



CAMBERWELL HOCKEY CLUB: CONCUSSION PROTOCOL

Background

CHC has developed this protocol to assist coaches, team managers, captains, players and parents recognise when a player *may have or has* a concussion and to help them look after the player.

The wellbeing of a player is paramount. CHC adopts a conservative approach to managing a recognised or suspected concussion including a player following a graduated return to play program before he/she returns to play or training.

Concussion is a form of brain injury. It results in a brain function disturbance. All concussions are serious. Concussion that is not recognised or ignored can lead to a more complicated recovery.

Concussion in Children and adolescents

Concussion in this group should be treated more conservatively. They are more prone to concussion, take longer to recover, have more significant memory or mental processing problems and are at greater risk of rare and dangerous neurological complications.

PROTOCOL

- Concussion usually follows a head collision but it can occur with a collision not involving the head. It does not need to be a hard knock. A player does not need to be “knocked out” (lose consciousness) to be concussed.
- Suspect a concussion if there is a knock to the head or body and a force is transferred to the head.
- **Immediately remove a player with a suspected or recognised concussion from the pitch.¹**
- **A player with a suspected or recognised concussion must not return to play or training on the same day** regardless of the match situation, the significance of the match, the views expressed by the coach, the captain, the player, teammates, parents, partners or onlookers. In the event a parent or partner does not believe the player should return then the player must not return.
- The signs and symptoms can be subtle. **The attached Concussion Recognition Tool 5 is to be used to assess whether there are signs or symptoms of a suspected or recognised concussion.**
- **If there is any doubt about whether to suspect a concussion the player must not to return to play.** “If in Doubt, Sit them Out”
- **A player with a suspected or recognised concussion is to be referred for assessment by a medical doctor** (not a nurse, first aider or physio), ideally one with experience in diagnosing and managing concussion in sport.
- Continue to observe and reassess a player with a suspected concussion to look for developing symptoms. Delayed symptom onset is common.
- A player with a suspected concussion is to remain in the company of a responsible adult. In all cases the player, parent / partner should be advised to refer to the *concussioninsport.gov.au* website for further information and to seek a review by a medical doctor.
- **A player with a suspected or recognised concussion must not be allowed to drive, drink alcohol** or be given aspirin or non-steroidal anti-inflammatory drugs (ibuprofen, diclofenac or naproxen), sleeping tablets and sedating pain medications.
- Only a medical doctor can certify a player fit to return and not concussed in suspected cases. A player with a suspected concussion that is not medically assessed or a diagnosed concussion must not return to play or training until a graduated return to play program has been followed.

¹ Normal first aid principles apply. If there is any evidence of neck or spinal injury then the player should not be moved and an ambulance called.

CONCUSSION RECOGNITION TOOL 5 ©

To help identify concussion in children, adolescents and adults



RECOGNISE & REMOVE

Head impacts can be associated with serious and potentially fatal brain injuries. The Concussion Recognition Tool 5 (CRT5) is to be used for the identification of suspected concussion. It is not designed to diagnose concussion.

STEP 1: RED FLAGS — CALL AN AMBULANCE

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

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

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the player (other than required for airway support) unless trained to do so.
- Do not remove a helmet or any other equipment unless trained to do so safely.
- Assessment for a spinal cord injury is critical.

If there are no Red Flags, identification of possible concussion should proceed to the following steps:

STEP 2: OBSERVABLE SIGNS

Visual clues that suggest possible concussion include:

- Lying motionless on the playing surface
- Slow to get up after a direct or indirect hit to the head
- Disorientation or confusion, or an inability to respond appropriately to questions
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Blank or vacant look
- Facial injury after head trauma

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STEP 3: SYMPTOMS

- Headache
- "Pressure in head"
- Balance problems
- Nausea or vomiting
- Drowsiness
- Dizziness
- Blurred vision
- Sensitivity to light
- Sensitivity to noise
- Fatigue or low energy
- "Don't feel right"
- More emotional
- More Irritable
- Sadness
- Nervous or anxious
- Neck Pain
- Difficulty concentrating
- Difficulty remembering
- Feeling slowed down
- Feeling like "in a fog"

STEP 4: MEMORY ASSESSMENT

(IN ATHLETES OLDER THAN 12 YEARS)

Failure to answer any of these questions (modified appropriately for each sport) correctly may suggest a concussion:

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

Athletes with suspected concussion should:

- Not be left alone initially (at least for the first 1-2 hours).
- Not drink alcohol.
- Not use recreational/ prescription drugs.
- Not be sent home by themselves. They need to be with a responsible adult.
- Not drive a motor vehicle until cleared to do so by a healthcare professional.

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ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY, EVEN IF THE SYMPTOMS RESOLVE

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