

Queensland School Sport

Concussion Recognition and Management Policy

Concussion Recognition:

Concussion is a disturbance in brain function resulting from trauma that is transmitted to the brain either directly or indirectly. There are no structural changes and the changes that do occur are temporary and recover spontaneously.

Signs and symptoms of concussion can include (but are not limited to) such things as:

Headache	Obvious confusion	Dizziness	Obviously dazed
Loss of consciousness	Nausea	"Pressure in head"	Difficulty remembering
Difficulty concentrating	Sensitivity to noise	Sensitivity to light	Feeling slowed down
Drowsiness	Feeling like "in a fog"	Nervous or Anxious	"Don't feel right"
Blurred vision	Neck Pain	More emotional	More irritable

Young athletes displaying any of these signs or symptoms of concussion should not be left alone and should be taken to a medical practitioner for further assessment.

Should a young athlete display any "**Red Flags**" as listed below, they should be taken immediately to an emergency department or an ambulance called (000).

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

The health and well-being of young athletes is paramount in the concussion management policy implemented by Queensland School Sport.

QSS Concussion Management Policy:

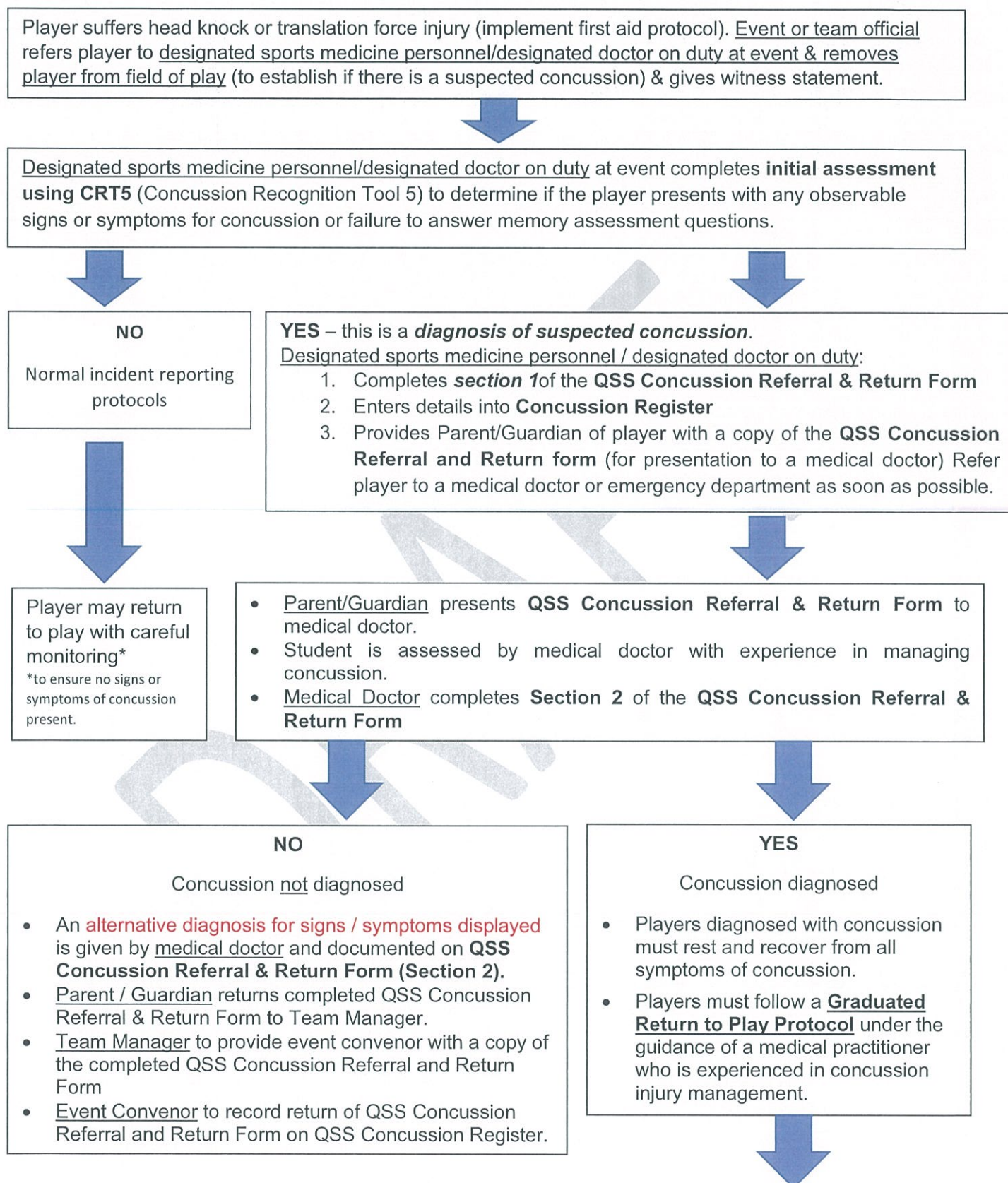
Any player assessed as having sustained a suspected concussion during a QSS event, as per Suspected Concussion - Incident Flow Chart (**Appendix A**) will have their injury managed in the following manner:

