

Head Concussion Injury Form

Please go to the Game Day Room to copy the completed form for your records and email to managers@burpengaryjets.com for our Club's Records. First Aid Officer is to take a Photo.



Date...../...../.....Time.....am/pm

*** PLAYERS COPY ***

Name.....Age.....NRL ID No.....

Team.....Manager.....Venue.....

*This player sustained a Head Injury whilst playing Rugby League

The Sports Trainer/First Aid/Ambulance Officer in attendance has diagnosed the player with concussion with No Return to Play. The section below is to be completed, signed and Photo taken by the Head Sports Trainer.

Tick/Circle relevant Symptoms or write any other Significant Observations in the space provided below.

• Burning, numbness, tingling or weakness in arms/legs is a potential spinal cord symptom. **Call: 000**

- | | | | | | |
|--|-------------|---|-----------------|---|---------------|
| <input type="checkbox"/> Dizziness/Confusion | MILD | <input type="checkbox"/> Pressure in Head | MODERATE | <input type="checkbox"/> Unconscious | SEVERE |
| <input type="checkbox"/> Change in behaviour | | <input type="checkbox"/> Balance Problems | | <input type="checkbox"/> Bad Headache | |
| <input type="checkbox"/> Feeling Foggy/Tired | | <input type="checkbox"/> Fatigue/Drowsiness | | <input type="checkbox"/> Neck Pain/Tenderness | |
| <input type="checkbox"/> Changes in emotions | | <input type="checkbox"/> Sensitive to light/noise | | <input type="checkbox"/> Vomiting/Double Vision | |
| <input type="checkbox"/> Nervousness/Anxiety | | <input type="checkbox"/> Disorientation/Facial Injury | | <input type="checkbox"/> Problems with memory | |
| <input type="checkbox"/> Dazed or blank/vacant stare | | <input type="checkbox"/> Problems with concentration | | <input type="checkbox"/> Seizures/Fit/Convulsions | |

| Immediate Care | Y | N | Removal from field | Y | N | Emergency Care | Y | N |
|----------------------|---|---|--------------------|---|---|-------------------|---|---|
| Treated on Field | | | Walked | | | Taken to Hospital | | |
| Concussion Diagnosis | | | Assisted/Stretcher | | | Ambulance Called | | |

The nature of the Head Injury, significant observations and any other immediate care given was as follows:

.....

Player must present to a Hospital or Doctor with-in 1-2 hours if an Ambulance is not called.

P.T.O. for Referral to Hospital:.....Doctor:.....

⇒Sports Trainer:.....Signature:.....

*If any of the above symptoms are present a **Medical Clearance** (below) is Required to Return to Play.

RETURN TO PLAY Important: **Post concussion information** on the back of this page.

48 HOURS OF COMPLETE REST BOTH PHYSICAL & MENTAL *FOR 19yrs+ SEE COACHES/MANAGERS TAB FOR RTP STAGES. RETURN TO SCHOOL/WORK WITHOUT SYMPTOMS BEFORE STARTING A RETURN TO PLAY PROGRAM. CHILDREN UNDER 19 YEARS OLD WILL TAKE FOURTEEN DAYS TO COMPLETE THE RTP PROGRAM.

1. SYMPTOM-LIMITED ACTIVITY (DAY 3-4) Back to School

Normal daily activities that do not make symptoms worse

2. LIGHT AEROBIC EXCERSISE (DAY 5-6)

Walking or exercise bike (slow to medium pace)

3. SPORT SPECIFIC EXCERSISE (DAY 7-8)

Running Drills (no contact activities)

4. NON-CONTACT TRAINING DRILLS (DAY 9-10)

Progress to more complex passing drills, light weights

5. FULL CONTACT TRAINING (DAY 11-12-13-14)

Tackling practise only after full Medical clearance

6. RETURN TO PLAY DAY 15 (AFTER 14 DAYS)

Normal Game/Match play

The player must take this form to the Doctor they originally saw to receive a medical clearance for a Return to Play. This is the only medical clearance form that will be recognized by the Burpengary Jets JRLFC.

