



"IF IN DOUBT, SIT THEM OUT!"

TOUCH FOOTBALL AUSTRALIA

CONCUSSION POLICY FOR TOUCH FOOTBALL



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INTRODUCTION

The Concussion Policy for Touch Football has been redeveloped based on the Touch Football Australia signing and endorsing the [Australian Concussion Guidelines for Youth and Community Sport](#) in February 2024 and the new [Concussion Recognition Tool 6 \(CRT6\)](#) which is a simplified summary of the key signs and symptoms and 'red flags' that should raise a concern about a possible concussion.

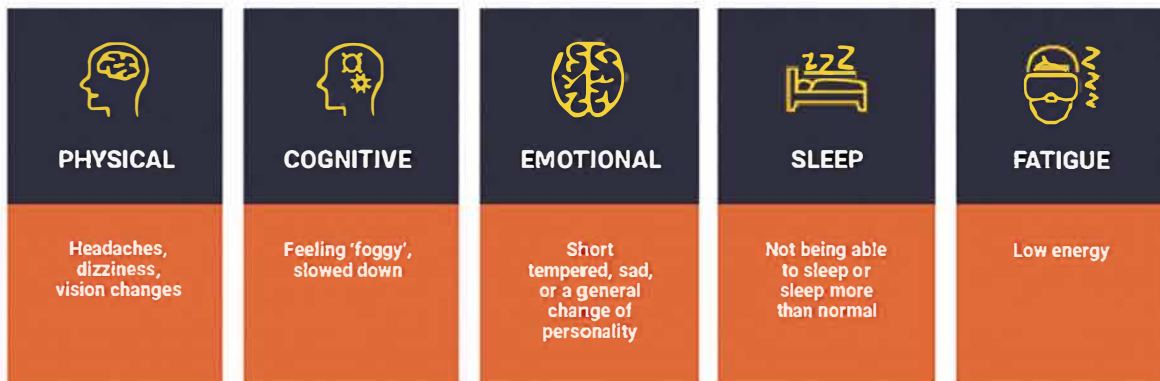
"If in doubt, sit them out!"

This Policy is intended to provide information on how to recognise concussion and manage concussion from the time of injury through to a safe return to education, work and playing sport. This policy provides a general overview of concussion identification and management, and the role members of the touch football community should play. For more in-depth information and references, refer to the [AIS Concussion and Brain Health Position Statement \(CBHPS24\)](#).

The Concussion Policy for Touch Football is applicable for **all levels of touch football**.

WHAT IS CONCUSSION?

Concussion is a brain injury resulting in a disturbance of brain function. It affects the way a person thinks, feels and remembers things. Concussion can affect an individual in a variety of ways, including:



Reference: Australian Concussion Guidelines, 2024

It should be noted that concussion can occur with relatively minor 'knocks'.

ONSET OF SYMPTOMS

Concussion is often an evolving injury, with symptoms changing over hours or days following the injury. Recovery times following concussion vary between athletes, based on sex, age, presence of pre-injury medical conditions and para-athlete status.



HOW TO RECOGNISE CONCUSSION

The [Concussion Recognition Tool 6 \(CRT6\)](#) may be used as an aid to the on-field recognition of concussion. If any of the following visible clues (signs) or symptoms are present following an injury, the individual should be assumed to have concussion and must be immediately removed from play or training and must not return to activity that day.

The [CRT6](#) is a simplified summary of the key signs and symptoms and 'red flags' that should raise a concern about a possible concussion. The 20 symptoms listed in the [CRT6](#) are:

<ul style="list-style-type: none">» Headache» *Pressure in head*» Balance Problems» Nausea or vomiting» Drowsiness» Dizziness» Blurred Vision	<ul style="list-style-type: none">» Sensitivity to light» Sensitivity to noise» Fatigue or low energy» *Don't feel right*» More emotional» More irritable» Sadness	<ul style="list-style-type: none">» Nervous or anxious» Neck pain» Difficult concentrating» Difficulty remembering» Feeling slowed down» Feeling like *in a fog*
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The individual with suspected concussion should be reviewed by a Health Care Practitioner (HCP) at the earliest opportunity and should commence a graded return to sport and learning activities. The [AIS Concussion Referral & Return Form](#) provides important information to a healthcare practitioner following the suspected concussion of an athlete.

