



INDEPENDENT SPORTING ASSOCIATION INC.

Concussion Policy & Protocols to Return to Play

Preamble

The Independent Sporting Association administrates and convenes inter-school sporting activities in which many students from its member schools participate. Students participating in these sporting events take part in practice, trials and competitions.

While the ISA takes measures to make the sporting activities as safe as possible for participants, there is a risk that students can be injured as a result of their participation in these sporting activities, whether at training or in actual events.

The purpose of this document is to provide an evidence-based, best practice summary to assist ISA Members' staff and others (coaches, parents, officials, administrators, etc.) to recognise and manage sport related concussion.

The information in this policy is in line with the latest finding from the 5th International Conference on Concussion in Sport, and the 2017 Concussion in Sport Group (CISG) consensus statement. Sources include the Australian Institute of Sport, Australian Medical Association, Australasian College of Sport & Exercise Physicians, International Rugby Board, Rugby Australia and Sports Medicine Australia.

This Policy's aim is to protect the welfare and health of students and where in doubt, to err on the side of caution. 'If in doubt, sit them out'.

The Protocol to Return to Play aims to address both cognitive and physical rehabilitation and is a shared responsibility of parents, player, coaches, schools and medical practitioners.

Definition

Sports Medicine Australia defines concussion as 'a disturbance in brain function rather than a structural injury to the brain. It is caused by a direct or indirect force to the head, face, neck or elsewhere which transmits an impulsive force to the head'.¹

Concussion is a subset of mild traumatic brain injury that is at the less severe end of the brain injury spectrum. It is characterised by a graded set of neurological symptoms and signs that typically arise rapidly and resolve spontaneously over a sequential course. The process of recovery, however, varies from person to person and injury to injury.

Specific Information re Concussion:

- any suspicion of concussion requires immediate removal from sport;
- children should not return to sport until cleared by a medical practitioner;
- a child's brain can take longer to recover than that of an adult brain;
- you do not necessarily need a knock to the head to sustain a concussion; and
- concussion is an evolving injury and anyone with suspected concussion should be monitored.

Medical Practitioner:

To date, there is no specific medical test, such as a blood test or medical imaging, that assist in the diagnosis of uncomplicated concussion. The ISA Concussion Protocol ensures that parents and players are referred to a medical practitioner for assessment. It is recommended that schools/parents source a medical practitioner with some experience in the management of concussion.

¹ SMA Concussion in Sport Policy V1.0 January 2018



ISA Concussion Protocol

A player who has experienced concussion should return to sport and daily activities gradually.

- i. At the event, if a student is suspected of concussion, first aid principles apply. The student must not return to the field/court or participate in play that day. It is preferred that the initial on field assessment be conducted by the employed or designated first aid personnel. If no such personnel, then another member of the school staff other than the coach. The use of the Concussion Recognition Tool (SCAT5) is recommended.
- ii. A student suspected of concussion must be:
 - supervised until picked up by parent or guardian
 - given the ISA or School Concussion Card which outlines 'Red Flag' signs and symptoms and instructions on GRTP protocols.
 - referred to a medical practitioner for assessment.
- iii. If medical diagnosis is **negative:-** Student requires a written medical clearance to return to school and normal everyday activities, including sport.
- iv. If medical diagnosis is **positive:-** **Begin Graduated Return to Play Protocol.** Complete and deliberate rest for 48 hours - both cognitive and physical. **(STAGE 1).** This includes avoiding computer screens.
- v. Proceed to the Graduated Return to Play (GRTP) Protocols - **STAGE 2.**

STAGE	Graduated Return to Play - TASKS	AIM
2 & 3 Day 3 - 14	<u>Rest and Recover:</u> Continue relative rest & recovery for another 12 days. a. Stage 2. During this time, if the player/student is symptom free, they may return gradually to daily activities that do not provoke symptoms, such as reintroducing school work and light aerobic activities - walking, swimming or stationary cycling at a slow to medium pace. *No strength or weight training. *No contact If symptom free - progress to b. b. Stage 3. Introduce basic sport-specific drills which are non-contact such as individual running drills. *No strength or weight training. If symptom free - progress to Stage 4.	To increase heart rate. To add movement.
4 Day 15 – 17	<u>Recover:</u> Player may continue to more complex, higher intensity training drills and training. *Low weights. *No contact team training If symptoms reoccur , return to Stage 3 until symptom free for 24 hours. a. If symptom free - a medical review and written clearance is required to progress to Stage 5. This will need to be submitted to the school before participating in Stage 5.	To increase exercise, coordination and mental load.
5 Day 18	<u>Recovery</u> Once the medical clearance is received by the school, the player may return to full contact training . a. If symptoms reoccur , return to Stage 4 until symptom free for 24 hours. b. If symptom free for 24 hours after training session - player cleared to Stage 6.	
6 Day 19	<u>Return to Play</u> Normal game play	