



CHRISTIAN SCHOOLS EVENTS NETWORK

CONCUSSION IN SPORT GUIDELINES

1. INTRODUCTION

Sport Related Concussion (SRC) is a growing health concern in Australia. It affects athletes at all levels of sport, from the part-time recreational athlete to the full-time professional. Concerns about the incidence, and possible health ramifications for athletes have led to an increased focus on the importance of diagnosing and managing the condition safely and appropriately.

The unpredictability of sport is an element of what makes it so exciting to participate in, and the nature of this unpredictability is that accidents can happen, particularly in contact sports where there is an increased risk of a collision or knock to the head.

Participant safety and welfare is paramount when dealing with all concussion incidents, both in the short term and long term. If a player returns to play before they have fully recovered, complications can occur.

CSEN is committed to ensuring the health and safety of all students participating in contact sports. Recognizing the potential risks associated with concussions and repeated head trauma, this policy aims to:

- Establish guidelines for the prevention of sport related concussions.
- Outline appropriate identification strategies for sport related concussions.
- Establish procedures for the management of concussions that occur during CSEN events.

2. PURPOSE

The purpose of these guidelines is to raise awareness about concussion related issues and ensure CSEN Member Schools carefully consider a suitable and appropriate course of management for a suspected concussion sustained during CSEN sporting matches or activities.

3. DEFINITIONS

Concussion: Concussion is a type of brain injury. It is a complex injury that is challenging to evaluate and manage. The Concussion in Sport Group (CISG) international Consensus Statement defines concussion as 'a traumatic brain injury, induced by biomechanical forces. It generally results from a knock to the head, face or neck – but may be anywhere on the body which transmits force to the head. Concussion involves short-lived impairment of neurological function. Concussion is an evolving injury that may change over the first few hours or over a few days. In most adult cases, symptoms are resolved within 14 days of injury.

Contact Sport: A sport in which the participants necessarily come into bodily contact with one another. Specifically in the context of CSEN this includes all sports and competitions.

4. ACCOUNTABILITY

Member Schools of the Christian Schools Events Network (CSEN) must take their duty of care to students seriously. CSEN is committed to ensure that an accurate and relevant framework for preventing, identifying,



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and managing concussions is provided to support all students, teachers, coaches and parents who participate in CSEN events.

5. PROCEDURES AND GUIDELINES

***Disclaimer:** These guidelines do not create any binding obligations on CSEN. CSEN has no control over the implementation of these guidelines and cannot be held liable where schools or individuals fail to follow any aspect of these guidelines, during participation in school sport, personal sport, or club sport.*

5.1 PRE-MATCH PROCEDURES

Prior to participation in any CSEN sporting event, CSEN Member Schools should ensure the following has occurred:

5.1.1 EDUCATION

All staff members involved in sport should be educated about concussion. This should include information regarding:

- What is concussion;
- Causes of concussion;
- Common signs and symptoms;
- Procedures if a student has a suspected concussion or head injury; and
- Return to school and sport medical clearance requirements.

Appendix A includes resources that may be useful to educate relevant staff members.

5.1.2 CONCUSSION SAFETY PACK

All CSEN Member Schools should ensure that the staff member taking students out to participate in a sporting event has a copy of the Concussion Safety Pack (Appendix B). This could be a printed out hard copy or a digital copy on their phone.

5.1.3 CONCUSSION HISTORY

CSEN Member Schools should maintain information regarding students' concussion history to help identify players who fit into a high-risk category. Such information should be handled and treated confidentially and in accordance with the school's relevant privacy policy.

5.1.4 LOCAL HEALTH SERVICES

Prior to any event or match, CSEN Member Schools should ensure that all relevant staff are provided with information regarding local health services in the event of an incident, including:

- Local doctors or medical centres.



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- Local hospital emergency departments; and
- Ambulance services

5.1.5 IF IN DOUBT, SIT THEM OUT!

Before any sporting event, particularly contact sports such as AFL and Rugby, all coaches, umpires and players involved with the sport should agree that if there is any suspicion of a concussion the suspected player will sit out.

