

## Concussion Management in Community Football Webinar FAQs

### 1. Decision-Making Authority & On-Field Management

#### **Who has the final decision on removing a player from the field following a head knock or suspected concussion?**

Doctor / Physiotherapist / Sports Trainer - if there is a mechanism and a suspected concussion. If a Coach overrides the decision of the medical team / sports trainer, then this must be documented and provided to the club.

If the Coach is also the Sports trainer, then documented clinical reasoning must be provided to the club.

#### **Does the coach have final say once the First Aider has completed their assessment or screening?**

No - this differs to other musculoskeletal injuries, where the coach can assess the risk of returning an athlete to play following assessment by the First Aider / Sports Trainer / Physiotherapist. This is not the case for concussion.

#### **What is the process if there is uncertainty?**

If in doubt, sit them out.

In Professional levels of sport, the Doctor is the only person able to determine if a player can return if there has been a suspicious mechanism and signs/ symptoms of concussion based on medical assessment and review of video imaging. In all other levels where there is no Team Sideline Doctor (semi-professional, amateur, community, juniors), if there is any doubt or suspicion, sit them out and refer them for medical assessment.

#### **If a player has had a head knock and concussion is suspected but not clear, who makes the final call?**

Doctor, Physiotherapist, Sports Trainer or First Aider.

These are International Guidelines that are being implemented across Australia and specifically to Australian Football. You are implementing the guidelines and that is the role of the First Aider / Sports Trainer / Physiotherapist / Doctor. Depending on the level of qualifications and experience of the provider, depends on the level of assessment and provision of management. For lower levels of

qualifications and experience (First Aider and Sports Trainer) your role is to monitor for suspected concussion, complete a CRT6 and refer on for further assessment - either at ED, Urgent Care or GP.

**How should situations be managed where a coach or assistant coach attempts to assess the player while the First Aider is conducting an assessment?**

There should be education from the Club to all Stakeholders - coaching staff, medical team, first aider / sports trainer, parents and players - around the process of suspected concussion, both at the time of the incident and during the return to play process. It is the First Aider / Sports Trainer / Physiotherapists role to complete the assessment. The only time a Coach should intervene is if they have the qualifications to do so and are assisting the medical team. This can be beneficial if there are multiple players that need to be assessed from an on-field incident.

**2. Parents / Guardians & Consent****What happens if a parent or guardian is present and refuses permission for an ambulance to be called despite medical advice?**

The parents have autonomy to refuse an ambulance, however this must be documented that they refused. The recommendation is for the player to seek Urgent medical attention. This is not the case for a suspected spinal injury. If there is a suspected spinal injury, then full precautions need to be taken.

**If a concussion is suspected and a parent disagrees, is medical clearance still required before return to play?**

Yes - medical clearance is still required and the correct paperwork (Return and Referral Form) needs to be completed and signed by a GP, with a GP letter that has the GP Practice stamp.

**Do concussion notifications automatically go to parents or guardians for junior players?**

Yes

**For players under 18 years of age, who holds responsibility for continuity of care and the “concussion officer” role across different sports — the club or the parent/guardian?**

The parent / guardian. A Concussion Officer is beneficial for the club medicolegally to ensure they are not allowing an athlete to play, either for them, or another club/ sport, while in the Concussion RTP protocol.

**3. Ambulance & Emergency Response****Under what circumstances should an ambulance be called following a head injury?**

If there are Red Flag Signs or Symptoms and/or suspected Spinal Injury.

**Is there a minimum number of symptoms required (excluding red flags) or is one symptom sufficient?**

If there is a suspicious mechanism of concussion and any associated symptoms, then that is to be treated as a concussion until proven otherwise (via medical assessment).

**Who is financially responsible if an ambulance is called — the player's parent/guardian or the club?**

If an ambulance is called, the financial responsibility sits with the player and their parent or guardian, not the club.

**4. Assessment Tools & Apps****Is the Head Check app approved for use during matches as well as training?**

Yes, it has a very low threshold so almost all incidents will be recommended to go to ED.

**Is the Head Check app still considered a valid assessment support tool, particularly where parents require confirmation beyond a visual assessment by a First Aider?**

The CRT6 is not a visual assessment, it is a validated tool. The Head Check App is an iteration of this assessment. There is no issue using the Head Check App.

**Who is responsible for submitting the concussion assessment — the First Aider via the app, the Team Manager, or another system?**

The Team Manager is responsible for reporting all game day issues, this includes head knocks. Always refer to your Clubs reporting policies as this may differ from Club to Club.

**Should First Aiders be uploading all information through backend systems or is using the First Aid reporting form still acceptable?**

Using the First Aid form is acceptable, although you should refer to your Clubs reporting policies as this may differ from Club to Club.

**5. Reporting, Data & PlayHQ****Is there a way to record previous concussions in PlayHQ so there is a single, centralised concussion history for players and parents?**

No due to privacy it is unlawful to share medical conditions publicly. The concussion will be available on the players profile but only visible to them.

**Does reporting every suspected concussion increase the risk of incorrect or unnecessary reports being logged?**

No. Having an insight into the number of sub-concussive head impacts can be valuable in understanding overall management of a player, especially if they then have a concussion later in the season.

**Do club administrators receive notifications when a player is medically cleared through the league or PlayHQ?**

Yes - the player must also physically show the club administrator the medical clearance.

## **6. Medical Clearance, Return to Play & Oversight**

### **Who is responsible for managing the return-to-play process once a concussion is diagnosed — the club, league, or family?**

The physio / sports trainer is to manage the RTP process. If you do not feel comfortable progressing a player in this process, then they are to seek external medical or physio assistance to help guide the process.

### **Who is responsible for ongoing symptom monitoring and follow-up reviews after the initial concussion incident?**

The club physio or sports trainer. If there isn't capacity to do this at the club due to time constraints, then review in the clinic is required. There are more and more physiotherapists trained in concussion management around the state. Seek assistance and guidance from professionals.

### **Can clubs or leagues require the use of the official AFL Play medical clearance return-to-play form?**

They can choose to use whichever of these resources best suits their needs, preferences, and circumstances, depending on what works best for them.

### **There is concern about online or pharmacy-issued medical certificates being submitted instead.**

A pharmacy issued medical certificate will not be accepted. The Referral and Return Form requires an additional GP signed medical clearance letter, that has their practice stamp.

### **How does the club or WA Football verify that graded return-to-play documents have been properly completed and signed off by a GP and parent before a player is cleared in PlayHQ?**

The best case scenario is the Club Physio / Sports Trainer documents the process and can send this to the GP, who then provides the final clearance. Keeping the document, for your own records and for the club is best practice.

### **Q. Is there any review process prior to clearance?**

Yes - there are three medical checkpoints - diagnosis, clearance to commence the RTP process and clearance to return to contact / return to play.

### **Q. What happens if a player completes the required 21-day stand-down period but does not return to a doctor for medical clearance?**

They cannot RTP without medical clearance. They must be asymptomatic at rest to commence the 14 stage/ day graded RTP and be asymptomatic following this, to obtain medical clearance. It is not simply sitting out for 21 days and returning to play. It is a staged process, with 3 medical checkpoints: initial diagnosis, clearance to commence the graded RTP, clearance to return to contact and sport.

**7. Equipment & Other Safety Considerations****Is there official guidance regarding the use of helmets for players, particularly in relation to concussion prevention or management?**

No, there is further research currently occurring in this area (helmets and mouthguards). There is no current evidence to suggest helmets assist in concussion. There is one particular helmet being reviewed that monitors force. For most helmets, all they do is help reduce lacerations.