



Ice Skating Australia Incorporated

Affiliated to the International Skating Union

ISA Concussion Policy 2020

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Related Policies/ Procedures/ Forms			

1 Purpose of the Policy

This policy outlines the guidelines for Parents, coaches, athletes, officials, medical practitioners and others involved in ice skating who are seeking information regarding concussion in the sport.

2 Application of Policy

This policy applies to all skating athletes, parents, officials, coaches, and medical practitioners.

This Ice Skating Australia Concussion Policy is presented as an informational, educational document only and does not purport to provide medical or legal advice.

There are volumes of information available today with regards concussion in sport. ISA has chosen to utilize the information made available by the Federal Government, refer to <https://concussioninsport.gov.au/>

3 Policy Statement

Introduction

Sport-related concussion is a growing health concern in Australia and worldwide. It affects athletes at all levels of sport from the part-time recreational athlete to the full-time professional. Concerns about the incidence, and possible health ramifications for athletes, have led to an increased focus on the importance of diagnosing and managing the condition safely and appropriately. Parents, coaches, athletes, medical practitioners and others involved in sport are seeking information regarding the best management of sport-related concussion. Participant safety and welfare is paramount when dealing with all concussion incidents.

What is Concussion?

Concussion is a type of brain injury, caused by a knock to the head or anywhere on the body where the force is transmitted to the head; it can also be caused by a fall. It commonly causes short-lived neurological impairment (impairs the functioning of the brain) and the symptoms may evolve over the hours or days following the injury. While all concussions should be assessed by a doctor, most will resolve without the need for specific treatment. Rest, followed by gradual return to activity is the main treatment. All concussions are serious.

How to recognize concussion

Recognising concussion can be difficult, but proper response and management can help prevent further injury or even death. Most people who sustain concussion do not lose consciousness. There are several possible symptoms and signs but they are not specific to concussion. The signs and symptoms can be subtle. Onlookers should suspect concussion when an injury results in a knock to the head or body that

transmits a force to the head. A hard knock is not required, concussion can occur from relatively minor knocks. The Concussion in Sport Group developed this [Concussion Recognition Tool 5](#) to help those without medical training recognise concussion.

What are the signs of concussion?

There may be obvious signs of concussion such as loss of consciousness, brief convulsions or difficulty balancing or walking, however the signs can be more subtle. Below is a list of symptoms or signs that may indicate concussion.

Possible symptoms/signs

- Headache
- 'Pressure in the head'
- Neck pain
- Nausea or vomiting
- Dizziness
- Blurred vision
- Balance problems
- Sensitivity to light
- Sensitivity to noise
- Feeling slowed down
- Feeling like 'in a fog'
- 'Don't feel right'
- Difficulty concentrating
- Difficulty remembering
- Fatigue or low energy
- Confusion
- Drowsiness
- More emotional
- Irritability
- Sadness
- Nervous or anxious
- Trouble falling asleep (if applicable)

Obvious symptoms/signs

- Loss of consciousness
- No protective action in fall to ground directly observed or on video
- Impact seizure or tonic posturing
- Confusion, disorientation
- Memory impairment
- Balance disturbance or motor incoordination (e.g. ataxia)
- Athlete reports significant, new or progressive concussion symptoms
- Dazed, blank/vacant stare or not their normal selves
- Behaviour change atypical of the athlete

Critical symptoms/signs – if an athlete displays these signs they may have a more serious injury. They should be immediately taken to the nearest emergency department

- Neck pain

- Increasing confusion, agitation or irritability
- Repeated vomiting
- Seizure or convulsion
- Weakness or tingling/burning in the arms or legs
- Deteriorating conscious state
- Severe or increasing headache
- Unusual behavioural change
- Double vision

What to do for suspected concussion.

When an athlete is suspected of having a concussion, first-aid principles still apply, and other injuries such as bleeding or suspected fractures may need to be dealt with first. Neck injuries should be suspected if there is any loss of consciousness, neck pain or a mechanism that could lead to spinal injury.

It is helpful to note the following details at the time of the injury to assist the treating doctor:

- **When:** time of injury
- **How:** for example, head clash, head hits ice or barrier.
- **Where:** where on the body, for example forehead, temple or back of head
- **What:** what occurred next including symptoms such as loss of consciousness, convulsions, amnesia, vomiting or confusion
- **Additional useful information:** any further symptoms such as behavioural changes or loss of memory.

A medical practitioner should review any athlete with suspected concussion. If a doctor is not immediately available, the athlete must not be returned to sport on the same day. If there is any doubt about whether an athlete is concussed that athlete should not be allowed to return to sport that day.

An athlete with suspected concussion should be reassessed to look for developing symptoms and cleared by a medical practitioner before returning to sport. Due to the evolving nature of concussion, delayed symptom onset is common. Therefore, any athlete cleared to return to sport after medical assessment for suspected concussion should be monitored closely for developing symptoms or signs. If symptoms develop, the athlete should be removed from sport.

“If in doubt, sit them out”

Medical Assessment of concussion.

The diagnosis of concussion should be made by a medical practitioner. They will take a clinical history and conduct an examination, taking into account a range of domains including mechanism of injury, symptoms and signs, cognitive functioning and neurological assessment including balance testing.

How to manage Concussion.

Any athlete with suspected or confirmed concussion should remain in the company of a responsible adult and not be allowed to drive. They should be advised to avoid alcohol and check medications with their doctor. Specifically, they should avoid aspirin, anti-inflammatories (such as ibuprofen, diclofenac or naproxen), sleeping tablets and sedating pain medications.

The athlete's medical practitioner should provide head injury advice to the athlete with concussion and to their carers.