1. The player will be removed from the activity and referred to the designated event first aid officer/ sports medicine personnel/ doctor on duty for assessment.
2. The designated event first aid officer/ sports medicine personnel/ doctor on duty will complete an initial assessment of the injured player using the Concussion Recognition Tool 5 (CRT5) (**refer Appendix B**).
3. If based on the assessment the player is suspected of having concussion, the player must be referred to a medical doctor for further assessment.
4. The player will NOT be permitted to return to play in the championship / school sport activity (unless they are given medical clearance in accordance with Section 2(B) of the QSS Concussion Referral and Return Form and the completed form is returned to the event convenor) (**refer Appendix C**).
5. Following a player being diagnosed with concussion they must follow a graduated return to activity protocol under the guidance of a medical practitioner who is experienced in concussion injury management.
 - Before participating in any further School Sport activity, the player must present with a medical clearance specific to participation in full contact/ collision sport.

Further reading:

https://www.sportaus.gov.au/_data/assets/pdf_file/0005/683501/February_2019_-_Concussion_Position_Statement_AC.pdf

SUSPECTED CONCUSSION - INCIDENT FLOW CHART





- Event Convenor submit completed **Concussion Register** to host RSSO.
- Host to submit completed **Concussion Register** to QSSU and all RSSOs
- RSSO to inform Principal of the student's school of the suspected/ diagnosed concussion.
- Team manager to complete **myhr-whs-incident-data-collection-form** with details from the QSS Concussion Referral & Return Form and submit to ***Principal of the student's school*** as per normal protocol

DRAFT

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 and no consented 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.
- Assessment for a spinal cord injury is critical.
- 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.

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.

The CRT5 may be freely copied in its current form for distribution to individuals, teams, groups and organisations. Any revision and any reproduction in a digital form requires approval by the Concussion in Sport Group. It should not be altered in any way, rebranded or sold for commercial gain.

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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CONCUSSION REFERRAL & RETURN FORM

THIS FORM MUST BE COMPLETED (Sections 1 & 2)

Should a player wish to return to play, section 2 must be completed by a medical doctor and specific clearance must be granted for that player to return.

