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POLICY OF
CONCUSSION MANAGEMENT
FOR
MAINLAND FOOTBALL
(REVISED MAY 2016)

Foreword.

Concussion is a topic that causes many different reactions. At an intellectual level people acknowledge that it's a matter of considerable concern and should be addressed. At a medical level many people do not know what concussion actually is. At a practical level for players, **referee's, match officials** and spectators when they experience or witness a concussion incident they tend to downplay its effect and expect the **injured person** to 'toughen up' and play on.

Thus a practical solution has to be found whereby **players, referee's and match officials** continue to enjoy playing football, with knowledge of the potential hazards; but at the same time the games administrator's, having gained expert knowledge on the topic from the medical profession, set policy to ensure the long term well-being of all **those involved in the sport**. Albeit at the time of an incident players, managers, coaches and officials will rally against such policies, which nevertheless have to be set in place for the long term benefit **of those involved in** the sport of football.

NB – Where the term player is used throughout this policy , it also includes Referee's, Coaches, Match Officials and all those involved in the sport, including spectators, they are known as "the patient".

Introduction.

ACC define concussion as:

Concussion is a mild traumatic ***brain injury*** *(mTBI). Concussion is a* ***brain injury*** *defined as a complex pathophysiological process affecting the brain, induced by biomechanical forces. Several common features that incorporate clinical, pathologic, and biomechanical injury constructs can be utilized in defining the nature of a concussive head injury* (ACC, 2015).

Note:

- Concussion is a **traumatic injury to the brain.**
- A player **DOES NOT** need to be knocked out or rendered unconscious to be concussed; only 10 – 20% of people concussed lose consciousness (ACC, 2015).
- For concussion to occur the mechanical force applied to the body does not necessarily have to be directly to the head, eg whiplash. It is about acceleration or deceleration of the brain within the skull, and the brain hitting the skull.
- Because one cannot visually see the damage to the brain does not equate to no brain damage.
- Phrases such as, 'had their bell rung' or 'stunned' or 'dazed' or 'having to shake the cobwebs out', are all synonymous with being concussed.

The above definition and notes highlight what concussion actually is, ie a brain injury. For many years, if not decades, and to a large degree still prevalent today is the attitude that courageous and brave people play on following a head knock. They are admired, held in high regard and praised for their bravery, yet we don't expect them to do so if they break an arm or damage a kidney. But when it comes to the most vital organ in their body, *viz* the

brain, we expect them to play on when it has been damaged. This thinking and attitude has to change.

The following is the identification and management of concussion; plus policies around who decides as to whether a player can continue to play or not, how that is decided, and when a player can ultimately return to the playing field.

Signs and symptoms of concussion.

There are a range of signs and symptoms. Not every sign or symptom will be present and they **may have delayed onset**:

Physical Signs (what you see).

- **Patient** lying on the ground and having difficulty rising to their feet
- Loss of balance / co-ordination
- Weakness in any limbs
- Disoriented / confused
- Possible loss of consciousness
- Possibly non-responsive
- May have physical injury to their face or head
- May have seizure or convulsions
- Slurred speech
- Vomiting
- Increased drowsiness or can't be woken

Symptoms (what they feel or report)

- Confusion / agitation
- Headache / pressure in their head
- Reduced ability to think / concentrate
- Blurred vision
- Sore neck
- Nauseous
- Dizziness
- Sensitivity to light and / or noise
- Fatigue
- Difficulty sleeping
- Very emotional
- Irritable
- Memory difficulties

Management of a Concussed Player, Referee, Match Official or Spectator.

The most important steps in the early identification of concussion are to recognise it as a possible concussion and remove the **patient** from the game / activity. By use of the Concussion Recognition Tool (CRT). An alternative is the ACC Sideline Concussion Check Card. Should the **patient** fail to answer **any** of the questions correctly or takes quite some

time to answer indicates concussion. Any **patient** with **suspected** concussion should be IMMEDIATELY REMOVED FROM PLAY, and should **not** be allowed to return to activity until they are assessed medically. There is to be **no return** to sport / activity on the day the concussive injury occurred. In cases of uncertainty always adopt a conservative approach – **"If in doubt sit them out"**.

The **patient** **MUST NOT** be left alone.
The **patient** **MUST NOT** drive a vehicle
The **patient** **MUST NOT** consume alcohol.

