



Concussion Policy

Preamble

The Independent Sporting Association administrates and convenes inter-school sporting activities in which many students from its member schools participate. Students participating in these sporting events take part in practice, trials and competitions.

While the ISA takes measures to make the sporting activities as safe as possible for participants, there is a risk that students can be injured as a result of their participation in these sporting activities, whether at training or in actual events.

The purpose of this document is to provide an evidence-based, best practice summary to assist ISA Members' staff and others (coaches, parents, officials, administrators, etc.) to recognise and manage sport related concussion.

This Policy's aim is to protect the welfare of athletes and is not intended to replace medical assessment and treatment.

Definition

Sports Medicine Australia defines concussion as "a disturbance in brain function caused by a direct or indirect force to the head. Concussion is a subset of mild traumatic brain injury that is at the less severe end of the brain injury spectrum. It is characterised by a graded set of neurological symptoms and signs that typically arise rapidly and resolve spontaneously over a sequential course. The process of recovery, however, varies from person to person and injury to injury."¹

Action

- i. At the event, if a student is suspected of concussion, the student must not return to the field/court or participate in play that day. It is preferred that the initial on field assessment be conducted by the employed or designated first aid personnel. If no such personnel, then another member of the school staff other than the coach. (See Appendix B & C)
- ii. If a student suspected of concussion does not receive further medical examination, the ISA Member must stand down this player from all ISA events for a minimum of 3 weeks from the date of the incident. This includes 2 weeks rest and the minimum 6 day Graduated Return to Play (GRTP) period. (See Appendix A).
- iii. The ISA recommends that the student gets a professional opinion from a school approved medical practitioner. The medical practitioner will be required to identify if the student was NOT concussed.
- iv. If the student is identified as not having concussion they may under normal circumstances return to play and trainings as normal.
- v. If a player is diagnosed as having concussion, they must be stood down from all ISA events for a minimum of 3 weeks from the date of the incident. This includes 2 weeks rest and the minimum 6 day Graduated Return to Play (GRTP) period. (See Appendix A).
- vi. Before the student is allowed to take the court/field, a Medical Certificate clearance is to be provided by the school approved Medical Practitioner.

¹ SMA position Statement: Concussion 190815

Graduated Return to Play (GRTP) See appendix A.

The management of a GRTP following a concussion or suspected concussion of a Player should be undertaken on a case by case basis and with the full cooperation of the Player.

A Player **MUST NOT** play until at least the 21st day after the incident.

The GRTP process may commence after a 14 day stand-down period from playing sport and/or training for sport and only if there are no symptoms of concussion.

Where the Player completes each stage of GRTP successfully (without the reoccurrence of any symptoms), the Player would take approximately (1) one week to proceed through the full GRTP rehabilitation protocol. If any symptoms occur while progressing through the GRTP protocol, the Player **MUST** return to the previous stage and attempt to progress again after a minimum 24 hour period of rest.

All players **MUST** complete the GRTP protocol, and **MUST** have clearance from a school approved Medical Practitioner before they can return to play.

Appendix A:

From Zurich Guidelines and FFA GRTP Program

TABLE 1 – Graduated Return to Play Protocol		
Rehabilitation Stage	Functional Exercise at each Stage of Rehabilitation	Objective of each Stage
1. No activity	Symptom limited physical and cognitive rest. Only proceed to Stage 2 once all symptoms have resolved.	Recovery
2. Light aerobic exercise	Walking, swimming or stationary cycling keeping intensity <70% maximum permitted heart rate. No resistance training. Symptom free during full 24 hour period.	Increase HR
3. Sport-specific exercise	Running drills. No head impact activities. Symptom free during full 24 hour period.	Add movement
4. Non-contact training drills	Progression to more complex training drills, eg, passing drills. May start progressive resistance training. Symptom free during full 24 hour period.	Exercise, coordination and cognitive load
5. Full-contact practice	Symptom free during full 24 hour period after full-contact practise. Following medical clearance participate in normal training activities.	Restore confidence and assess functional skills by coaching staff