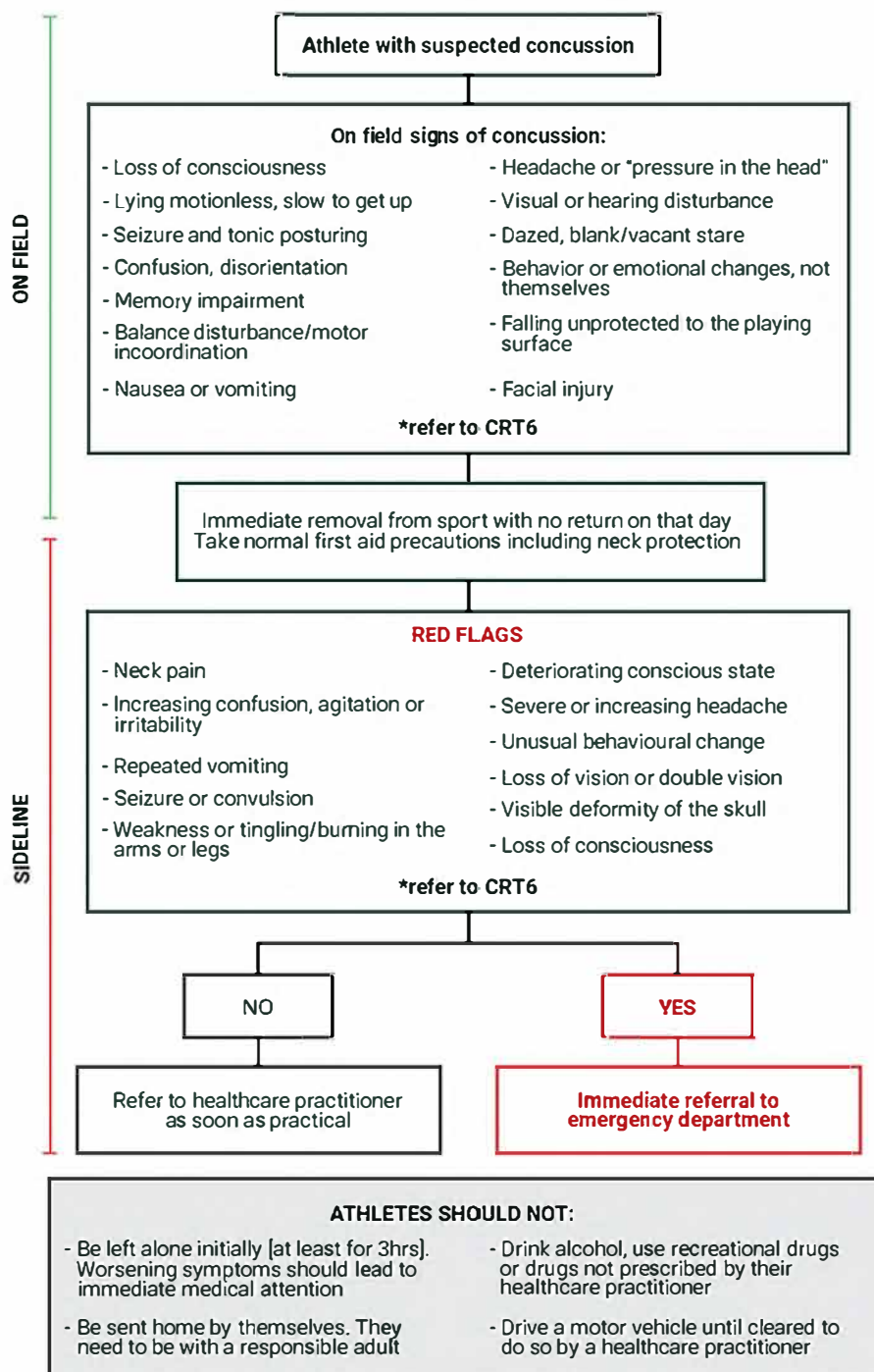
Concussion is an evolving condition. Therefore, signs and symptoms can change or be delayed, reflecting the changing underlying physiological injury status of the brain. In some instances, it will be obvious that there has been a significant injury where the athlete immediately suffers a loss of consciousness, has a seizure, or has significant balance difficulties. However, signs and symptoms of concussion can be variable, non-specific, subtle, and may be difficult to detect. Symptoms that are initially subtle can become more significant in the hours and days following the injury and require repeat/serial evaluations. Owing to delays in presentation it may take up to 48 hours following a head contact to exclude a diagnosis of concussion. Parents/caregivers, teachers, coaches and attending healthcare practitioners need to be alert to behaviour that is unusual or out of character.



