



**ALBANY**  
**VOLLEYBALL**  
ASSOCIATION

## **Concussion Management Policy**

Date of Issue  
Last Reviewed  
Controlling Body

16<sup>th</sup> March 2017  
16<sup>th</sup> March 2017  
AVA Committee

## **Overview**

Albany Volleyball Association Concussion Management Policy has been introduced to reduce the risk of concussion brain injury to players involved in Albany Volleyball Association (AVA) events or activities. The policy also contains guidance to assist players, coaches, & officials in managing concussion.

This Policy is not intended to be a medical document.

## **Background**

“Concussion is a brain injury and is defined as a complex physiological process affecting the brain, induced by biomechanical forces. Concussion may be caused by either a direct or indirect blow to the head, face, neck or body causing an impulsive force transmitted to the head.” Sports Medicine Australia, <http://sma.org.au/resources-advice/concussion/>. All concussions are serious and can lead to death, however in most cases the effects of concussion are temporary and players will recover fully when managed correctly. The effects of concussion on children are different to adults and therefore will require a different management approach

Albany Volleyball Association takes the risk of concussion in the sport very seriously. Players, parents, coaches and officials need to act in the best interest of player safety and Albany Volleyball Association aims to ensure that all of its members are aware of how to recognise and safely manage concussion. The Concussion Management Policy adheres to the following principles:

1. Recognise and Remove
2. Refer
3. Rest
4. Recover
5. Return

## **Policy Application**

1. This policy applies to all AVA members and all other people or organisations which by agreement or otherwise, are bound to comply with this policy (including contractors, Board Directors, Regional Network representatives, employees, administrators, volunteers and attendees at functions of AVA).
2. This policy applies to behaviour and practices occurring during the course of AVA business, activities, competitions and events

## **Responsibilities**

AVA'S role and contribution in making this policy work is to:

1. prepare a policy statement as part of AVA injury and risk management procedures
2. take all reasonable steps necessary to ensure that everyone in the organisation knows:
  - what concussion is
  - how to recognise the signs
  - the procedures for managing concussion

This will be achieved by

- including a copy of the Policy in Policy and Procedures Manual
- distributing the Policy to all Associations and Clubs
- ensuring all AVA and Club / Association personnel are educated and trained with the policy
- including a copy of the policy on the AVA website

- notifying participants in all AVA activities and / or events that they will be required to comply with this policy
- 3. promote training and accreditation courses in concussion management to all members through the AVA communication networks
- 4. promote external Concussion Management resources and posters to all members through AVA communication networks
- 5. ensure that first aid equipment and trained personnel are available at all training and competition sessions.
- 6. include the 'Pocket Concussion Recognition Tool' in all first aid kits.
- 7. provide a pre-game checklist to all coaching and support staff involved in the match day care of players, which includes contact details for the local general practices, local hospital emergency departments and ambulance services.
- 8. maintain and monitor / analyse Injury forms throughout the year to identify any trends
- 9. request that all players assessed to have a concussion by a registered medical doctor must present a return to play clearance form prior to playing
- 10. review this policy and update as required every 12 months.

The Clubs / Associations and AVA members roles and contribution is to:

1. Comply with this policy and ensure information is made available
2. Ensure all significant personnel are familiar with the policy and required procedures at each level of the AVA Network.
3. Collaborate with AVA staff to implement best practice
4. Report any areas of concern to AVA within a timely manner

**Policy Statement**

AVA will take all breaches of the policy seriously and will ensure they are dealt with promptly, sensitively and confidentially. Disciplinary action may be taken against a person who is found in breach of this policy, in accordance with the Complaints Management Procedure. (ref. Part D Member Protection Policy)

Reviewed by the Albany Volleyball Association Committee

# Concussion Management Procedures

## Game Day Management

### 1. Recognising the injury

- Any one or more of the following can indicate a possible concussion:
  - Loss of consciousness
  - Dazed, blank or vacant look
  - Headache, blurred vision, dizziness
  - Confused/not aware of plays or events
  - Balance problems (unsteadiness)
  - Lying motionless on ground/slow to get up
  - Grabbing or clutching head
- The Pocket Concussion Recognition Tool can be used to help recognise concussion.
- Upon identifying any of the above symptoms a First Aid Practitioner should be sought immediately

### 2. Removing the player from the game

- Initial management of the player must adhere to the first aid rules, including airway, breathing, circulation and spinal immobilisation.
- Any player with a suspected concussion must be removed from the game, allowing the player to be properly evaluated.
- If the player is unconscious they must only be moved (onto a stretcher) by qualified health professionals, who are trained in spinal immobilisation techniques. If no qualified health professional is on site, then the player should not be moved until the ambulance
- Any player who has suffered a concussion must not be allowed to return to play in the same game.
- It is important not to be influenced by the player, coaching staff, trainers, parents or any others suggesting that they return to play. **If there is any doubt, sit them out!**

### 3. Refer the player

- All players with concussion or a suspected concussion need a medical assessment by a registered medical doctor.
- If a doctor is not present at the event the player should be sent to a local general practice or local hospital emergency department.
- Urgent transfer to hospital is required if the player displays any of the following symptoms:
  - Loss of consciousness or seizures
  - Confusion
  - Deterioration following their injury (eg vomiting, increased headaches or drowsiness)
  - Neck pain or spinal cord symptoms (eg numbness, tingling or weakness)

If there is any doubt on the player's condition they should be referred to hospital.

## Follow up Management

### 4. Rest

- Players should rest following a concussion until all symptoms have disappeared, under the management of their medical practitioner. This may take weeks or months depending on the severity

- Athletes should not ignore their symptoms and in general a more conservative approach be used in cases where there is any uncertainty.

#### 5. Return

- A concussed athlete must not be allowed to return to physical activity before having a medical clearance / certificate. The decision regarding the timing of return should be made by a medical practitioner, with experience in managing concussion.
- Players should not return to play until they have returned to school / work.
- Players should be returned to sport in a graduated manner that should be supervised by their medical practitioner. For example:
  - Rest until all symptoms resolve
  - Light aerobic activity 24 hours after symptoms resolve
  - Light non contact training (eg ball work)
  - Full training

#### Return to play

It is important to note there should be approximately 24 hours between stages.

- If a player becomes symptomatic at any stage they should drop back to the previous symptom free level and try to progress again after 24 hours. If a player continues to be symptomatic for more than 10 days they should be reviewed again by a medical practitioner.