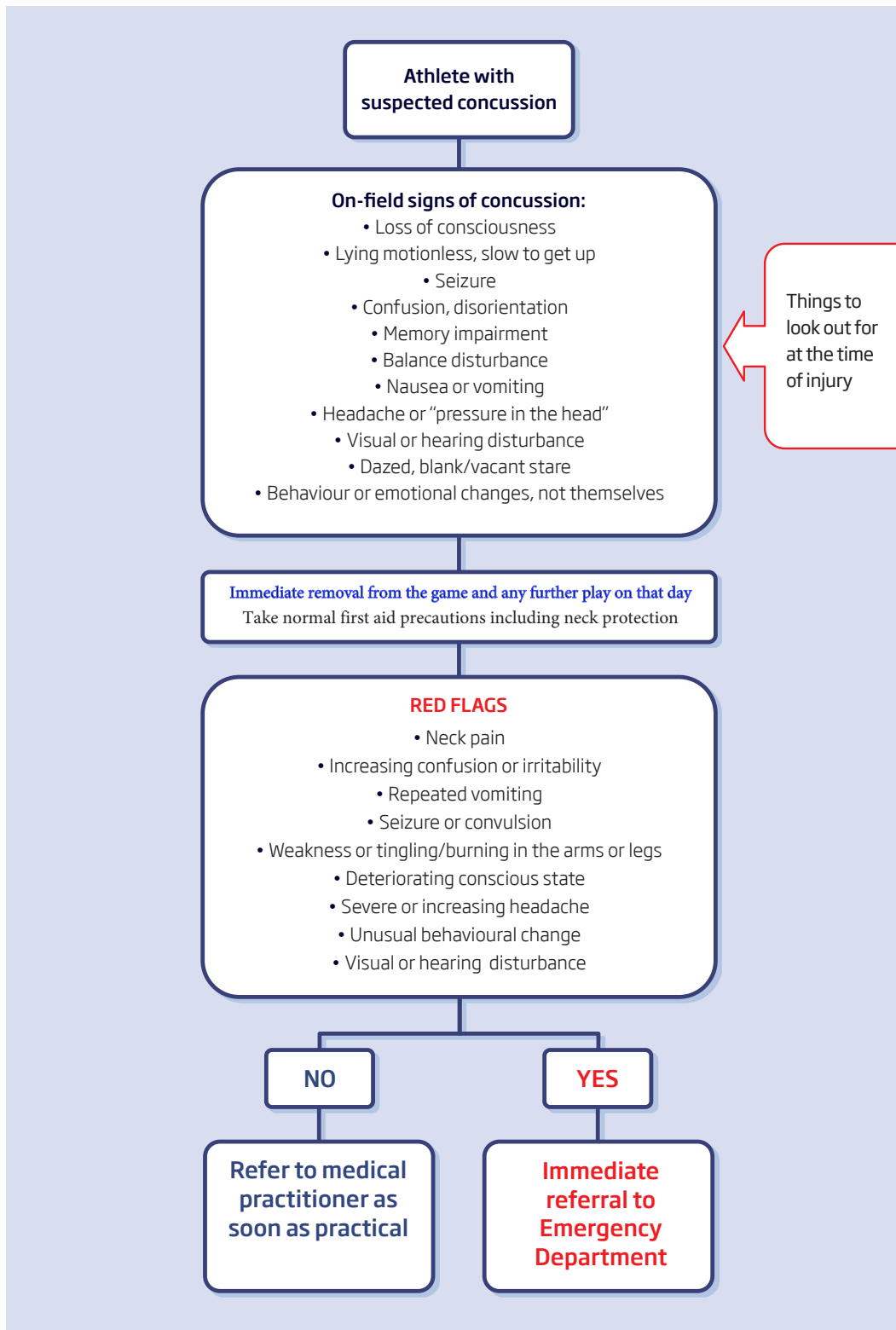
Appendix B:

SCAT3 - Sport Concussion Assessment Tool - <http://bjsm.bmj.com/content/47/5/259.full.pdf>