WHAT TO DO NEXT: IMMEDIATE MANAGEMENT OF CONCUSSION

Immediately following a suspected concussion, it is important to exclude 'red flags' (signs that suggest the athlete should go straight to hospital). Once 'red flags' have been excluded, the athlete should be referred to a health care practitioner. Return to sport and learning activities commences with a short period of rest of 24-48 hours, followed by a gradual return to sport and/or learn process. Relative rest involves providing rest for both the body (physical rest) and the brain (cognitive rest).

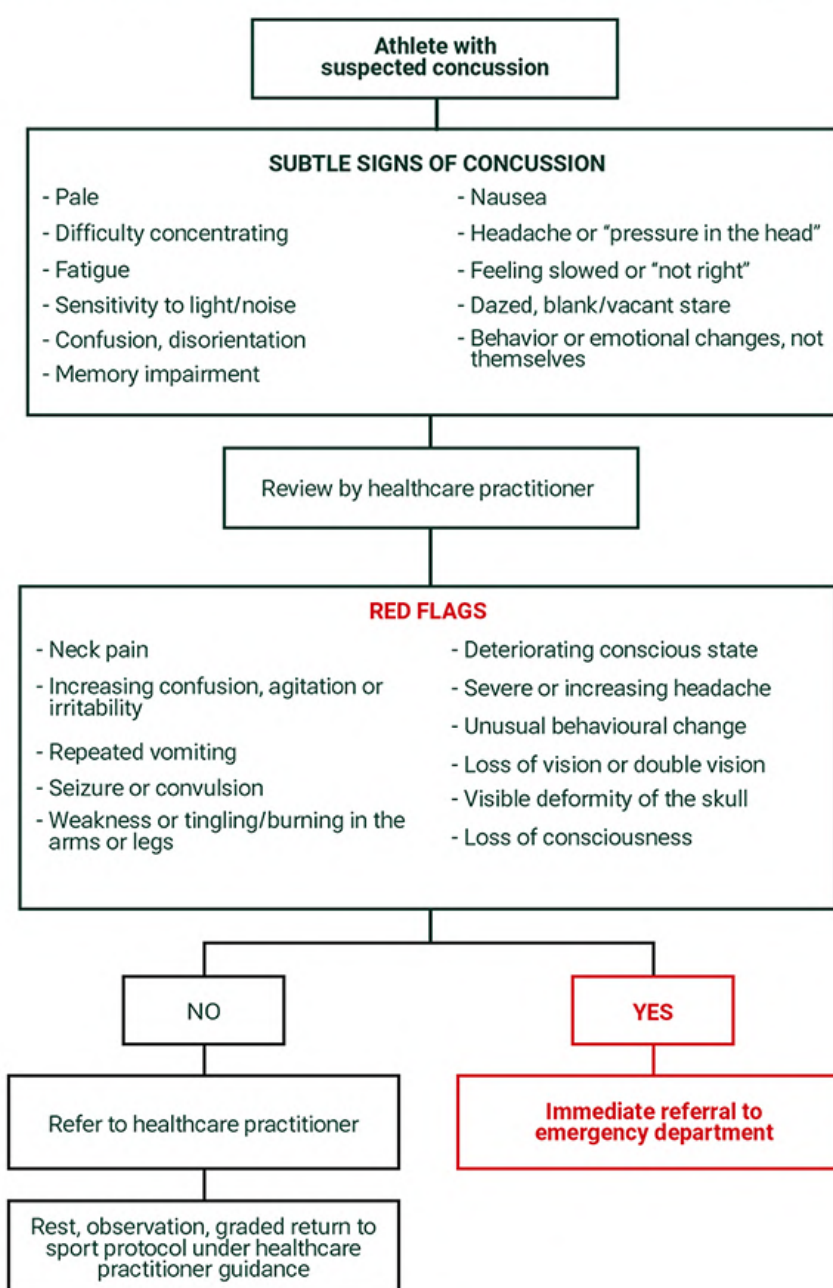
Figure 1: Non-healthcare practitioner at sporting event where there is a suspicion of concussion (for parents, coaches, referees, teachers, team-mates and support staff)





