



# CONCUSSION POLICY

Dear Parents, Players and Volunteers,

At BBJFC we take the health and safety of our players very seriously and ensure that our application of First Aid is in line with the AFL, SMJFL and Sports Medicine Australia.

All of our wonderful volunteer Trainers have qualifications in First Aid and CPR, and we have a qualified Sports Trainer as our on-site injury manager.

- The AFL community hub page has plenty of links and resources if you'd like to have a look <http://www.aflcommunityclub.com.au/index.php?id=66>
- There is also a YouTube video that is very succinct. <http://www.youtube.com/watch?v=hKrOcj-uqvl&sns=em>

If your team trainer assesses your child as having 'suspected concussion' and not being capable of returning to the field, the below steps will be followed:-

- Your Trainer would ask you to take your child to a medical practitioner to have them assessed and monitored or if it is more severe, such as a loss of consciousness, then it is club policy that an ambulance is called. (Please ensure you have appropriate Ambulance Cover).
- The attached Concussion Recognition Management Guidelines for PARENTs, is a guideline for parents so that they know the signs and symptoms to look for if your child has had a knock to the head, *it is possible for delayed concussion symptoms to present.*

NOTE: As your trainer can only work within their scope of practice providing first aid, they cannot "diagnose" concussion which is why you are referred to a Doctor/Hospital. If your child is assessed by a medical practitioner, this medical practitioner can diagnose and will advise whether or not your child is okay to return to learning, training & games.

**IF your child is assessed as okay to return to learning, training & games, then obtain a medical clearance from them.**

**IF NOT OK, the medical practitioner will ask you to have your child reassessed in a few days. Upon being reassessed by a medical practitioner and your child being cleared to return to activities, then please obtain a clearance from that Doctor**

The AFL, SMJFL and BBJFC continue to monitor the evolving treatment of concussion and will update guidelines as appropriate.

We thank you for your continuing support in helping our club and trainers keep our players welfare a priority

**If there's any doubt, sit them out –  
Sports Medicine Australia**

# Helmets & Mouth Guards



## Helmets

- There is no definitive scientific evidence that helmets prevent concussion or other brain injuries in Australian football.
- Some experts believe that younger players who wear a helmet may change their playing style, and receive more head impacts as a result. Accordingly, while there is no scientific evidence either way, helmets are not recommended for the prevention of concussion.
- Helmets may have a role in the protection of players on return to play following specific injuries (e.g. face or skull fractures).

## Mouth Guards

- Mouth guards have a definite role in preventing injuries to the teeth and face and for this reason they are strongly recommended at all levels of football.
- Dentally fitted laminated mouth guards offer the best protection. 'Boil and bite' type mouth guards are not recommended for any level of play as they can dislodge during play and block the airway.
- There is no definitive scientific evidence that mouth guards prevent concussion or other brain injuries in Australian Football.

*This document has been published by the AFL as a position statement on the role of helmets and mouth guards in Australian Football. It is based on advice provided by the AFL Concussion Working Group and AFL Medical Officers' Association.*

*- June 2016*

## References

1. McCrory P, Meeuwisse W, Johnston K, Dvorak J, Aubry M, Molloy M, et al. Consensus Statement on Concussion in Sport: the 3rd International Conference on Concussion in Sport held in Zurich, November 2008. *Br J Sports Med.* 2009 May;43 Suppl 1:i76-90.
2. Makdissi M, McCrory P, Ugoni A, Darby D, Brukner P. A prospective study of postconcussive outcomes after return to play in Australian football. *Am J Sports Med.* 2009 May;37(5):877-83.
3. Iverson GL, Gaetz M, Lovell MR, Collins MW. Cumulative effects of concussion in amateur athletes. *Brain Inj.* 2004 May;18(5):433-43.
4. McKee AC, Cantu RC, Nowinski CJ, Hedley-Whyte ET, Gavett BE, Budson AE, et al. Chronic traumatic encephalopathy in athletes: progressive tauopathy after repetitive head injury. *Journal of Neuropathology and Experimental Neurology.* [Case Reports Review]. 2009 Jul;68(7):709-35. Research Support, N.I.H., Extramural Research Support, Non-U.S. Gov't Research Support, U.S. Gov't, Non-P.H.S.
5. Jordan BD, Relkin NR, Ravdin LD, Jacobs AR, Bennett A, Gandy S. Apolipoprotein E epsilon4 associated with chronic traumatic brain injury in boxing. *Jama.* 1997 Jul 9;278(2):136-40.
6. Benson BW, Hamilton GM, Meeuwisse WH, McCrory P, Dvorak J. Is protective equipment useful in preventing concussion? A systematic review of the literature. *Br J Sports Med.* 2009 May;43 Suppl 1:i56-67.
7. Hagel B, Meeuwisse W. Risk compensation: a "side effect" of sport injury prevention? *Clin J Sport Med.* 2004 Jul;14(4):193-6.
8. Heintz W. The case for mandatory mouth protectors. *Phys Sportsmed.* 1975;3:61-3