



# Blacktown & Districts Soccer Football Association Incorporated

## Concussion Policy

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### 1. Purpose

The purpose of this policy is to provide information and standardised procedures for persons involved in the prevention, training, management and return to activity decisions regarding BDSFA personnel who have or are suspected of having sustained a concussion during a competition or event.

These procedures are of a general nature only. Individual treatment will depend on the facts and circumstances specific to each individual case. This document is not intended as a standard of care and should not be interpreted as such.

### 2. Scope

This policy applies to all BDSFA players, officials, volunteers and staff involved in competitions and events.

### 3. Definitions

**Concussion** – refers to an injury to the brain resulting from the disturbance of brain function involving thinking and behaviour. This can be caused by a direct blow to the head or impact to the body causing rapid movement of the head and movement of the brain within the skull.

### 4. Recovery

The majority (80-90%) of concussions resolve in a short (7-10 day) period, although the recovery frame may be longer in children and adolescents.

### 5. Procedure

#### *5.1 Signs of Concussion*

Immediate **visual indicators** of concussion include:

- a) Loss of consciousness or responsiveness;
- b) Lying motionless on the ground/slow to get up;
- c) (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, “feeling in a fog”;
- b) Behavioural changes: Inappropriate emotions, irritability, feeling nervous or 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.



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### **5.2 Remove from play**

Any athlete with a suspected concussion must be immediately removed from play and must not be returned to activity until they are assessed by a qualified medical practitioner.

Players with a suspected concussion must not be left alone and must 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**.

### **5.3 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 3 (or Child – SCAT 3) 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 Program (Annexure 1 to these Guidelines).
- e. Clear the player to return to play following the graduated RTP program

### **5.4 Return to Play**

Following clearance from a qualified Medical Practitioner for the player to return to play, the player should progress through a **Graduated Return To Play Program** (see Annexure 1).

In all cases, the Graduated Return To Play Program provides for a minimum of 6 days before the player can play a competitive game.

## **6. Responsibilities**

All players, parents, staff and volunteers.

## **7. References and Links**

- a. Football Federation Australia's Concussion Guidelines, found here: <https://footballnsw.com.au/wp-content/uploads/2017/04/FFA-National-Concussion-Guidelines.pdf>
- b. Consensus Statement on Concussion in Sport: The 4th International Conference on Concussion in Sport held in Zurich, November 2012 (McCrory et al), found here: <http://bjsm.bmj.com/content/47/5/250.full>



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- c. Pocket Concussion Recognition Tool, found here:  
<http://bjsm.bmj.com/content/47/5/267.full.pdf>
- d. SCAT 3 – Sport Concussion Assessment Tool – 3 rd Edition, found here:  
<http://bjsm.bmj.com/content/47/5/259.full.pdf>
- e. Child-SCAT3- Sport Concussion Assessment Tool (for children ages 5-12 years), found here: <http://bjsm.bmj.com/content/47/5/263.full.pdf>
- f. Graduated Return to Play Protocol (Annexure 1 to these Guidelines)



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**Annexure 1 – Graduated Return to Play Program**

<b>Rehabilitation Level</b>	<b>Functional exercise at each stage of rehabilitation</b>	<b>Objective of each stage</b>
<b>Level 1</b>  <b>No activity, minimum 24 hours following the injury where managed by a medical practitioner, otherwise minimum 14 days following the injury</b>	Complete physical and cognitive rest without symptoms. Only proceed to level 2 once ALL symptoms have resolved.	Recovery
<b>Level 2</b>  <b>Light aerobic exercise during 24-hour period</b>	Walking, swimming or stationary cycling keeping intensity, <70% maximum predicted heart rate. No resistance training. Symptom free during full 24-hour period.	Increase heart rate
<b>Level 3</b>  <b>Sport-specific exercise during 24-hour period</b>	Running drills. No head impact activities. Symptom free during full 24-hour period.	Add movement
<b>Level 4</b>  <b>Non-contact training drills during 24-hour period</b>	Progression to more complex training drills, e.g. passing drills. May start progressive resistance training. Symptom free during full 24-hour period.	Exercise, coordination, and cognitive load
<b>Level 5</b>  <b>Full Contact Practice</b>	Following medical clearance participate in normal training activities	Restore confidence and assess functional skills by coaching staff
<b>Level 6</b>  <b>After 24 hours return to play</b>	Player rehabilitated	Recovered