Concussion Policy

Policy Management

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Person Responsible:	Secretary

American Football Australia
Concussion Policy

1. Introduction

This policy and guidelines have been developed based on information provided within the following publications:

Australian Sports Commission
Australian Concussion Guidelines for Youth and Community Sport
Concussion and Brain Health Position Statement 2024

Concussion in Sport Group
Consensus statement on concussion in sport, Oct 2022

British Journal of Sports Medicine
CRT6™ – Concussion Recognition Tool

2. Policy Statement

American Football Australia (AFA) takes the management of concussion seriously. The Concussion policy provides a framework for recognising, reporting and subsequent assessment and return to play management for all participants.

This policy is available to all Coaches, Trainers, Administrators, Players, Game Officials as well as parents/guardians/caregivers to ensure an increased awareness and understanding on how to suitably manage concussion in American Football in Australia.

The priority when considering the management of concussion is always the welfare of the participant, both in the short and long term. ***"If in doubt, sit them out".***

3. Policy Scope

This policy is applicable to all AFA sanctioned competitions, primarily at a club, state and national level. This policy describes the actions that must be followed by all participants.

Coaches, Trainers, Administrators, Players, and Game Officials should all be familiar with the content of this policy.

Note: management of concussion and specific return to play strategies for any AFA High Performance athletes may be handled under separate HP team policies, however this policy provides the baseline for all participants.

4. What is Concussion?

The Amsterdam panel of the Concussion in Sport Group (CISG) defined concussion as "a traumatic brain injury caused by a direct blow to the head, neck or body resulting in an

impulsive force being transmitted to the brain that occurs in sports and exercise-related activities. … Symptoms and signs may present immediately, or evolve over minutes or hours, and commonly resolve within days, but may be prolonged."

Concussions can occur without loss of consciousness or other obvious signs and as emphasised by the Australian Sports Commission (ASC) "can also occur with relatively minor 'knocks'".

A repeat concussion that occurs before the brain recovers from the previous one (hours, days or weeks) can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in brain swelling, permanent brain damage and even death.

5. Initial Recognition

A concussion occurs through a collision with another person, object or ground where biomechanical forces to the head, or anywhere on the body transmit an impulsive force to the head/brain. ***This could occur during games and at training.***

This event may be obvious, but it can also occur during contact that seems minor or less impactful. Other indicators of concussion may be changes to the participants behaviour, thinking, emotions or physical functioning.

Some visible clues to suspect concussion may be:

- Loss of consciousness or non-responsive
- Falling unprotected to the ground
- Lying on the ground, not moving or slow to stand after contact
- Being unsteady on their feet, balance problems, poor coordination
- Dazed, blank or vacant look
- Disorientation or confusion
- Seizure, fits or convulsions
- Facial injury

In the first instance, the Concussion Recognition Tool 6 (CRT6™) can be used to assist in the recognition of a suspected concussion. This is ***not a diagnosis tool*** and is designed to be used by non-medically trained individuals to assist in the immediate identification and management of a suspected concussion.

The CRT6™ is provided in this policy as an electronic link and included in its current form with no changes as Appendix A to this policy. All participants should make themselves aware of the CRT6™ and AFA encourages a copy of this to be included by Coaches in all playbooks and game notes for participants to have ready access and familiarity. All game officials are to have received notice of this policy and the CRT6™ as part of their basic training.

The CRT6™ provides a simplified summary of 20 symptoms of a suspected concussion as well as 10 "Red Flags" which indicate the need to transport the participant for urgent medical care.

RED FLAGS: Call an Ambulance	
Neck pain or tenderness	Repeated vomiting
Seizure, 'fits', or convulsion	Severe or increasing headache
Loss of vision or double vision	Increasingly restless, agitated or combative
Loss of consciousness	Visible deformity of the skull
Increased confusion or deteriorating conscious state (becoming less responsive, drowsy)	Weakness or numbness/tingling in more than one arm or leg

Symptoms of Suspected Concussion

Physical Symptoms		
Headache	Drowsiness	Sensitivity to noise
"Pressure in head"	Dizziness	Fatigue or low energy
Balance problems	Blurred vision	"Don't feel right"
Nausea or vomiting	Sensitivity to light	Neck pain
Changes in Emotions		
More emotional	More irritable	Sadness
Nervous or anxious		
Changes in Thinking		
Difficulty concentrating	Difficulty remembering	Feeling slowed down
Feeling like "in a fog"		

6. Removal of Participant with suspected concussion from current activity

If **any** of the clues or symptoms listed in the CRT6™ are present following an injury or incident, the individual should be assumed to have concussion and must be immediately removed from play or training and ***must not return to activity that day.***

Take normal first aid precautions including neck protection, see note below.

