National Concussion Policy

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Policy last reviewed and updated by the AT Board:	
Next policy Review Date:	
Responsible Person:	Board

1 Purpose

The purpose of the Australian Taekwondo (AUSTKD) Concussion Policy is to provide standardised procedures for recognising and managing suspected and diagnosed concussions for all levels of taekwondo competition organised by AUSTKD and its affiliated state and territory associations (i.e. AUSTKD Northern Territory, AUSTKD Queensland, AUSTKD Australian Capital Territory, AUSTKD New South Wales, AUSTKD South Australia, AUSTKD Tasmania, AUSTKD Victoria, and AUSTKD Western Australia).

The Policy is intended to ensure that all matters related to concussion recognition and management in the competition setting are conducted in a fair and orderly manner to maximise the safety of athletes.

The policy will cover competition and in-training concussion management processes, roles and responsibilities for concussions management and advice within Australian Taekwondo and what guidance AUSTKD will refer to and provide itself.

2. Background

It has been identified through the AUSTKD Medical Committee and an initial survey completed by Southern Cross University titled 'Understanding Concussion in Australian Taekwondo: Athlete Knowledge, Behaviours, and Implications for Practice' that Australian Taekwondo needs to continually educate members on new research and approaches to managing concussion. The findings from the survey indicated moderate to high levels of symptom knowledge, particularly in recognising common indicators such as dizziness and headache. The survey also revealed concerning behaviours by athletes which included underreporting of symptoms and a premature return to sport (training and competition). Approximately one-third of survey participants admitted to concealing concussion symptoms from medical professionals and/or coaches. While most athletes trust medical guidance and acknowledged the seriousness of concussion, gaps in applied understanding and practice remain.

AT has developed and implemented processes that direct increased safety and oversight around the recognition and management of concussion or suspected concussion, including this Concussion Management Process.

These processes include:

- all members of the Australian Taekwondo Community are responsible for recognising the signs/symptoms of concussion (or suspected concussion) and the appropriate management of concussion
- Players are removed from play and training for both confirmed and suspected concussion.
- Confirmed and suspected concussion are treated identically by AT processes.
- At events concussion is managed at the lead medical practitioner level (i.e., an athlete is not permitted to participate in competition for the minimum stand down period by the Medical Lead and the player is not permitted to return to play until

appropriate medical review and clearance has been received by the competition manager).

- Relevant documentation must be submitted to Australian Taekwondo.
- The AT concussion management tool must be completed for every case of confirmed and suspected concussion.

3. Overview

3.1 What is Concussion? Concussion is a brain injury that causes a disturbance of brain function. Children and adolescents are more susceptible to concussion, take longer to recover, have more significant memory and mental processing issues, and are more susceptible to rare and dangerous neurological complications, including death caused by a single or second impact. All concussions or suspected concussions must be taken seriously but children and adolescents must be treated more conservatively than adults. Concussion usually follows a head impact but can occur with impact to other parts of the body. Symptoms can come on at any time but occur usually within 24-48 hours following a collision. Concussion can occur without the player being “knocked out” i.e. losing consciousness. However, if a player is “knocked out” they have suffered a concussion. Most concussions recover with both physical and mental rest followed by a graduated process of return to activities of daily life before returning to sporting activities. However, concussion that is ignored or not recognised can be fatal. All players with potential head injury or concussion or suspected concussion must be removed from the field and are not permitted to return to play or any training on the same day.

4. Policy Categories

This policy covers the below categories of concussion management and guidance in Taekwondo:

4.1 In-competition Concussion Protocol:

In-competition concussion management at AT sanctioned events. This protocol is the process to be followed in the event that a concussion is assessed in a competition.

See Appendix 1 for the concussion protocols.

4.2 In-training Concussion Protocol:

Management of concussion from training

4.2.1 Any concussions observed in training must be reported via the AT Concussion Management Tool

4.2.2 If an athlete has a suspected concussion from training a medical Doctor must be sought out to complete a concussion assessment.

4.2.3. If a concussion is confirmed the AT Return to Play Protocol must be adhered to.

4.3 Return-to-activity After Concussion Protocol:

4.3.1 Any contestant who is diagnosed with concussion will receive 30 days medical suspension if they are aged 18 years and older (senior), 40 days medical suspension if they are aged 15 to 17 years (junior), or 50 days medical suspension if they are aged 12 to 14 years (cadet), and 60 days medical suspension if they are aged 11 years or younger.

4.3.2 Appendix 2 outlines the full guideline for returning to activity

5.4 Roles and Responsibilities within Australian Taekwondo

5.3.1 The below table outlines the roles and responsibilities of Australian Taekwondo in the guidance and policy making around concussion at all levels for Australian Taekwondo.

