

# Willunga Football Club Concussion Policy

Based on AFL Community Concussion Guidelines 2024

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## Purpose

To ensure the safety and wellbeing of all Willunga Football Club players by providing clear guidelines for the recognition and management of concussion.

## What is Concussion?

Concussion is a brain injury caused by an impact to the head or body that transmits force to the head. It can be characterised by various signs and symptoms and does not always involve loss of consciousness. A cautious and conservative approach to concussion management is required.

## Key Responsibilities

### Medical Staff/Trainers

1. Assess any player with suspected concussion using the AFL Match Day Head Injury Assessment Form
2. Remove from play any player showing signs of concussion
3. Ensure medical assessment is obtained
4. Monitor player progress through recovery stages
5. Maintain documentation of all concussion incidents

### Coaches

1. Support medical staff/trainer decisions without question
2. Never pressure players to return before medical clearance
3. Ensure players complete required recovery protocols
4. Foster a team culture that prioritizes player safety over game outcomes

### Players

1. Report any concussion symptoms honestly
2. Follow all recovery protocols as directed
3. Obtain medical clearance before returning to play
4. Report concerns about teammates showing concussion symptoms

### Parents/Guardians (for junior players)

1. Ensure medical assessment is obtained following suspected concussion
2. Monitor recovery and report any concerns
3. Support full completion of recovery protocols
4. Obtain required medical clearance before return to play

# Management Protocol

## 1. Immediate Response

Any player showing signs of concussion must be:

- Immediately removed from play/training
- Not allowed to return to play/training that day
- Assessed using the AFL Match Day Head Injury Assessment Form
- Referred for medical assessment

## 2. Return to Play Process

**Minimum 21-day graded** return to play protocol:

The below table provides a summary of the graded return to play process.



STAGE 1: RELATIVE REST		
<b>ACTIVITY</b> <b>Relative rest</b> Gentle day-to-day activities – as guided by symptoms. Minimise screen time (TV, computer/homework/work, phone/social media and gaming)	<b>DURATION</b> 1-2 days	<b>CRITERIA TO PROGRESS</b> Nothing specific - should progress after 1-2 days
STAGE 2: RECOVERY		
<b>ACTIVITY</b> <b>i. Daily activities that do not provoke symptoms</b> Increase day-to-day activities – as guided by symptoms. Include short walks. Limit screen time (TV, computer/homework/work, phone/social media and gaming) –duration depends on symptoms No team training drills. No resistance training.	<b>DURATION</b> Minimum 1 day	<b>CRITERIA TO PROGRESS</b> Progress if concussion-related symptoms resolved or not worsened from their previous level (either during activity or by the next day)
<b>ii. Light aerobic exercise</b> Start light activity e.g., walking, jogging or cycling at a slow to medium pace. Aim for about 50-60% maximum heart rate (can carry a conversation when exercising) No team training drills. No resistance training.	<b>DURATION</b> Minimum 1 day	<b>CRITERIA TO PROGRESS</b> Progress if concussion-related symptoms resolved or not worsened from their previous level (either during activity or by the next day)
<b>iii. Moderate aerobic exercise</b> Start moderate aerobic exercise e.g., walking, jogging or cycling at a medium pace. Aim for about 60-80% maximum heart rate. May continue with moderate aerobic exercise over a number of days/ sessions if still has symptoms related to concussion. No team training drills. No resistance training.	<b>DURATION</b> Minimum 2 days	<b>CRITERIA TO PROGRESS</b> Progress if concussion-related symptoms resolved or not worsened from their previous level (either during activity or by the next day)
<b>iv. High intensity aerobic</b> Exercise Start high-intensity aerobic exercise (e.g. running or cycling at high intensity) Up to maximum heart rate. No team training drills. Can commence gentle resistance training (50-75% of usual loads)	<b>DURATION</b> Minimum 2 days	<b>CRITERIA TO PROGRESS</b> Progress if: <b>a) Complete recovery of all concussion-related symptoms and signs at rest and with high intensity training;</b> <b>b) Have returned to school or work (without any need for modifications)</b>
STAGE 3: GRADED LOADING PROGRAM		
<b>ACTIVITY</b> <b>i. Non-contact training</b> Return to full team training sessions <u>non-contact activities only</u> Minimum of 2-3 training sessions with no consecutive days of football training (to allow for rest and recovery)	<b>DURATION</b> Minimum 7 days	<b>CRITERIA TO PROGRESS</b> Progress if remaining completely free of any concussion-related symptoms*
<b>ii. Limited contact training</b> Full team training allowed –able to participate in drills with incidental and/ or controlled contact (including tackling) <u>No consecutive days of training (i.e. must have ‘non-contact activity’ days in between training sessions)</u>	<b>DURATION</b> Minimum of 7 days to progress through graded contact training	<b>CRITERIA TO PROGRESS</b> Progress if: a) Remaining completely free of any concussion-related symptoms* b) Player is confident to return to full contact training <b>c) Player has medical clearance to return to full contact training</b>
<b>iii. Full contact training</b>		<b>CRITERIA TO PROGRESS</b> Progress if: a) Remaining completely free of any concussion-related symptoms* <b>b) Player is confident to return to play</b>
STAGE 4: UNRESTRICTED RETURN TO PLAY		
<i>*If concussion-related symptoms reappear at any time in stage 3 (Graded loading program) then the player should go back to the previous symptom-free step in stage 2 (Recovery) and seek medical review from a doctor.</i>		

