



Blacktown & Districts Soccer Football Association Incorporated

Concussion Policy

1. Purpose

The purpose of this policy is to provide information and standardised procedures for persons involved in the prevention, training, management and return to activity decisions regarding BDSFA personnel who have or are suspected of having sustained a concussion during a competition or event.

These procedures are of a general nature only. Individual treatment will depend on the facts and circumstances specific to each individual case. This document is not intended as a standard of care and should not be interpreted as such.

2. Scope

This policy applies to all BDSFA players, officials, volunteers and staff involved in competitions and events.

3. Definitions

Concussion – refers to an injury to the brain resulting from the disturbance of brain function involving thinking and behaviour. This can be caused by a direct blow to the head or impact to the body causing rapid movement of the head and movement of the brain within the skull.

4. Recovery

The majority (80-90%) of concussions resolve in a short (7-10 day) period, although the recovery frame may be longer in children and adolescents.

5. Procedure

5.1 Signs of Concussion

Immediate **visual indicators** of concussion include:

- a) Loss of consciousness or responsiveness;
- b) Lying motionless on the ground/slow to get up;
- c) (c)A dazed, blank or vacant expression;
- d) Appearing unsteady on feet, balance problems or falling over;
- e) Grabbing or clutching of the head
- f) Impact seizure or convulsion

Concussion can include one or more of the following **symptoms**:

- a) Symptoms: Headache, dizziness, “feeling in a fog”;
- b) Behavioural changes: Inappropriate emotions, irritability, feeling nervous or anxious;
- c) Cognitive impairment: slowed reaction times, confusion/disorientation – not aware of location or score, poor attention and concentration, loss of memory for events up to and/or after the concussion.



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5.2 Remove from play

Any athlete with a suspected concussion must be immediately removed from play and must not be returned to activity until they are assessed by a qualified medical practitioner.

Players with a suspected concussion must not be left alone and must not drive a motor vehicle.

Only qualified medical practitioners should diagnose whether a concussion has occurred or provide advice as to whether the player can return to play.

There should be **no return to play on the day of a concussive injury**.

5.3 Medical Assessment

A qualified Medical Practitioner should:

- a. Diagnose whether a concussion has occurred – based on clinical judgement;
- b. Evaluate the injured player for concussion using SCAT 5 (or Child – SCAT 5) or similar tool (see 'Resources' below);
- c. Advise the player as to medical management;
- d. Advise the player as to when it is appropriate to begin a Graduated Return to Play Program (Annexure 1 to these Guidelines).
- e. Clear the player to return to play following the graduated RTP program

5.4 Return to Play

Following clearance from a qualified Medical Practitioner for the player to return to play, the player should progress through a **Graduated Return To Play Program** (see Annexure 1).

In all cases, the Graduated Return To Play Program provides for a minimum of 21 days before the player can play a competitive game.

6. Responsibilities

All players, parents, staff and volunteers.

7. References and Links

- a. Football Federation Australia's Concussion Guidelines, found here: [FFA Concussion Guidelines](#)
- b. Concussion and Brain Health Position Statement 2024, Australian Institute of Sport, January 2024, found here: [Concussion and Brain Health Position Statement 2024 \(sma.org.au\)](#)
- c. Consensus Statement on Concussion in Sport: The 6th International Conference on Concussion in Sport held in Amsterdam, October 2022 (Patricios et al), found here:



