

# Concussion Management Policy and Procedures

Policy Name: Concussion Management Policy

Policy Number: 3

Document Type: Policy

Effective Date: December 2014

Last Reviewed: December 2024

Next Review: December 2027

Applicable Legislation: Australian Sports Commission/ Sports Medicine Australia- Australian Concussion Guidelines for Youth and Community Sport

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



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## Purpose Statement

Volleyball Western Australia (VWA) 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.

## Policy Application

This policy applies to all codes of Volleyball in WA, including relevant events, competitions and general training. The content is relevant to:

- Players/participants
- Parents
- Coaches
- Officials
- Medical practitioner involved in volleyball (including but not limited to doctors, physiotherapists, other AHPRA registered medical practitioners, sports trainers).

VWA considers the health and welfare of all players as paramount, and therefore supports the Concussion in Sport Australia Position Statement, which was updated in February 2024. The Concussion in Sport Australia website and the Concussion in Sport Australia position Statement should be reviewed in conjunction with the Volleyball WA Concussion Management Guidelines, as the resources and education material available through the Concussion in Sport Australia website complement and add further detail to the information contained herein.

This guideline covers the recognition, medical diagnosis, and management of volleyball players who sustain a suspected concussion during a sport activity. It aims to ensure that players with a suspected concussion receive timely and appropriate care and proper management to allow them to return to their sport safely. The guidelines may not address every possible clinical scenario that can occur during sport related activities but includes critical elements based on the latest evidence and current expert consensus.

Knowledge and science regarding concussion in sport is evolving, and accordingly the guidelines included in this document will need to be reviewed and updated as soon as new information becomes available.

## Definitions

The following definitions are presented to provide clarity in relation to the contents of this policy.

### Adolescents

Adolescents as defined in this policy refers to adolescents aged 13 to 18 years of age.

### Children

Children as defined in this policy refer to children aged 5 to 12 years of age.

## **Concussion**

A concussion is a disturbance in brain function caused by direct or indirect force to the head. Concussion is a subset of mild traumatic brain injury that is at the less severe end of the brain injury spectrum.

## **Concussion Recognition Tool 6**

This is a tool to be used by non-medically trained individuals for the identification and immediate management of suspected concussion. It is not designed to diagnose concussion.

## **First Aid Principles**

This prompt care and attention prior to the arrival of ambulance can sometimes mean the difference between life and death, or between a full or partial recovery.

The main principles of first aid are:

- Preserve life - This includes the life of the casualty, bystander and rescuer
- Protect the casualty from further harm – Ensure the scene is safe
- Provide pain relief – This could include the use of ice packs or simply applying a sling
- Prevent the injury or illness from becoming worse – ensure the treatment provided does not make the condition worse
- Provide reassurance.

## **Healthcare practitioner (HCP)**

Doctors, physiotherapists, nurses, paramedics, osteopaths, chiropractors and any other medical practitioners registered with AHPRA.

## **Medical Clearance**

Medical Clearance is the process by which the health and fitness of a participant is assessed by a Medical Practitioner and determines whether it is reasonable safe or unsafe for the participant to return to physical activities.

## **Medical Practitioner**

Person with an Australian recognised degree in Medicine and is registered as a medical doctor with AHPRA. In relation to this policy a Medical Practitioner will refer to medical professions who deal with concussion injuries.

## **Member Club/Associations**

Must be affiliated with the State Sporting Association.

## **Players**

Refers to all volleyball participants, regardless of the level of activity that they access.

## **Second Impact Syndrome**

Second Impact Syndrome occurs when the brain swells rapidly and catastrophically after a person suffers a second concussion before symptoms from an earlier one have subsided. This second blow may occur minutes, days or weeks after an initial concussion, and even the mildest grade of concussion can lead to Second Impact Syndrome.

## **Symptoms**

A physical or mental feature which is regarded as indicating a condition of disease or condition particularly when such a feature is apparent to the patient.

## **Unconscious**

The term used to define a person who is not awake, aware and responding to their current environment.

## **Volleyball WA**

Volleyball WA is the governing body of the sport of Volleyball in Western Australia

## **Background**

Concussion is a disturbance in brain function rather than a structural injury to the brain.