AFA supports the ASC recommendation for all sports to "operate on a principle of an 'abundance of caution'". Therefore, *"If in doubt, sit them out".*

If Game Officials witness any of the visible clues or symptoms for any player, they can inform the Head Coach of what was seen and exclude the participant from return to play during that game.

Players leaving the field following **any** head injury should be assessed by medical personnel who should apply the CRT6™ and report to their findings to the Head Coach of the team.

NOTE: For any player with a loss of consciousness, basic first aid principles should be applied i.e., Danger, Response, Send for help, Airway, Breathing, CPR, and Defibrillation (DRSABCD). Care must always be taken with the player's neck (Spinal Immobilisation), as it may have also been injured in the collision. An ambulance should be called, and the player(s) transported to hospital for assessment and management.

7. Next Steps following suspected concussion

Immediately following a suspected concussion, it is important to exclude the 'red flags'. If the participant shows any of these signs, they should go straight to their nearest hospital emergency department. Transport by ambulance is encouraged as player condition may worsen enroute.

It is recommended that all Clubs prepare a pre-game checklist of the appropriate services that may be required to manage a significant head injury or suspected concussion, including:

- local Hospital Emergency Departments (nearest location and services); and
- ambulance services (000).

Once 'red flags' have been excluded, the athlete should be referred to a healthcare practitioner (HCP) as soon as practical and ideally within 72 hours of the incident.

Any participant with a suspected concussion should not:

- Be left alone initially (at least for 3hrs). Worsening symptoms should lead to immediate medical attention.
- Be sent home by themselves. They need to be with a responsible adult.
- Drink alcohol, use recreational drugs or drugs not prescribed by their HCP.
- Drive a motor vehicle until cleared to do so by their HCP.

NOTE: This policy will supersede the current IFAF Rules Appendix C in relation to the steps to be taken if a concussion is suspected.

8. Reporting Requirements

All instances of a suspected concussion for an AFA participant should be reported to the SSO (State League) & NSO (AFA) within 48 hours of the incident. **It is ultimately the responsibility of the player's Head Coach or appointed club representative to ensure a report is submitted.** Reports to be submitted via Assemble "Incidents" reporting and include a copy of the AIS Concussion Referral & Clearance Form (see below).

The club's head coach or appointed medical personnel should complete page 1 of the AIS Concussion Referral & Clearance Form on the day of the incident and provide this to the injured player or legal guardian (for players under 18 years of age). This form will be required to be provided to the player's HCP for completion and clearance approval before they are permitted to return to full contact training and subsequently competitive sport.

The player is required to provide this signed medical clearance to their Head Coach who is responsible for providing written confirmation to the league Secretary and AFA administrator.

9. Return to Sport timeframe

All players who have suffered a concussion or a suspected concussion must be treated as having suffered concussion.

Increased risk of complications from concussion can occur if a player is permitted to return to sport before they have fully recovered. It is important to ensure players undergo a sufficient recovery process.

AFA have adopted the ASC graded return to sport framework (GRTSF) to safeguard all players following a suspected concussion. The GRTSF assists in concussion management through the recovery process to ensure a safe return to sport/learn.

For children and adolescents aged under 19, and adults in community (non-elite) sport, the athlete must be symptom free for 14 days before return to any contact/collision training. The minimum time for return to competitive contact (game play) is 21 days.

To be clear, that is *not* 14 days *from the time of concussion*. It is *14 days from when the athlete becomes symptom-free*. The day of the concussive incident is deemed *day 0* of the GRTSF.

The AIS return to sport protocol for community and youth sport includes;

- Introduction of light exercise after an initial 24-48 hours of relative rest.
- Several checkpoints to be cleared prior to progression.
- Gradual reintroduction of learning and work activities. As with physical activity, cognitive stimulation such as using screens, reading, undertaking learning activities should be gradually introduced after 48 hours.
- At least 14 days symptom free (at rest) before return to contact/collision training. The temporary exacerbation of mild symptoms with exercise is acceptable, as long as the symptoms quickly resolve at the completion of exercise, and as long as the exercise-related symptoms have completely resolved before resumption of contact training.
- A minimum period of 21 days until the resumption of competitive contact/collision sport.
- Consideration of all symptom domains (physical, cognitive, emotional, fatigue, sleep) throughout the recovery process.
- Return to learn and work activities should take priority over return to sport. That is, while graduated return to learn/work activities and sport activities can occur simultaneously, the athlete should not return to full contact sport activities until they have successfully completed a fully return to learn/work activities.

