

# **BMX SPORTS WESTERN AUSTRALIA**

## **CONCUSSION POLICY**



Concussion refers to a disturbance in brain function that results from trauma to the brain. Usually the changes are temporary and the majority of athletes recover completely if managed correctly.

## INTRODUCTION

BMX Sports Western Australia will encourage all Clubs and Members to adopt the following practices to prevent, recognise and manage concussion.

### BMX SPORTS WESTERN AUSTRALIA CONCUSSION POLICY

- This policy will be available to all members
- Appropriate first aid equipment will be made available at all training and competition sessions.
- Appropriate first aid trained personnel will be in attendance at all training and competition sessions.
- Clubs to ensure injury/accident report forms are completed and a copy kept as part of the club records.
- A Pocket Concussion Recognition Tool will be included in all first aid kits.
- Clubs will utilise all available Concussion Management Resources including the Concussion Poster and the Guidelines for Parents/Athletes.
- All riders assessed to have a concussion by a registered medical doctor must present a return to ride clearance form to your nominated club official.
- This concussion policy will be reviewed and updated as required.

## Race Day Management

The most important steps in the initial management of concussion include;

1. Recognising the injury
2. Removing the rider from the race
3. Referring the rider to a medical doctor for assessment.

### 1. Recognising the injury

Any one or more of the following can indicate a possible concussion:

- Loss of consciousness
- Dazed, blank or vacant look
- Headache, blurred vision, dizziness
- Confused/not aware of plays or events
- Balance problems (unsteadiness)
- Lying motionless on ground/slow to get up
- Grabbing or clutching head

Tool such as the Pocket Concussion Recognition Tool can be used to help recognise concussion.

It is important to note however that brief sideline evaluation tools are designed to recognise a concussion but they cannot replace a comprehensive medical assessment.

### 2. Removing the rider from the race

**Initial management must adhere to the first aid rules, including airway, breathing, circulation and spinal immobilisation.**

Any rider with a suspected concussion must be removed from the race. (See section below for management of the unconscious rider).

Removing the rider from the race allows the opportunity to properly evaluate the rider.

**Any rider who has suffered a concussion, or has been suspected of suffering a concussion, must not be allowed to return to ride for the rest of the day.**

It is important not to be influenced by the rider, coaching staff, trainers, parents or any others suggesting that they return to ride. **If there is any doubt, sit them out!**

With unconscious riders, the rider must only be moved (onto the stretcher) by qualified health professionals, trained in spinal immobilisation techniques. If no qualified health professional is on site, then do not move the rider – call and await arrival of the ambulance.

### 3. Refer the rider

All riders with concussion or a suspected concussion need a medical assessment by a registered medical practitioner.

The rider should be sent to a local general practice or local hospital emergency department.

Urgent transfer to hospital is required if the rider displays any of the following symptoms:

- Loss of consciousness or seizures
- Confusion
- Deterioration following their injury (eg vomiting, increased headaches or drowsiness)
- Neck pain or spinal cord symptoms (eg numbness, tingling or weakness)

If there is any doubt on the rider's condition they should be referred to hospital.

## Follow up Management

### 4. Rest

Rest is very important after a concussion because it helps the brain to heal. Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days or even weeks. A more serious concussion can last for months or longer. It is important that athletes do not ignore their symptoms and in general a more conservative approach be used in cases where there is any uncertainty.

### 5. Return

A concussed athlete must not be allowed to return to racing/training before having a medical clearance. In every case, the decision regarding the timing of return racing/training should be made by a medical practitioner with experience in managing concussion.

Riders should not return to riding until they have been assessed by a medical practitioner.

Riders should be returned to sport in a graduated manner that should be supervised by their medical practitioner.

For example:

- Rest until all symptoms resolve
- Light aerobic activity 24 hours after symptoms resolve
- Light non-contact training (eg wind trainer)
- Non-contact training drills
- Full contact training
- Return to ride or race

It is important to note there should be approximately 24 hours between stages.

If a rider becomes symptomatic at any stage they should drop back to the previous symptom free level and try to progress again after 24 hours.

If a rider continues to be symptomatic for more than 10 days they should be reviewed again by a medical practitioner.