



FOOTBALL AUSTRALIA CONCUSSION POLICY

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1. APPLICATION AND SCOPE

- 1.1 This Concussion Policy applies to the following Football Australia (**FA**) competitions:
- (a) Australia Cup;
 - (b) Australian Championship; and
 - (c) any other competition promulgated by FA from time to time, (the **Competitions**).
- 1.2 The purpose of this Concussion Policy is to:
- (a) provide guiding principles and general advice regarding the management of concussion in the Competitions; and
 - (b) mandate the process by which a Player may continue to play in a Match or return to play, following involvement in an incident which requires assessment as to whether a suspected concussion has occurred.
- 1.3 FA has adopted the Consensus Statement on Concussion in Sport: The 5th International Conference on Concussion in Sport held in Berlin, October 2016 (see paragraph 9.1(a) below). This statement was produced in conjunction with Fédération Internationale de Football Association (**FIFA**), and has also been adopted by FIFA.
- 1.4 With respect to assessment of concussion, sections 4 to 7 of this Concussion Policy are of a general nature only. Individual treatment will depend on the facts and circumstances specific to each individual case. This Concussion Policy is not intended as a standard of care and should not be interpreted as such.
- 1.5 This Concussion Policy will be reviewed regularly by and will be modified according to the development of new knowledge.
- 1.6 This Concussion Policy:
- (a) applies to Clubs, Players and Officials involved in one or more of the Competitions (**Competition Participants**);
 - (b) applies to all Matches;
 - (c) forms part of the FA Statutes to which all Competition Participants are bound;
 - (d) does not limit or restrict the application of FIFA Statutes or FA Statutes and, in particular, the Code of Conduct for conduct or behaviour of a Club, Player or Official; and
 - (e) may be supplemented or varied from time to time by FA.
- 1.7 On a Match Day the Team Doctor must wear a high visibility vest marked with 'Doctor' on the chest which enables the Team Doctor to be readily identifiable.

2. CONCUSSION

- 2.1 Sport related concussion (**SRC**) is a traumatic brain injury induced by biomechanical forces (see the Consensus Statement on Concussion in Sport: The 5th International Conference on Concussion in Sport held in Berlin, October 2016). Several common features that may be utilised in clinically defining the nature of a concussive head injury include:
- (a) SRC may be caused either by a direct blow to the head, face, neck or elsewhere on the body with an impulsive force transmitted to the head;
 - (b) SRC typically results in the rapid onset of short-lived impairment of neurological function that resolves spontaneously. However, in some cases, signs and symptoms evolve over a number of minutes to hours;

- (c) SRC may result in neuropathological changes, but the acute clinical signs and symptoms largely reflect a functional disturbance rather than a structural injury and, as such, no abnormality is seen on standard structural neuroimaging studies; and
- (d) SRC results in a range of clinical signs and symptoms that may or may not involve loss of consciousness. Resolution of the clinical and cognitive features typically follows a sequential course. However, in some cases symptoms may be prolonged.

