



Photo: Ajantha Abey Quidditch Photography



**QUIDDITCH  
AUSTRALIA**

# Quidditch Australia Concussion Policy

Jamie Turbet



# Quidditch Australia's Concussion Policy

This policy defines what a concussion is, the procedure when a concussion is assessed and the return to play procedure. This policy is in addition and should be read in conjunction to the Quidditch Australia Injury Policy.

## WHAT IS CONCUSSION

- A concussion is a brain injury
- It is shown as any disturbance in normal brain function – physiological or psychological
- Symptoms can come on at any time, but usually within 24-48 hours after a collision.

## HOW CAN IT HAPPEN?

- Concussion occurs from a direct impact of the head such as getting hit in the head, or from an indirect impact, such as getting hit in the chest causing whiplash.
- Concussion can occur without the player being “knocked out” i.e. losing consciousness.

## PROCEDURE IF CONCUSSION IS PRESENT:

- If the referee team or medical team witness a suspected head injury or suspected concussion, the player must be removed from the field immediately for assessment
  - The head referee has a duty of care to all players on the pitch and must stop play immediately when a player has a serious injury, including any non-superficial head injury.
- Assessment should be done by using the Pocket Concussion Recognition Tool 5 by the medical team or a QA Member who has attended the QA Concussion Education Workshop
- If a player has been assessed as having a suspected head injury or suspected concussion, they are not be permitted to return to play, act as a referee or act as a speaking captain for the next 48 hours a that potential head injury or suspected concussion has occurred.
  - If a player attempts to do any of the above, the referee team may give a Yellow Card for disregarding an official's directive as per rulebook.
- If a player exhibits signs of concussion, they should be referred immediately to the emergency department of the nearest hospital.
- Players exhibiting signs of concussion should not be left alone or permitted to operate a vehicle. They should be escorted to hospital by a third party.



## RETURN TO PLAY

Quidditch Australia follows the Concussion in Sport Policy developed by Sports Medicine Australia (<https://sma.org.au/sma-site-content/uploads/2018/03/Concussion-Policy-2018.pdf>)

The *minimum* period before return to play is 8 days. However, Quidditch Australia *recommends* 12 days to be in line with Rugby Australia and AFL’s concussion policies.

- No players will be permitted to return to play within 48 hours after being assessed for concussion by a medical practitioner and/or exhibiting signs of concussion by the medical team.
- If a player has been assessed with a suspected head injury or concussion, they must follow the procedure in Figure 1.
- The player must undertake 24-48 hours rest before progressing to Stage 1. Each stage should last 24 hours before progressing to the next stage. If a player starts exhibiting signs of concussion, they must return to the previous stage for another 24 hours.
- The player must sign off on each stage on the Return To Play form (attached to the back of the policy) , which must be countersigned by their coach, captain or team representative.

### Following 24-48 hours of physical and mental rest

Stage	Activity	Goal of Each Stage
1. Daily activities while remaining symptom-free	Daily activities that do not provoke symptoms	Gradually reintroduce work or school activities.
2. Light aerobic exercise	Walking, swimming or stationary cycling at a slow to medium pace. No strength or weight training	Increase heart rate
3. Sport-specific exercise	Running drills in football or skating drills in ice hockey. No activities with head impact	Add movement
4. Non-contact training drills	Harder training drills, e.g. passing etc. Start progressive strength or weight training.	Exercise, coordination, and mental load
<b>After receiving medical clearance</b>		
5. Full contact training	Normal training activities	Restore confidence and assess skills by coach
6. Return to play	Normal game play	

Figure 1: Return to Play Stages (Sports Medicine Australia)



- No players will be allowed to return to play without a medical clearance stating that the player is **cleared of all concussion symptoms and able to return to full contact training**. This must be presented to both relevant state body and medical team in addition to the Return To Play Form.

## FAQ

### **WHAT IS USED TO ASSESS SUSPECTED CONCUSSIONS? WHAT ARE SIGNS AND SYMPTOMS OF CONCUSSION?**

The medical team use the Pocket Concussion Recognition Tool 5, which is below.