Sometimes concussion is not detected or suspected at the time of injury. The athlete may present two or three days later at home, or at school, with subtle changes in behaviour. It is important that teachers, coaches, parents, school mates and teammates understand the subtle symptoms and signs that can suggest someone has suffered concussion.

Figure 2: Non-healthcare practitioner in a school or home setting where there is a suspicion of concussion (for parents, coaches, referees, teachers, team-mates and support staff)



Reference: Australian Concussion Guidelines, 2024



GRADED RETURN TO TOUCH FOOTBALL FRAMEWORK

The risk from concussion is increased if an athlete is permitted to return to sport before they have fully recovered. It is important that athletes do not return to competition, until they have fully recovered. The Graded Return To Sport Framework (GRTSF) assists athletes/coaches/parents/teachers with concussion management through the recovery process and time frames for a safe return to sport.

The AIS Return to Sport Protocol includes:

- » Introduction of light exercise after an initial 24-48 hours of relative rest.
- » Several checkpoints to be cleared prior to progression.
- » Gradual reintroduction of learning and work activities. As with physical activity, cognitive stimulation such as using screens, reading, undertaking learning activities should be gradually introduced after 48 hours.
- » At least 14 days symptom free (at rest) before return to competitive training.
- » A minimum of 21 days until the resumption of competitive sport.
- » Consideration of all symptom domains (physical, cognitive, emotional, fatigue, sleep) throughout the recovery process
- » Return to learn and work activities should take priority over return to sport.

