



ENDORSED BY
MATER HEALTH



CONCUSSION POLICY



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Version Number	Release Date	Amendments made (brief notes)	Authorised By	Archive Date
1	July 2021	New Policy	TFA Board	

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TOUCH FOOTBALL CONCUSSION POLICY

Reason for Policy

This policy has been developed based on the latest findings from the 2017 Concussion in Sport Group consensus statement and the Sports Medicine Australia Concussion in Sport Policy. This policy has also been developed in conjunction with TFA Medical Coordinator Steve Cunningham and subsequently reviewed and endorsed by Mater Health.

Aim of the Policy

The aim of these guidelines is to ensure that all players with a suspected concussion receive timely and appropriate advice and care to safely return them to activities and sport. It will outline the process that must be followed to:

- Recognise an athlete with a suspected concussion or red flags
- Manage a suspected concussion or red flags
- Manage return to participation after concussion
- Document/report a concussion
- Communicate information effectively to the athlete regarding concussion, monitoring and return to sport process

It is important that all first aid personnel understand the following documents and are comfortable with their application, as they will be strictly enforced:

- [Concussion Recognition Tool 5](#)
- [Sports Medicine Australia Concussion in Sport Policy](#)

Medical practitioners must also be comfortable with the administration of:

- [Sports Concussion Assessment Tool 5 \(SCAT5\)](#) – to be used for anyone over 12 years of age
- [Child Sports Concussion Assessment Tool 5 \(Child-SCAT5\)](#) – to be used for children 5-12

What is concussion?

Concussion is a disturbance in brain function caused by direct or indirect forces to the head, face, neck or elsewhere with the force transmitted to the head. A player does not have to be knocked unconscious to have a concussion. Loss of consciousness is seen in only 10-15% of cases of concussion.

Concussion is difficult to diagnose and only medical doctors can definitely diagnose a concussion. However, recognising a suspected concussion at the time of injury is extremely important to ensure appropriate management and to prevent further injury.

Recovery from concussion varies from person to person, and injury to injury. If recognised and appropriately managed most people will recover from their symptoms.

What is the Concussion Recognition Tool 5?

The Concussion Recognition Tool 5 (CRT5) is a tool to help recognise an athlete with potential concussion and remove them safely from the game for further testing. Each medical personnel will be issued with a CRT5 and it must be used to recognise potential concussion and red flags in athletes. It is important that all medical personnel are comfortable with the use of the CRT5 which is available here. Please see the concussion management protocol below for management of suspected concussion and red flags.

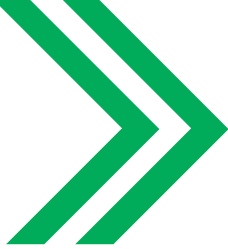
What is the SCAT5?

The SCAT5 is a standardized tool for evaluating injured athletes for concussion and can be used in athletes aged from 13 years and older. For younger persons, ages 12 and under, please use the Child SCAT5. The SCAT5 is designed for use by medical professionals. Specific instructions for use of the SCAT5 are provided here. If you are not familiar with the SCAT5, please read through these instructions carefully.

NOTE: The diagnosis of a concussion is a clinical judgment, ideally made by a medical professional. The SCAT5 should not be used solely to make, or exclude, the diagnosis of concussion in the absence of clinical judgement. An athlete may have a concussion even if their SCAT5 is "normal".

What is the Child-SCAT5?

The ChildSCAT5 is a standardized tool for evaluating injured children for concussion and can be used in children aged from



5 to 12 years. Specific instructions can be found on the sport concussion assessment tool [handout here](#), please read through these instructions carefully.

