



Concussion Policy

Concussion is a mild brain injury, caused by trauma that results in temporary dysfunction of the brain. When it occurs a player may experience symptoms and temporary loss of some brain skills such as memory and thinking abilities. It is important for coaches to be aware of signs of concussion which are often subtle.

Some of the possible symptoms of concussion:

- Headache
- Nausea, vomiting and abdominal pain
- Dizziness
- Altered, blurred or lost vision
- Fatigue
- Ringing in the ears
- Memory disturbance
- Loss of consciousness

Some of the signs you may observe:

- Loss of balance
- Irritability
- Pale complexion
- Poor concentration
- Slow or altered verbal skills
- Inappropriate behaviour
- Mental confusion and memory loss
- Not feeling your usual self

If a player just seems to be not feeling their usual self - think of concussion.

Management Guidelines

One of your major responsibilities as a trainer or coach is your duty of care towards your players and their safety. This duty is highlighted when players receive a knock to the head and suffer a concussive injury.

In the best practice management of concussion in football, the critical element is the welfare of the player in both the short and long term. These guidelines should be adhered to at all times.



1. Removal from the game

Any player with a suspected concussion must be removed from the game. This allows the first aid provider or medical support staff time and space to assess a player properly. Generally, initial decisions in this area in community football will be made by the head trainer, unless the club has a medical doctor in attendance.

Trainers should not be swayed by the opinions of coaches, players, or others suggesting a premature return to play. Conversely, coaches must, in accordance with the AFL Coaches Code of Conduct, not put undue pressure on trainers or players to make such decisions.

A player with suspected concussion must be withdrawn from playing or training until fully evaluated by a medical practitioner and cleared to play.

2. Medical Assessment

All players with **concussion or suspected concussion** need an urgent medical assessment (with a registered medical doctor). This assessment can be provided by a medical doctor present at the venue, local general practice or hospital emergency department.

Players with suspected concussion, having been removed from the field, should not be left alone and should not drive a motor vehicle.

Refer the player immediately to hospital if:

- there is any concern regarding the risk of a structural head or neck injury; or
- a player deteriorates after their injury (e.g. increased drowsiness, headache or vomiting)

3. Returning to play

It is important that concussion is managed correctly and that players do not return to play or training until they are fully recovered. It is critical that the basic principles of return to play decisions are followed.

A concussed player **must not** be allowed to return to play before having a medical clearance.

Decisions regarding return to play after a concussive injury should only be made by a medical officer with experience in concussive injuries.

Players should return to play in graded fashion, following a step wise concussion rehabilitation program. Player should be symptom free throughout the steps.

Positive steps coaches should take to fulfill their responsibilities.



- Coach your players to play the game within the spirit of the game and understand their duty of care to other participants, particularly around Laws of the Game which have been designed to improve safety of players including protecting players' heads.
- Ensure your club has supplies of the AFL's concussion management resources – brochures; SCAT2 cards; clubroom posters; player & parent handouts. These can be accessed via the [Concussion Management page of the AFL Community Club website](#).
- Familiarise yourself with the current AFL Concussion Management Guidelines, including signs and symptoms which suggests a concussion or possible concussion so that you can implement them and their use becomes second nature in your decision making.
- Ensure that your team manager, assistant coaches and medical support staff/trainers/first aiders all have the same understanding and will act in accordance with the guidelines.
- Display the AFL Concussion Management poster in your clubrooms
- Ensure players and parents are aware of the issues surrounding concussion - e.g. through:
 - pre-season orientation/team meetings
 - providing handouts about recognising and managing concussion
- Have parent/player handouts on hand at match day so they can be given to any player who has concussion or is suspected of concussion, or to a parent or someone who is with them.

Helmets

There is no definitive scientific evidence that helmets prevent concussion or other brain injuries in Australian football.

- There is some evidence that younger players who wear a helmet may change their playing style, and receive more head impacts as a result. Accordingly, helmets are not recommended for the prevention of concussion.
- Helmets may have a role in the protection of players on return to play following specific injuries (e.g. face or skull fractures).

Mouth guards

- Mouthguards have a definite role in preventing injuries to the teeth and face and for this reason they are strongly recommended at all levels of football.
- Dentally fitted laminated mouthguards offer the best protection. 'Boil and bite' type mouthguards are not recommended for any level of play as they can dislodge during play and block the airway.
- There is no definitive scientific evidence that mouthguards prevent concussion or other brain injuries in Australian Football.