## Special Considerations

### Junior Players (18 and under)

- More conservative management required
- Often require longer recovery periods
- Must successfully return to school before sport
- Parents/guardians must be involved in all decisions

### High-Risk Situations

Medical specialist review required for:

- Multiple concussions in same season
- Symptoms lasting longer than 4 weeks
- Difficulty progressing through recovery stages
- Reduced threshold for concussion

### Documentation Requirements

1. Incident report using AFL Match Day Head Injury Assessment Form
2. Medical assessment record
3. Recovery stage progression documentation
4. Medical clearance certificate before return to play

### Emergency Protocol

Call an ambulance immediately if player shows any "red flags":

- Loss of consciousness
- Neck pain
- Increasing confusion
- Repeated vomiting
- Seizure or convulsion
- Severe headache
- Deteriorating conscious state

## Policy Review

This policy will be reviewed annually and updated in accordance with AFL guidelines and current best practice in concussion management.

Rev. No.	Page No.	Change(s)	Reviewed by:	Approved by:	Date:
1	All	Complete review and update of document in line with <i>AFL Community Concussion Guidelines 2024</i>	Jeremy Hays	Julie Clifton	07/01/2025



## Appendix

### 1. Match day head injury form – Ages 13 & above

# MATCH DAY HEAD INJURY

## ASSESSMENT & REFERRAL FORM | AGES 13 & ABOVE



<b>SIDELINE FORM</b> (to be completed by the examiner (first aider/trainer) on the day of the suspected concussion)	
<b>PLAYER NAME</b>	<b>CLUB</b>
<b>DETAILS OF INCIDENT</b>	
<b>DATE</b>	
<b>OCCURRED AT:</b> <input type="checkbox"/> <b>MATCH</b> <input type="checkbox"/> <b>TRAINING</b> <input type="checkbox"/> <b>OTHER</b>	
<b>BRIEF DESCRIPTION</b>	
<p><b>1 IDENTIFICATION OF RED FLAGS</b> (tick all those that apply)</p> <p>Loss of consciousness <input type="checkbox"/></p> <p>Seizure or convulsions <input type="checkbox"/></p> <p>Deterioration of conscious state <input type="checkbox"/></p> <p>Persistent or increasing vomiting <input type="checkbox"/></p> <p>Double vision <input type="checkbox"/></p> <p>Severe or increasing headache <input type="checkbox"/></p> <p>Increasing restlessness, agitation, or combative behaviour <input type="checkbox"/></p> <p>Neck pain <input type="checkbox"/></p> <p>Weakness or tingling/burning in the arms or legs <input type="checkbox"/></p> <p><b>ACTION:</b> If any one of the boxes above is ticked, an ambulance should be called for immediate transportation to hospital.</p>	<p><b>2 FEATURES OF A SUSPECTED CONCUSSION</b> (tick all those that apply)</p> <p>Loss of responsiveness <input type="checkbox"/></p> <p>Motor incoordination (losing balance, staggering, etc) <input type="checkbox"/></p> <p>Confused/disorientation (not aware of plays or events) <input type="checkbox"/></p> <p>Impaired memory (unable to recall events before or after the injury) <input type="checkbox"/></p> <p>Looking/feeling dazed, blank or vacant <input type="checkbox"/></p> <p>Player reporting symptoms:</p> <p>    a. 'don't feel right' <input type="checkbox"/></p> <p>    b. more emotional than usual - sad, nervous or anxious <input type="checkbox"/></p> <p>    c. 'feel slowed down', confused or 'feel like in a fog' <input type="checkbox"/></p> <p>    d. Sensitivity to light or noise <input type="checkbox"/></p> <p>The player is not their normal self, or there is any other concern that they are not quite right <input type="checkbox"/></p> <p>Other (please list):</p> <p><b>ACTION:</b> for any suspected concussion, the player needs to see a doctor as soon as practical for assessment, including confirmation of the diagnosis. The player must not return to play or full contact training until they have been cleared by a doctor.</p>
<b>EXAMINER NAME</b>	<b>ROLE AT CLUB</b>
<b>EXAMINER SIGNATURE</b>	<b>DATE</b>