See Appendix B – Graded Return to Sport Framework for Community & Youth and Appendix and Appendix C – Examples of return to sport timeframes.

10. Concussion in children and adolescents

Concussion may impact memory and processing of information, which can impact learning. One of the aims of concussion management is to minimise disruption to learning for children and adolescents. In consultation with the player's HCP, it may be prudent to implement a graded return to learn (GRTL) plan which is implemented alongside the GRTSF. Return to learn activities should take priority over return to sport.

11. Multiple suspected concussions

A player with repeat concussions is at higher risk of experiencing prolonged or worsening symptoms. Players suffering multiple concussions should be managed more conservatively and be assessed by an HCP with specific training and expertise in concussion.

When a player has sustained:

- a minimum of two concussions within a 3-month period, or
- a minimum of three concussions in a 12-month period.

They will be determined as suffering multiple concussions within a short period of time and will be required to follow a more conservative return to sport protocol.

As a minimum starting point after a second concussion within 3 months:

- players must be 28 days symptom-free before return to contact training and a minimum of six weeks from the time of the most recent concussion until return to competitive contact.

In situations where three or more concussions have occurred within a 12-month period, consideration needs to be given to missing a season of contact / collision sport.

In the absence of specific evidence-based timeframes, the return to sport for players suffering multiple concussions needs to be managed directly with a specialist HCP who can take into consideration factors such as the severity of the most recent injury, the number of previous concussions and the general medical history of the player.

12. Additional resources and training

AFA encourages all participants to read the following publication:
ASC Concussion and Brain Health Position Statement 2024 (CBHPS24)

And complete the free online course below:
Connectivity – Sport-Related Concussion Short Course

13. Disclaimer

American Football Australia reserves the right to update its policies and procedures to align with best practices and evolving regulations. It is the responsibility of all participants, including players, coaches, officials, and stakeholders, to ensure they are familiar with the most current version of the AFA policy. AFA will make reasonable efforts to communicate any policy changes, but it remains the duty of participants to stay informed about the latest updates.

