Australian Flying Disc Association

Mild Traumatic Brain Injury (Concussion) Policy

This policy was enacted on 15 September 2018.

PREFACE

Ultimate (and other Flying Disc Sports) are not contact sports, however the fast paced, fluid nature of the game and the way players commit to their pursuit of the plastic means that players are at risk of injury. Mild Traumatic Brain Injury (MTBI) can be sustained during accidental or unexpected impact to the head or from unexpected impact to the body which causes rapid change of direction to the head and neck. The size of the impact or where the impact occurs are not reliable predictors of the likelihood or severity of concussion. Unexpected impact that is difficult to brace for may cause injury, regardless of the size of impact.

The new policy governs all AFDA events, but is also intended to assist all organisers of events in Australia to raise awareness of and deal with suspected concussions during games. The policy highlights the role of all players as officials (due to the self-refereed nature of the sport), and their important role in concussion recognition. The policy focuses on education through raised awareness at captain's meetings and safety briefings and the provision of resources such as the Concussion Recognition Tool (CRT).

This policy is derived from the recommendations agreed upon by the most recent international consensus meeting on concussion which was held in May 2017. Education resources also draw on recent research findings in relation to the effects of concussion on body structures and function and how this relates to recommended rehabilitation and management in order to prevent increased risk of further concussions.

The key message is to adopt the conservative approach when dealing with suspected concussion. IF IN DOUBT, SIT THEM OUT.

- ***Players should not return to play until cleared to by a medical doctor with concussion management expertise.***
- ***If a concussion is diagnosed, a player will not return to competition for at least 3 weeks. They will follow a strict, step-by-step return to competition protocol as prescribed by a specialist doctor (eg sports doctor or neurologist) which may result in a further delay to return to competition.***
- ***If managed correctly, most concussions will resolve completely by around 22-30 days.***
- ***Some symptoms may be prolonged and require medical treatment or rehabilitation by a qualified practitioner eg Neurologist, Sports doctor, Physiotherapist or Occupational therapist.***
- ***Thorough rehabilitation may reduce the risk of recurrence.***

We all have a role to play as teammates, coaches and organisers - because concussed players are not able to self-diagnose their condition or make correct decisions during the acute phase.

INTRODUCTION

The AFDA is committed to upholding best practice health and safety principles in all activities undertaken by our organisation. Mild traumatic brain injury is serious and can have long term implications for the health of our members if not recognized and managed appropriately. Persons suffering MTBI during play are unable to self-manage their medical needs and their ability to continue playing. MTBI requires a community approach.

1. Aim & Scope

1.1. The aims of the AFDA Mild Traumatic Brain Injury (Concussion) Policy are to set out the principles, guidelines and procedures relating to the recognition and management of concussion during the activities governed by the AFDA.

1.2. Except as otherwise noted, the AFDA Mild Traumatic Brain Injury (Concussion) Policy applies to all AFDA and AFDA-sanctioned activities, including (but not restricted to) leagues, tournaments, training camps, selection camps and participation at international events.

2. Definitions

Except as otherwise required by the context, the words and terms used in this Mild Traumatic Brain Injury (concussion) Policy:

2.1. The Standard Definitions of the AFDA Operational Policy apply.
2.2. "AIS" refers to the Australian Institute of Sport
2.3. "AMA" refers to the Australian Medical Association.
2.4. "Medical Staff" refers to a qualified doctor or allied health practitioner with sports first aid training or training in concussion recognition and management.
2.5. "Activity Organiser" refers to the Tournament Director or League Commissioner.

3. Principles

The Mild Traumatic Brain Injury (concussion) Policy is committed to and guided by the principles of:

3.1. Ensuring the safety of all persons involved in AFDA activities
3.2. Safeguarding the health of AFDA members
3.3. Promoting a community approach to concussion awareness and management
3.4. Be guided by the information contained in the AIS/AMA Concussion in Sport position statement.

4. Procedure

4.1. Recognise and Remove

4.1.1. Recognition is EVERYBODY'S responsibility – the Concussion Recognition Tool 5 (CRT5) will assist.

4.1.2. Assessment, diagnosis and clearance to play on must be given by a medical professional with concussion management expertise.

4.1.3. MOST instances of concussion do not involve loss of consciousness.

4.1.4. Children and adolescents are at increased risk of MTBI and do experience longer recovery times. They require extra caution with regards to return to sport and careful management during recovery.

4.1.5. Symptoms may be delayed in appearing (may take up to 6hrs)

4.1.6. Persons with MTBI are generally unable to recognize their own symptoms and may be keen to continue play – our responsibility is to each other's health and welfare. If in doubt or disagreement, refer immediately to medical staff on hand or to the activity organiser.

4.1.7. If in doubt, sit them out. And seek assessment by a medical professional as soon as possible.

4.2. Process

4.2.1. The organiser of any AFDA activity shall assist the activity's participants to recognise the symptoms of MTBI by promoting the online version of "Concussion Recognition Tool 5" (CRT5) to staff, team captains, team managers and other appropriate personnel for use during the activity. (See Appendix A)

4.2.2. All participants in an activity are responsible for assisting with the recognition of the symptoms of MTBI. It is recognised that a person suffering from MTBI will not be able to self-diagnose, and may be reluctant to do so. If there is any doubt or disagreement about the recognition of symptoms, participants should immediately refer the matter to medical staff for assessment, or to the activity organiser if no medical staff are present.