1. Match day head injury form – Ages 12 & under

# MATCH DAY HEAD INJURY

## ASSESSMENT & REFERRAL FORM | AGES 12 & UNDER



### SIDELINE FORM (to be completed by the examiner (first aider/trainer) on the day of the suspected concussion)

<b>PLAYER NAME</b>	<b>CLUB</b>
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#### DETAILS OF INCIDENT

<b>DATE</b>
<b>OCCURRED AT:</b> <input type="checkbox"/> <b>MATCH</b> <input type="checkbox"/> <b>TRAINING</b> <input type="checkbox"/> <b>OTHER</b>
<b>BRIEF DESCRIPTION</b>

<b>IDENTIFICATION OF RED FLAGS</b> <small>(tick all those that apply)</small>	
Loss of consciousness	<input type="checkbox"/>
Seizure or convulsions	<input type="checkbox"/>
Deterioration of conscious state	<input type="checkbox"/>
Persistent or increasing vomiting	<input type="checkbox"/>
Double vision	<input type="checkbox"/>
Severe or increasing headache	<input type="checkbox"/>
Increasing restlessness, agitation, or combative behaviour	<input type="checkbox"/>
Neck pain	<input type="checkbox"/>
Weakness or tingling/burning in the arms or legs	<input type="checkbox"/>

**ACTION:** If any one of the boxes above is ticked, an ambulance should be called for immediate transportation to hospital.

<b>FEATURES OF A SUSPECTED CONCUSSION</b> <small>(tick all those that apply)</small>	
Loss of responsiveness	<input type="checkbox"/>
Motor incoordination (losing balance, staggering, etc)	<input type="checkbox"/>
Confused/disorientation (not aware of plays or events)	<input type="checkbox"/>
Impaired memory (unable to recall events before or after the injury)	<input type="checkbox"/>
Looking/feeling dazed, blank or vacant	<input type="checkbox"/>
Player reporting symptoms:	
a. 'don't feel right'	<input type="checkbox"/>
b. more emotional than usual - sad, nervous or anxious	<input type="checkbox"/>
c. 'feel slowed down', confused or 'feel like in a fog'	<input type="checkbox"/>
d. Sensitivity to light or noise	<input type="checkbox"/>
The player is not their normal self, or there is any other concern that they are not quite right	<input type="checkbox"/>
Other (please list):	

**ACTION:** for any suspected concussion, the player needs to see a doctor as soon as practical for assessment, including confirmation of the diagnosis. The player must not return to play or full contact training until they have been cleared by a doctor.

<b>EXAMINER NAME</b>	<b>ROLE AT CLUB</b>
<b>EXAMINER SIGNATURE</b>	<b>DATE</b>





## 2. Medical clearance form

# MEDICAL CLEARANCE FORM

## RETURN TO PLAY CLEARANCE FORM



### PLAYER DETAILS

PLAYER NAME

PLAYER DOB

CLUB

The player (or parent / guardian on behalf of their child) must complete the declaration and take the form to a medical doctor to receive medical clearance before returning to full contact training or playing Australian Football.

The player (or parent / guardian on behalf of their child) must return the completed and signed form to their club, who may retain a copy and provide it to the league if requested.

### PLAYER DECLARATION

I (or my child if applicable) sustained a concussion on ..... / ..... / .....

I (or my child if applicable) have successfully returned to school/study/work (if applicable) without any issues.

I (or my child if applicable) have progressed through all of the stages of the AFL Concussion Management Protocol (i.e. 1. Relative Rest, 2. Recovery and 3. Graded Loading Program) and have had no symptoms since entering the Graded Loading Program.

PLAYER SIGNATURE

DATE

(or parent / guardian if Player 18 or under)

### MEDICAL PRACTITIONER CERTIFICATION

I assessed ..... (player) on ..... / ..... / .....

Based on the information provided to me, and my clinical assessment, I can confirm that the player has recovered from their concussion (including full resolution of concussion-related symptoms and signs, return to work/study) and has completed a graded loading program without any recurrence of symptoms or signs.

I understand that the earliest that a player can return to play (following successful completion of a graded loading program and with medical clearance) is on the 21st day after a concussion, where the day of concussion is designated day 0.

I understand that a more conservative approach and specialist review may be required in the following:

- i. A second concussion within the same season (or three concussions within the previous 12 months).
- ii. An apparent lower or reducing threshold for concussion (whereby the player appears to sustain a concussion or increasing symptoms with reduced force of head impact).
- iii. Failure to progress through their return-to-play program due to a recurrence or persistence of symptoms, or
- iv. Self-reported concerns with brain function.

In my opinion, the player is now medically fit to return to full contact training. If they complete full contact training without any issues or concussion symptoms, they can return to playing Australian Football.

SIGNATURE

DATE

DOCTOR NAME

PROVIDER #