Glossary

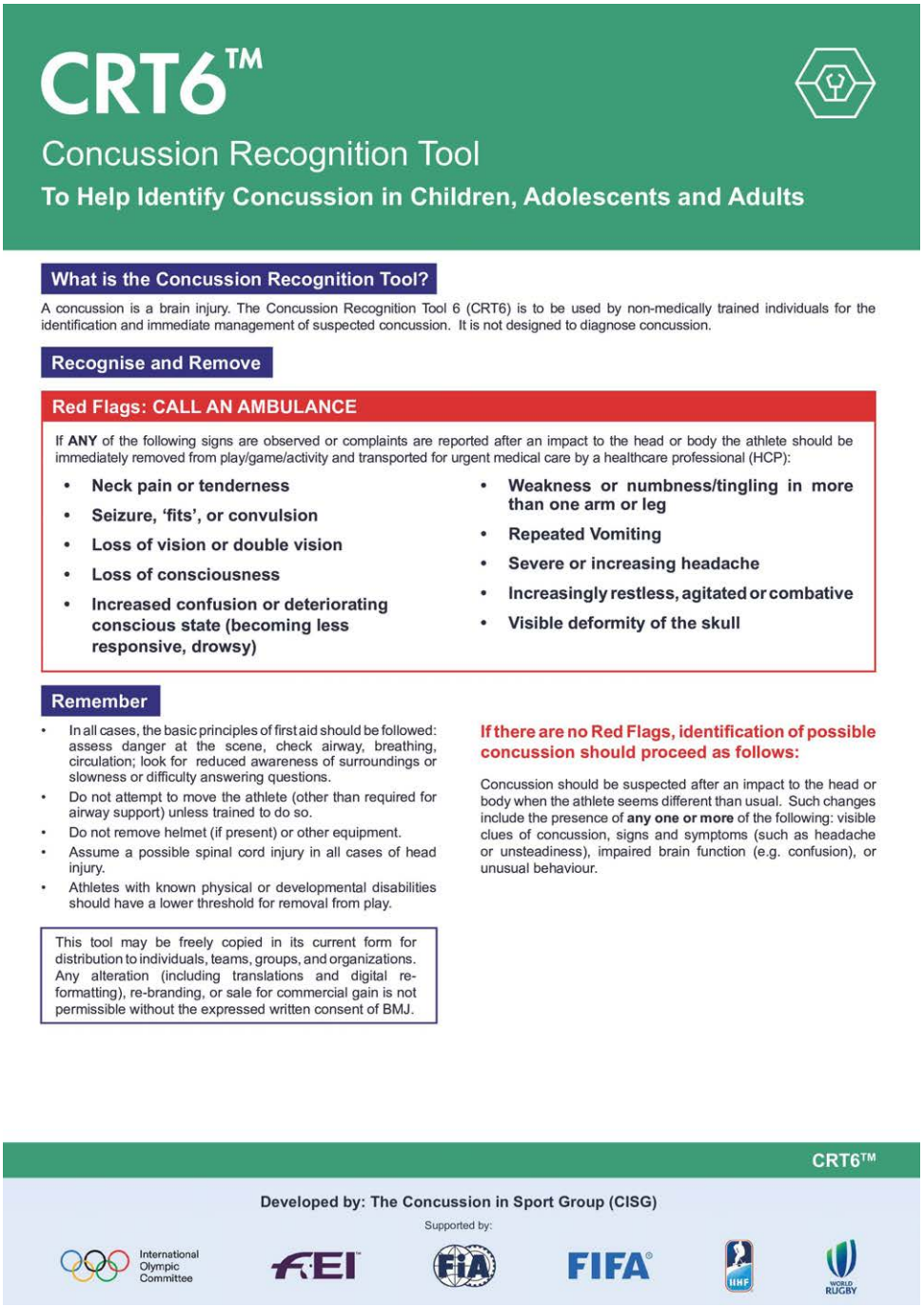
AFA	American Football Australia
AIS	Australian Institute of Sport
ASC	Australian Sports Commission
CBHPS24	Concussion and Brain Health Position Statement 2024
CISG	Concussion in Sport Group
CRT6	Concussion Recognition Tool 6
GRTL	Graded return to learn
GRTSF	Graded return to sport framework (ASC)
HCP	Healthcare Practitioner (Defined as: AHPRA registered health care practitioner with appropriate training and experience in concussion assessment and management)

Document History

Date	Version	Amendments
11/08/2019	1.0	Policy created and endorsed by Board
16/09/2025	2.0	Policy underwent full review to include current resources and references

APPENDIX A

British Journal of Sports Medicine: CRT6™ – Concussion Recognition Tool



CRT6™

Concussion Recognition Tool

To Help Identify Concussion in Children, Adolescents and Adults

What is the Concussion Recognition Tool?

A concussion is a brain injury. The Concussion Recognition Tool 6 (CRT6) is to be used by non-medically trained individuals for the identification and immediate management of suspected concussion. It is not designed to diagnose concussion.

Recognise and Remove

Red Flags: CALL AN AMBULANCE

If **ANY** of the following signs are observed or complaints are reported after an impact to the head or body the athlete should be immediately removed from play/game/activity and transported for urgent medical care by a healthcare professional (HCP):

- **Neck pain or tenderness**
- **Seizure, 'fits', or convulsion**
- **Loss of vision or double vision**
- **Loss of consciousness**
- **Increased confusion or deteriorating conscious state (becoming less responsive, drowsy)**
- **Weakness or numbness/tingling in more than one arm or leg**
- **Repeated Vomiting**
- **Severe or increasing headache**
- **Increasingly restless, agitated or combative**
- **Visible deformity of the skull**

Remember

- In all cases, the basic principles of first aid should be followed: assess danger at the scene, check airway, breathing, circulation; look for reduced awareness of surroundings or slowness or difficulty answering questions.
- Do not attempt to move the athlete (other than required for airway support) unless trained to do so.
- Do not remove helmet (if present) or other equipment.
- Assume a possible spinal cord injury in all cases of head injury.
- Athletes with known physical or developmental disabilities should have a lower threshold for removal from play.