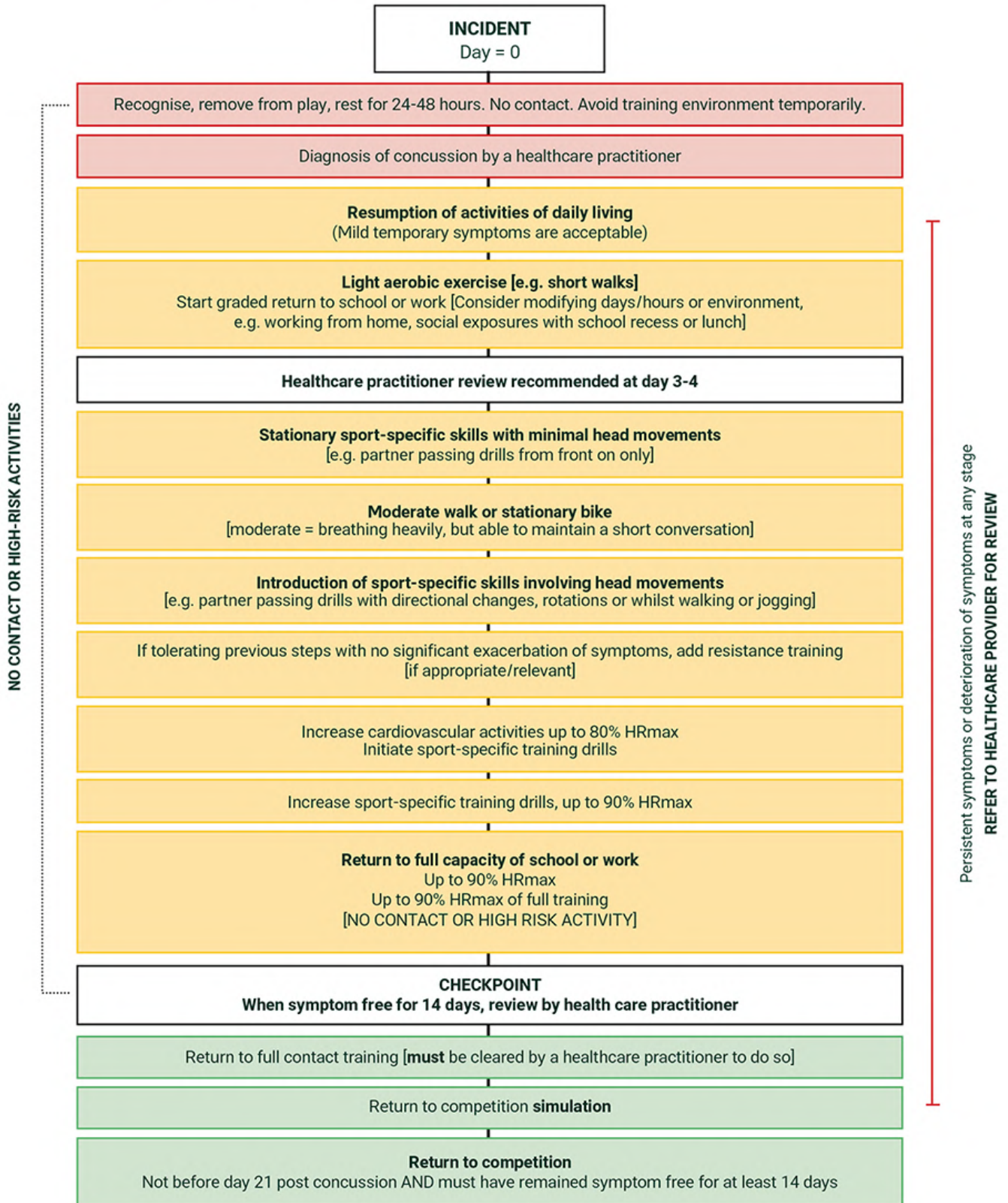
Children and adolescents take longer to recover from concussion than adults. A more conservative approach should be taken with those aged under 19 years of age.

“The GRTSF requires those under 19 years of age and those without a dedicated HCP to guide recovery, to be symptom free for 14 days (at rest) before return to contact training, and not return to competitive contact sport until a minimum of 21 days from the time of concussion.”

To be clear, that is *not* 14 days *from the time of concussion*. It is *13 days from when the athlete becomes symptom-free*. The day of the concussive incident is deemed *day 0* of the GRTSF.



Figure 3: Graded return to sport framework for Touch Football



Reference: Australian Concussion Guidelines, 2024



EXAMPLES OF RETURN TO TOUCH FOOTBALL TIMEFRAMES

Note:

- » Day of concussive incident is considered 'Day 0'
- » Examples below assume a sport where competition occurs weekly on a Saturday
- » The 14 day symptom free period does not start until the first day that the athlete is symptom free

KEY:

Incident
Symptomatic
Symptom-free
Contact training
Full competition

Athlete symptom-free on day 3 [Tuesday of the 1st week]				
Saturday	5. Saturday	12. Saturday	Saturday	Saturday
Sunday	6. Sunday	13. Sunday	Sunday	Sunday
Monday	7. Monday	14. Monday	Monday	Monday
1. Tuesday	8. Tuesday	Tuesday	Tuesday	Tuesday
2. Wednesday	9. Wednesday	Wednesday	Wednesday	Wednesday
3. Thursday	10. Thursday	Thursday	Thursday	Thursday
4. Friday	11. Friday	Friday	Friday	Friday

Athlete symptom-free on day 7 [Saturday of 2nd week]				
Saturday	1. Saturday	8. Saturday	Saturday	Saturday
Sunday	2. Sunday	9. Sunday	Sunday	Sunday
Monday	3. Monday	10. Monday	Monday	Monday
Tuesday	4. Tuesday	11. Tuesday	Tuesday	Tuesday
Wednesday	5. Wednesday	12. Wednesday	Wednesday	Wednesday
Thursday	6. Thursday	13. Thursday	Thursday	Thursday
Friday	7. Friday	14. Friday	Friday	Friday