**CONCUSSION RECOGNITION TOOL 5**  
To help identify concussion in children, adolescents and adults

Supported by IFMF, FIFA, IOC, NUGV, 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**

© Concussion in Sport Group 2017

### **DOES A HOSPITAL MEDICAL CERTIFICATE COUNT AS MEDICAL CLEARANCE?**

NO. Hospitals assess to see if there is any neurological damage. This medical certificate acknowledges that the player is not exhibiting signs of neurological damage, but it does not clear them of being symptom free. Players *must* obtain medical clearance from a General Practitioner stating "player has been symptom free for 48 hours and has returned to daily activities. Player is cleared to return to full contact sport"

### **CAN I RETURN TO PLAY THAT AFTERNOON/NEXT DAY?**

NO. Players *must* rest at least 48 hours and not exhibit any concussion signs and symptoms before returning to daily activity. Next, they *must* spend 48



hours of daily activity symptom free before returning to training. As outlined, no player can return to play in the first 48 hours after a suspected concussion.

***WHY DO I HAVE TO WAIT 24 HOURS + 24 HOURS OF DAILY ACTIVITY BEFORE TRAINING OR PLAYING?***

Concussion is damage to the brain. Like any soft tissue injury, players should rest the area to let it start the healing process. After a player rests their brain for 24 hours, the next focus should be returning to everyday life.

***DO HEADGEAR AND MOUTHGUARDS PREVENT CONCUSSION?***

There is no scientific evidence to show that headgear or mouthguards prevent concussion. The mechanism of injury is the brain hitting the skull, which headgear or mouthguards cannot prevent.

***WHAT DO I DO IF I EXHIBIT SIGNS AND SYMPTOMS WHEN I MOVE TO THE NEXT STAGE?***

Players exhibiting signs and symptoms after moving on to the next stage of RTP should move to a the previous stage and wait 24 hours.

***WHY DOES THE COACH/CAPTAIN/TEAM REPRESENTATIVE NEED TO SIGN OFF THAT I CAN PLAY?***

They have a legal duty of care to all their players. As such, they need to be aware of injuries and take responsibility of their players return to play after injury. This also gives players a support person, and someone to report to as they build themselves back up to return to play.

**RESOURCES:**

- BJSM - Pocket Concussion Recognition Tool 5  
<https://bjsm.bmj.com/content/bjsports/early/2017/04/26/bjsports-2017-097508CRT5.full.pdf>
- SMA – Concussion in Sport Policy <http://sma.org.au/sma-site-content/uploads/2018/03/Concussion-Policy-2018.pdf>
- Axis Sports Medicine NZ – Do headgear and helmet prevent concussion? <https://www.axissportsmedicine.co.nz/blog/do-headgear-and-helmets-prevent-concussions>
- University of UTAH Health – Concussions: How they can affect you now and later  
<https://healthcare.utah.edu/healthfeed/postings/2016/11/concussion.php>



### RETURN TO PLAY FORM

This form must be presented, with medical clearance letter, both the relevant state body and medical team before competing.

**NAME:**

**DOB:**

**TEAM:**

**DATE OF CONCUSSION:**

**ATTENDED HOSPITAL: Y/N**

STAGE	DATE	PLAYER'S SIGNATURE	SIGNED BY COACH/CAPTAIN/TEAM REPRESENTATIVE
<b>0:</b> 24-48 hours physical and mental rest while remaining symptom free			
<b>GP Visit:</b> cleared of concussion symptoms and able begin RTP			
<b>1:</b> Daily activities while remaining symptom free			
<b>2:</b> Light aerobic activity while remaining symptom free			
<b>3:</b> Sport-specific exercise while remaining symptom free			
<b>4:</b> Non-contact training drills while remaining symptom free			
<b>GP Visit:</b> cleared of concussion symptoms and able to return to full contact training			
<b>5:</b> Full contact training while remaining symptom free			
<b>6:</b> Cleared to return to play by coach, captain and/or team representative			