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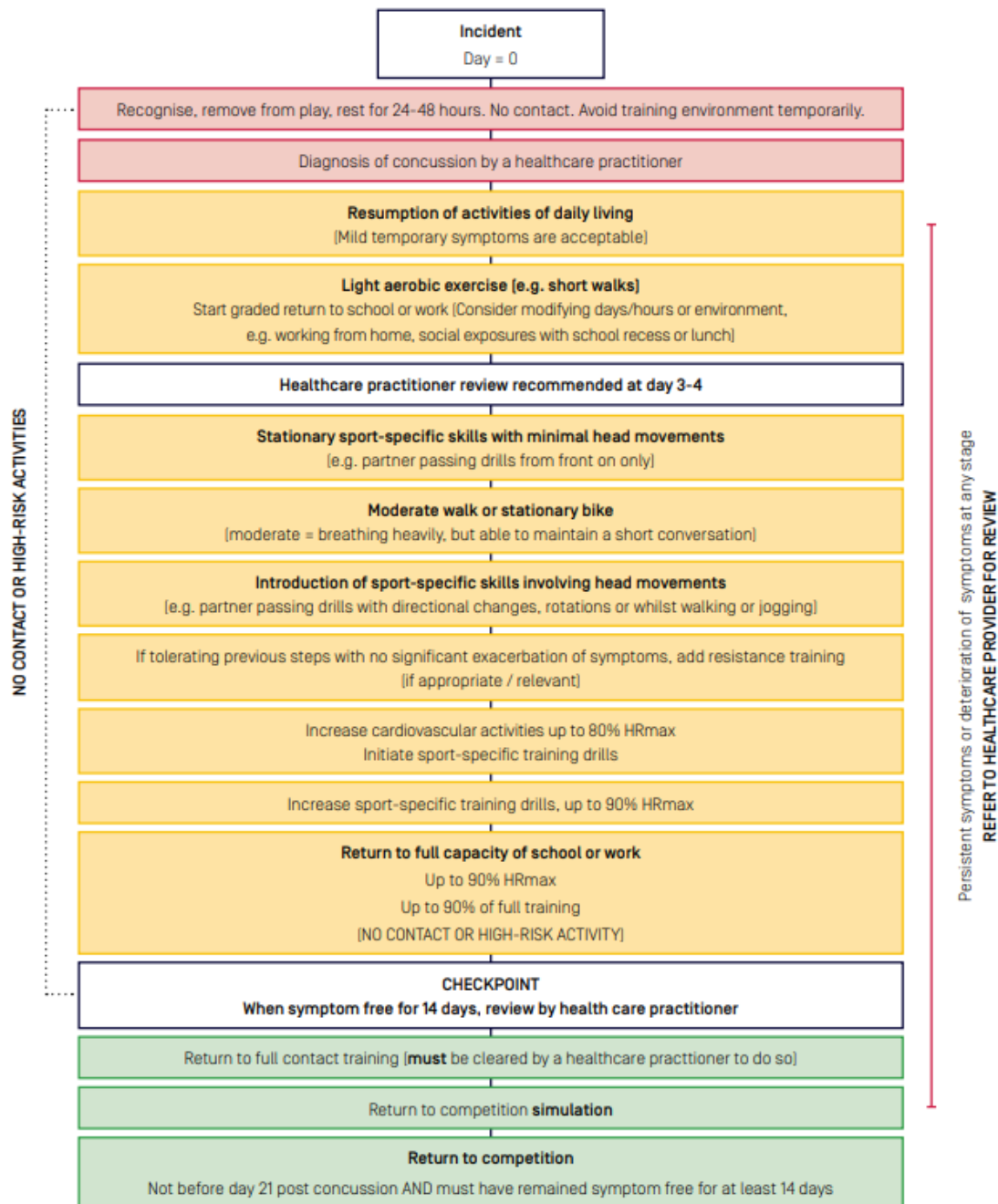
<https://www.connectivity.org.au/wp-content/uploads/2022/03/6th-Consensus-Statement-on-Concussion-in-Sport.pdf>

- d. CRT^ Concussion Recognition Tool – Sport Concussion Assessment Tool – found here: [SCAT6 Test](#)
- e. Child-SCAT6- Sport Concussion Assessment Tool (for children ages 5-12 years), found here: [Child SCAT6](#)
- f. Graduated Return to Play Protocol (Annexure 1 to these Guidelines)



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Annexure 1 – Graduated Return to Play Program



Some high-performance athletes may have access to appropriately trained Healthcare Practitioners experienced in multi system concussion rehabilitation. These athletes may be cleared earlier if their sports concussion protocol allows. Refer to the graded return to sport framework for advanced care settings. Note, athletes aged under 19 years should NOT have access to earlier clearance available in advanced care settings.