Athlete symptom-free on day 4 [Wednesday of the 1st week] with symptoms resurfacing again on day 9 and 10 [Monday and Tuesday of the 2nd week]				
Saturday	4. Saturday	4. Saturday	11. Saturday	Saturday
Sunday	5. Sunday	5. Sunday	12. Sunday	Sunday
Monday	Monday	6. Monday	13. Monday	Monday
Tuesday	Tuesday	7. Tuesday	14. Tuesday	Tuesday
1. Wednesday	1. Wednesday	8. Wednesday	Wednesday	Wednesday
2. Thursday	2. Thursday	9. Thursday	Thursday	Thursday
3. Friday	3. Friday	10. Friday	Friday	Friday

Reference: Australian Concussion Guidelines, 2024



PROTOCOL FOR THOSE WITH MULTIPLE SUSPECTED CONCUSSIONS

An athlete with a history of multiple concussions is at risk of experiencing prolonged symptoms before return to sport. Those who suffer from multiple concussions within a short period of time should be managed more conservatively and be assessed by a clinical management team with specific training and expertise in concussion.

*“Multiple concussions can be a **minimum of two (2)** concussions within a **3-month period**, or a **minimum of three (3)** concussions in a **12-month period**.”*

If this occurs the individual should follow a more conservative return to sport protocol.

A recommended starting point for return to sport after second concussion within three months, would be 28 days symptom-free before return to contact training and a minimum of six (6) weeks from the time of the most recent concussion until return to competitive sport.

CONCUSSION OFFICER IN TOUCH FOOTBALL AFFILIATES, COMPETITIONS AND EVENTS

All members of the touch football community should be aware of the concussion management protocols and pathways, including their role in identification and management of concussion. It is recommended that Affiliates, Competitions and Events introduce a ‘Concussion Officer’ to oversee the management of concussion.

*“At State and National events, it is **mandatory** to have a Concussion Officer in place.”*

A ‘Concussion Officer’ is a single point of contact and manages the coordination of matters related to concussion. The ‘Concussion Officer’ is **not** expected to diagnose concussion, however, they will ensure that anyone diagnosed with concussion follows Touch Football Australia’s agreed concussion protocol. The designated person can be any member of the Association and will act as the recipient of information in relation to concussion and to ensure that the concussion protocol is enacted.