The **patient** **MUST** be in the care of a responsible person who is aware of the concussion.

If the **patient** is injured and / or unconscious apply First Aid principles.

- ABC – Airway, Breathing, Circulation.
- Treat all unconscious persons as though they have a neck injury
- An unconscious **patient** MUST ONLY be moved by personnel trained in spinal immobilisation techniques.
- Urgent hospital care is necessary if there is concern regarding the risk of structural head or neck injury – call 111.
- A **patient** with any of the following should be referred to hospital URGENTLY.
    - Loss of consciousness or seizures
    - Persistent confusion
    - Deterioration after being injured – increased drowsiness, headache or vomiting
    - Report of neck pain or spinal cord symptoms – numbness, tingling, muscle weakness.

Assessment and diagnosis of concussion.

In all matches, the primary responsibility for ensuring that a player**, referee or match official** who has been involved in a potentially concussive incident is properly assessed for physical signs or symptoms of possible concussion lies with the team coach or manager, who must also make a responsible decision to withdraw a **patient** showing such signs and symptoms from the field of play and ensure he or she receives proper medical attention based on the "**if in doubt sit them out**" policy. They must not allow themselves to be pressured by the player, team mates, **referee's,** parents or supporters in fulfilling this essential responsibility.

Referees, **Coaches and Match Officials** will need to undergo specific training in the recognition of physical signs and symptoms of possible concussion and will be instructed under the rules of the relevant competition not to allow a game to continue unless a **patient** showing a physical sign or symptom of potential concussion is removed from the field of play and takes no further part in the match. Team officials must not attempt to dissuade a referee from a decision that a player has shown physical signs and symptoms of possible concussion (this would be considered irresponsible conduct by the team official); instead

team officials and match officials are instructed, encouraged and supported to err on the side of caution at all times. This essential for player safety.

Any **patient** removed from the field of play because they have shown a physical sign or symptom of possible concussion must have their name forwarded along with the team sheet to Mainland Football. Failure to do so will result in the club being reprimanded, with any successive failure resulting in a financial penalty or loss of points to the player's team.

Referees will also be asked to include details of possible concussion incidents in their match report.

Following receipt of this notification, Mainland Football will contact the relevant club secretary asking how the possible concussion has been managed. The **patient** may not return to play in a match until a doctor's certificate has been provided that gives clearance for resumed physical activity and physical contact

*Only a qualified medical doctor can **diagnose** concussion.*
If concussion is suspected then ideally the injured person should seek medical assessment at a medical centre, or at the very least contact Healthline – 0800 611 116. This is to confirm a diagnosis of concussion and to assess the risk for more serious injury.

Mainland Football endorses the Sport Concussion Assessment Tool version 3 (SCAT3) and the Child SCAT3, as a validated means of assessing concussion. Note it is a tool to assist in the assessment of concussion, it does not diagnose concussion, so while a trained person can do the assessment only a medical doctor can diagnose concussion.

Concussion and a graduated return to play.
Initial concussion management involves physical and cognitive rest until the acute symptoms resolve and then a graded programme of exertion (physical and mental activity) prior to medical clearance and return to play.

All patients diagnosed with concussion must go through a Graduated Return to Play Protocol led by a person trained in concussion management (e.g. Doctor, coach, parent etc). Players should have fully returned to school or work and social activities **before** returning to activity. **Clearance by a medical doctor is required before return to football.**

Graduated Return to Play Guidelines (for players aged from 21 years).

Level	*Activity Undertaken*	*Time Post Concussion*
1	No activity, complete rest. Avoid all physical and mental exertion including the use of technology. e.g. use of phones, TV, computers	2 – 3 days
2	Light aerobic exercise such as walking or stationary cycling. Keep intensity low. No resistance work.	4 – 10 days
3	Football related exercise. E.g. running drills. No heading	11 – 15 days
4	Non- contact training activities. Progress to more complex training drills, e.g. passing drills.	16 – 20 days
5	Full contact training following clearance from Doctor, ie normal training activities.	21 days
6	Return to play.	21+ days.

In some cases symptoms may be prolonged or graded activity may not be tolerated. If so evaluation by a concussion specialist or clinic is warranted to determine if other aspects of treatment for the concussion need to be considered.

