

Concussion and Return to Play Policy

Frankston Rovers Junior Football Club

PURPOSE

This Policy demonstrates the strong commitment of the Frankston Rovers Junior Football Club (FRJFC) in protecting and caring for our injured players.

Frankston Rovers Junior Football Club provides clear, practical instructions on how to **recognise, manage, document, and respond to a concussion**, and outlines **safe return-to-play procedures** in accordance with AFL and Australian Institute of Sport (AIS) guidelines.

The Club's overriding principle is:

"When in doubt, sit them out."

A player does **not** have to lose consciousness to have a concussion.

POLICY STATEMENT

FRJFC Trainers are qualified to recognise, monitor, manage, and document serious head injuries and suspected concussions. The effects of concussion can **evolve or change over time** in most cases, symptoms improve, but in some, they worsen hours after the initial injury.

Sideline assessment tools are used by FRJFC Trainers to **screen for concussion**, but they **do not replace medical assessment** and should never be used as a stand-alone diagnostic tool.

FRJFC adheres to the **AFL National Community Concussion Guidelines (2024)** and the **AIS Concussion and Brain Health Position Statement (2024)**, applying the conservative **Graded Return to Sport Framework (GRTSF)** for players under 19 years.

SCOPE

This policy applies to:

All FRJFC players, coaches, trainers, first aiders, ERCs, team managers, and parents/guardians. All training sessions, matches (home and away), and Club events.

This policy should be read in conjunction with the **FRJFC First Aid and Emergency Management Policy**.

FRJFC ensures:

- A **qualified First Aider/Trainer** is present at every match and training session.
- **All coaches and trainers** complete the annual **AFL First Aider: Concussion & Injury Management in Community Football** (androgogic.com.au) online module.
- When a first aider is unavailable, team managers seek assistance from the **Emergency Response Coordinator (ERC)**.

CONCUSSION RECOGNITION AND RESPONSE PROCEDURE

Step 1 – Recognise

Trainers and ERCs recognise concussion by **looking, asking, and listening** — even if they did not witness the impact.

If the player is unconscious:

Follow **DRSABCD** immediately:

1. **Danger** – Stop play, clear area.
2. **Response** – Talk and touch.
3. **Send for help (000)** – Obtain First Aid kit and defibrillator.
4. **Airway** – Clear mouth; if mouthguard obstructs airway, roll into recovery and clear.
5. **Breathing** – Monitor for 10 seconds.
6. **CPR** – Begin if required (30:2 compression ratio).
7. **Defibrillator** – Apply as soon as available.

⚠ Caution: Treat conscious player with a potential neck/spinal injury: do not move. If Player is unconscious roll into recovery position to ensure airway is clear and open.

If vomiting or seizure occurs, time the episode and roll into recovery position after it stops, maintaining airway protection.

Step 2 – Remove

If conscious, the Trainer conducts a brief on-field assessment and may stop the game. If **any Red Flag signs or symptoms** are present, **call 000** and remove the player immediately.

Red Flag Signs & Symptoms:

- Loss of consciousness
- Seizure or convulsion
- Deteriorating conscious state
- Vomiting
- Double vision
- Weakness/tingling in arms or legs
- Neck pain
- Severe or increasing headache
- Increasing agitation or combativeness

Suspected Concussion Indicators:

- Confusion or disorientation
- Memory impairment
- Balance or coordination issues
- Feeling dazed, blank, or “in a fog”

- Emotional changes (sadness, nervousness, irritability)
- Sensitivity to light/noise
- “Not feeling right”

Any player with suspected concussion **must not** return to play or training that day.

Step 3 – Refer

Trainers must refer the player to a **medical doctor** as soon as possible for formal assessment.

Approved AFL tools and resources:

- Match Day Head Injury Assessment Tool (13+ years)
- Match Day Head Injury Assessment Tool (12 years and under)
- Concussion Recognition Tool 6 (CRT6)
- HeadCheck App (recommended for parents)

All completed forms are to be emailed to the player’s GP and copied to the ERC for club recordkeeping.

ROLES AND RESPONSIBILITIES

Trainers / ERC

1. Provide reassurance and education to the player and family.
2. Supply parents with written **Return-to-Play Stages** and **Medical Clearance Form**.
3. Forward completed sideline assessments to the ERC and player’s GP.
4. If a medical doctor (Club Trainer) performs a **SCAT6 assessment**:
 - If concussion is confirmed → player **must not return that day**.
 - If diagnosis is uncertain → repeat SCAT6 after the match.
5. Follow up within the week regarding recovery and medical clearance.

Coaches / Team Managers

- Enforce removal and exclusion from play after suspected concussion.
- Communicate with parents and ERC regarding follow-up and clearance.

Parents / Guardians

- Seek medical assessment and provide clearance documentation.
- Monitor symptoms at home (especially during first 24–48 hours).
- Support gradual return to learning and sport.

RETURN TO PLAY (RTP) PROTOCOL

FRJFC enforces a **mandatory minimum 21-day return period** following a diagnosed concussion.

Minimum Timeframes

- **14 days symptom-free at rest** before contact training.
- **21 days minimum** from the date of injury (Day 0) before competitive play.

FOUR STAGES OF RETURN TO PLAY

Stage	Description	Typical Duration
1. Rest	24–48 hours relative rest. Limit screens and study if needed.	1–2 days
2. Recovery	Light physical & cognitive activity as tolerated.	2–5 days
3. Graded Loading	Non-contact sport-specific drills; medical clearance required before contact.	5–7 days
4. Return	Unrestricted training and match play after doctor clearance.	After ≥ 21 days

Medical Clearance

A written clearance from a **registered medical practitioner** (GP, sports doctor, neurologist) is required before any return to training or play.
 Clearances are recorded by the ERC and stored in club records.

Persistent or Recurrent Concussion

- Symptoms > 4 weeks → review by a concussion specialist.
- ≥ 2 concussions in one season or ≥ 3 in 12 months → case review by ERC and family discussion.

CONCUSSION OUTSIDE FOOTBALL

If a player sustains a concussion outside FRJFC activities (e.g., school sport, recreation), they must follow the same **Return-to-Play Guidelines** and provide **medical clearance** before resuming FRJFC training or matches.

PREVENTION & EDUCATION

- **No Mouthguard, No Play** policy strictly enforced (ADA & SMA guidelines).
- Annual **tackling and technique education** for coaches using AFL-approved resources:
 - *Ground Ball, Receiving a Tackle, Aerial Contest, Tackling* drills.
- Pre-season first aid refreshers for trainers and parent helpers.
- ERC maintains a **training matrix** to track volunteer qualifications and ensures club supplies are current.
- Posters and concussion education links displayed in clubrooms.

RECORD KEEPING

The ERC maintains a **Concussion Register** recording:

- Player details, date, and description of incident.
- Symptoms observed.
- Medical referral and clearance date.
- RTP progression and final approval.

Records are confidential and stored securely.

MANAGEMENT OF COMPLICATED CASES

- **Prolonged symptoms (>4 weeks)** → refer to specialist.
- **Multiple concussions** → ERC to monitor and meet with family.
- **Specialist clearance** required before resuming competition.

REFERENCES

- AFL Community Concussion Guidelines
- AIS Concussion and Brain Health Position Statement
- Southeast Juniors Bylaws
- Royal Children's Hospital – Head Injury & Return to Sport
- Sport Medicine Australia – Mouthguard Policy
- AFL First Aider: Concussion & Injury Management (androgogic.com.au)