Figure 4: Systems for managing the concussed student in the school environment

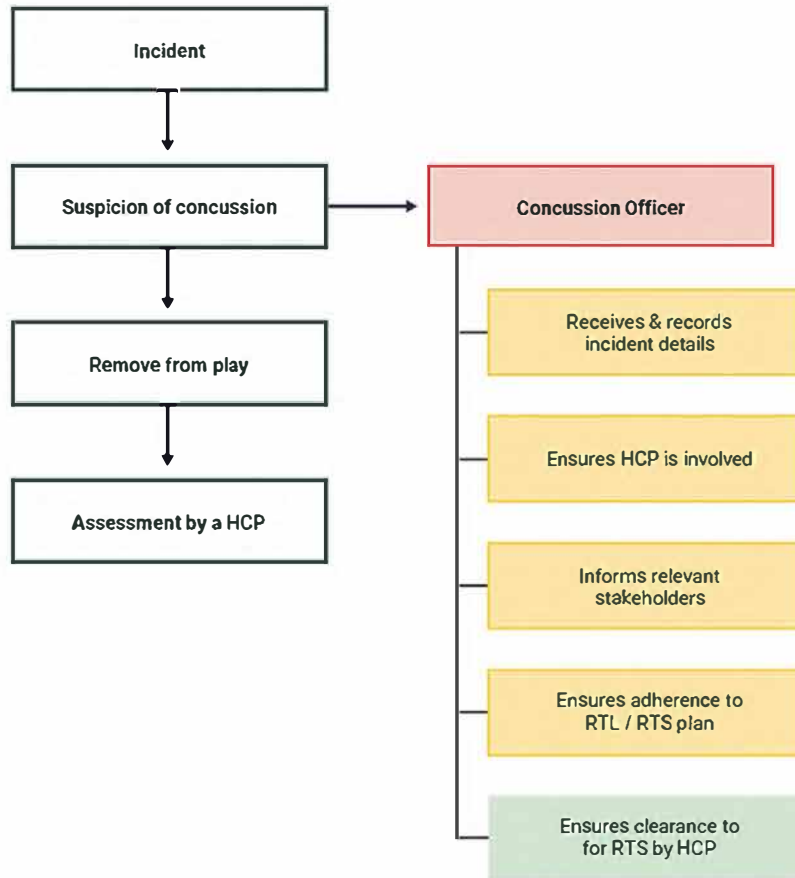
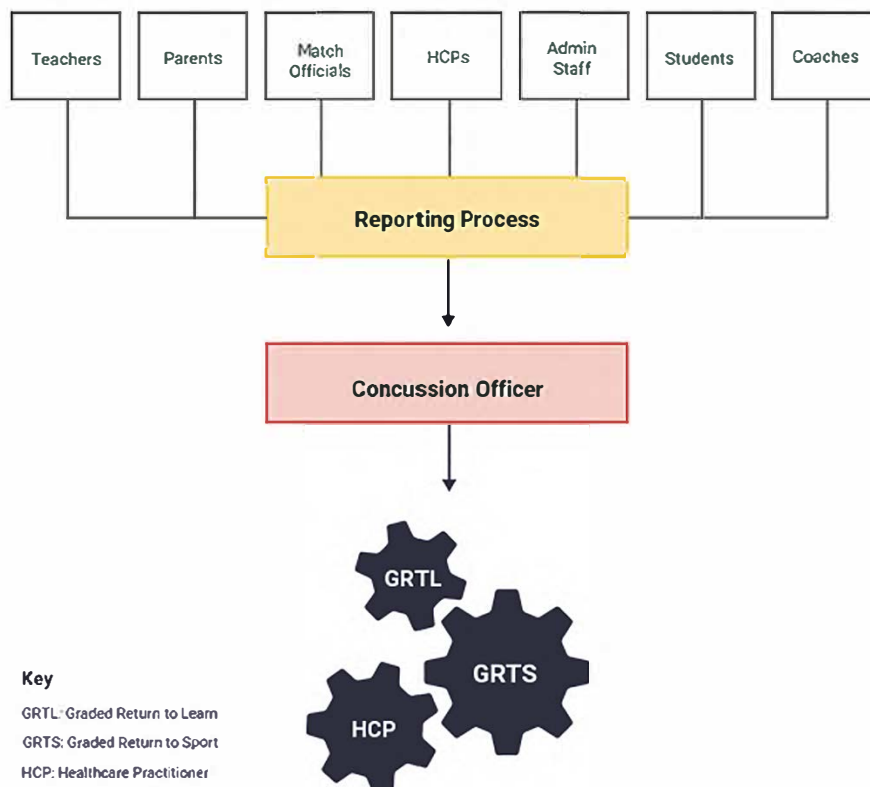


Figure 5: Systems for managing the concussed student in the school environment





ADDITIONAL RESOURCES

- » [Australian Concussion Guidelines for Youth and Community Sport](#)
- » [AIS Concussion and Brain Health Position Statement 2024](#)
- » [Concussion in Sport Australia | Australian Sports Commission](#)
- » [Connectivity: Sport-Related Concussion Short Course](#)
- » [UK Government's Concussion Guidelines for Non-Elite \(Grassroots\) Sport](#)
- » [Consensus statement on concussion in sport: The 6th International Conference on Concussion in Sport](#)
- » [Concussion Recognition Tool 6 \(CRT6\)](#) (For use by non-healthcare practitioners)
- » [Sport Concussion Assessment Tool 6 \(SCAT6\)](#) (For use by healthcare practitioners)
- » [Sport Concussion Office Assessment Tool 6 \(SCOAT6\)](#) (For use by healthcare practitioners)
- » [BJSM Para-Sport Concussion Consensus Paper](#)
- » [Concussion Referral and Return Form](#)
- » [Touch Football Australia Concussion Hub](#)

***“Everyone has a responsibility to report
a suspected concussion.”***