Declaration of Fitness to Return to Rugby League

I have examined.....(player) on/...../.....and,

having considered the nature, severity, and circumstances of his/her recent Injury, declare

him/her to be medically fit to return to training and playing Rugby League for Burpengary Jets

as of/...../..... Signed: Date:/...../.....

Doctors Name: Provider Number:

IMPORTANT This document is to be returned by the Player to his Team Manager and then forwarded on by email to managers@burpengaryjets.com for the Club's records. (1 hour prior to your Game)



POST CONCUSSION

POST CONCUSSION INJURY ADVICE – For the person monitoring the injured player:

Recovery time from concussion is variable and signs and symptoms can evolve over minutes or hours. It is normal for concussion to set in 2 hours after a head injury and new/different symptoms can present.

- **Not to be left alone initially (at least 2 hours)**
- **NO alcohol or driving until medically cleared**
- **NO medications such as sleeping pills, aspirin, anti-inflammatories, or sedating pain killers.**

GRADUATED RETURN TO PLAY – AFTER initial rest (Physical and Mental) of at least 24-48 hours

- 6 stages – refer to Head Concussion Injury Form
- Proceed to next level if symptom free
- If any symptoms return, rest for 24 hours and start at prior asymptomatic stage once symptom free again.
- Stage 5 of RTP, full contact training on day 11,12,13,14 if medically cleared, is to have tackle technique checked and to build confidence in Returning to Play.

The **minimum standard** is that a player **must** be symptom free at rest and on exertion, returned fully and successfully to school/work, determined to have returned to baseline level of cognitive performance, and is confident and comfortable to return to play.

HOSPITALS

Redcliffe Hospital

Anzac Avenue
REDCLIFFE QLD 4020
Phone: (07) 3883 7777
(entry via Mewett Street)

Caboolture Hospital

97-120 McKean Street
CABOOLTURE QLD 4510
Phone: (07) 5433 8888

DOCTORS

Murrumba Downs Medical & Dental Centre

Corner Dohles Rocks Road & Goodrich Road West,
Murrumba Downs
Phone: 07 3049 900
Hours: Mon-Fri 7am-10pm, Sat-Sun 8am-10pm

Health Hub Morayfield

19-31 Dickson Road
Morayfield QLD, 4506
PH: 07 5322 4900
Hours: Mon - Sun 8:00 AM – 8:00 PM

Redcliffe GP Super Clinic

106 Anzac Ave, Redcliffe
Ground Floor, Moreton Bay Integrated Care Centre
Phone: 07 3480 4100
Hours: Mon-Fri 8am-11pm, Sat-Sun 8:30am-11pm

Morayfield Road Medical & Dental Centre

52-58 Morayfield Road, Morayfield
Phone: 07 5316 7777
Mon-Fri 7am-10pm, Sat-Sun 8am-10pm

Recognise/Remove/Referral-IF IN DOUBT SIT THEM OUT.

Steps to be followed after a HEAD knock at Training:

1. **SIT THE PLAYER OUT** for the rest of the training session.
2. Provide an **ICE PACK** from the First Aid Room.
3. Complete a **Head Concussion Injury Form**. Take a photo/copy and give the form to the parent. ***IMPORTANT Post Concussion** information on the back.
4. **Refer to Hospital/Doctor**-If the child shows any of the **severe symptoms** from our Head Concussion Injury form you must ring an ambulance **-000-** immediately. If there is any mild to moderate symptoms, any **immediate symptoms** or unusual behaviour they must go straight to the **Hospital/Doctor**. If a Concussion is diagnosed by a **Doctor**, they must complete a graduated Return to Play program. If the **Doctor** ticks No to a Concussion diagnosis, this forms medical certificate must be completed before they can RTP/Training.
5. If there are **no immediate signs or symptoms of concussion** and none appear before their next training session (48 Hours) the player can return to play or training. Only **tick NO** to concussion if no concussion symptoms appear in the next 48 hours. If concussion symptoms do appear, they need to go to a Hospital or Doctor immediately.

**Send your Team Manager a photo, or a copy, who will forward onto the club for their records. The Team Manager is to follow up on a player's progress before they can Return to Play.*