Concussion affects the way a person thinks, feels and remembers things. Concussion can affect an individual in a variety of ways including the following:

- Physical
- Cognitive
- Emotional Sleep
- Fatigue

A concussion occurs through a collision with another person or object where biomechanical forces to the head, or anywhere in the body that transmit an impulsive force to the head/brain. In most cases, this results in transient neurological impairment. The symptoms may evolve over the hours or days following the injury. A player does not have to be knocked unconscious to have a 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.

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 its members are aware of how to recognise and safely manage concussion. The Concussion Management Policy adheres to the following principles:

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

## **Policy Statement**

VWA will, as far as reasonably practicable, take all reasonable steps to ensure that the risk management procedures associated with concussion management are adopted by VWA

personnel and Associations/Clubs to ensure that participant safety and welfare is paramount when dealing with concussion in Volleyball in WA.

### **Policy Breaches**

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.

If a criminal offence is considered to have been committed, the appropriate authorities will be contacted for advice and guidance.

### **Responsibilities**

VWA is responsible for ensuring this policy is accessible to all Clubs and Associations and take reasonable steps necessary to inform and educate all VWA /Clubs and Association personnel of the procedures to manage a suspected concussion. This will include the promotion of training courses, the distribution of external concussion management resources and posters and the process associated with the return-to-play requirements and pre-game check lists for coaching and support staff involved in the match day care of players.

# Document Control

## Version History

Date	Version number	Executive Summary of changes
December 2014	1.0	This policy was adopted at the December 2014 VWA Board Meeting
May 2019	2.0	This policy was reviewed and updated in May 2019
December 2024	3.0	Changes to this policy included the updated information provided by Sport Australia and the release of an updated Concussion Recognition Tool # 6 together with SCAT6 Assessment Tools for Adults and Children

## Appendix & Related Documents

- Concussion in Sport Australia website
  - <https://www.concussioninsport.gov.au/>
  - [AIS Concussion and Brain Health Position Statement 2024](#)
  - [Australian Concussion Guidelines for Youth and Community Sport](#)
- SCAT6- Sport Concussion Assessment Tool
  - [Sport Concussion Assessment Tool 6 \(SCAT6\) \(bmj.com\)](#)
- Child SCAT6- Sport Concussion Assessment Tool for Children Ages 8-12
  - [Child SCAT6 \(bmh.com\)](#)
- CRT6- Concussion Recognition Tool
  - [The Concussion Recognition Tool 6 \(CRT6\)](#)
- Head Check Concussion App
  - <https://www.headcheck.com.au/>
- Federation of International Volleyball Concussion Protocol - <https://www.fivb.com/wp-content/uploads/2024/03/CONCUSSION-PROTOCOL-for-web.pdf>

# Concussion Management Procedures

## Concussion in Volleyball

Indoor and Beach Volleyball are regarded as low risk sports for concussion. A concussion can be sustained by direct forces (e.g. a blow to the head), or indirect forces (e.g. a blow to the body, which causes the head to move rapidly).

## Recognising Concussion

A medical practitioner should formally diagnose a concussion; however, the [Concussion Recognition Tool](#) can be used to help non-medical personnel identify possible concussion and guide initial management steps including referral to hospital. The [HeadCheck App](#) also provides practical step-by-step guides to concussion assessment. Volleyball WA Staff, event volunteers, coaches and parents are encouraged to have at least one of these resources at hand and be familiar with their content.

### *Visual signs*

Players who sustain an impact to the head, face, neck, or body can demonstrate visual signs of a concussion such as:

- Loss of consciousness or responsiveness
- Lying motionless on the playing surface
- Falling unprotected to the playing surface
- Disoriented or confusion, staring or limited responsiveness, or an inability to respond appropriately to questions
- Dazed blank, or vacant look
- Seizure, fits, or convulsions
- Slow to get up after a direct or indirect hit to the head
- Unsteady on feet/balance problems or falling over/poor coordinator/wobbly
- Having balance and coordination problems such as stumbling or slow laboured movements
- Facial injury

### *Symptoms*

A player may report symptoms of a concussion to a teammate, parent, teacher, official or coach.