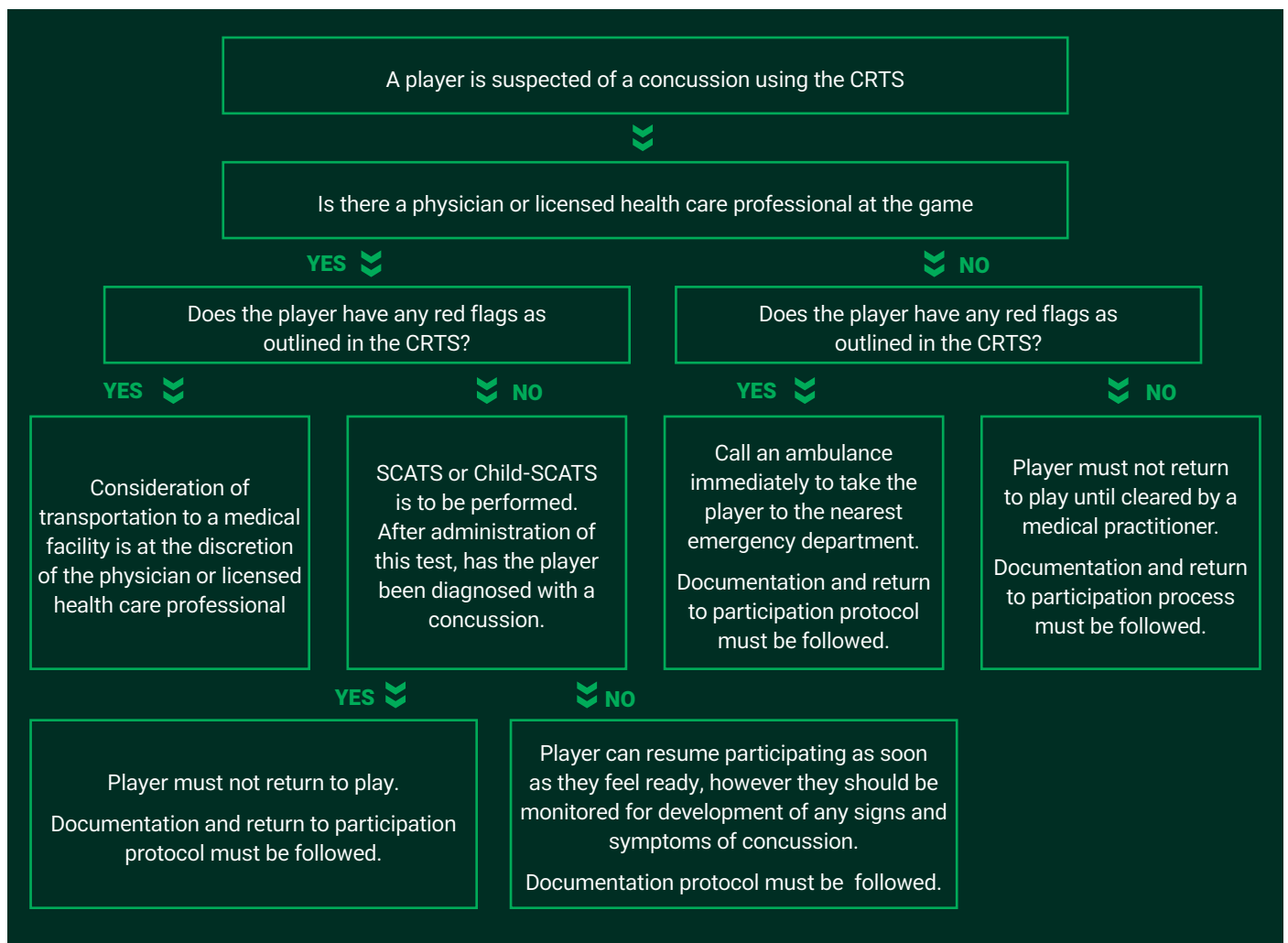
NOTE: The diagnosis of a concussion is a clinical judgment, ideally made by a medical professional. The ChildSCAT5 should not be used solely to make, or exclude, the diagnosis of concussion in the absence of clinical judgement. An athlete may have a concussion even if their ChildSCAT5 is "normal".

Concussion Management Protocol

At the time of suspected injury, the initial evaluation should assess acute trauma. If the athlete is unable to leave the field under their own power, the medical staff should perform a primary survey (DRSABCD).

Whether the patient is conscious or not, the medical personal should suspect and if possible rule out a cervical spine injury and other more severe injuries (see CRT5 or SCAT5 red flags).

Once no life-threatening injuries are determined to be present, the player is to be removed from play to commence the following assessment protocol.





Emergency Treatment

In the case of any emergency treatment, an ambulance should always be called. It is always recommended you consider any unknown injury or incident to be more severe than it might be and treat it that way.

Red flags to be aware of with suspected concussion are outlined in both the CRT5 and SCAT5. If there is no medical practitioner present an ambulance should always be called if any red flags are present. If a medical practitioner is present, then it is at the discretion of the medical practitioner to call an ambulance in the presence of red flags.

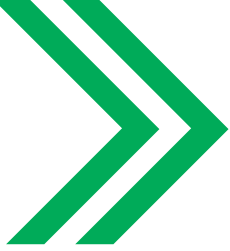
A tournament official should make the phone call on your behalf while you manage the player, as they will know where the emergency exits are located and will be able to co-ordinate the service.