If there are no Red Flags, identification of possible concussion should proceed as follows:

Concussion should be suspected after an impact to the head or body when the athlete seems different than usual. Such changes include the presence of **any one or more** of the following: visible clues of concussion, signs and symptoms (such as headache or unsteadiness), impaired brain function (e.g. confusion), or unusual behaviour.

CRT6™

Developed by: The Concussion in Sport Group (CISG)

Supported by:

International Olympic Committee · FEI · FIA · FIFA · IIHF · World Rugby

APPENDIX A (cont'd)

Concussion Recognition Tool 6 - CRT6™

CRT6 Concussion Recognition Tool

To Help Identify Concussion in Children, Adolescents and Adults

1: Visible Clues of Suspected Concussion

Visible clues that suggest concussion include:

- Loss of consciousness or responsiveness
- Lying motionless on the playing surface
- Falling unprotected to the playing surface
- Disorientation 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 coordination / wobbly
- Facial injury

2: Symptoms of Suspected Concussion

Physical Symptoms
Headache
"Pressure in head"
Balance problems
Nausea or vomiting
Drowsiness
Dizziness
Blurred vision
More sensitive to light
More sensitive to noise
Fatigue or low energy
"Don't feel right"
Neck Pain

Changes in Emotions
More emotional
More Irritable
Sadness
Nervous or anxious

Changes in Thinking
Difficulty concentrating
Difficulty remembering
Feeling slowed down
Feeling like "in a fog"

Remember, symptoms may develop over minutes or hours following a head injury.

3: Awareness

(Modify each question appropriately for each sport and age of athlete)

Failure to answer any of these questions correctly may suggest a concussion:

"Where are we today?"

"What event were you doing?"

"Who scored last in this game?"

"What team did you play last week/game?"

"Did your team win the last game?"

Any athlete with a suspected concussion should be - IMMEDIATELY REMOVED FROM PRACTICE OR PLAY and should NOT RETURN TO ANY ACTIVITY WITH RISK OF HEAD CONTACT, FALL OR COLLISION, including SPORT ACTIVITY until ASSESSED MEDICALLY, even if the symptoms resolve.

Athletes with suspected concussion should **NOT**:

- Be left alone initially (at least for the first 3 hours). Worsening of symptoms should lead to immediate medical attention.
- Be sent home by themselves. They need to be with a responsible adult.
- Drink alcohol, use recreational drugs or drugs not prescribed by their HCP
- Drive a motor vehicle until cleared to do so by a healthcare professional

British Journal of Sports Medicine

Echemendia RJ, *et al*. *Br J Sports Med* June 2023 Vol 57 No 11 693

APPENDIX B

GRADED RETURN TO SPORT FRAMEWORK FOR COMMUNITY AND YOUTH

Each stage, highlighted in orange or green below, should be at least 24 hours and symptoms should return to baseline prior to commencing the next activity or stage.

Incident
Day = 0

Recognise, remove from play, rest for 24-48 hours. No contact. Avoid training environment temporarily.

Diagnosis of concussion

Resumption of activities of daily living
(Mild temporary symptoms are acceptable)

Light aerobic exercise
Start graded return to school or work (Consider modifying days/hours or environment, e.g. working from home, social exposures with school recess or lunch)

Healthcare practitioner review recommended at day 3-4 to include SCOAT6

Stationary sport-specific skills with minimal head movements
(e.g. partner passing drills from front on only)

Moderate walk or stationary bike
(moderate = breathing heavily, but able to maintain a short conversation)

Introduction of sport-specific skills involving head movements
(e.g. partner passing drills with directional changes, rotations or whilst walking or jogging)

Do any activities bring on or exacerbate symptoms? Y N
Can athlete complete 1-minute of sport-specific skills with head movement without ANY symptoms? Y N

Add resistance training

Increase cardiovascular activities up to 80% HRmax
Initiate sport-specific training drills

Increase sport-specific training drills, up to 90% HRmax

Return to full capacity of school or work
Up to 90% HRmax
Up to 90% of full training
(NO CONTACT OR HIGH-RISK ACTIVITY)

CHECKPOINT
When symptom-free for at least 14 days
Have you remained concussion symptom-free? Y N
Is skill-level below what is expected? N Y
Do you get symptoms during or after activity? N Y
Do you simply "not feel right"? N Y
Healthcare practitioner review for clearance to return to contact and high risk activities

Return to full contact training

Return to competition simulation

Return to competition
Not before day 21 post concussion AND must have remained symptom free for at least 14 days

NO CONTACT OR HIGH-RISK ACTIVITIES

Persistent symptoms or deterioration of symptoms at any stage
REFER TO HEALTHCARE PROVIDER FOR REVIEW

Some high-performance athletes may have access to appropriately trained Healthcare Practitioners experienced in multi system concussion rehabilitation. These athletes may be cleared earlier if their sports concussion protocol allows. Refer to the graded return to sport framework for advanced care settings. Note, athletes aged under 19 years should NOT have access to earlier clearance available in advanced care settings.