4.2.3. If ANY medical staff or the activity organiser (who shall not overrule medical staff present) suspect MTBI, that view shall be binding and must be respected. If there are differing views between medical staff, the use of the concussion recognition tool should be employed and the results will be binding.

4.2.4. If MTBI is suspected, the participant concerned MUST be removed from play/activity immediately and seek assessment by a medical professional as soon as is reasonably possible. If no medical staff are present at the activity, the activity organiser may arrange for the participant to be seen by a medical professional elsewhere if appropriate or handover responsibility to person responsible for the participant (eg partner, parent, team manager, other nominated person).

4.2.5. If any red flags are identified by the CRT5 the participant must be immediately assessed by medical staff present or removed to the nearest medical facility for assessment.

4.2.6. If a participant is removed from participating in an activity owing to suspected MTBI, they must not return to play/participation until fully cleared by a medical professional to do so. The activity organiser cannot give clearance for a return to play/participation (unless acting in their capacity as a medical professional). This includes return to play/participation on subsequent days of the activity.

4.2.7. If the participant is diagnosed with MTBI, they may not return to competition for a minimum of 21 days. A graduated return to training and play may commence after 7 days in adults and 14 days in children and should be managed by an appropriate medical professional. (Return to school should be prioritized over return to sport for children and adolescents.)

4.2.8. Coaches and/or team leaders shall ensure that participants in representative teams, training squads or clubs who are returning from concussion-related injuries follow a graduated return to play as recommended by the participant's qualified medical professional. Further advice on return to play is provided in the AIS/AMA position statement and should be familiar to clinicians managing athletes with concussion.

5. AFDA Responsibilities

The AFDA, through its officers and staff, shall promote a responsible approach to the risks of MTBI (Concussion) by:

5.1. Generating and renewing community awareness of the issues around MTBI (Concussion)and of the AFDA Mild Traumatic Brain Injury (Concussion) Policy;

5.2. Ensuring the AIS/AMA position statement and Concussion Recognition Tool 5 (CRT5) are widely communicated to the community and made readily available to all participants;

5.3. Supporting members to be proactive in recognising the symptoms of MTBI (Concussion) in others, and supporting the use of Recognise and Remove protocol. We want to create a culture where recognise and remove is good Spirit;

5.4. Ensuring AFDA activities have trained medical staff in attendance where possible, that activity organisers are aware of their responsibilities under this policy if no medical staff are present, and that activity organisers have understanding of, and ready access the CRT5

5.5. Maintaining and updating this AFDA Mild Traumatic Brain Injury (Concussion) Policy as new information and resources become available.

6. Resources

Concussion Recognition Tool 5 (2017) – British Journal of Sports Medicine.

Australian Institute of Sport/Australian Medical Association Concussion in Sport – position statement

Concussion in Sport (Australian Government)

7. Revision

This policy is to be maintained and reviewed by the AFDA President and.or AFDA CEO in consultation with the AFDA Board.

APPENDIX A

CONCUSSION RECOGNITION TOOL 5©

To help identify concussion in children, adolescents and adults

Supported by

RECOGNISE & REMOVE

Head impacts can be associated with serious and potentially fatal brain injuries. The Concussion Recognition Tool 5 (CRT5) is to be used for the identification of suspected concussion. It is not designed to diagnose concussion.

STEP 1: RED FLAGS – CALL AN AMBULANCE

If there is concern after an injury including whether ANY of the following signs are observed or complaints are reported then the player should be safely and immediately removed from play/game/activity. If no licensed healthcare professional is available, call an ambulance for urgent medical assessment:

- **Neck pain or tenderness**
- **Double vision**
- **Weakness or tingling/ burning in arms or legs**
- **Severe or increasing headache**
- **Seizure or convulsion**
- **Loss of consciousness**
- **Deteriorating conscious state**
- **Vomiting**
- **Increasingly restless, agitated or combative**

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Assessment for a spinal cord injury is critical.
- Do not attempt to move the player (other than required for airway support) unless trained to so do.
- Do not remove a helmet or any other equipment unless trained to do so safely.

If there are no Red Flags, identification of possible concussion should proceed to the following steps:

STEP 2: OBSERVABLE SIGNS

Visual clues that suggest possible concussion include:

- Lying motionless on the playing surface
- Slow to get up after a direct or indirect hit to the head
- Disorientation or confusion, or an inability to respond appropriately to questions
- Blank or vacant look
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Facial injury after head trauma

STEP 3: SYMPTOMS

- Headache
- "Pressure in head"
- Balance problems
- Nausea or vomiting
- Drowsiness
- Dizziness
- Blurred vision
- Sensitivity to light
- Sensitivity to noise
- Fatigue or low energy
- "Don't feel right"
- More emotional
- More Irritable
- Sadness
- Nervous or anxious
- Neck Pain
- Difficulty concentrating
- Difficulty remembering
- Feeling slowed down
- Feeling like "in a fog"

STEP 4: MEMORY ASSESSMENT

(IN ATHLETES OLDER THAN 12 YEARS)

Failure to answer any of these questions (modified appropriately for each sport) correctly may suggest a concussion:

- "What venue are we at today?"
- "Which half is it now?"
- "Who scored last in this game?"
- "What team did you play last week/game?"
- "Did your team win the last game?"

Athletes with suspected concussion should:

- Not be left alone initially (at least for the first 1-2 hours).
- Not drink alcohol.
- Not use recreational/ prescription drugs.
- Not be sent home by themselves. They need to be with a responsible adult.
- Not drive a motor vehicle until cleared to do so by a healthcare professional.

ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY, EVEN IF THE SYMPTOMS RESOLVE