Concussion Report Process

The following document is required to be completed for all suspected concussions. If a medical practitioner is present, the SCAT5 needs to be completed and attached to the report form. A tournament official is required for completion of this form and to ensure the concussion information sheet has been handed over to the athlete. A copy of the injury report form must be sent to the tournament director.

[TFA Concussion Report Form](#)





RETURN TO SPORT AND CLEARANCE PROCESS FOR ADULT 18 OR OLDER

If an athlete has been diagnosed with a concussion, or if no medical practitioner was present and they have a suspected concussion, they must follow the return to sport process outlined below. Before they are to return to competition, the clearance form must be signed by their treating physician.

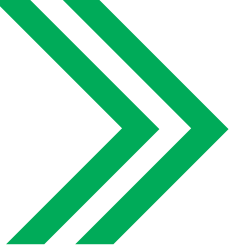
The return to sport protocol is designed to gradually progress exercise levels back to competition and will take a minimum of seven days following the resolution of all symptoms, however this can take longer depending on the athlete's symptoms.

Rest and recovery is the first stage immediately after concussion. Rest means not undertaking any activity that provokes symptoms. This stage should last at least 24-48 hours, however can be longer if symptoms persist.

Following 24-48 hours of rest without symptoms, the progressive protocol outlined below is to be followed. Each stage of the progression should take at least 24 hours. If any symptoms worsen during exercise, the athlete should go back to the previous stage. Strength or weight training should be added only in the later stages (3 or 4 at the earliest). If symptoms persist more than 10-14 days, the athlete should be referred to a medical practitioner with expertise in concussion management.

The '[Return to Competition Medical Clearance Form](#)' must be completed and signed by the athlete's treating physician before they are to return to competition.

Stage	Activity	Goal of Each Stage
1. Daily activities while remaining symptom-free	Daily activities that do not provoke symptoms	Gradually reintroduce work or school activities
2. Light aerobic exercise	Walking, swimming or stationary cycling at a slow to medium pace. No strength or weight training.	Increase heart rate
3. Sport-specific exercise	Running drills in football or skating drills in ice hockey. No activities with head impact	Add movement
4. Non-contact training drills	Harder training drills. e.g passing etc. Start progressive strength or weight training.	Exercise, coordination, and mental load
After receiving medical clearance		
5. Full contact training	Normal training activities	Restore confidence and assess skills by coach
6. Return to play	Normal game play	



RETURN TO SPORT AND CLEARANCE PROCESS FOR CHILD UNDER 18

The management of sport related concussion in children (5-12) and adolescents (13-18) require special paradigms suitable for the developing child and a more conservative approach.

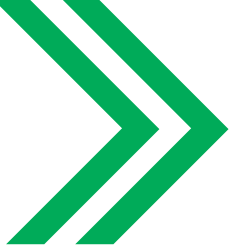
The priority when managing concussion in children should be returning to school and learning, ahead of returning to sport. This needs to be graduated and guided by physician's instructions.

It is suggested the graduated return to play protocol should be extended such that a child does not return to contact/collision activities less than 14 days from the resolution of all symptoms.

If there are no symptoms following 48 hours of physical and mental rest, the return to sport protocol can commence.

Each stage of the progression should take at least 48 hours. If any symptoms worsen during exercise, the athlete should go back to the previous stage. Strength or weight training should be added only in the later stages (3 or 4 at the earliest). If symptoms persist more than 4 weeks, referral to a medical practitioner with expertise in managing concussion should be considered. Before the athlete returns to competition, the ['Return to Competition Medical Clearance Form'](#) needs to be completed and signed by the athlete's treating physician.

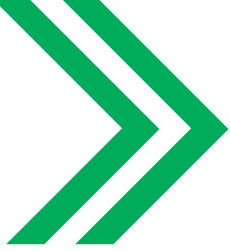
Stage	Activity	Goal of Each Stage
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4. Non-contact training drills	Harder training drills. e.g passing etc. Start progressive strength or weight training.	Exercise, coordination, and mental load
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5. Full contact training	Normal training activities	Restore confidence and assess skills by coach
6. Return to play	Normal game play	



ATHLETE HANDOUTS

After a concussion, the following handout must be given to the athlete. There is one for an athlete who is 18 years of age or older, and there is one to be given to the parent/guardian of an athlete who is under 18 years of age. Athlete's and/or Parents/ Guardians must also be given the [Return to Competition Medical Clearance Form](#), which is to be signed and completed by their physician before they are to return to competition.