APPENDIX C

Examples of return to sport timeframes

Note:

- Day of concussive incident is considered 'Day 0'.
- Examples below assume a sport where competition (competitive contact) occurs weekly on a Saturday.
- The 14-day symptom-free period does not start until the first day that the athlete is symptom-free.

Key:

Incident
Symptomatic
Symptom-free
Contact training
Full competition

Example 1. Athlete symptom-free on day 3

Week 1	Week 2	Week 3	Week 4	Week 5
Saturday	5. Saturday	12. Saturday	Saturday	Saturday
Sunday	6. Sunday	13. Sunday	Sunday	Sunday
Monday	7. Monday	14. Monday	Monday	Monday
1. Tuesday	8. Tuesday	Tuesday	Tuesday	Tuesday
2. Wednesday	9. Wednesday	Wednesday	Wednesday	Wednesday
3. Thursday	10. Thursday	Thursday	Thursday	Thursday
4. Friday	11. Friday	Friday	Friday	Friday

In example 1, the athlete has symptoms for 3 days (orange) in Week 1, including the day of the incident. They become symptom-free on the Tuesday of Week 1. They complete their 14-day symptom-free period (yellow) by the Monday of Week 3. The athlete then completes 4 days of contact training (blue) without difficulty in week 3. The healthcare practitioner is satisfied. The athlete is cleared to return to full competitive contact (green) on the Saturday of Week 4.

APPENDIX C (cont'd)

Example 2. Athlete symptom-free on day 7

Week 1	Week 2	Week 3	Week 4	Week 5
Saturday	1. Saturday	8. Saturday	Saturday	Saturday
Sunday	2. Sunday	9. Sunday	Sunday	Sunday
Monday	3. Monday	10. Monday	Monday	Monday
Tuesday	4. Tuesday	11. Tuesday	Tuesday	Tuesday
Wednesday	5. Wednesday	12. Wednesday	Wednesday	Wednesday
Thursday	6. Thursday	13. Thursday	Thursday	Thursday
Friday	7. Friday	14. Friday	Friday	Friday

In example 2, the athlete had symptoms for 7 days (orange). They became symptom-free on the Saturday of Week 2. They completed their 14-day symptom-free period (yellow) by the Friday of Week 3. However, they could not be cleared to play on the Saturday of Week 4 because, as per the graded return to sport framework (Figure 3) above, once the athlete has completed their 14-day symptom-free period, *they must do some contact training* to demonstrate that they can tolerate contact training without developing symptoms. The athlete cannot go straight from non-contact training to playing matches. There is no specific duration of contact training (blue). The health care practitioner overseeing the athlete must be satisfied that they have done enough contact training to demonstrate that they are ready to return to full, unrestricted competitive contact. In this case the athlete narrowly missed out being able to play on the Saturday of Week 4. They undertake contact training (blue) in Week 4 and are cleared to return to play on the Saturday of Week 5.

Example 3. Athlete symptom-free on day 9

Week 1	Week 2	Week 3	Week 4	Week 5
Saturday	Saturday	6. Saturday	13. Saturday	Saturday
Sunday	Sunday	7. Sunday	14. Sunday	Sunday
Monday	1. Monday	8. Monday	Monday	Monday
Tuesday	2. Tuesday	9. Tuesday	Tuesday	Tuesday
Wednesday	3. Wednesday	10. Wednesday	Wednesday	Wednesday
Thursday	4. Thursday	11. Thursday	Thursday	Thursday
Friday	5. Friday	12. Friday	Friday	Friday

In example 3, the athlete has symptoms (orange) for 9 days. They become free of symptoms on the Monday of Week 2. They complete their 14-day symptom-free period (yellow) by the Sunday of Week 4. They then complete 5 days of contact training (blue). The healthcare practitioner is satisfied. They are cleared to return to play on the Saturday of Week 5.