



Concussion Management Guidelines

The Donvale Football Club adheres to the Concussion Management Guidelines that have been established by the AFL Community Club.

These Guidelines have been developed for coaches, assistant coaches, team managers, trainers, club officials, players and parents to recognise the signs of concussion, and how to deal with it promptly.

Further information can be obtained from the Concussion in Sport Policy booklet issued by Sports Medicine Australia (which can also be found on Donvale Football Club's website under Policies) and from the AFL Community Club website via this link:

aflcommunityclub.com.au/healthandfitness/concussion

1. Introduction

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, assistant coaches, trainers / first aiders, team managers and parents to be aware of signs of concussion which are often subtle.

Players who sustain an impact to the head, face, neck, or body can demonstrate visual signs of a concussion such as:

- Lying motionless on the playing surface
- Getting up slowly after a direct or indirect blow to the head
- Being disorientated, or unable to respond to questions
- Having a blank or vacant stare
- Having balance and co-ordination problems such as stumbling or slow laboured movements
- Having a face or head injury.

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 that may be displayed by the player are:



- Loss of balance
- Irritability
- Pale complexion
- Poor concentration
- Slow or altered verbal skills
- Inappropriate behavior
- Mental confusion and memory loss

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

2. Management Guidelines

One of the major responsibilities of a coach is the duty of care towards the 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.

2.1 Remove the player from the game

Any player with a suspected concussion must be removed from the game. This allows the trainer 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 game day trainer or 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.

The trainer is required to complete a Register of Injuries form, detailing information that lead to the player sustaining a suspected concussion, and provide this document to the for record keeping purposes.

2.2 Medical Practitioner in attendance at training and / or at game

If there is a medical practitioner at the venue, they should assess the injured player. If they decide the player is concussed, the player must not resume participating on the same day, under any circumstances. The player must adhere to the return-to-participation protocols.

If the medical practitioner decides the player is not concussed, the player can resume participating as soon as they feel ready. However, they should be monitored in case any signs or symptoms of concussion develop.



2.3 No medical practitioner present at training and / or at game

If there is not a medical practitioner at the venue, once there has been recognition of signs and symptoms of a potential concussion, the player in question should be removed from play immediately and referral of the player to a medical practitioner for assessment should take priority. At this time, ensure the player is closely monitored and escorted for referral.

No one can decide that it is okay for someone with suspected concussion to resume participating on the same day other than a medical practitioner. This includes the player themselves, parents of junior players, coaches or officials.

2.4 Medical Assessment

Any player with concussion or suspected concussion needs 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 clinic 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)

2.5 Club Requirement:

If a player has a suspected concussion, the Trainer is responsible for completing a documented Register of Injury Form outlining details about how the injury occurred. The Register of Injury Form should be then given to the Team Manager or directly to the Club President or Secretary to be kept on file.

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 managing concussion. The doctor / treating practitioner must clear the player to return to sporting activity, and this will usually involve a stepped approach with a gradual increase in activities over a few days.



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

4. Coaching Children - Players 5-17 Years

All of the previous steps apply, with some further considerations:

- Children's brains are still developing
- Concussion symptoms (memory & information processing problems) can interfere with a child's ability to learn
- Children are not to return to play until they have successfully returned to school, without worsening symptoms
- It is reasonable to miss a day or two of school after concussion
- Rest is the best treatment, followed by a return to school, before a gradual return to physical activity.

It is important that parents /guardians seek urgent medical attention if symptoms of concussion are not improving.

Managing concussion in children and adolescents therefore requires different standards and a more conservative approach. Children typically take longer to recover from concussion than adults (up to four weeks).