ATHLETE HANDOUT FOR ATHLETE 18 YEARS OF AGE OR OLDER

What is Concussion:

Concussion is a disturbance in brain function caused by direct or indirect forces to the head, face, neck or elsewhere with the force transmitted to the head. A player does not have to be knocked unconscious to have a concussion, with loss of consciousness seen in only 10-15% of concussions.

Recovery time is variable across individuals, therefore you will need monitoring by a responsible adult. You should not be left alone for the first 1-2 hours, and should be monitored for the next 48 hours, unless your treating physician says otherwise.

If you notice any change in behaviour, vomiting, worsening headache, double vision or excessive drowsiness, please telephone your doctor or the nearest hospital emergency department immediately.

Until cleared by your physician you should:

- Not drink alcohol
- Not use recreational drugs
- Not take certain prescription medications including sedative medications, aspirin, anti-inflammatory medication, or strong pain relievers
- Not drive

Return to sport process:

The return to sport process will take a minimum of seven days once your symptoms have resolved.

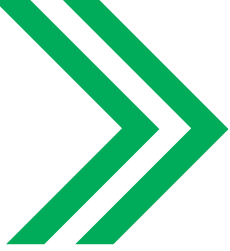
Most people will recover from concussion within 10-14 days. However, recovery will vary from person to person, and from injury to injury. Your physician will guide your concussion rehabilitation process.

Rest is required immediately following a concussion for 24-48 hours (unless symptoms persist beyond this point). Rest should be both physical and mental and should not provoke symptoms. If your symptoms have resolved after 24-48 hours of rest, the return to sport protocol can commence.

Stage	Activity	Goal of Each Stage
1. Daily activities while remaining symptom-free	Daily activities that do not provoke symptoms	Gradually reintroduce work or school activities
2. Light aerobic exercise	Walking, swimming or stationary cycling at a slow to medium pace. No strength or weight training.	Increase heart rate
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6. Return to play	Normal game play	

Each stage of progression should take at least 24 hours. If any symptoms worsen during exercise, the athlete should go back to the previous stage. Strength or weight training should be added only in the later stages (3 or 4 at the earliest). If symptoms persist more than 10-14 days then a referral to a medical practitioner with expertise in concussion management should be considered.

A doctor's clearance is required before you are to return to sport. You have been given a Medical Clearance Form which is for your physician to complete and sign when they feel you are ready to return to competition.



ATHLETE HANDOUT TO BE GIVEN TO PARENT/GUARDIAN OF ATHLETE UNDER 18

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Until cleared by your physician you should:

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- Not take certain prescription medications including sedative medications, aspirin, anti-inflammatory medication, or strong pain relievers
- Not drive

Return to sport process:

The return to sport process will take a minimum of fourteen days following resolution of your symptoms.

Most people will recover from concussion within 10-14 days. However, recovery will vary from person to person, and from injury to injury. Your physician will guide your concussion rehabilitation process.

Rest is required immediately following a concussion for 48 hours (unless symptoms persist beyond this point). Rest should be both physical and mental and should not provoke symptoms. If your symptoms have resolved following 48 hours of rest, the return to play protocol can commence.

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A doctor's clearance is required before you are to return to sport. You have been given a Medical Clearance Form which is for your physician to complete and sign when they feel you are ready to return to competition.

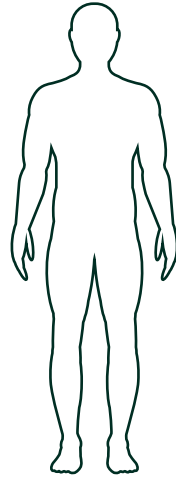
Touch Football Medical Clearance Form



Doctor

My patient _____ wishes to participate continue to participate in Touch Football competitions and/or Touch Football related activities, after having discussed their medical condition(s) with me. He/she/they have been advised of all risks associated with participating and understands the possible consequences.

Provide information relating to the condition. Use the interactive diagram of the body to indicate injured body parts.



Physician's Recommendations

1.

2.

3.

Signature

Contact Number

Name (please print)

Date

Patient Consent/ Disclaimer

I _____, consent to participate in Touch Football competition(s) and/or Touch Football related activities coordinated by (insert affiliate name) _____.

I have sought medical advice by the above physician, and have been advised of all risks and consequences associated with my pre-existing and/or current medical conditions(s).

I also understand whilst participation is actively encouraged at all levels in Touch Football, the insurance cover purchased by Touch Football Australia (TFA) will not respond to some pre-existing medical conditions and that I continue my involvement at my own risks.

Signature

Date

FOR STATE/ TERRITORY ADMINISTRATOR (OFFICIAL USE ONLY)

Date Received

Office Approved

Approved by

