symptoms can interfere with memory and information processing. This can make it hard for children to learn in the classroom.
- 5.25.3 Parents should discuss with their doctor and child's school, an appropriate return-to-school strategy.

5.26 Rest and Recovery

- 5.26.1 Rest is very important after a concussion because it helps the brain to heal. Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days or even weeks. A more serious concussion can last for months or longer.
- 5.26.2 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.
- 5.26.3 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 (and not return to competitive contact/collision sport prior to 21 days from the time of concussion).
- 5.26.4 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 as long as they do not experience any symptoms.
- 5.26.5 It is important that athletes do not ignore their symptoms and in general a more conservative approach be used in cases where there is any uncertainty.

6. References

- 6.1 *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
- 6.2 *Concussion in Sport Australia Position Statement: An initiative of the Australian Institute of Sport, Australian Medical Association, Australasian College of Sport and Exercise Physicians and Sports Medicine Australia - Dr Lisa Elkington, Dr Silvia Manzanero and Dr David Hughes - AIS* https://www.concussioninsport.gov.au/home#position_statement
- 6.3 *Concussion in Sport Policy, Issued by Sports Medicine Australia v1.0 January 2018*
<https://sma.org.au/resources-advice/concussion/>
- 6.4 *Guidelines for the Management of Concussion in Rugby League, National Rugby League*
https://www.playrugbyleague.com/media/3102/guidelines-for-the-management-of-concussion-in-rugby-league_final_v20.pdf
- 6.5 *Pocket Concussion Recognition Tool 5*
http://www.aflcommunityclub.com.au/fileadmin/user_upload/Coach_AFL/Injury_Management/2013_Pocket_Concussion_Recognition_Tool__CRT_.pdf
- 6.6 *Role of Helmets and Mouthguards in Australian Football -*
http://www.aflcommunityclub.com.au/fileadmin/user_upload/Health_Fitness/Role_of_helmets_and_mouthgaurds.pdf
- 6.7 *Australian Concussion Guidelines for Youth and Community Sport*
https://www.concussioninsport.gov.au/___data/assets/pdf_file/0003/1133994/37382_Concussion-Guidelines-for-community-and-youth-FA-acc.pdf

7. Disclaimer

These guidelines do not create any binding obligations on GISSA. GISSA has no control over the implementation of these guidelines 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.