



AUSTRALIA & NEW ZEALAND POLICE GAMES FEDERATION

CONCUSSION POLICY

POLICY No.5

GUIDEANCE ON MANAGEMENT OF CONCUSSION AT POLICE AND EMERGENCY SERVICES GAMES

Remember Concussion = Traumatic brain injury

- May be from direct or indirect trauma but results in some abnormal brain function.
- Concussion can lead to permanent brain injury.
- Only 10-20% of cases of concussion in Australian football include loss of consciousness
- Concussion should not be ignored as there is a higher risk of further injury, repeat concussion and complications if the person returns to sport before recovered fully.
- It is important to recognise concussion and keep the player from further training and competition until recovered.

Suspect concussion if there is loss of consciousness, if a player is lying on the ground or is slow to get back up after a collision, if the player is unsteady on their feet or uncoordinated, if they are holding their head, if they are dazed or look confused. IF ANY OF THESE THINGS ARE NOTED, ASSUME CONCUSSION UNTIL THEY ARE ASSESSED MEDICALLY.

Symptoms include headache, blurred vision, nausea, balance problems, confusion, memory changes, and inability to think clearly and process information. Amnesia, poor concentration, drowsiness or fatigue may be present. They may have neck pain, vomiting, change in behaviour, irritability, weakness in the arms. IF THEY HAVE ANY OF THESE SYMPTOMS, ASSUME CONCUSSION.

Perform a simple test which focuses on testing recent memory and orientation, ANY ABNORMALITY, ASSUME CONCUSSION: -

- Ask them if they know where they are? – include the name of the stadium, address
- Who scored last in the game?
- Which half are they playing?

- Who their team played in their last game?
- What the final score was in their last game?

IF YOU SUSPECT CONCUSSION, EVEN IF MILD, THE PLAYER NEEDS TO BE REMOVED FROM PLAY AND ASSESSED MEDICALLY. THEY CANNOT RETURN TO PLAY UNTIL MEDICAL ASSESSMENT IS COMPLETED.

If there has been loss of consciousness, evidence of reduced consciousness, sleepiness, disorientation or confusion, they need to be taken by ambulance immediately to hospital for observation.

In milder cases, with suspected concussion but normal conscious state and no evidence of symptoms or abnormal memory or orientation, they can be referred to a local general practitioner but they should never be allowed to go alone and must always be accompanied by another person and are not fit to drive.

AUTHORITY

Date Approved:

21st October 2016

Review History

Date	Action	Signed
21 st October	Reviewed - Formatting	D.Finlay (Director Administration)