5.1.6 HEAD CHECK APP

All CSEN Member School coaches or staff members who are taking students to a CSEN sporting event should download the Head Check App. This app should be used during a match if any player suffers a suspected concussion.



[Home](#) | [Concussion App - HeadCheck](#)

5.1.7 SIGN THE SCORESHEET

Before taking part in any CSEN contact sport (AFL and Rugby), coaches must sign the scoresheet indicating that to the best of their knowledge all players have not suffered a concussion in the previous 14 days at any level of sport, including community and school prior to the match.

5.2 DURING MATCH PROCEDURES

In the early stages of injury, it is often not clear whether you are dealing with a concussion or there is a more severe underlying structural head injury. For this reason, the most important steps in initial management and beyond include:

1. Recognise
2. Remove
3. Refer

5.2.1 RECOGNISE



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Recognise the signs and symptoms of a suspected concussion, or injuries that may result in concussion. Remember, not everyone will experience the same signs and symptoms, so individualised management strategies are required.

Things to look out for at the time of injury:

Loss of consciousness or unresponsiveness	Grabbing, clutching or shaking the head
Lying motionless, slow to get up	Dazed, blank/vacant stare
Difficulty walking and maintaining balance	Headache or 'pressure in the head'
Confusion, disorientation, memory impairment	Obvious facial or head wound or injury
Nausea or vomiting	Behaviour or emotional changes, not themselves
Poor coordination	

Should you recognise any of the symptoms listed above or still have a suspicion of a concussion, immediate and permanent action to remove athlete from the sport should be taken.

Where the players are older than 12 years, they may be asked a number of questions to recognise suspected concussion. If a player fails to answer any of the following questions (modified as required) correctly, this may suggest a concussion:

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

Remember at all times, the basic principles of first aid (danger, response, send for help, airway, breathing, circulation, defib) should be followed. At all times any first aid response should be protective of the spinal cord and avoid moving the player unless trained to do so.

5.2.2 REMOVE

Remove an athlete from play if there is any suspicion that the athlete has suffered a concussion. The athlete should not be on the playing field for the rest of that day. Even if concussion symptoms do not present themselves immediately there is still a possibility symptoms may appear in the next 24 to 48 hours. No one can decide that it is okay for someone with suspected concussion to resume participating on the same day other than a medical practitioner. This includes player themselves, parents of junior players, coaches or officials. At all times you should abide by the saying: "If in doubt, sit them out!"



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5.2.3 REFER

Refer any athlete with a suspected concussion to undergo a medical assessment by a qualified medical professional before returning to training or competition. Depending on the signs and symptoms present, referral to emergency response services may be necessary. Some red flags to look out for:\

Neck pain	Deteriorating conscious state
Increasing confusion, agitation or irritability	Severe or increasing headache
Repeated vomiting	Unusual behavioural change
Seizure or convulsion	Visual or hearing disturbance
Weakness or tingling/burning in the arms or legs	

If any of the above red flags are present, you should immediately refer to emergency response services. If you suspect a concussion and there are no red flags present, then a referral to a medical general practitioner as soon as possible is necessary.

A student with concussion or suspected concussion should not be left alone (at least for initial 2 hours) or be sent home by themselves and needs to be with a responsible adult. Students should not take prescription medication, including aspirin, anti-inflammatory medication, sedative medications or strong pain-relieving medications. The student’s parents or guardian should be contacted to inform them of the incident and the need for a medical assessment and once symptoms are clear, the need for a “Return to Play – Medical Clearance” before being allowed to participate in training and sport again.

5.3 REST AND RECOVERY

Rest is very important after a concussion because it helps the brain to heal. Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days or even weeks. A more serious concussion can last for months or longer.

Most people will recover from a concussion within 10 to 14 days. Children and adolescents often take longer to recover from a concussion than adults, and it is not abnormal for symptoms to last up to 4 weeks for children or adolescents.

For children and adolescents, it is suggested the graduated return to play protocol should be extended such that a child does not return to contact/collision activities less than 14 days from the resolution of all symptoms.