3. ASSESSMENT PROCESS IN THE COMPETITIONS

- 3.1 In relation to a Match, only the Team Doctor is authorised to make an assessment for a suspected concussion.
- 3.2 If an incident occurs during a Match and the Referee stops play in accordance with Law 5 of the Laws of the Game:
 - (a) and as a result of the incident a Team Doctor reasonably considers that an assessment for a suspected concussion is necessary, then the Team Doctor must notify the Referee that an assessment for a suspected concussion is necessary and request that the Match be suspended for up to three (3) minutes to enable the Team Doctor to conduct an initial on-pitch concussion assessment; and
 - (b) upon a request by the Team Doctor pursuant to paragraph 3.2(a), the Referee must suspend the Match for up to three (3) minutes to enable the Team Doctor to conduct an initial on-pitch concussion assessment of the relevant Player.
- 3.3 If an incident occurs during a Match and the Referee stops play in accordance with Law 5 of the Laws of the Game:
 - (a) and a Team Physiotherapist initially attends a Player, and the Team Doctor subsequently considers in his or her reasonable opinion that an assessment for a suspected concussion is necessary, then the Team Doctor must notify the fourth official that an assessment for a suspected concussion is necessary and upon such notification, the fourth official must advise the Referee that an assessment for a suspected concussion is necessary; and
 - (b) upon receipt of notification pursuant to paragraph 3.3(a), the Referee must suspend the Match for up to three (3) minutes to enable the Team Doctor to conduct an initial on-pitch concussion assessment of the relevant Player.
- 3.4 If an incident occurs during a Match and a Team Doctor considers in his or her reasonable opinion that an assessment for a suspected concussion is necessary, and the Referee has not stopped play in accordance with Law 5 of the Laws of the Game, then:
 - (a) the Team Doctor must notify the fourth official that an assessment for a suspected concussion is necessary and upon such notification, the fourth official must advise the Referee that an assessment for a suspected concussion is necessary; and
 - (b) upon receipt of notification pursuant to paragraph 3.4(a), the Referee, at the next opportunity the Referee determines it is reasonable to do so, must suspend the Match for up to three (3) minutes to enable the Team Doctor to conduct an initial on-pitch concussion assessment of the relevant Player.
- 3.5 If at the conclusion of a three (3) minute suspension period prescribed pursuant to paragraphs 3.2, 3.3 or 3.4 above the Team Doctor has not concluded his or her assessment as to whether a Player has suffered a suspected concussion, the Player must immediately leave the field of Play for the assessment to be completed by the Team Doctor.

- 3.6 If an incident occurs during a Match and a Player has left the field of play to be treated for an injury, without the Team Doctor requesting a suspension of the Match for up to three (3) minutes to enable the Team Doctor to conduct an initial on-pitch concussion assessment of the relevant Player, then if an assessment for a suspected concussion is to occur, it must only be completed by a Team Doctor.
- 3.7 Following a Team Doctor's assessment pursuant to paragraphs 3.2, 3.3, 3.4 or 3.6 above, the Player can only return to the field of play during a Match if the Team Doctor personally informs the Referee that the Player is fit to continue.
- 3.8 If:
- (a) the Player is subject to an assessment pursuant to paragraphs 3.2, 3.3, 3.4 or 3.6 above; and
 - (b) such Player is deemed by the Team Doctor to be fit to continue; and
 - (c) the Team Doctor has notified the Referee pursuant to paragraph 3.7 that the Player is fit to continue,
- then, if the assessment occurred solely on the field of play, the Player must leave the field of play prior to returning to the Match.
- 3.9 If, following the Team Doctor's assessment, a Player is assessed as having a suspected concussion, the requirements set out in paragraph 5.1 of this Concussion Policy apply.

4. SIGNS OF CONCUSSION

- 4.1 As concussion is often an evolving injury, and signs and symptoms may be delayed, erring on the side of caution (ie, keeping an athlete out of participation when there is any suspicion of injury) is important.
- 4.2 The diagnosis of acute concussion involves the assessment of a range of domains including clinical symptoms, physical signs, cognitive impairment, neurobehavioral features and sleep/wake disturbance. Furthermore, a detailed concussion history is an important part of the evaluation both in the injured athlete and when conducting a pre-participation examination.
- 4.3 The suspected diagnosis of concussion can include one or more of the following clinical domains:
- (a) Symptoms: somatic (eg, headache, dizziness), cognitive (eg, feeling like in a fog) and/or emotional symptoms (eg, lability);
 - (b) Physical signs (eg, loss of consciousness or responsiveness; dazed, blank or vacant expression; amnesia; neurological deficit; lying motionless on the ground/slow to get up);
 - (c) Balance impairment (eg, gait unsteadiness/balance problems);
 - (d) Behavioural changes (eg, irritability);
 - (e) Cognitive impairment (eg, slowed reaction times; confusion/disorientation; poor attention and concentration);
 - (f) Sleep/wake disturbance (eg, somnolence; drowsiness); or
 - (g) If symptoms or signs in any one or more of the clinical domains are present, an SRC should be suspected and the appropriate management strategy instituted.
- 4.4 The Pocket Concussion Recognition Tool may be used to help identify a suspected concussion (see paragraph 9.1(b) below).

5. REMOVE FROM PLAY

- 5.1 A Player with a suspected concussion must be **immediately removed from the Match** and must not be returned to activity until they are assessed by a qualified medical practitioner in accordance with paragraph 6.1.
- 5.2 Players with a suspected concussion should not be left alone and should not drive a motor vehicle.
- 5.3 **Only qualified medical practitioners** should diagnose whether a concussion has occurred, or provide advice as to whether a Player can return to play.
- 5.4 There should be **no return to play** on the day of a concussive injury.

6. MEDICAL ASSESSMENT

- 6.1 A qualified medical practitioner should:
- (a) Diagnose whether a concussion has occurred – based on clinical judgement;
 - (b) Evaluate the injured player for concussion using SCAT 5 (or Child – SCAT 5) or similar tool (see paragraphs 9.1(b) and 9.1(c) below);
 - (c) Advise the Player as to medical management;
 - (d) Advise the Player as to when it is appropriate to begin a Graduated Return to Play Program (see Annexure 1 to this Concussion Policy);
 - (e) Clear the Player to return to play following the successful completion of the Graduated Return to Play Program, as detailed in section 8 of this Concussion Policy.

7. RECOVERY

- 7.1 The majority (80-90%) of adult concussions resolve in a short (7-10 day) period, although the recovery frame may be longer in children and adolescents.
- 7.2 A consistent and growing body of evidence supports a slower rate of recovery in children and adolescents aged 18 and under (see Concussion in Sport Australia Position Statement). Given this, a more conservative approach to concussions is required, and return to learn should take priority over a return to sport:
- (a) school programs may need to be include more regular breaks, rests and increased time to complete tasks.
 - (b) the child or adolescents return to sport program should be extended so that the child does not return to play less than 14 days from the resolution of all symptoms.

8. RETURN TO PLAY

- 8.1 Following clearance from an appropriately qualified medical practitioner, the Player should commence and progress through a **Graduated Return To Play Program** or a **Graduated Return To Play Program – Children and Adolescents** (see Annexures 1 and 2 to this Concussion Policy).

- 8.2 In all cases, the **Graduated Return To Play Program** requires:
- (a) that each stage of the Graduated Return To Play Program is successfully completed before progressing to the next stage;
 - (b) that each stage has a minimum duration of 24 hours (with the exception of Stage 6 when the Player is fully recovered, which triggers when the Player is symptom free for 24 hours after full contact practice pursuant to Stage 5); and
 - (c) a minimum of 192 hours (eight days) to have lapsed since the incident before the Player can play a Match.
- 8.3 In all cases the **Graduated Return To Play Program – Children and Adolescents** requires
- (a) that each stage of the Graduated Return To Play Program is successfully completed before progressing to the next stage;
 - (b) that each stage has a minimum duration of 24 hours (with the exception of Stage 6 when the Player is fully recovered, which triggers when the Player is symptom free for 24 hours after full contact practice pursuant to Stage 5); and
 - (c) a minimum of 14 days have lapsed since all symptoms of the SRC have resolved.
- 8.4 Without limiting any obligations under this Concussion Policy, where a Player of a Club has been diagnosed as having suffered concussion, the Club must provide FA with a completed Return to Play Declaration prior to the Player participating in any Match.

9. RESOURCES

- 9.1 The following resources should be referred to:
- (a) Consensus Statement on Concussion in Sport: The 5th International Conference on Concussion in Sport held in Berlin, October 2016 (McCrory et al), found here: <http://bjsm.bmj.com/content/51/11/838>
 - (b) Pocket Concussion Recognition Tool, found here: <http://bjsm.bmj.com/content/bjsports/47/5/267.full.pdf>
 - (c) SCAT 5 – Sport Concussion Assessment Tool – 5th Edition, found here: <http://bjsm.bmj.com/content/bjsports/51/11/851.full.pdf>
 - (d) Child – SCAT5- Sport Concussion Assessment Tool (for children ages 5-12 years), found here: <http://bjsm.bmj.com/content/bjsports/early/2017/04/28/bjsports-2017-097492childscat5.full.pdf>
 - (e) Concussion in Sport Australia Position Statement (November 2018) (Elkington, Manzanero and Hughes), found here: https://www.concussioninsport.gov.au/home#position_statement
 - (f) Graduated Return to Play Protocol (Annexure 1 to this Concussion Policy); and
 - (g) Graduated Return to Play Protocol – Children and Adolescents (Annexure 2 to this Concussion Policy).

10. DEFINITIONS

- 10.1 In this Concussion Policy:
- Club** means any entity admitted by FA to field a team in a Competition.
- Competition** has the meaning prescribed in paragraph 1.1 of this Concussion Policy.
- Competition Participant** means a Club, Player or Official.
- Graduated Return To Play Program** means the program prescribed in Annexure 1 of this Concussion Policy.

Graduated Return To Play Program – Children and Adolescents means the program prescribed in Annexure 2 of this Concussion Policy.

Laws of the Game means the Laws of the Game issued by the International Football Association Board.

Match means any match played as part of a Competition and any other FA sanctioned match in which a Club participates.

Match Assessor means the individual appointed by FA to a Match to assess the Referee, the assistant referees and/or the fourth official.

Match Commissioner means the individual appointed by FA for a Match to ensure that the minimum match day standards applying to the relevant Competition are adhered to.

Match Official means the Referee, assistant referee, fourth official, Match Commissioner and Match Assessor appointed by FA to assume responsibility in connection with a Match.

Official means:

- (a) a Match Official;
- (b) a Team Official; or
- (c) an employee, consultant, officer or director of FA or a Club.

Player means any person who has been, or is eligible to be, registered by FA with a Club to play in a Competition.

Referee means the Match Official appointed by FA with the primary responsibility of officiating a Match in accordance with the Laws of the Game.

Return to Play Declaration means the declaration prescribed in Annexure 2 of this Concussion Policy.

Team Doctor means the person employed, engaged or appointed to be the nominated team doctor for a Club for a Match who is duly registered with FA.

Team Official means any person involved with:

- (a) the administration, management or organisation of a Club (whether paid or unpaid), including employees, contractors, consultants, officers and directors and representatives; or
- (b) the management, preparation or participation of a Club's team (whether paid or unpaid), including the coaches, managers, medical staff (including Team Doctor), Team Physiotherapist, gear persons and other support staff.

Team Physiotherapist means the person employed, engaged or appointed by the Club charged with the primary responsibility for the Club's Player injury management and prevention for a Match who is duly registered with FA.

11. ENFORCEMENT

- 11.1 This Concussion Policy will be effective immediately upon promulgation by FA (**Effective Date**) and any amendments made to this Concussion Policy come into effect immediately upon promulgation of such amendments by FA.
- 11.2 Competition rules may specify that a Club's ongoing compliance with this Concussion Policy is a requirement for eligibility to participate in the relevant Competition.
- 11.3 A Club is responsible, and liable, for the conduct of its Players and Officials. Therefore, a Club may be sanctioned by FA for a breach of this Concussion Policy by:
 - (a) the Club; or
 - (b) one of the Club's Players or Officials.

12. NOTICE AND DISCIPLINARY SANCTIONS

- 12.1 Each Club, Player and Official acknowledges that:
- (a) in order to meet the stated objectives of this Concussion Policy, their terms must be strictly complied with and their spirit and intent honoured; and
 - (b) FA, as the competition administrator of the Competitions, may enforce this Concussion Policy by imposing disciplinary sanctions on a party if it has breached the terms of these Regulations.
- 12.2 FA may impose a disciplinary sanction on a party that has breached the terms of this Concussion Policy by FA, as the competition administrator of the Competitions, giving the party alleged to have breached these Regulations:
- (a) reasonable and sufficient notice in writing of each and every particular of the alleged breach;
 - (b) notice in writing of possible sanctions; and
 - (c) the opportunity in writing to make submissions in relation to that alleged breach and possible sanctions.
- 12.3 The disciplinary sanctions that FA, as the competition administrator of the Competitions, may impose for the breach by a party of this Concussion Policy are as specified in the Constitution.
- 12.4 After considering any written response provided by a party, FA may:
- (a) determine that a breach of this Concussion Policy has occurred; and
 - (b) impose a disciplinary sanction or sanctions,
- and will then notify the party in writing of that determination.
- 12.5 Each party bound by this Concussion Policy submits exclusively to the jurisdiction of the FA Grievance Procedure and may appeal a determination made, or a sanction imposed, by FA under clause 12.4, to the FA Disciplinary and Ethics Committee in accordance with the Judicial Bodies By-Law provided that it does so within seven (7) Business Days of notice of the sanction or determination.
- 12.6 FA may excuse:
- (a) a Club, Player or Official from liability if that party ought reasonably and fairly be excused, wholly or partly, from that liability on such terms as FA thinks fit;
 - (b) a Player from liability on such terms as FA thinks fit in consideration of the Player's co-operation and assistance in establishing a breach of this Concussion Policy by any Player, Club or Official; and
 - (c) an Official from liability on such terms as FA thinks fit in consideration of the Official's co-operation and assistance in establishing a breach of this Concussion Policy by any Club, Player or Official.

Annexure 1 – Graduated Return to Play Program

Rehabilitation Level	Functional exercise at each stage of rehabilitation	Objective of each stage
Level 1 No activity for a minimum 24 hours following the injury where managed by a medical practitioner, otherwise minimum 14 days following the injury	Complete physical and cognitive rest without symptoms. Only proceed to level 2 once ALL symptoms have resolved for a full 24-hour period.	Recovery
Level 2 Light aerobic exercise during 24-hour period	Walking, swimming or stationary cycling keeping intensity, <70% maximum predicted heart rate. No resistance training. Symptom free for a full 24-hour period following the commencement of level 2.	Increase heart rate
Level 3 Sport-specific exercise during 24-hour period	Running drills. No head impact activities. Symptom free for a full 24-hour period following the commencement of level 3.	Add movement
Level 4 Non-contact training drills during 24-hour period	Progression to more complex training drills, e.g. passing drills. May start progressive resistance training. Symptom free for a full 24-hour period following the commencement of level 4.	Exercise, coordination, and cognitive load
Level 5 Full Contact Practice during 24-hour period	Following medical clearance participate in normal training activities. Symptom free for a full 24-hour period following the commencement of level 5.	Restore confidence and assess functional skills by coaching staff
Level 6 Return To Play	Return to play if remain symptom-free a minimum of 24 hours after full contact practice.	Player rehabilitated and recovered

NOTE: The above is subject always to paragraph 8.2 of this Concussion Policy, in particular, the requirement that a minimum of 192 hours (eight days) must have lapsed since the incident before the Player can play a Match.

Annexure 2 – Graduated Return to Play Program – Children and Adolescents

Should the child or adolescent (athlete) experience a recurrence of any concussion symptoms at any level below, unless otherwise advised by the suitably qualified medical professional managing the Graduated Return to Play Program – Children and Adolescents, the athlete must at least return to the immediately preceding level until they are able to complete that level symptom-free.

Rehabilitation Level	Functional exercise at each stage of rehabilitation	Objective of each stage
Level 1 No activity for a minimum 24 hours following the injury where managed by a medical practitioner, otherwise minimum 14 days following the injury	Complete physical and cognitive rest without symptoms. Only proceed to level 2 once ALL symptoms have resolved for a full 24-hour period.	Recovery
Level 2(a) Graduated return to learning activities – must return to school or regular learning environment at least part-time	<p>Typical activities and cognitive work that the athlete does during the day, such as reading, writing and / or working on a screen, that do not cause the athlete symptoms.</p> <p>Athlete may need to commence these activities at home. The athlete may not progress to commence level 2(b) until the athlete has at least returned to the school or typical learning environment part-time.</p> <p>On returning to school or learning environment part-time, the athlete may require increased breaks or time to complete tasks.</p>	Gradual return to typical activities and cognitive work
Level 2(b) Light aerobic exercise during at least 24-hour period symptom-free	Walking, swimming or stationary cycling keeping intensity, <70% maximum predicted heart rate. No resistance training. Symptom free for a full 24-hour period following the commencement of level 2(b).	Increase heart rate
Level 3(a) Continued graduated return to learning activities – return to school full-time	Increased learning activities and cognitive work and return to the school or learning environment full-time. Athlete may require additional breaks or increased time to complete tasks.	Increased learning activities and cognitive work and return to learning environment full-time

Rehabilitation Level	Functional exercise at each stage of rehabilitation	Objective of each stage
	Athlete must at least have returned to the school or learning environment full-time, manage the increase in learning activities and cognitive work and be symptom-free to commence level 3(b).	
Level 3(b) Sport-specific exercise during at least 24-hour period symptom-free	Running drills. No head impact activities. Symptom free for a full 24-hour period following the commencement of level 3(b).	Add movement
Level 4(a) Return to school or learning environment full-time and full academic activities symptom-free	Athlete must be able to tolerate full-time academic activities with no amendments or alterations and catch up on missed work prior to commencing level 4(b).	Return to full learning activities and cognitive load with no amendments or alterations
Level 4(b) Non-contact training drills during 24-hour period	Progression to more complex training drills, e.g. passing drills. May start progressive resistance training. Symptom free for a full 24-hour period following the commencement of level 4(b).	Exercise, coordination, and cognitive load
Level 5 Full Contact Practice during a 24-hour period symptom free	Following medical clearance participate in normal training activities. Symptom free for a full 24-hour period following the commencement of level 5.	Restore confidence and assess functional skills by coaching staff
Level 6 Return To Play – must be at least 14 days from the resolution of symptoms	Return to play if remain symptom-free a minimum of 24 hours after full contact practice.	Player rehabilitated and recovered

Annexure 3 – Concussion Return to Play Declaration

Player:

Club:

Date of Concussion:

Match in which concussed:

Once a Player has been diagnosed as having suffered concussion, the Player cannot return to play in a competitive match unless and until they have been cleared to play by the Head Club Doctor or nominated delegate.

The decision on whether a Player is fit to return to play in a competitive football match must be made solely by the Head Club Doctor or nominated delegate and in accordance with the FA Concussion Policy, including by following the Graduated Return To Play Program or Graduated Return To Play Program – Children and Adolescents.

In order for the Player to be able to play in a competitive match under the auspices of FA:

1. the Head Club Doctor or nominated delegate must sign this certificate confirming that the Player will be fit to resume playing competitive football on and from the date of the match; and
2. the signed declaration must be received by FA prior to the match.

Head Club Doctor Declaration:

I confirm that:

1. I have assessed the Player's rehabilitation from concussion in accordance with the FA Concussion Policy;
2. the Player has progressed through the Graduated Return To Play Program or Graduated Return To Play Program – Children and Adolescents; and
3. in my medical opinion, the Player will be fit to return to competitive play on

Head Club Doctor:

Signature: Date:

Address:

Phone No.:

Club CEO Declaration:

I confirm that:

1. the Club has complied with the FA Concussion Policy, including the Graduated Return To Play Program or Graduated Return To Play Program – Children and Adolescents;
2. the Club has received medical advice from the Head Club Doctor or nominated delegate in accordance with the Head Club Doctor's declaration above.

Club CEO:

Signature:

Date:

Please note: This form must be sent by the Club and received by FA's Competitions Department at least two (2) hours prior to the Player returning to competitive play.