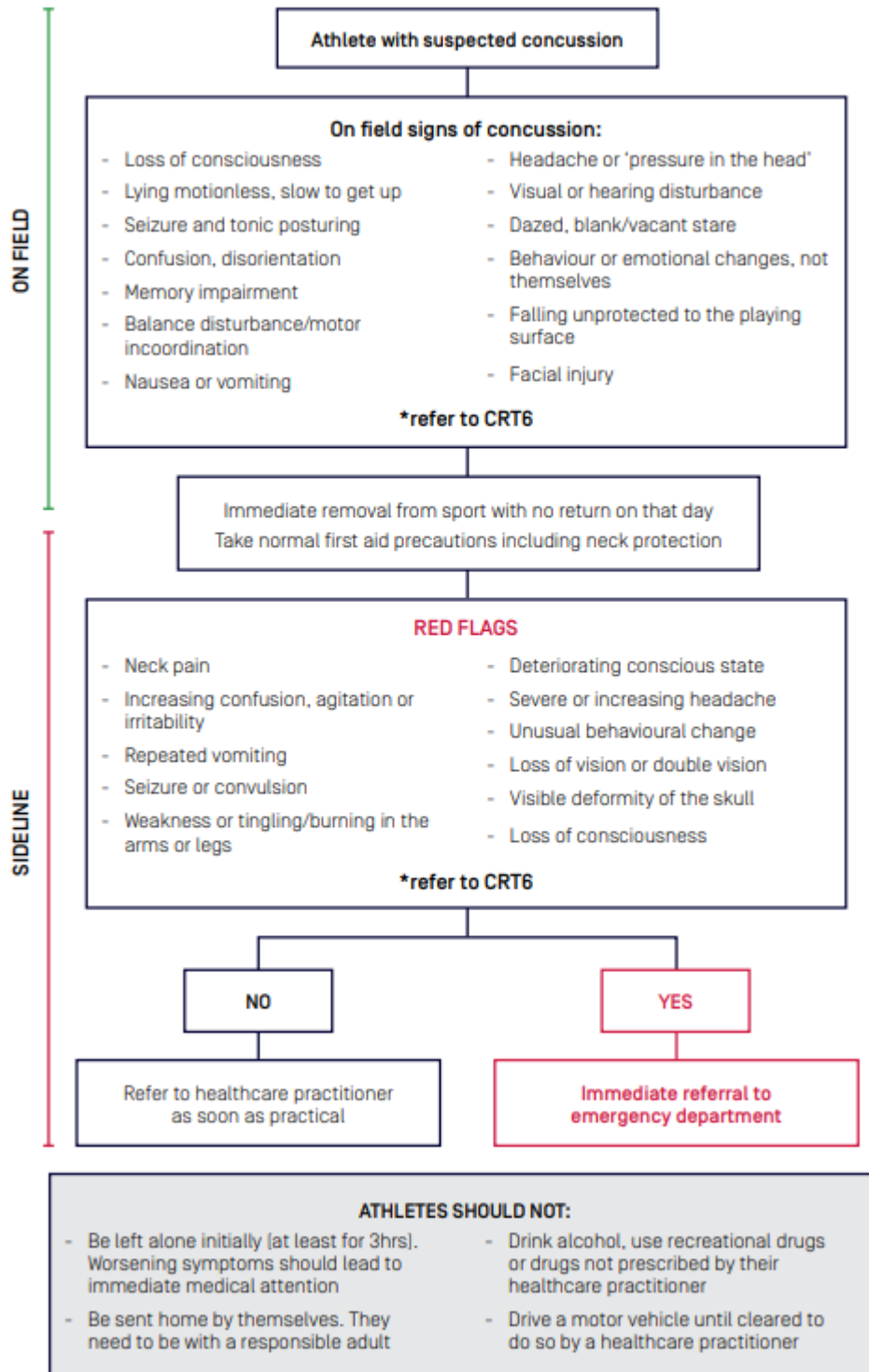


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Annexure 2 – Immediate Steps After Concussion

Figure 1: Non-healthcare practitioner at sporting event where there is a suspicion of concussion (for parents, coaches, teachers, team-mates, support staff)





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Annexure 3 – Immediate Steps After Concussion at Home Setting

Figure 2: Non-healthcare practitioner in a school or home setting where there is a suspicion of concussion (for parents, coaches, teachers, team-mates, support staff)