Rest is recommended immediately following a concussion (24–48 hours). Rest means not undertaking any activity that provokes symptoms. However, anyone who has suffered a concussion should be encouraged to become gradually and progressively more active as long as they do not experience any symptoms.

It is important that athletes do not ignore their symptoms and in general a more conservative approach be used in cases where there is any uncertainty.



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5.4 RETURN TO LEARN

Children and adolescents require a different approach from adults because their brains are still developing, and they need to continue learning and acquiring knowledge.

The priority when managing concussion in children and adolescents should be returning to school and learning, ahead of returning to sport. Concussion symptoms can interfere with memory and information processing. This can make it hard for children to learn in the classroom.

During recovery from concussion, it is recommended that students avoid:

- Physical activity: PE classes, school sport, and playground activity
- Extensive screen time: including computer use, texting, video games, television.
- Loud music and music through headphones

Ways to help students in the classroom recover from concussion include:

- Regular breaks from class
- Shortened school day.
- Postponing exams
- Additional time to complete exams and assessments.
- Additional time to complete tasks in class.

Parents should discuss with their doctor and child's school, to set up an appropriate return-to-school strategy.

5.5 RETURN TO PLAY

Once a diagnosis of concussion has been confirmed, the initial management will involve physical and mental rest for 24-48 hours. If the athlete is symptom free after this initial rest period, proceed as per the "Graduated Return to Sport Framework" which sets out the gradual steps that the athlete, along with a medical professional, should follow to help the athlete safely return to play. The program should be medically supervised to ensure any activity undertaken does not cause any deterioration in the athlete's symptoms. If an athlete's symptoms return or if they get new symptoms, this is a sign that the athlete is pushing too hard. The athlete should stop these activities and contact their medical provider. After more rest and no concussion symptoms, the athlete can resume at the previous step.

