



GUIDELINES FOR PARTICIPATION REGARDING
CONCUSSION AND CHEER SPORT

Date Effective

24th June 2018

Concussion and Cheer Sport Participation Guidelines

Advances in sport and medical science have highlighted the need for a change in the way concussion is treated. ACSA acknowledges that many of the instances of concussion will take place in places where a medical practitioner is not immediately available to make an assessment of an athlete who sustains a head injury.

These guidelines have been developed to outline the issues for athletes, coaches, team managers and others responding to athletes who have received a head injury. The purpose of these guidelines is to protect the welfare of athletes and they are not intended to replace medical assessment and treatment.

1. What is Concussion?

- A disturbance in brain function caused by trauma
- A minor (non-structural) brain injury
- Concussion may be caused by a blow to the head, face or neck or by impact that transmits force to the head

2. Signs and symptoms of suspected concussion

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| • Loss of consciousness | • Headache | • Seizure or convulsion |
| • Lying motionless on the ground/slow to get up | • Balance problems/ uncoordinated | • Confusion/ not aware of events |
| • Dizziness | • Clutching head | • Amnesia |
| • Nausea or vomiting | • Feeling slowed down | • Drowsiness |
| • "Pressure in the head" | • More emotional | • Blurred/ double vision |
| • Irritability | • Sensitivity to light | • Sadness |
| • Sensitivity to noise | • Fatigue or low energy | • Feeling like "in a fog" |
| • Nervous or anxious | • Neck pain | • "Don't feel right" |
| • Dazed, blank or vacant look | • Difficulty remembering | • Difficulty concentrating |

Concussion should be suspected whenever any of these signs or symptoms are present.

3. Memory function

If an athlete cannot answer the following questions correctly this may suggest concussion:

"What month is it?"

“What is today's date?”

“What day of the week is it?”

“What year is it?”

If a medical professional or trained person is available then a Standardised Concussion Assessment Tool (SCAT) Card should be used to evaluate players for concussion.

4. Removal from play

The signs and symptoms of concussion tend to resolve by themselves over time with rest and management; however, they are the same as for more serious structural brain injury, so athletes are advised to seek medical assessment.

Athletes with suspected concussion should:

- Be treated in accordance with normal first aid principles (danger, response, airway, breathing, circulation);
- Not be moved by others (except where required for airway support);
- Be removed from play immediately;
- Not be returned to play till they are medically assessed, even if symptoms resolve;
- Not be left alone; and
- Not drive.

If a doctor has diagnosed concussion and declared a player unfit to play the rest of the game, no one may override this decision, including the player.

5. Treatment where structural brain injury, or other serious injury should be suspected

If any of the following signs or symptoms are present, it is urgent the athlete be medically assessed and if necessary call for an ambulance:

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| • Athlete complains of neck pain | • Deteriorating conscious state |
| • Increasing confusion or irritability | • Severe or increasing headache |
| • Repeated vomiting | • Unusual behaviour change |
| • Seizure or convulsion | • Double vision |
| • Weakness/tingling/burning in arms or legs | |

6. Return to play

Any athlete who sustains a suspected concussion or more serious brain injury must provide a medical certificate clearing them to return to play in subsequent games or to travel.