For **child and adolescent players** the graduated return to play Guidelines listed above are similar other than the time frame is longer. They require a full medical clearance **BEFORE** undertaking the return to play protocol. This comprises a period of upto 21 days rest from physical activity before undertaking the graduated return to activity process. Return to play will be delayed for children and adolescent players until Day 28.

Graduated Return to Play Guidelines (for players aged under 21 years).

Level	*Activity Undertaken*	*Time Post Concussion*
1	No activity, complete rest. Avoid all physical and mental exertion including the use of technology. e.g. use of phones, TV, computers	2 – 3 days
2	Light aerobic exercise such as walking or stationary cycling. Keep intensity low. No resistance work.	4 – 15 days
3	Football related exercise. E.g. running drills. No heading	15 – 21 days
4	Non-contact training activities. Progress to more complex training drills, e.g. passing drills.	21 – 27 days
5	Full contact training following clearance from Doctor, ie normal training activities.	28 days
6	Return to play.	28+ days.

Post-Concussion Syndrome.

Following a concussive incident some **patients** continue to experience problems after their apparent recovery from the incident, ie 21 – 28 days later. Signs and symptoms are:

- Sleep disturbance
- Difficulty in concentrating and in attention span
- Difficulty in applying themselves to tasks
- Irritable and intolerant; to noise in particular
- Dizziness on turning of the head
- Recurrent headaches
- Frustration in trying to complete tasks
- Anxiety and / or depression.

Should the **patient** show any of these symptoms it is mandatory that the **patient** be assessed by a neurologist or a sports medicine physician before they return to any sports related activity. A medical certificate from a Neurologist / Sports medicine physician giving clearance to play will be required before the **patient** can enter the Graduated Return to Play Guidelines (see above).

Successive Concussion Incidents.

Should a player suffer a second concussion incident all the above management aspects apply. Except the player will be required to stand down from all football, ie games and practices, for the rest of the season or 6 months at minimum. Be ever more alert to this in children and adolescents and adopt an even more conservative policy of sitting them out for the season / 6 months, and a medical certificate of clearance obtained.

Should a player suffer concussion in successive seasons that player will be required to obtain a specialist report from a Neurologist, Concussion Clinic or Neuro-surgeon before being allowed to return to play. More than three clearly documented concussion incidents will result in that player's registration not being accepted for the following season and a letter from Mainland Football suggesting the player consider withdrawing from all contact sport.

Following receipt of this notification, Mainland Football will send an email message to the relevant club secretary asking how the possible concussion has been managed. The player may not return play in a match until a doctor's certificate has been provided that gives clearance for resumed physical activity and physical contact

Summary.

Concussion is to some degree an invisible problem, in that the damage cannot be actually seen yet it has significant long term consequences. Only now are we beginning to see the impact of those consequences long term. The evidence shows there needs to be a shift in the management of dealing with players who have suffered concussion. Above is listed the signs and symptoms of concussion, the management of, and some policies relating to its identification. It is acknowledged that this will likely not please many of the participants in the game but we have a moral duty to protect the players, even from themselves at times, and it needs to be done for the long term welfare of the sport. The 'beautiful game' requires nothing less.

Referee Concussion Protocol. – ADDED MAY 2016

Where a referee is involved in an incident whereby the referee is suspected of sustaining a possible concussion the following will apply.

Where the referee or assistant referee is part of a team, the senior (uninjured) referee of the team MUST sit the injured referee out for the remainder of the game, and the other referee and assistant referee shall assume the positions that they would, when a referee or assistant referee suffer any other injury during a game.

Where the referee is a sole official of a game, and is suspected of sustaining a possible concussion, the managers / team captains of the 2 teams MUST sit the referee out for the remainder of the game.

Where there is no other badged referee available to take over control of the game, the 2 team managers / team captains shall appoint a mutually agreed person to assume the referee's role for the remainder of the game, where this cannot be agreed upon, then the order shall be, the home team referee's the 1st half of the game, the away team shall referee the 2nd half of the game.

The injured referee shall not be allowed to return to the game.

The team managers / team captains should ensure that the injured referee receives immediate medical attention if this is required. This may involve arranging for transport if the injury means the referee should not drive.

The injured referee should seek their own medical advice on the injury.

The Mainland Football Concussion Policy shall apply to referee's as it does to players.