

# CONCUSSION POLICY

Date adopted by the Board:

Date Effective:

## BACKGROUND

This document sets out the guiding principles and provides general advice regarding the management of concussion in the sport of Freestyle Scooters in Australia.

These guidelines have been developed to outline the issues for athletes, team managers, officials and others responding to athletes who have received a head injury. The guidelines are general in nature and not intended to replace medical assessment and treatment. Individual treatment will depend on the facts and circumstances specific to each individual case.

## DEFINITION

Concussion refers to a disturbance in brain function that results from trauma to the brain. Concussion may be caused by a blow to the head, face or neck or by impact that transmits force to the head

## 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. The AIS and AMA recommend a minimum 14day symptom -free period for children and adolescents.

## SIGNS OF CONCUSSION

Immediate visual indicators of concussion include:

- Loss of consciousness or responsiveness.
- Lying motionless on the ground/slow to get up.

- A dazed, blank, or vacant expression.
- Appearing unsteady on feet, balance problems or falling over.
- Grabbing or clutching of the head
- Impact seizure or convulsion

Concussion can include one or more of the following symptoms:

- Symptoms: Headache, dizziness, “feeling in a fog”.
- Behavioural changes: Inappropriate emotions, irritability, feeling nervous or anxious.
- 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.

Tools such as the Pocket Concussion Recognition Tool (see Appendix 1) can be used to help recognise concussion. It is important to note however that brief sideline evaluation tools are designed to recognise a concussion, but they cannot replace a comprehensive medical assessment.

## REMOVE FROM PLAY

Any rider with a suspected concussion in the opinion of the designated senior first aid person at the event will be immediately removed from riding and will not be permitted to returned to activity until they are assessed by a qualified medical practitioner and provide a medical certificate outlining a clearance to return to competition / riding.

If a Rider is also an ASA accredited Judge or Official, the suspension will also apply to Judging and official’s duties.

Riders with a suspected concussion should not be left alone and should not drive a motor vehicle.

Only qualified medical practitioners should diagnose whether a concussion has occurred, or provide advice as to whether the Rider can return to play.

If in the event there is no qualified medical practitioner on site / attending the event , then the opinion of the designated *Senior First Aid Attendant* will provide this advice to the officials / State Rep who will provide the direction to the rider.

There will be no return to riding on the day of a suspected / concussive injury.

It is important not to be influenced by the rider, coaching staff, trainers, parents, or any others suggesting a return to ride. All riders with concussion or a suspected concussion need a medical assessment by a registered medical practitioner. The rider should be sent to a local general practice or local hospital emergency department.

Urgent transfer to hospital is required if the rider displays any of the following symptoms:

- Loss of consciousness or seizures
- Confusion
- Deterioration following their injury (eg vomiting, increased headaches or drowsiness)
- Neck pain or spinal cord symptoms (eg numbness, tingling or weakness)

If there is any doubt on the rider's condition, they should be referred to hospital.

## RETURN

A suspected/confirmed concussed rider should obtain a medical clearance from a qualified medical practitioner before returning to racing, coaching or officiating. It is the rider's/parent's responsibility to ensure that the rider is medically cleared before returning to ASA Events. Such medical clearance should be provided to the ASA by electronic means (see Appendix 2).

Riders should be returned to sport in a graduated manner that should be supervised by their medical practitioner.

For example:

- Rest until all symptoms resolve
- Light aerobic activity 24 hours after symptoms resolve
- Non-contact training drills
- Full contact training
- Return to ride

It is important to note there should be approximately 24 hours between stages.

If a rider becomes symptomatic at any stage they should drop back to the previous symptom free level and try to progress again after 24 hours.

If a rider continues to be symptomatic for more than 10 days they should be reviewed again by a medical practitioner.

# Appendix 1

## Pocket CONCUSSION RECOGNITION TOOL™

To help identify concussion in children, youth and adults



### RECOGNIZE & REMOVE

Concussion should be suspected **if one or more** of the following visible clues, signs, symptoms or errors in memory questions are present.

#### 1. Visible clues of suspected concussion

Any one or more of the following visual clues can indicate a possible concussion:

Loss of consciousness or responsiveness  
Lying motionless on ground / Slow to get up  
Unsteady on feet / Balance problems or falling over / Incoordination  
Grabbing / Clutching of head  
Dazed, blank or vacant look  
Confused / Not aware of plays or events

#### 2. Signs and symptoms of suspected concussion

Presence of any one or more of the following signs & symptoms may suggest a concussion:

- Loss of consciousness
- Seizure or convulsion
- Balance problems
- Nausea or vomiting
- Drowsiness
- More emotional
- Irritability
- Sadness
- Fatigue or low energy
- Nervous or anxious
- "Don't feel right"
- Difficulty remembering
- Headache
- Dizziness
- Confusion
- Feeling slowed down
- "Pressure in head"
- Blurred vision
- Sensitivity to light
- Amnesia
- Feeling like "in a fog"
- Neck pain
- Sensitivity to noise
- Difficulty concentrating

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### 3. Memory function

Failure to answer any of these questions 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?"

Any athlete with a suspected concussion should be **IMMEDIATELY REMOVED FROM PLAY**, and should not be returned to activity until they are assessed medically. Athletes with a suspected concussion should not be left alone and should not drive a motor vehicle.

It is recommended that, in all cases of suspected concussion, the player is referred to a medical professional for diagnosis and guidance as well as return to play decisions, even if the symptoms resolve.

#### RED FLAGS

If ANY of the following are reported then the player should be safely and immediately removed from the field. If no qualified medical professional is available, consider transporting by ambulance for urgent medical assessment:

- Athlete complains of neck pain
- Increasing confusion or irritability
- Repeated vomiting
- Seizure or convulsion
- Weakness or tingling / burning in arms or legs
- Deteriorating conscious state
- Severe or increasing headache
- Unusual behaviour change
- Double vision

#### 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 helmet (if present) unless trained to do so.

from McCrory et al, Consensus Statement on Concussion in Sport. Br J Sports Med 47 (5), 2013

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## Appendix 2

# HOW TO RETURN TO RIDING

1. A Rider concussion will be reported to ASA by the Parent or Event Officials.
2. ASA will record the concussion on the Rider's Member profile and the Rider will be medically suspended from ASA activities, officiating duties and Events.
3. Upon receiving a Medical Clearance, the Clearance should be emailed to the ASA [president@ausscooter.com.au](mailto:president@ausscooter.com.au)
4. Upon receipt the Rider will be removed from the ASA Suspended Members – Medical List.
5. The Rider will be permitted to return to ASA activities, coaching and officiating duties and enter Events.

<p><b>PLEASE NOTE:</b> If a Rider participates in ASA activities, coaches, officiates or enters Events while medically suspended for concussion, they can be subject to disciplinary action and their membership suspended or cancelled.</p>