



HEAD INJURY AND CONCUSSION POLICY

If a child suffers a head impact, conduct an immediate assessment.

Using this scoresheet ask the following and circle the response,

On a scale from 0 (being none) to 6 (being severe),							
DO YOU HAVE?	None	Mild		Moderate		Severe	
Pressure in your head	0	1	2	3	4	5	6
Neck Pain	0	1	2	3	4	5	6
Nausea and Vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Blurred Vision	0	1	2	3	4	5	6
Sensitivity to light	0	1	2	3	4	5	6
Sensitivity to noise	0	1	2	3	4	5	6
Feeling slowed down	0	1	2	3	4	5	6
Feeling like “in a fog”	0	1	2	3	4	5	6
Don’t feel right	0	1	2	3	4	5	6
Difficulty concentrating	0	1	2	3	4	5	6
Difficulty remembering	0	1	2	3	4	5	6
Fatigue or low energy	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
Trouble falling asleep	0	1	2	3	4	5	6
More emotional	0	1	2	3	4	5	6
Irritability	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6
SYMPTOM SEVERITY SCORE (TOTAL)							
Do the symptoms get worse with physical activity?				Yes		No	
Do the symptoms get worse with mental activity?				Yes		No	
If you know the athlete well, how different are they compared to usual?				No different		Very different	Unsure

AGE RELATED POINTS

- Under 12's should be managed by parents and a GP, any updates/reports should be presented to MWGC and when appropriate should be followed by a safe to return certificate from a GP. If a slow return is required, we will assess each athlete on a case by case basis and require a full undertaking/understanding from the parent/s.
- 12 -18 years (competitive) will be the same but also engage the coach into the circle when the return to training commences. The coach will be required to follow strict protocol.
- Over 18's will be the same as 12 -18 but without parental involvement.
- In all cases a doctor/physician would be required to sign an athlete off as fit to return to regular training.

ON THE DAY OF THE HEAD INJURY:

1. If the athlete has any symptoms, REMOVE THEM FROM TRAINING.
2. If there has been any period of unconsciousness or memory loss, refer to a doctor who has experience in managing concussion.
3. Athlete and/or coach is to complete Concussion Symptom Checklist. Scan a copy of the completed checklist to the athlete's AMS injury record or keep a copy in the club's file.
4. Ensure that the athlete goes home with a responsible person.
5. Provide the athlete with a GA Concussion Take Home Information Sheet and the staged Return to Training Protocol.
6. The athlete should rest from physical and mental activity, including studying, and visual stimuli.

THE NEXT DAY:

1. Contact the athlete or parents (if under 18) and check how they are.
2. If not done on the day of the injury, the athlete should complete the Concussion Symptom Checklist.
3. The athlete should not progress past stage 1 of the Return to Training Protocol until all symptoms score ZERO.
4. The athlete should be reviewed by a doctor experienced in managing concussion, before returning to training.
5. The athlete will need to repeat the Concussion Symptom Checklist each day until their symptoms have resolved.

RETURNING TO TRAINING PROTOCOL:

1. This should be GRADUAL and in STAGES.
2. The athlete should not progress past Stage 1 until the total of all symptoms on the checklist total ZERO.
3. The athlete should be reviewed by a doctor before progressing to Stage 2 (letter to be provided).

4. Concussion symptoms can recur, persist, or vary from day to day in some cases.
5. Make sure that the athlete copes with each stage for at least three sessions before progressing to the next stage.
6. Track symptoms with the Concussion symptom checklist.
7. If there is any provocation or recurrence of symptoms, go back to the previous stage.
8. The athlete should complete the Concussion Symptom Checklist each day until they reach full training.
9. If there is any persistence of symptoms, refer the athlete to a doctor for assessment.

RETURN TO TRAINING STAGES:

This Concussion Return to Training Protocol should be used in conjunction with the Concussion Symptoms Checklist and guidance from a medical professional.

STAGE ONE

It is critical not to progress to the next stage until concussion symptoms are no longer present,

- Aims: Light stretching only. Quiet environment and limit excessive stimulation (noise, visual, emotional).
- Examples: Flexibility, splits, shoulder conditioning, reading, watching television.

STAGE TWO

- Aims: Cardio activities to increase heart rate and blood pressure that are LOW IMPACT.
- Examples: Jogging, skipping, stepping, hanging, exercise bike, light weights, resistance training and rope climbing.

STAGE THREE

- Aims: Inversion positions – static before dynamic, increase impact. In some cases, even looking down may provoke symptoms.
- Examples: Front support, hang head down, handstands against wall, hanging by knees, kick to handstand, handstand walking, trampoline straight jumps.

STAGE FOUR

- Aims: Rotation in one plane only, single skills only. Start on floor level before moving to height.
- Examples: Forward roll, backward rolls, cartwheel, pirouettes, jump turns, apparatus manipulation.

WHIST A HEAD INJURY OR CONCUSSION PROCESS IS UNDERWAY, COACHES ARE TO:

- ✓ Ensure that there is regular contact with the athlete and parent/carer.
- ✓ Ensure that all assessments, letters and return to training certificates are kept on file.
- ✓ Sign the file as complete when an athlete is deemed fully fit.

If you have any further queries, please check with MWGC's General Manager or CEO.