

## Concussion Policy for Australian Mounted Games Association (AMGA)

Based on the government initiative of "If in doubt, sit them out" and the EA concussion policy  
[https://www.equestrian.org.au/sites/default/files/EA%20Concussion%20Protocols%20-%20Athlete%20Briefing%20June%202019\\_0.pdf](https://www.equestrian.org.au/sites/default/files/EA%20Concussion%20Protocols%20-%20Athlete%20Briefing%20June%202019_0.pdf)  
<https://concussioninsport.gov.au/>

If a rider has a heavy fall or hits their head during the fall they will be assessed by the AMGA First Aid Officer of the day.

The following steps will be followed:

**A)** If the rider has lost consciousness, however briefly, they will be sat out and it will be recommended that they seek medical advice. (If unconscious for a while, rider/ parents will be told that it is recommended that an ambulance be called, or First Aider will arrange for ambulance to be called.)

-They will be given a note outlining symptoms to watch out for (for concussion or delayed concussion) and explaining that:

-They will not be allowed to ride again until 6 days have passed (rider over 18.) or 14 days have passed (rider 18 and under) **AND** they have a doctor's certificate clearing them to ride.

**B)** If they have not lost consciousness

They will be observed for signs of concussion using the following steps

Found in

[https://sportconcussion.com.au/wp-content/uploads/2016/02/Concussion\\_Recognition\\_Tool5.pdf](https://sportconcussion.com.au/wp-content/uploads/2016/02/Concussion_Recognition_Tool5.pdf) (CRT5)

**1)** Symptoms as in step 1 (of CRT5) – parents/rider will be told that it is recommended that an ambulance be called, or First Aider will arrange for ambulance to be called

**2)** Symptoms as shown in Step 2 and 3 (of CRT5)- (through observation and/or questioning) will mean

**a)** rider will be sat out and it will be recommended that they (or parents seek medical advice.

**b)** rider/parent will be given a note outlining symptom to watch out for (for concussion or delayed concussion) and explaining that:

**c)** They will not be allowed to ride again until 6 days have passed (rider 18 and over.) or 14 days have passed (rider under 18) **AND** they have a doctor's certificate clearing them to ride.

**3)** Rider (over 12) will be asked a series of 5 questions which may include

"What day is it?"

"What grounds are we at?"

"What is your horse's name?"

"What was the race you were just competing in?"

"What type of competition are we doing today?" (indis, pairs, teams)

"What colour is the helmet cover you are wearing this session?"

If the rider is unable to answer the above questions the First Aider may decide that there is evidence of a

possible suspected concussion and follow the steps in **a) and b)** above.

**Once the decision to sit out the rider is made:**

The First Aider will give the rider/parent the attached letter

Will complete an accident/incident form

Will inform the Branch Secretary of the above.

The Branch Secretary will inform the organiser of the following competition/s of the incident and ensure that the organizer understands that the rider cannot return without a doctor's clearance and the time frame in which they can return.

Dear Parent/Rider

AMGA (following government guidelines) thinks

that you/you child have a suspected concussion and should:

- remain in the company of a responsible adult (observe for signs of drowsiness, nausea, vomiting, don't feel right, continuing or worsening headache, blurred vision etc- See CRT5) -not be allowed to drive
- not drink alcohol -check your/their
- medications with a doctor. -not take any recreational or prescription drugs (this includes pain killers and anti-inflammatories)

**\*Your/your child's doctor may suggest**

You/your child should have immediate physical and mental rest; this allows the brain to 'rest' and helps recovery.

To properly rest, time off school or work may be needed. Mental rest may include refraining from playing computer games, reading and watching television.

NB Research shows that children and adolescents aged 18 years or younger take longer to recover from concussion

**\*Returning to competition**

If you/your child have been sat out of a competition/training because of concussion or suspected concussion you will not be allowed to compete until

You have a medical clearance (certificate) from your doctor saying that you/your child is cleared to ride. You must present a copy of this on your return)

**AND**

A period of 6 days has passed since the incident if you are 19 or over, or a period of 14 days has passed if you/your child is 18 or under.

## CONCUSSION RECOGNITION TOOL 5®

To help identify concussion in children, adolescents and adults



### RECOGNISE & REMOVE

Head impacts can be associated with serious and potentially fatal brain injuries. The Concussion Recognition Tool 5 (CRT5) is to be used for the identification of suspected concussion. It is not designed to diagnose concussion.

#### STEP 1: RED FLAGS – CALL AN AMBULANCE

If there is concern after an injury including whether ANY of the following signs are observed or complaints are reported then the player should be safely and immediately removed from play/game/activity. If no licensed healthcare professional is available, call an ambulance for urgent medical assessment:

- Neck pain or tenderness
- Double vision
- Weakness or tingling/ burning in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness
- Deteriorating conscious state
- Vomiting
- Increasingly restless, agitated or combative

#### Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Assessment for a spinal cord injury is critical.
- Do not attempt to move the player (other than required for airway support) unless trained to do so.
- Do not remove a helmet or any other equipment unless trained to do so safely.

If there are no Red Flags, identification of possible concussion should proceed to the following steps:

#### STEP 2: OBSERVABLE SIGNS

Visual clues that suggest possible concussion include:

- Lying motionless on the playing surface
- Slow to get up after a direct or indirect hit to the head
- Disorientation or confusion, or an inability to respond appropriately to questions
- Blank or vacant look
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Facial injury after head trauma

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#### STEP 3: SYMPTOMS

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

#### STEP 4: MEMORY ASSESSMENT

(IN ATHLETES OLDER THAN 12 YEARS)

Failure to answer any of these questions (modified appropriately for each sport) correctly may suggest a concussion:

- "What venue are we at today?"
- "Which half is it now?"
- "Who scored last in this game?"
- "What team did you play last week/game?"
- "Did your team win the last game?"

#### Athletes with suspected concussion should:

- Not be left alone initially (at least for the first 1-2 hours).
- Not drink alcohol.
- Not use recreational/ prescription drugs.
- Not be sent home by themselves. They need to be with a responsible adult.
- Not drive a motor vehicle until cleared to do so by a healthcare professional.

The CRT5 may be freely copied in its current form for distribution to individuals, teams, groups and organisations. Any revision and any reproduction in a digital form requires approval by the Concussion in Sport Group. It should not be altered in any way, rebranded or sold for commercial gain.

**ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY, EVEN IF THE SYMPTOMS RESOLVE**

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