



VOLLEYBALL WESTERN AUSTRALIA

Concussion Management Policy

The Board of Volleyball WA resolved at their November 2020 meeting, that the following statement will be added to all Board Approved Policies.

“This policy will be reviewed and updated every three years or earlier if required by the organisation. The review will ensure it reflects both the community expectations and all legal requirements”.

Date of Issue	December 2014
Last Reviewed	May 2019
Controlling Body	VWA Board

Overview

Volleyball Western Australia Concussion Management Policy has been introduced to reduce the risk of concussion brain injury to players involved in Volleyball Western Australia (VWA) events or activities. The policy also contains guidance to assist players, coaches, & officials in managing concussion. It is not intended to be a medical document.

Background

Concussion is a disturbance in brain function rather than a structural injury to the brain. It is caused by direct or indirect force to the head, face, neck or elsewhere with the force transmitted to the head. A player does not have to be knocked unconscious to have a concussion. Loss of consciousness is seen in only 10–15% of cases of concussion.

Concussion is difficult to diagnose and only medical doctors can definitively diagnose a concussion. However, recognising a suspected concussion at the time of injury is extremely important to ensure appropriate management and to prevent further injury. Recovery from concussion varies from person to person, and injury to injury. If recognised and appropriately managed most people will recover from their symptoms.¹

Volleyball WA 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 Volleyball WA 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 VWA 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 VWA).
2. This policy applies to behaviour and practices occurring during the course of VWA business, activities, competitions and events

Responsibilities

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

1. prepare a policy statement as part of VWA injury and risk management procedures
2. take all reasonable steps necessary to ensure that everyone in the organisation knows:
 - what concussion is
 - the causes of concussion
 - common signs and symptoms
 - steps to reduce the risk of concussion

¹ <https://sma.org.au/sma-site-content/uploads/2018/03/Concussion-Policy-2018.pdf>

- what to do if a person has a suspected concussion or head injury
- what should be done to ensure a proper medical assessment
- return to sport and medical clearance requirements

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 VWA and Club / Association personnel are educated and trained with the policy
 - including a copy of the policy on the VWA website
 - notifying participants in all VWA 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 VWA communication networks
 4. promote external Concussion Management resources and posters to all members through VWA 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. Recommend all players to complete a medical history form each year unless otherwise stated by VWA. Please note: State Team athletes are required to complete this form.
 9. maintain and monitor / analyse Injury forms throughout the year to identify any trends
 10. 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
 11. review this policy and update as required every 12 months.

The Clubs / Associations and VWA member's roles and contribution are to:

1. Comply with this policy and ensure information is made available
2. Report potential concussions and symptoms
3. Follow any medical advice received
4. Ensure all significant personnel are familiar with the policy and required procedures at each level of the VWA Network.
5. Collaborate with VWA staff to implement best practice
6. Report any areas of concern to VWA within a timely manner

Policy Statement

VWA 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.

Concussion Management Procedures

Recognising Concussion

- Players who sustain an impact to the head, face, neck, or body can demonstrate visual signs of a concussion such as:
 - Lying motionless on the playing surface
 - Getting up slowly after a direct or indirect blow to the head
 - Being disoriented or unable to respond appropriately to questions
 - Having a blank or vacant stare
 - Having balance and coordination problems such as stumbling or slow laboured movements
 - Having a face or head injury
- An athlete may report symptoms of a concussion to a team mate, parent, teacher, official or coach. Symptoms that suggest a concussion include:
 - Headache
 - Feeling “Pressure in the head”
 - Balance problems
 - Nausea or vomiting
 - Drowsiness
 - Dizziness
 - Blurred vision
 - Sensitivity to light
 - Sensitivity to noise
 - Fatigue or low energy
 - “Don’t feel right”
 - Feeling more emotional than usual
 - Being more irritable than usual
 - Sadness
 - Being nervous or anxious
 - Neck pain
 - Difficulty concentrating
 - Difficulty remembering
 - Feeling slow
 - Feeling like “in a fog”
- If a player is more than 12 years old, the questions listed on the Concussion Recognition Tool 5 (modified appropriately for each sport) can be used to recognise a suspected concussion.
- In some cases, a player may have signs or symptoms of a severe head or spinal injury. These should be considered “Red Flags”. If a player has any of the “Red Flags” set out in the Concussion Recognition Tool 5, a severe head or spine injury should be suspected. Red Flags include:
 - Neck pain or tenderness
 - Double vision
 - Weakness or tingling/burning in arms or legs
 - Severe or increasing headaches
 - Seizure or convulsion
 - Loss of consciousness
 - Deteriorating consciousness
 - Vomiting
 - Increasing restless, agitation or aggression
- **If a medical practitioner is present at the venue** - they should assess the injured player. If they decide the player is concussed, the player must not resume participating on the same day, under any circumstances. The player must adhere to the return-to-participation protocols. If the medical practitioner decides the player is not concussed, the player can resume participating as soon as they feel ready. However, they should be monitored in case any signs or symptoms of concussion develop
- **If there is no medical practitioner present at the venue** - once there has been recognition of signs and symptoms of a potential concussion, the player in question should be removed from play immediately and referral of the player to a medical practitioner for assessment should take priority. At this time, ensure the player is closely monitored and escorted for referral.

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 the player themselves, parents of junior players, coaches or officials.

Removal from Play & Immediate Management

- 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. This will enable the player to be properly assessed. Anyone who has a suspected concussion must not be allowed to return to participation in the same game/day unless cleared by a medical practitioner. Do not be influenced by the player, coaching staff, trainers, parents or others suggesting that they should return to play. **If there is any doubt, sit them out!**
- 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 / medical staff arrive
- Players with suspected concussion should:
 - Be immediately removed from participation
 - Not be left alone initially (at least for the first 1-2 hours)
 - Not drink alcohol
 - Not use recreational drugs
 - Not take certain prescription medications including aspirin, anti-inflammatory medications, sedative medications or strong pain-relieving medications
 - Not be sent home by themselves
 - Not drive a motor vehicle
 - Be referred for appropriate medical assessment

Referral for Medical Assessment

- All players with concussion or a suspected concussion need a medical assessment by a medical practitioner
- If a medical practitioner 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.

Rest and Recovery

- Most people will recover from a concussion within 10 to 14 days. However, recovery will vary from person to person, and from injury to injury.
- 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 or 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.

Return to Play or Sport

- Managing concussion is a shared responsibility between the player, coach, sports trainer, parents and medical practitioner. Open communication is essential and information should be shared.
- Coaches, administrators and officials should provide players and their parents with information about the:
 - immediate management of a suspected concussion;
 - graduated return-to- participation protocol; and
 - medical clearances needed to return to participation.
- 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.
- A player who has suffered a concussion should return to sport gradually. They should increase their exercise progressively, as long as they remain symptom-free, following the stages outlined below²

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
After receiving medical clearance		
5. Full contact training	Normal training activities	Restore confidence and assess skills by coach
6. Return to play	Normal game play	

- Each stage of the progression should take at least 24 hours. If any symptoms worsen during exercise, the athlete should go back to the previous stage. Strength or weight training should be added only in the later stages (3 or 4 at the earliest). If symptoms persist - more than 10–14 days in adults or more than 4 weeks in children/ adolescents - refer the player to a medical practitioner with expertise in managing concussion.

² <https://sma.org.au/sma-site-content/uploads/2018/03/Concussion-Policy-2018.pdf>