Non-medical assessment of concussion - on field

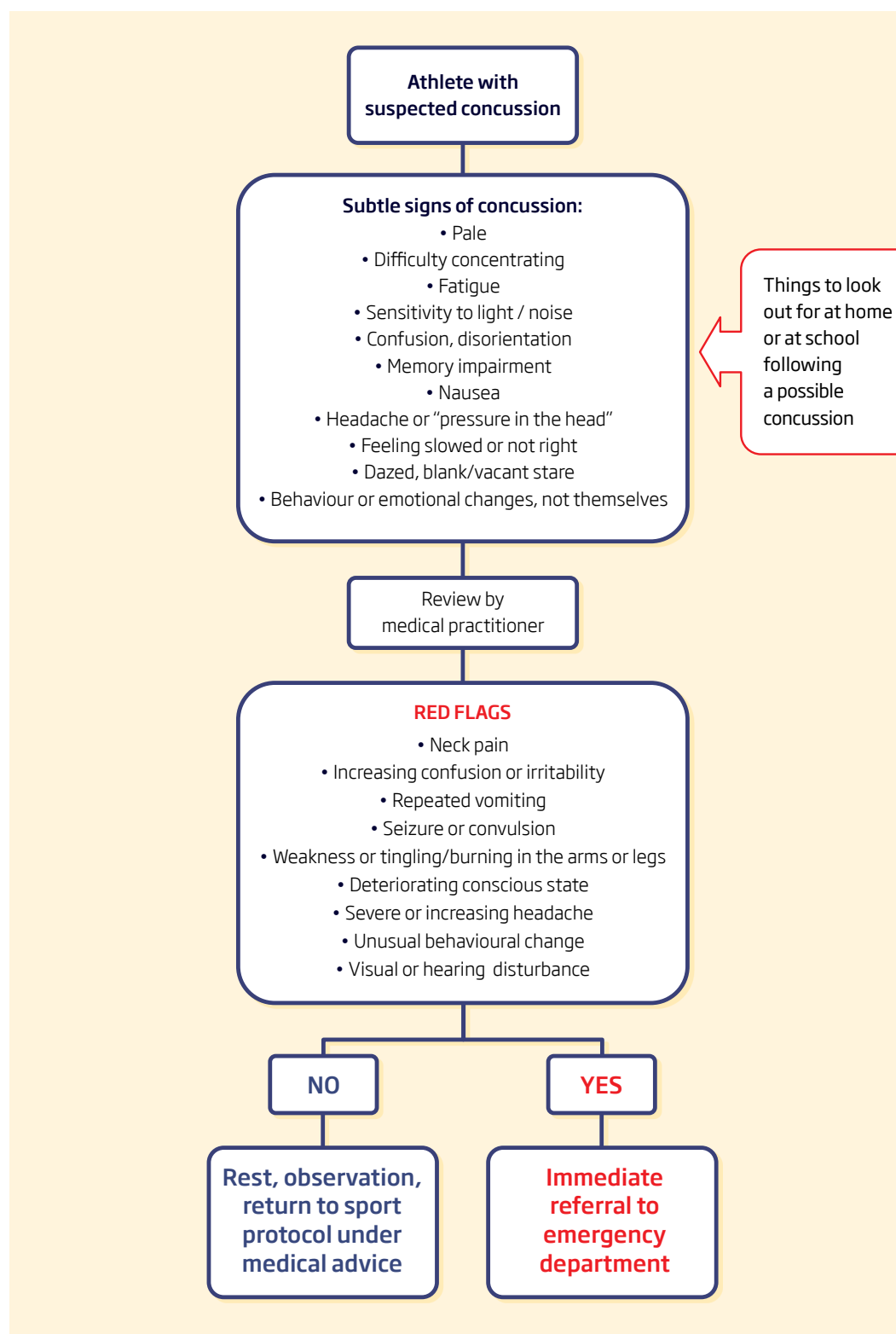
(parents, coaches, teachers, team-mates)





