***Wallaroo Football Club***

MISSION STATEMENT

The Wallaroo Football Club is dedicated to Football and our Community.

The Wallaroo Football Club will Promote, Advance, Foster and Cultivate the game of

Australian Rules Football

**Sport Concussion Management Policy – Wallaroo Football Club**

Date adopted: 14 August 2018

Reviewed: April 2021 Next Review Date: April 2022

Concussion is a disturbance in brain function caused by direct or indirect force to the head, face, neck or elsewhere with the force transmitted to the head. When it occurs a player may experience symptoms and temporary loss of some brain skills such as memory and thinking abilities. A player does not have to be knocked out to have a concussion. It is important for all stakeholders (parents, players, coaches, sports trainers, medical team, etc.) to be aware of signs and symptoms of concussion which are often subtle.

The priority remains the short- and long-term welfare of the player. These guidelines are to be adhered to at all times.

The AFL Doctors’ Association, AIS and AMA have issued new guidelines to manage concussive episodes sustained during activities.

This policy is based on those guidelines and is shown below:

Management of Concussion

The following 3 steps will be implemented in the initial management of concussion within our club:

1. Recognising a suspected concussion

The sports medicine, sports trainer or first aid personnel present will assess a player suffering a suspected concussive episode at trainings and during games.

The ‘Concussion Recognition Tool 5’ (CRT5) will be used to assess for the signs and symptoms of a suspected concussion. Our club personnel will be educated in the use of the CRT5 Tool and attend regular updates on concussion management.

2. Removing the player from the game

If the player presents with any signs and symptoms of concussion as indicated by the CRT5 that player is removed from training or game and not allowed to continue playing or training that day.

If in doubt then the player will be removed from training or games until reviewed by a doctor.

3. Referring the player to a medical doctor for assessment

All players with concussion or suspected concussion need an urgent medical assessment (with a registered medical doctor).

The player shall not be allowed to resume training or playing again until a written clearance from a doctor has been received by the Club’s sports medicine / first aid personnel. The doctor is required to clear the player utilising the SCAT 5 or Child SCAT 5 Assessment Tool.

DISCLAIMER "The information contained in this resource is in the nature of general comment only, and neither purports, nor is intended, to be advice on a particular matter. No reader should act on the basis of anything contained in this resource without seeking independent professional advice from appropriate persons. No responsibility or liability whatsoever can be accepted by SA Sports Medicine Association, the Government of South Australia or the authors for any loss, damage or injury that may arise from any person acting on any statement or information contained in this resource and all such liabilities are expressly disclaimed."

If no concussion is determined by the doctor, then the player can return to training and play.

If a concussion is determined by the doctor to have been present, then the player shall undertake a graduated return to play concussion rehabilitation program.

Return to Play

The Return to Play/Sport program will either be prescribed by a Sports GP or the Club’s senior sports medicine / sports trainers staff. The program will follow a stepwise, medically managed exercise progression with increasing amounts of exercise.

It will consist of a series of 4 activities at least 24 hours apart, supervised by the Club’s sports medicine / sports trainer’s staff. To move on to the next activity the player must be asymptomatic after each session. The 4 activities are: a. Daily activities that do not provoke symptoms, including returning to school or work b. Light aerobic activity (e.g. walking, swimming or stationary cycling) c. Light, non-contact training drills (e.g. running, ball work) d. Non-contact training drills (i.e. progression to more complex training drills, may start light resistance training. Resistance training should only be added in the later stages).

Following these 4 training activities the player must then obtain a medical clearance before commencing full contact training. If asymptomatic 24 hours after the final full contact training session, they are eligible to return to play/sport.

AIS / AMA Guidelines state that any player under 18 must not return to play/sport for at least 14 days from the original medical clearance date.

Child SCAT5 states that children between the ages of 5 – 12 should undergo a graduated return to school.

This new policy is effective from its adoption date; 14th August 2018

The following people at our club are to be advised of the policy at the start of each season:

Coaches, Sports Medicine Personnel including sports trainers and first aiders Team Managers Players Parents / Caregivers

Attachments to be included with this Policy: 1. Concussion Recognition Tool 5 2. SCAT5 3. Child SCAT5 4. Aust Sports Commission (AIS/AMA) ‘Position Statement on Concussion in Sport.

President:

Signed: Date:

Secretary:

Signed: Date: