LACROSSE VICTORIA CONCUSSION POLICY

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1. Introduction

1.1. Lacrosse Victoria (LV) is the peak body responsible for developing and promoting lacrosse in Victoria. In Victoria, lacrosse programs, events and activities are implemented and conducted by several different lacrosse organisations across the state. Accordingly, Lacrosse Victoria has developed this policy to apply to each of the following Victorian Lacrosse Organisations:

a. Lacrosse Victoria;

b. Member Associations;

c. Regional Associations;

d. Affiliated Clubs, being those lacrosse clubs that are a member of LV

1.2. Lacrosse Victoria endorses and promotes the Australian Institute of Sport (AIS) Position Statements on Concussion in Sport. It is the aim for this policy to be fully consistent with the Position Statements where practicable.

1.3. This policy sets out the guiding principles and provides general advice regarding concussion management in lacrosse in Australia.

2. Player and Participant Welfare

In considering the management of lacrosse-related concussion, each member association and club is committed to protecting the health and welfare of lacrosse players and participants at all levels.

3. What is Concussion?

3.1. Concussion is caused by trauma to the brain, which can be either direct or indirect (e.g., whiplash injury). When the forces transmitted to the brain are high enough, they can injure or 'stun' the nerves and affect how the brain functions.

3.2. Concussion is characterised by a range of observable clues and signs (e.g., lying motionless on the ground, blank or vacant look, balance difficulties or motor incoordination) or symptoms reported by the player (e.g., headache, blurred vision, dizziness, nausea, balance problems, fatigue and feeling 'not quite right').

3.3. Other common features of concussion include confusion, memory loss and reduced ability to think clearly and process information. It is important to understand that **a player does not have to lose consciousness to have a concussion.**

3.4. The effects of concussion evolve or change over time. Whilst in most cases, symptoms improve, in some cases, effects can worsen in the few hours after the initial injury. It is important that a player suspected of sustaining a concussion be monitored for worsening effects and be assessed by a medical professional as soon as possible after the injury.

3.5. The risk of complications is thought to increase when a player returns to sport before being fully recovered. This is why it is important to recognise a concussion and ensure the player only returns when they have fully recovered.

4. Management Guidelines for Suspected Concussions

4.1. Concussion Management

The most important steps in the early management of concussion include:

- **Recognising** the injury may be a concussion or suspected concussion.
- **Removing** the player from play or training.
- **Referring** the player to a medical professional.

4.2. Recognise

a. Recognising concussion is critical to correctly managing and preventing any short or long-term injury or damage.

b. There are some visible clues, signs and symptoms associated with a suspected concussion, including:

Loss of consciousness or responsiveness	Laying motionless/slow to get up
Unsteady on feet, balance problems and poorcoordination	Facial or head injury
Dazed, blank or vacant look	Confusion or impaired memory
Player does not seem like their normal self	Seizure or convulsion
Vomiting	Difficulty answering questions

NOTE: Loss of consciousness, confusion and memory disturbance are all classic features of concussion. The problem with relying on these features to identify a suspected concussion is that they are not present in every case.

c. Symptoms reported by the player that should raise suspicion of concussion include:

Headache	Nausea or feel like vomiting
Blurred vision	Balance problems or dizziness
Feeling “dinged” or “dazed”	“Don’t feel right” or slower than usual
Sensitivity to light or noise	More emotional or irritable than usual
Sadness	Nervous/anxious
Neck pain	Feeling like in a fog
Difficulty concentrating or other memory difficulties	Grabbing/clutching of the head

4.3. Remove

a. Any player with a concussion or suspected concussion is to be removed from play, training, or other related activity immediately if safe to do so.

b. When responding to a player, the basic principles of first aid should be adhered to (Danger, Response, Send for help, Airway, Breathing, CPR and Defibrillation).

c. Structural head injuries may present mimicking a concussion. The signs and symptoms of a structural head injury will usually persist or deteriorate over time, e.g., persistent or worsening headache, increased drowsiness, vomiting, confusion and seizures. In these instances, do not attempt to treat or move the player - call an ambulance immediately and await its arrival.

d. A neck injury should be suspected if there is any loss of consciousness. If a neck or spine injury is suspected, the player should not be moved (other than where airway support is required or by a qualified health professional trained in immobilisation techniques), and any protective equipment such as a helmet or face mask should not be removed unless trained to do so. If no qualified health professional is on site, do not attempt to move the player – call an ambulance and await its arrival.

e. Club and State lacrosse training and matches may not have a dedicated medical professional available at the venue. In the absence of assessment and clearance by a qualified medical professional, any player with a suspected concussion must not return to play, training or activity on the same day. **If in doubt, sit them out!**

f. In all lacrosse matches at which no dedicated medical professional acting in a match-day medical role is available at the venue:

   i. The welfare of each player is the responsibility of their club/team through their nominated representative (who may be a coach, manager, captain or official).

   ii. If, following a head impact or collision, a player is observed with any visible sign or symptom of concussion (refer to clause 4.1 for a detailed list of concussion signs and symptoms), play must be stopped.

   iii. It is not the responsibility of the match officials involved with the match to assess players for any injury.

   iv. The nominated club/team representative or, in the absence of the nominated club/team representative, the team coach or captain, must ensure the player showing any visible sign or symptom of concussion is removed from the field before play may recommence. Under no circumstances should the removed player be allowed to resume their participation in the match (unless a medical professional acting in a dedicated match-day role assesses and clears the player of concussion).

4.4. Refer

a. Any player with a suspected concussion should be referred to a medical professional as soon as possible after the injury for assessment. Ideally, this medical professional should have experience in the diagnosis and management of sports concussion.

b. Assessment may occur at the playing or training venue (if a medical professional is present), local general practice or hospital emergency room/department.

c. It is useful to have a list of local doctors and emergency departments near the venue at which each match or training session is taking place. This resource can be confirmed by the relevant club or venue operator at the start of each season.

d. Any concussion that occurs at a training or match venue must be reported by the relevant individual's nominated club/team representative using the online LV concussion reporting form, and sent by email to Lacrosse Victoria at competitions.officer@lacrossevictoria.com.au

4.5. Additional High-Performance Considerations

a. At all LV-sanctioned events (including matches involving Victorian representative teams, national championships) at which a dedicated match day medical professional is present, that medical professional may assess a player suspected of having a concussion using tools such as the Sport Concussion Assessment Tool – 6th edition. Assessment should take place in a distraction-free environment, such as the change rooms. If there is any doubt about whether the player is concussed, that player should not be allowed to return to lacrosse activity that day.

b. In conducting a concussion assessment, the medical professional may refer to any online neurocognitive testing the player has undertaken (such as a Cognigram and annual SCAT 5 assessments). Assessment results will be used as a baseline for players returning to play post-concussive episode/injury. If baseline testing has been undertaken, this must return to baseline before a player can return to play.

5. Return to Play Protocol

5.1. Players returning to play should follow a stepped program with stages of progression. This program should be based on the advice of a medical professional and consider the following steps for a return to play:

a. Rest;

b. Recovery – symptom-limited activity; and

c. Graded loaded program with monitoring.

5.2. A player must have a medical certificate from a medical professional clearing them to resume full training and to play in matches.

5.3. The table in Schedule 1 outlines the minimum process to follow in returning to play following a concussion. However, a more conservative approach is strongly recommended to allow a longer period for recovery where there is a lack of baseline testing and the absence of regular contact between players and a medical professional limit the ability to assess recovery following concussion.

5.4. If symptoms return at any phase/step, the player should return to the previous stage until all symptoms have been resolved.

5.5. Players who do not consult with and receive clearance from a medical practitioner following the onset of their concussion symptoms cannot resume full training and playing in matches until at least 21 days from the date of the suspected concussion.

5.6. Players cannot return to full training or playing in matches until:

a. At least 14 days from the resolution of all symptoms and the player has received medical clearance. The temporary exacerbation of mild symptoms with exercise is acceptable, if 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.

b. A minimum period of 21 days until the resumption of competitive contact/collision sport

c. Medically cleared by a specialist concussion doctor (neurologist, neurosurgeon or sport and exercise physician).

6. Return to Play Considerations

6.1. Children and Adolescents

Children and adolescents may be more susceptible to concussion and take longer to recover. A more conservative approach to concussion management should be taken with those aged under 18 years. Return to learn should take priority over a return to sport. School programs may need to be modified to include more regular breaks, rests and increased time to complete tasks.

6.2. Multiple Concussions

Current research and data indicate correlation between a history of multiple concussions and cognitive deficits post sport and later in life. However, the full impacts are still largely unknown.

Therefore, a conservative approach for players with a history of multiple concussions should be adopted. Before recommencing any physical activities, players having a history of multiple concussions should receive a medical clearance.

6.3. Difficult Concussions

If a concussion continues more than three weeks with persistent symptoms, the player should be medically referred to a neurologist, neurosurgeon or other specialist who is experienced in the management of concussion. The player may be referred for a full neuropsychological assessment and may require a standard MRI to exclude structural brain damage. Other investigations may be undertaken as determined by the specialist examination.

7. Protective Equipment

There is no definitive research to suggest that protective equipment such as helmets and face masks prevent concussions.

However, protective equipment such as helmets, face masks, and mouthguards play an important role in preventing head injuries such as skull and facial fractures, lacerations, dental injuries, and trauma. LV recommends the use of face masks and other equipment in training and matches in accordance with the requirements of local and FIL rules.

8. Concussion Tools and Resources

The following resources and tools may assist AHOs in recognising suspected concussions. These resources and tools are not intended to be used as stand-alone offerings and should not be substituted for comprehensive medical assessment, treatment and advice.

Concussion in Sport Australia Website
https://www.concussioninsport.gov.au/

Sport Australia Concussion Assessment Tool – 5th edition (SCAT5)
http://bjsm.bmj.com/content/bjsports/early/2017/04/26/bjsports-2017-097506SCAT5.full.pdf

Sport Australia Concussion Assessment Tool for Children Ages 5–12 (Child SCAT5)
http://bjsm.bmj.com/content/bjsports/early/2017/04/26/bjsports-2017-097492childscat5.full.pdf

Sport Australia Concussion Recognition Tool
http://bjsm.bmj.com/content/bjsports/47/5/267.full.pdf

HeadCheck App
The app is available from the Apple and Google Play stores to assist parents, coaches, and first aiders in recognising and managing children and adolescents safe return to school, play, and organised sport.

Schedule 1: Return to Play Protocol Phases

PHASE	GOALS & AIMS	PREREQUISITE(S) FOR NEXT PHASE/STEP
REST		
Rest	Physical and mental rest, allowing the brain time to recover	• Complete physical and mental rest within the first 24-48 hours of concussion • Children and adolescents may require additional time • Consideration should be given to receiving clearance from a medical professional before progressing
RECOVERY		
Return to non-sport activities	Minimum of 1–2 days of normal activities	• Asymptomatic in resting state or with non-sport activity for at least two days • Return to school/university/work • Consideration should be given to receiving clearance from a medical professional before progressing
GRADUAL RETURN – INDIVIDUAL ACTIVITIES		
Light-moderate aerobic exercise	Undertaking light-moderate aerobic exercises such as walking, jogging and stationary cycle	• Remains completely asymptomatic
Sport-specific exercise	Increase aerobic exercise intensity and duration.	• Remains completely asymptomatic • Return to the previous, asymptomatic stage/step if symptoms recur • Consideration should be given to receiving clearance from a medical professional before progressing
GRADUAL RETURN – TEAM ACTIVITIES		
Non-contact training drills and activities	Return to team training and progression to more complex training drills with contact restrictions (e.g. passing drills within 3v2, 4v3 or small-sided games and activities)	• Remains completely asymptomatic • Medical clearance to progress to next phase/step
Full contact training and activities	Full team training with no restrictions	• Remains completely asymptomatic • Player is confident in returning to play/ competition
RETURN TO PLAY		
Full return to play/ competition	No playing restrictions	

9. Schedule 2: Concussion Injury Management Workflow