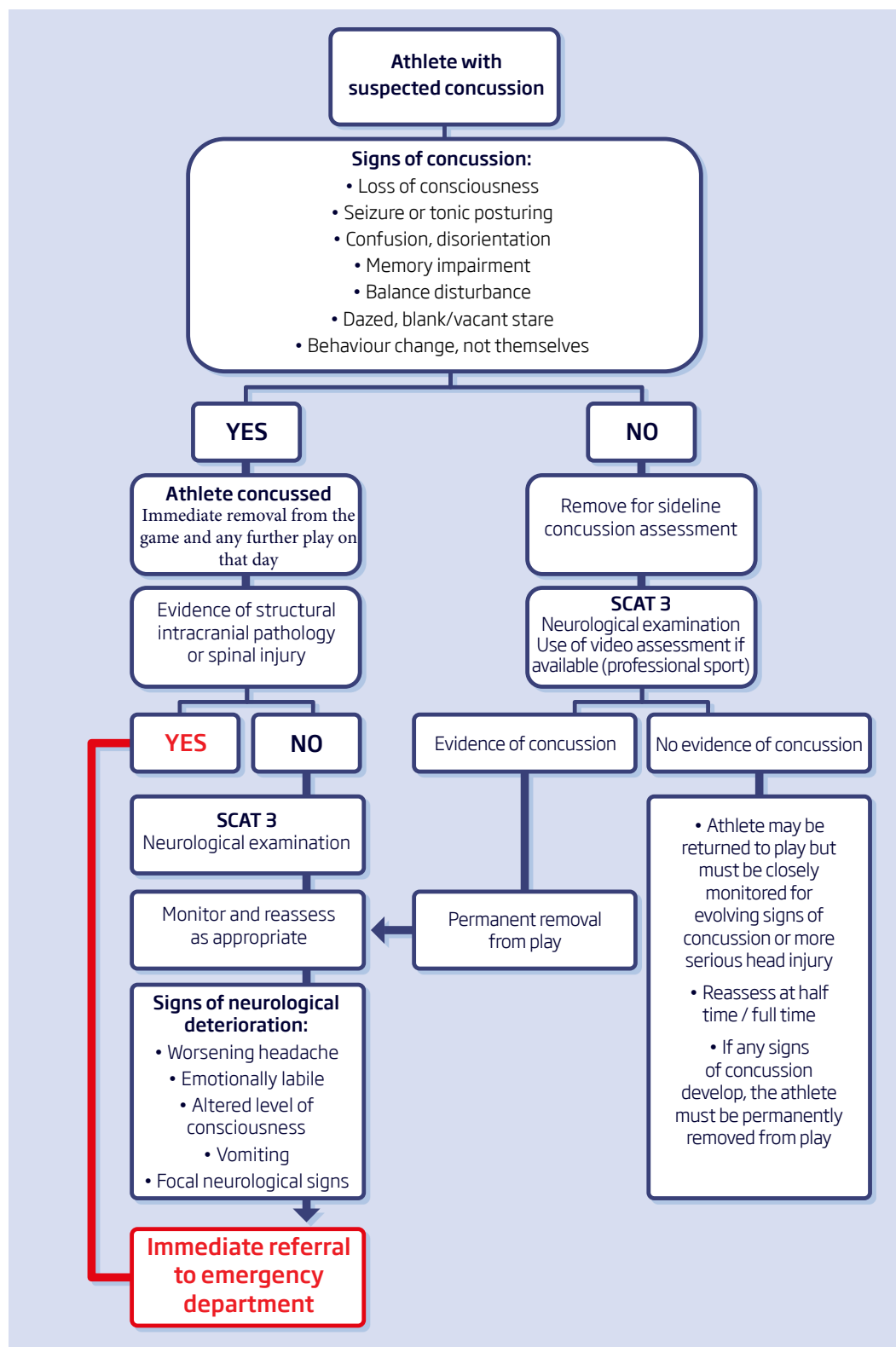
Non-medical assessment of concussion - off field

(for parents, coaches, teachers, team-mates)





Medical assessment of concussion - on field





Medical assessment of concussion - off field

(for emergency departments and medical clinics)

