

Concussion Policy

Introduction

Concussion is a growing health concern in Australia which has stimulated an increased focus on the importance of diagnosing and managing the condition safely and appropriately. Children and adolescents may have greater susceptibility to concussion, take longer to recover, and can be at risk of severe consequences such as second impact syndrome. Complications can occur if a player continues playing before they have fully recovered from a concussion. As such, managing concussion in children and adolescents requires a more conservative approach.

Purpose

SEISA seeks to manage concussions of students in a manner that does not pose further risk to the student. The SEISA Concussion policy exists to ensure that there is consistent care across member schools for concussions and suspected concussions sustained in SEISA training and competitions, as well as for injuries sustained outside SEISA sport by those who participate in our programs.

What is concussion?

A concussion occurs through a collision with another person or object where biomechanical forces to the head, or anywhere on the body transmit an impulsive force to the head/brain. In most cases, this results in transient neurological impairment. It should be noted that concussion can also occur with relatively minor knocks.

Australian Institute of sport – Australian Concussion Guidelines for Youth and Community Sport

In February 2024 the AIS released their Concussion Guidelines for Youth and Community Sport. These guidelines can be viewed in full here: https://www.concussioninsport.gov.au/

SEISA are committed to implementing the guidelines and recommendations prescribed in the above document in full.

Graded Return to sport framework for community and youth:

Students suffering from a concussion will not be permitted to participate in SEISA programs. The risk of complications from concussion is increased if a player is permitted to return to sport before they have fully recovered. It is therefore important that students do not return to contact activities or competition, until they have fully recovered.

SEISA will follow the graded return to sport framework (GRTSF) set out by the AIS. This framework provides information for athletes/ coaches/parents/teachers on how to manage concussion through the recovery process and provides time frames for a safe return to sport/learn.

The AIS return to sport protocol for community and youth sport 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 school learning 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 contact/collision training. The
 temporary exacerbation of mild symptoms with exercise is acceptable, as long as the
 symptoms quickly resolve at the completion of exercise, and as long as the exercise-related
 symptoms have completely resolved before resumption of contact training.
- A minimum period of 21 days until the resumption of competitive contact/collision sport.
- Consideration of all symptom domains (physical, cognitive, emotional, fatigue, sleep) throughout the recovery process.

Return to school learning activities take priority over return to sport. That is, while graduated return to school learning activities and sport activities can occur simultaneously, the student will not return to full contact sport activities until they have successfully completed a fully return to school activities.

What to do if concussion is suspected?

The individual with suspected concussion should be reviewed by a Health Care Practitioner (HCP) at the earliest opportunity. 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.

Next Steps

- If the injury/suspected injury occurs at a SEISA event, coaches must follow their school procedures for injury and obtain medical care as soon as possible for the injured person.
- Additionally, the Head of Sport must be notified, and an incident report form be completed and sent to the SEISA Executive Officer for recording purposes.
- If the injury occurs outside of SEISA sport, the student and/or their parents/guardian will be responsible for notifying their school of the concussion/suspected concussion.
- The Head of Sport from the injured students' school is responsible for liaising with the student and their parents/guardians to ensure that minimum symptom-free timeframes have been met for a return to sport. Parental consent must be obtained in **writing** before a student can return to sport (training or competition).
- When the student returns to training/competition, coaches should monitor the player closely. If they show any signs of concussion they should be removed from the session/game immediately and should follow the processes outlined above by the AIS

Policy status and review

The SEISA Executive Officer is responsible for reviewing and updating the Concussion Policy at least every two years. The review will include input from schools, students, parents/carers and the wider SEISA community.

Approval

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Endorsed by	SEISA Executive
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