Return to learn

'Return to learn' is the phrase used to describe the process of building back into usual program at school or work.

Once the diagnosis of concussion has been made, 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 patient can return to learn. Returning to school or study in school-aged athletes should occur before progressing from light aerobic activity to basic sport-specific drills without contact (see diagram). Increasing the 'load' on the brain when concussed (by thinking or concentrating for long periods) can bring on or worsen symptoms of concussion. Gradually increasing the load on the brain without provoking symptoms is recommended. School programs may need to be modified to include more regular breaks, rests and increased time to complete tasks. Exams during that period may need to be postponed. The Concussion in Sport Group Consensus Statement recommends prioritising return to school and learning before returning to sport.

A concussed child must not return to sport until they have successfully resumed normal school activities without aggravating their symptoms.

Return to Sport

'Return to sport' is the phrase used to describe the gradual process of returning to full sporting activity.

Having rested for 24 – 48 hours after sustaining a concussion, the patient can commence a return to moderate intensity physical activity, as long as such activity does not cause a significant and sustained deterioration in symptoms. Concussive symptoms usually resolve in 10 – 14 days. Once symptoms have resolved the patient can begin a staged return to sport. The activity phase should proceed as outlined below with at least 24 hours spent at each level. The activity should only be upgraded if there has been no recurrence of symptoms during that time. If there is a recurrence of symptoms, there should be a 'step down' to the previous level for a minimum of 24 hours after symptoms have resolved. The steps in the activity phase are:

- begin with light aerobic activity (at an intensity that can easily be maintained whilst having a conversation) until symptom-free
- basic sport-specific drills which are non-contact and with no head impact
- more complex sport-specific drills without contact, may add resistance training
- full contact practice following medical review
- normal competitive sporting activity.

Children and Adolescents recovering from concussion

- Children and adolescents may be more susceptible to concussion and take longer to recover. Concussive symptoms usually resolve in less than 4 weeks. A more conservative approach to concussion management should be taken with those aged 18 years or younger. Return to learn should take priority over return to sport. School programs may need to be modified to include more regular breaks, rests and increased time to complete tasks. The graduated return to sport protocol should be extended such that the child does not return to contact/collision activities less than 14 days after the resolution of all symptoms.

Mental health and concussion

- There is a potential link between mental illness and concussion, although the relationship is not clear. Any athlete with a history of mental illness should discuss this with a doctor. A more cautious assessment and a more conservative approach to return to sport is recommended in these individuals.
- There are a number of organisations with information on mental illness and information on where to go for help:
- [Lifeline](#) provides a 24 hour, 365 days per year crisis support and suicide prevention service. It is free and provides immediate support for those in need.
- [Headspace](#) is a national youth mental health support service providing mental health assistance to those aged 12–25.
- [Beyond Blue](#) is an organisation aimed at improving community mental health education and awareness through several programs.

Long-term consequences of concussion

- There has been recent concern about potential long-term consequences of concussion. While the link between concussion and long-term illness is uncertain, taking a conservative approach to concussion management is important. Chronic traumatic encephalopathy (CTE) is a type of degenerative neurological disease that may possibly be associated with a history of previous concussions. There is currently no reliable evidence clearly linking sport-related concussion with chronic traumatic encephalopathy (CTE). Further research is required to better understand the condition and its association with concussion.

Protective headgear and concussion.

- Helmets will not stop concussion from occurring.
- Evidence suggests that helmets, mouth guards or other protective devices offer little if any benefit in the prevention of concussion. These devices are important, however, for the prevention of other types of traumatic head injuries such as lacerations or skull fractures.

Under reporting of concussion - still a problem

- Under-reporting of concussion by athletes still appears to be a problem. Education to improve the knowledge and understanding of the condition is required to address this problem, as legislation alone has been shown to be ineffective.
- Athletes need to have a good understanding of concussion in order to appreciate the importance of reporting symptoms and complying with rest and return to sport advice. Parents and coaches must also be able to recognise the symptoms and signs of concussion in order to detect concussions at the community sport level where there is no medical supervision present.

Sporting codes policies

- Sporting organisations need to continually review their policies for best practice concussion diagnosis and management.

- High-risk sports such as professional collision sports need to ensure that medical personnel are appropriately trained in the detection and management of concussion.
- Sporting organisations in Australia have responded to the increased concern regarding concussion. The four major football codes have introduced rule changes in recent years to ensure more thorough clinical assessment of the athlete with suspected concussion and to enforce guidelines around management of the concussed athlete.
- Given the increasing awareness of sport-related concussion and the associated community concern, many sporting organisations have developed their own guidelines for the management of the condition. These guidelines are constantly evolving through ongoing review. There is a high degree of congruency and alignment across the various sporting codes, supported by the latest scientific evidence on concussion diagnosis and management.
- The following sports have concussion policies available on their websites:
 - [Australian Football League](#)
 - [Australian Rugby Union](#)
 - [Basketball Australia](#)
 - [Boxing Australia](#)
 - [Football Federation Australia](#)
 - [Gridiron Australia](#)
 - [National Rugby League](#)
 - [Olympic Winter Institute of Australia](#)

Participant safety and welfare is paramount when dealing with all concussion incidents or possible concussion incidents. All concussion incidents should be reviewed by a Medical Practitioner experienced in Concussion management.

*Acknowledgement, with thanks
Australian Sports Commission — <http://www.ausport.gov.au>.*

Change History

Version	Approval Date	Change
3.0	1 June 2020	Annual Review
2.0	1 June 2019	Annual Review
1.0	1 July 2018	New Policy