SECTION 1 – PLAYER & INCIDENT DETAILS (please print clearly)			
TO BE COMPLETED BY DESIGNATED FIRST AID OFFICER / SPORTS MEDICINE PERSONNEL/DOCTOR ON DUTY AT THE QSS EVENT AT THE TIME/ON THE DAY OF THE INJURY BEFORE PRESENTING TO THE MEDICAL DOCTOR REVIEWING THE PLAYER			
Name of player:		Date of Birth:	
Region/District/School:		Competition:	
Venue of incident:		Date & Time of incident:	
The injury involved: (select one option)	<div style="display: flex; justify-content: space-between;"> <div>Direct blow or knock to the head</div> <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> <div>Indirect injury to the head e.g.: whiplash/ translational force</div> <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> <div>No specific injury observed:</div> <input type="checkbox"/> </div>		
Specific details of incident:			
The subsequent signs were observed (please select one or more):			
Neck pain or tenderness:	<input type="checkbox"/>	Severe or increasing headache:	<input type="checkbox"/>
Double vision:	<input type="checkbox"/>	Seizure or convulsion:	<input type="checkbox"/>
Weakness or tingling/burning in arms or legs:	<input type="checkbox"/>	Loss of Consciousness:	<input type="checkbox"/>
Lying motionless on the field:	<input type="checkbox"/>	Disorientation or confusion, or an inability to respond appropriately to questions:	<input type="checkbox"/>
Slow to get up after a direct or indirect knock to the head:	<input type="checkbox"/>	Blank or vacant look	<input type="checkbox"/>
Deteriorating conscious state:	<input type="checkbox"/>	Vomiting:	<input type="checkbox"/>
Increasingly restless, agitated or combative	<input type="checkbox"/>	Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements:	<input type="checkbox"/>
The subsequent signs or symptoms were observed or described by the player (please select one or more):			
Headache:	<input type="checkbox"/>	Blurred vision:	<input type="checkbox"/>
'Pressure in head':	<input type="checkbox"/>	Sensitivity to light:	<input type="checkbox"/>
Balance Problems:	<input type="checkbox"/>	Sensitivity to noise:	<input type="checkbox"/>
Nausea:	<input type="checkbox"/>	Fatigue or low energy:	<input type="checkbox"/>
Drowsiness:	<input type="checkbox"/>	'Don't feel right':	<input type="checkbox"/>
More emotional:	<input type="checkbox"/>	More irritable:	<input type="checkbox"/>
Sadness:	<input type="checkbox"/>	Nervous or anxious:	<input type="checkbox"/>
Neck pain:	<input type="checkbox"/>	Dizziness:	<input type="checkbox"/>
Difficulty Concentrating:	<input type="checkbox"/>	Difficulty remembering:	<input type="checkbox"/>
Feeling slowed down:	<input type="checkbox"/>	Feeling like 'in a fog':	<input type="checkbox"/>
Other relevant information:			
Name:		Date:	

Role: First Aid Officer / Sport Med Personnel / Doctor on Duty	Signature:		
SECTION 2 – MEDICAL DOCTOR DECLARATION DOCTOR TO COMPLETE (please print clearly)			
SECTION 2(A) – DIAGNOSIS			
<p>(Name) _____ has presented to me for medical assessment/treatment as a result of the incident/injuries detailed in <u>Section 1</u> of this form.</p> <p><input type="checkbox"/> Based on my assessment of the player and the information provided to me it is my medical opinion that the player named above has suffered a concussion. Please complete SECTION 2(c) DOCTORS REGISTRATION DETAILS</p> <p>OR</p> <p><input type="checkbox"/> Based on my assessment of the player and the information provided to me it is my medical opinion that the player named above has NOT suffered a concussion. Please complete Section 2(B) SAME DAY / 48 HOUR CLEARANCE APPROVAL and SECTION 2(c) DOCTORS REGISTRATION DETAILS</p>			
SECTION 2 (B) – SAME DAY / 48 HOUR CLEARANCE APPROVAL – MEDICAL DOCTOR			
<p>Please complete <u>one</u> of the follow:</p> <p><input type="checkbox"/> I am a doctor experienced in the management of concussion injuries. I directly witnessed the incident or viewed video footage of the incident, have assessed the player in conjunction with the information provided in <u>Section 1</u> of this form and determine that the signs /symptoms documented on this form were exhibited as a result of : _____</p> <p>The player has NOT suffered a concussion in this instance. Further the player is cleared to return to full competition in _____ (insert sport) from _____ (insert date and time).</p> <p>OR</p> <p><input type="checkbox"/> I am a doctor experienced in the management of concussion injuries. I have not witnessed the incident (directly or through video footage), however have examined and assessed the player and the information provided in <u>Section 1</u> of this form a minimum of 48 hours after the reported incident, and determine that the signs /symptoms documented on this form were exhibited as a result of: _____</p> <p>The player has NOT suffered a concussion in this instance. Further the player is cleared to return to competition in _____ (insert sport) from _____ (insert date and time).</p>			
SECTION 2(C) – DOCTORS REGISTRATION DETAILS			
Doctor's Name:			
Australian Health Practitioner Registration Number:			
Name and address of Hospital / Medical Practice attended:			
Signature:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Date:</td> <td style="width: 50%; padding: 5px;">Time:</td> </tr> </table>	Date:	Time:
Date:	Time:		

QSS CONCUSSION REGISTER

[illegible]