



To	All Coaches and Team Managers	From	Secretary
Copy	All Committee, General Manager	Reference	MEMO 21/001
Date	10/03/2021	Pages (including this page)	3
Subject	Safety considerations, including concussion management		

Please note that it is our responsibility as team officials to ensure the safety of our players as far as practically possible. We achieve this by taking the following actions:

Before play commences:

- Check the playing area for any obvious signs of damage that could lead to injury (e.g. large holes, large depressions due to underground services, large areas of hard, non-grassed areas)
- Check the perimeter fencing has no major defects that could injure a player (bent posts, wires)
- Make sure the goalposts are secured and have no obvious signs of damage
- Bring any issues to the attention of the referee (or committee member, if training).

During play:

- If any player is seriously injured and shows signs of distress, then they must not be moved until qualified medical advice is sought REGARDLESS of the pressure from the opposition and possibly referee. Please add my number to your phone (0403 781 581) and call me if you are feeling unduly pressured.
- This is particularly important in relation to head injuries and concussion. We need to ensure that you are all aware of the Concussion Management procedures that must be followed by the Club.
- To determine if someone is concussed, the Pocket Concussion Recognition Tool (attached) is to be used. A copy of this should be put in all kit bags. The questions can be changed for Miniroos and Juniors to something like "What is your Coaches name?" "Did you score a goal today?".
- **If you suspect a player has a concussion, they are to be immediately removed from play and are not to return to play that day** – even if the player, their parents or partner say they are fine to return. Please ensure the player is not left alone (e.g. while the game continues) and they should not drive a motor vehicle when leaving the venue on that day.
- If a player has a red flag (listed on the Pocket Concussion Recognition Tool), and there is no qualified medical practitioner in attendance, call an ambulance.
- If a player is assessed as having a concussion, they must provide medical clearance to the Club before returning.
- All suspected or actual concussions must be reported to president@toowongfc.com.au and secretary@toowongfc.com.au immediately after the conclusion of the game.

This shouldn't be daunting and will help make sure that our players are safe during their participation.

CONCUSSION RECOGNITION TOOL 5[©]

To help identify concussion in children, adolescents and adults



FIFA[®]

Supported by



FEI

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 do so.
- 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.

The CRT5 may be freely copied in its current form for distribution to individuals, teams, groups and organisations. Any revision and any reproduction in a digital form requires approval by the Concussion in Sport Group. It should not be altered in any way, rebranded or sold for commercial gain.

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