



Purpose

To articulate NHFC's policy for management of concussion-type incidents that affect its players, and the standard approach to consequential treatment and recovery

Background

There has been considerable media attention in the AFL community about increased incidence of player concussions and potential for long-term, harmful effects. NHFC players experienced many concussion incidents in 2018 and that trend continued into early 2019. Based on advice provided through close consultation with physio partner, *Back in Motion* Hobart On Murray (BIM), NHFC has released this policy and related protocols to ensure a standard approach to management of concussion-like incidents

Policy statement

NHFC players, support staff and specialist service providers will observe a standard, evidence-based process to ensure a consistent and best practice approach is applied to the end to end management of concussion incidents that affect its players

The range of protocols to support application of this policy are:

- management of in-game and in-training concussion incidents;
- post-match referrals for medical assessment by nominated general practitioner (GP);
- ongoing treatment per GP advice;
- adherence to standard return-to-fitness protocols;
- recording of all incidents, informing the management of future incidents and including lodgement of incident reports and insurance claims in accordance with AFL arrangements.

Protocols

1. Baseline measurements

- NHFC trainers to complete pre-season SCAT 5 baseline tests for each player to determine individual baselines, for comparative purposes in the event of future concussion-like events
- Baseline results to be maintained by Head Trainer and be accessible at training and all games
- Where concussion tests are undertaken all results must be recorded for future reference

2. Managing concussion-like incidents

- Where suspected concussion occurs, player to be benched and monitored for 20 minutes (AFL concussion protocol) and standard concussion assessment undertaken by physio / head trainer
- If suspicion of concussion exists, player to be ruled ineligible to participate further. Concussion is very difficult to assess, especially on game day – so players, coaches and parents etc must respect decisions made as to fitness to return to training / game (those providing treatment are always thinking of player's interests, and so take a cautious approach)
- Affected players cannot drive or drink alcohol on the night of a concussion incident. Ideally someone must monitor affected players for worsening symptoms, and attend hospital if symptoms worsen
- Affected players to check in with NHFC physio at 5:30pm Monday night session to review symptoms / improvement / issues, before any exercise is to be undertaken
- BIM to guide players on (1) low-level exercise from the Monday training post the incident. Evidence suggests low level exercise can enhance recovery. If players can manage light exercise



without increasing symptoms, they move to (2) moderate intensity without any symptoms, and then to (3) higher intensity training

- However, a GP clearance is required before resuming contact training

3. Seeking specialist care and advice

- Post incident affected players MUST visit NHFC's nominated GP within 2 days to confirm concussion or otherwise (e.g. Monday after a Saturday game)
- If GP does not diagnose concussion they will provide a clearance certificate for the player to present to NHFC head trainer
- If concussion is confirmed by the GP the player shall strictly observe the GP's directions. Unless otherwise directed by GP this will generally involve:
 - o a mandatory 1 week break from playing after confirmed concussion; or
 - o a mandatory 2 weeks break from playing where player is under 18 (research indicates younger brains are still developing and take longer to recover).
- As mentioned previously players to be guided by BIM physio or GP through (1) low level exercise (e.g. riding bike, slow jogging), then (2) moderate level exercise (e.g. moderate speed running, moderate intensity weight-lifting), then (3) high level intensity exercise (e.g. sprinting, non-contact skill training, full intensity weightlifting)
- Minimum 24 hr interval applies between these levels, to ensure extra symptoms do not develop
- If player completes each level without developing worsening symptoms they may seek nominated GP's clearance to return to contact training (e.g. full contact tackling)
- Player will then present GP's medical certificate to NHFC head trainer. If player can then complete full contact training without worsening symptoms they can then return to play
- THEREFORE, A CONFIRMED CONCUSSION REQUIRES A MINIMUM of 2 x GP APPOINTMENTS BEFORE RETURN TO CONTACT TRAINING

Nominated GP arrangements

NHFC's nominated GP is Dr Robert Blakesley, Lenah Valley Medical Centre, 95 Augusta Rd, Lenah Valley - phone 6228 0243. NHFC and BIM require a consistent approach to managing concussion, and Dr Blakesley has been selected as he has requisite experience in sports medicine and the AFL contexts. Appointments available directly from the practice but if Dr Blakesley is unavailable you may alternatively see:

- Dr Linda Clow or Dr Michael Chen (at Lenah Valley Medical Centre), or
- John Beadle (Kingston Medical Centre), or
- Sports Physicians (Drs Steve Reid, David Humphries or Liam Geraghty), or
- The BIM physio may suggest other arrangements if necessary

For Junior Clubs

The AFL has developed the **Head Check** app to help clubs manage concussions. Its intended to assist junior First Aiders /Trainers on game day. **Head Check** is available from Apps Store, iTunes (by Murdoch Children's Research)

Its recommended that parents of concussed children download the guide to recovery and tracking of symptoms - **The Pocket Concussion Recognition Tool**, available at: http://www.aflcommunityclub.com.au/fileadmin/user_upload/Coach_AFL/Injury_Management/2013_Pocket_Concussion_Recognition_Tool_CRT_.pdf