Physical Symptoms	Changes in Emotions
▪ Headache	▪ Feeling more emotional than usual
▪ Feeling “Pressure in the head”	▪ Being more irritable than usual
▪ Balance problems	▪ Sadness
▪ Nausea or vomiting	▪ Being nervous or anxious
▪ Drowsiness	
▪ Dizziness	Changes in Thinking
▪ Blurred vision	▪ Difficulty concentrating
▪ More sensitive to light	▪ Difficulty remembering
▪ More sensitive to noise	▪ Feeling slowed down
▪ Fatigue or low energy	▪ Feeling like “in a fog”
▪ Don’t feel right	<b><i>Remember, symptoms may develop over minutes or hours following a neck injury</i></b>
▪ Neck Pain	

### Memory Assessment

The questions included in the [Concussion Recognition Tool 6](#) may suggest a concussion. An incorrect answer to any of these questions indicates the player may have sustained a concussion.

Tools like the Concussion Recognition Tool 6 can help to recognise suspected concussion, they are not replacement for a comprehensive medical assessment.

### Red Flags

If a player displays any of “Red Flags” set out in the Concussion Recognition Tool 6, after impact to the head or body, the player should be removed from play/game/activity and transported for urgent medical care by a healthcare professional.

Red Flags include:

- Neck pain or tenderness
- Seizure, fits, or convulsion
- Loss of vision or double vision
- Loss of consciousness
- Deteriorating consciousness
- Weakness or numbness/tingling in more than one arm or leg
- Vomiting
- Severe or increasing headache
- Increased restless, agitation or aggression
- Visible deformity of the skull

### Medical Practitioner Present at the Venue

The assessment of concussion must be completed by the most qualified healthcare practitioner available. If there is a medical practitioner present at the venue, they are considered the most qualified healthcare practitioner and must be the person who assesses the injured player.

A concussion assessment using the [SCAT6](#) for adults or [Child SCAT 6](#) for children aged 5 – 12 years. If the player is diagnosed with concussion, immediate management is physical and cognitive rest. This may include time off school or work, and relative rest from

cognitive activity. Having rested for 24 – 48 hours after sustaining a concussion, the player can begin moderate intensity physical activity – if the activity does n't cause significant and sustained deterioration in symptoms. Concussive symptoms usually resolve in 10 – 14 days.

#### *No Medical Practitioner Present at the Venue*

If there is no medical practitioner at the venue, the player in question should be removed from play immediately and it is important to exclude 'red flags' (signs that suggest the athlete should go straight to hospital). Once 'red flags' have been excluded, the player should be and referred to a health care professional for assessment as a priority.

### **Removal from Participation**

- Initial management of the player must adhere to the First Aid Principles, and these should be completed in the first instance where a participant is unconscious or falls heavily on their head, back or neck. It is extremely important to treat all participants in this scenario as though they have a neck or spinal injury. If there is concern regarding the risk of structural head or neck injury, then an ambulance should be called for urgent hospital referral.
- If the player is unconscious, or has fallen heavily on their head, back or neck 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 / paramedics arrive.

Any player with any of the following symptoms should be referred to hospital urgently:

- Loss of consciousness or seizures
- Persistent confusion
- Deterioration after being injured – increased drowsiness, headache or vomiting
- Report of neck pain or spinal cord symptoms – numbness, tingling, muscle weakness.

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 will not be allowed to return to training or competition until cleared by a healthcare practitioner with appropriate training and experience in concussion.

- A conservative approach should be taken - **"If there is any doubt, sit them out!"**
- Participants with suspected concussion should:
  - Be immediately removed from participation as outlined above
  - Not be left alone initially (at least for the first 3 hours)
  - Not sent home by themselves, they need to be with a responsible adult
  - Not allowed to drive or ride any other transport where there is a risk of falling or collision (bike, scooter etc.) until cleared to do so by a healthcare professional
  - Avoid any alcohol consumption
  - Not use recreational drugs
  - Check with medical doctor before taking any new medications, including aspirin, anti-inflammatory medications, sedative medications or strong pain-relieving medications
  - Be monitored for deterioration or development of symptoms that may suggest a more serious problem. These may include:
    - Worsening of headache
    - Vomiting
    - Blurred vision

- Bleeding from a head wound or from the ear
- Loss of consciousness
- Convulsions or seizures
- Numbness or loss of coordination in arms or legs.