5.5.1 GRADED RETURN TO SPORT FRAMEWORK FOR COMMUNITY AND YOUTH

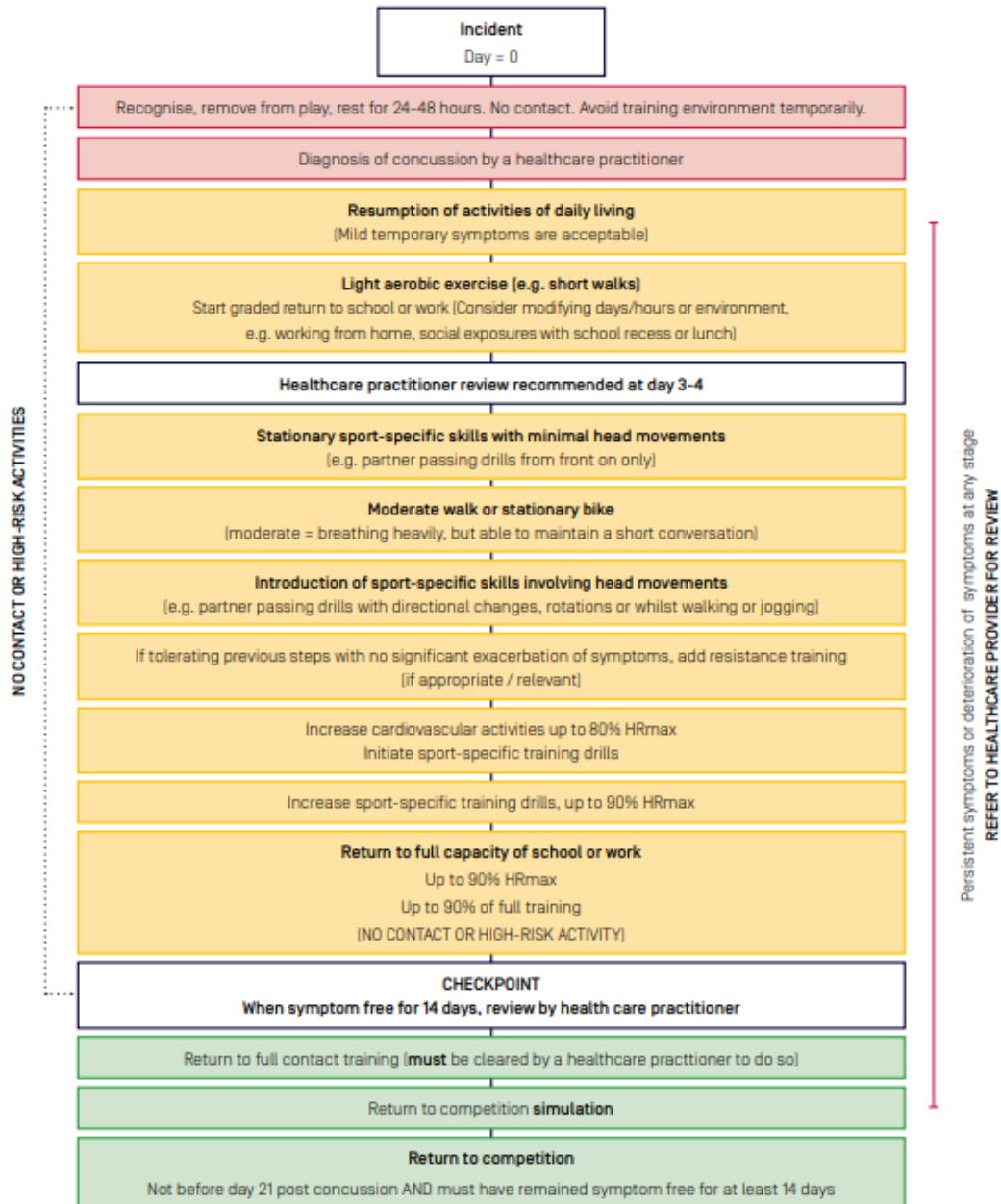
A Graded Return to Sport framework is made up of the progressive steps below. A more conservative approach should be taken with those under the age of 19. The Graded Return to Sport Framework requires those under 19 years of age to be symptom free for 14 days (at rest) before return to contact training, and not return to competitive contact sport until a minimum of 21 days from the time of concussion.

Note: This is not 14 days from the time of concussion. It is 14 days from when the athlete becomes symptom-free.



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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.

Figure taken from the [Australian Concussion Guidelines for Youth and Community Sport](#)



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5.6 CONCUSSION OFFICER FOR SCHOOL

For all CSEN events, it is recommended that schools introduce a 'concussion officer' to oversee the management of concussion. A 'concussion officer' is a single point of contact and manages the coordination of matters related to concussion. A 'concussion officer' is not a concussion expert and is not expected to diagnose concussion. The 'concussion officer' ensures that anyone diagnosed with concussion follows the schools agreed concussion protocol.

5.7 DOCUMENTATION

All major incidents that occur in a CSEN sport or cultural activity must be reported to the CSEN Executive Officer within 3 working days of the incident taking place. This includes any possible concussion incidents regardless of the perceived seriousness.

A "Return to Play – Medical Clearance" should be provided to the school and forwarded to the CSEN Executive Officer.

All concussion incidents should be included in the injury reports forwarded to the CSEN office at the end of each term.



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6. ACKNOWLEDGEMENTS

These guidelines were adapted in part from various network Concussion in Sport policies including:

- [Associated Grammar Schools Victoria \(AGSV\)](#)
- [Associated Public Schools of Victoria \(APS\)](#)
- [Eastern Independent Schools Melbourne \(EISM\)](#)

7. REFERENCES

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APPENDIX A – EDUCATIONAL RESOURCES

1. [Concussion Management Online Training \(30 minutes\)](#)
2. [Information for Coaches and Support Staff](#)
3. [Australian Concussion Guidelines for Youth and Community Sport](#)

APPENDIX B – CONCUSSION SAFETY PACK

CSEN Member Schools must ensure that staff members taking students to participate in contact sports have either a hard copy or a downloaded copy on their phone of the following:

1. [Concussion Management Flow Chart](#)
2. [Concussion Recognition Tool](#)