

## Concussion Guidelines for Brothers Coaches, Managers and Supporters

These guidelines have been established as a guide for Brothers Coaches, Managers and supporters of Brothers players.

As concussion may be difficult to assess it is safer to suspect a concussion due to many unknowns with concussion. It is better to be safe than have concerns at a later date.

Suspicion of head injury is identified if the player reports or is seen to have a direct blow to their head, neck or face. Or anywhere else on the body that has transmitted a force to this area.

Symptoms can be a rapid or slow onset but not limited to....

Blurred vision and feeling “foggy”

Pain at site of blow

Headache

Nausea

Confusion

Loss of consciousness

Irritability

Difficulty standing or walking or any slowed reactions

Drowsiness

If any one of the above symptoms is noticed the player should be assessed by a medical officer and may return to play or training only after a clearance has been received from the players GP or the Emergency Department Doctor.

An Emergency Department assessment is preferable, as the Doctors are up to date with concussion rulings and return to sport.

This player should be removed from the court immediately if safe to do so ie if they can walk off themselves. If not, keep the player still on the court until the First Aid Officer arrives. The player’s wellbeing is more important than goals.

As coaches at Brothers are not all trained in First Aid to be able to determine if there is a suspicion of concussion the Coach should call for First Aid assistance from the First Aid Officer contracted by PRNA.

If the First Aid Officer is not available eg at training another person qualified in First Aid may assess.

Studies show that there is

1. Increased vulnerability to concussion in these groups of people - females, child and adolescents and non-elite athletes. Brother’s players represent all these vulnerable groups.
2. Recovery from a concussion may take 7 to 10 days in the young brain compared to older players.
3. Females are found to be more adversely affected by concussion than males.
4. A severe injury in a child is 6 times more likely to have resulted from organised sport than from other leisure physical activities and that the concussion is associated with a collision rather than a fall.
5. Concussions in a child compared to adult – a two or three fold greater impact force is required to produce clinical symptoms in children compared to adults. This means if a child exhibits symptoms after a head injury then it is reasonable to assume that they have sustained a fare greater impact force compared to an adult with the same concussion symptoms.
6. Current research investigations are showing that playing with a concussion or multiple concussions is a possible cause of early onset amnesia/dementia.

PRNA need to confirm how a coach may alert an umpire to a suspected concussion on court as the player may not know themselves or be able to call “time”.

Your first concern is the player and their wellbeing.