### Record

VWA maintains an incident reporting process for incidents which occur at events. When a suspected concussion is reported, it must be recorded by the respective Event Manager/ Tournament Director/Venue Coordinator where applicable, in accordance with the procedures set by VWA.

- Any concussion or suspected concussion which occurs at a club training, or a home venue, must be reported by the relevant individual's Club/Association using the VWA concussion reporting form and sent to VWA at competitions@volleyballwa.com.au . This report should be made as soon as possible following the incident and it must provide as much detail as possible.
- All reports will be received confidentially and in accordance with the VWA privacy policy. VWA may disclose any applicable information in the report where it is necessary to ensure the return to play protocol is followed by the concussed player.

### Referral

- All players with concussion or a suspected concussion need a medical assessment by a medical practitioner as soon as possible after the injury for assessment. Ideally, this medical practitioner should have experience in the diagnosis and management of sports concussion.
- 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 symptoms outlined in the Red Flags section of this document.

### Rest

Rest is crucial to recover from concussion. An adult player must completely rest for a minimum of 24 hours after injury, whilst children and adolescents require a longer rest period. The aim of this complete rest is to reduce all post concussions signs and symptoms have disappeared and the player no longer needs medication for the treatment of their concussion symptoms (e.g. pain killers for a headache). They should not be left alone, consume alcohol, drive a motor vehicle and rest the body and brain.

### Recover and Return to Play

#### *Managing Concussion*

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 between all parties involved with the player.

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.

### *Recover/Return to Play*

Return to play is about the player's gradual return to full sporting activity. [The Graded Return to Sport Framework for Community and Youth](#) can be used to inform Return to Sport programs in Volleyball.

- Players returning to play following a diagnosis of concussion should follow a graded program with stages of progression. The objective of this graded program is to allow the brain to recover sufficiently. This program should be provided by a medical practitioner and the following steps met:
  - Rest – a short period of rest 24 – 48 hours
  - Recovery – symptom-limited increase in physical and cognitive activity; and
  - Graded return to full activity with monitoring.
- Players who are removed from training should not resume training before 14 days from the date of the suspected condition (if free of symptoms at rest) and return to playing before 21 days from the date of suspect concussion unless cleared by a specialist concussion medical practitioner.
- Players aged under 19 years of age should not have access to earlier clearance available in [The Graded Return to Sport Framework for Advance Care Settings](#). Youth athletes will always use the more conservative graded return to sport framework for community and youth.

### *Concussion in Children and Adolescents*

- Children and adolescents often take longer to recover from a concussion than adults, and it is not abnormal for symptoms to last up to four weeks.
- Sport-related concussions are common in children and adolescents aged 18 years or younger. For this age group, a more conservative approach to diagnosis and management is recommended. This is due to children having physical and developmental differences, including less developed neck muscles; increased head to neck ratio; and brain cells and pathways that are still developing.
- Children and adolescents may have greater susceptibility to concussion, they may also take longer to recover from concussion than adults (up to four weeks) and they may be at risk of severe consequences such as second impact syndrome.
- The Graded Return to Sport Framework for Community and Youth included in the [Australian Concussion Guidelines for Youth and Community Sport](#) outline the risk of complications from concussion being increased when a player is permitted to return to sport when they are not fully recovered. The priority when managing concussion in children should be returning to school and learning, ahead of returning to sport as concussion symptoms can interfere with memory and information processing.

### *Concussion in Participants Living with Disabilities*

There is limited evidence or theoretical underpinnings to suggest that a participant living with a disability requires a modified concussion management strategy.

A participant living with a physical disability requires the same concussion management strategy to any other participants of the same age and gender.

A participant living with an intellectual disability may take longer to recover than other participants and therefore should be managed conservatively.