GROUP	ROLE AND RESPONSIBILITY
Australian Taekwondo Medical Committee	1. Guidance and resource development for the AT community 2. Advise AT Board on policy making 3. Provide specific advice when requested 4. Keep up to date with changes in concussion research and guidance from WT and the AIS 5. Develop resources, education and guidance notes for the AT community
AT Board and FARM	1. Policy approval in relation to Concussion Management in AT 2. Risk assessments 3. Leadership within AT community
AT Staff	1. Implementation of concussion policy 2. Draft resources as guided by medical committee 3. Integrate concussion advice into AT courses
AT Committees	1. Provide input into Medical Committee where necessary

4.4 Information sources and guidance

4.4.1 The Australian Taekwondo Medical Committee will be the policy and education lead for Australian Taekwondo advising the Board and members.

4.4.2. The Medical Committee will synthesise the latest information from the scientific literature, World Taekwondo and the AIS.

5. Sanctions

The concussion procedures outlined in this document are an Australian Taekwondo Policy and covers all members. Intentional or reckless disregard for this may result in disciplinary action pursuant to Australian Taekwondo's Code of Conduct and be referred to the board.

APPENDIXES

APPENDIX 1 IN-COMPETITION CONCUSSION PROTOCOLS

ON-MAT - Procedures to be followed during the contest (on-mat)

This protocol is to be applied to any AT sanctioned events. A contest in a sanctioned event must be suspended if any contestant is suspected to have incurred a concussion during the contest. When the contest is to be suspended due to a suspected concussion, the following measures described below shall be observed.

1. If the centre referee or commissioned medical doctor (or medical associate) determines that a contestant shows any observable sign of concussion after an impact to the head, neck, or body, then the centre referee shall suspend the contest, order timekeepers to stop the clock, and call for the commissioned medical doctor (or medical associate).

    1.1. Observable signs of concussion include: loss of consciousness (e.g. no protective action when falling; lying motionless; unresponsive); seizures, fits, or convulsions; disorientation or confusion; dazed, blank, or vacant look; balance problems or motor incoordination (e.g. staggering, stumbling, wobbly/unsteady gait); slow or laboured movements; facial injury after head trauma; and high-risk mechanism of injury (e.g. forceful spinning heel kick to the head).

    1.2. If observable signs of concussion are observed by the commissioned medical doctor (or medical associate), but not the centre referee, then the commissioned medical doctor (or medical associate) may signal the Referee Chair who in turn will signal the centre referee to suspend the contest.

2. The centre referee shall allow the commissioned medical doctor (or medical associate) one minute to conduct an immediate on-court concussion screening assessment; however, the commissioned medical doctor (or medical associate) may request more time (up to two minutes), if required.

3. The commissioned medical doctor (or medical associate) shall deem the contestant to have a suspected concussion when the immediate on-court concussion screening assessment indicates one or more positive indications of suspected concussion.

    3.1. Positive indications for suspected concussion include: Glasgow Coma Scale score less than 15; one or more observable signs of concussion (see 1.1 for a list of observable signs); motor incoordination (i.e. finger-to-nose test) or oculomotor function abnormality (i.e. smooth pursuits and saccades); and incorrect response to one or more modified Maddocks questions.

    3.2. Positive indications may only rule in suspected concussion; an absence of positive indications cannot rule out the possibility of concussion.

4. Team doctors, coaches, and court officials may not be allowed to interfere with the immediate on-court screening assessment by the commissioned medical doctor (or medical associate), nor may team doctors, coaches, and court officials be allowed to

overrule a determination of suspected concussion by the commissioned medical doctor (or medical associate).

5. The centre referee may not be allowed to resume the contest if the commissioned medical doctor (or medical associate) determines that a contestant has a suspected concussion.

OFF-MAT - Procedures to be followed after the contest (off-mat)

When a contest is stopped due to any contestant having a suspected concussion, the following measures described below shall be observed.

1. Except for medical emergencies requiring referral to hospital, any contestant with suspected concussion must be evaluated by the commissioned medical doctor at the venue medical room immediately after the contest.

    1.1. The commissioned medical doctor (or medical associate) must perform a comprehensive off-court concussion evaluation using the Sports Concussion Assessment Tool Version 6 (SCAT6) Off-Field Assessment for athletes aged 13 years or older or the Child SCAT6 Off-Field Assessment for athletes aged 8 to 12 years within 30 minutes of the incident.

    1.2. The diagnosis of concussion is ultimately based on the clinical judgement by the commissioned medical doctor (or medical associate) using the following diagnostic criteria: (1) a biomechanically plausible mechanism of injury; (2) either one or more observable clinical signs, or two or more acute symptoms and one or more clinical examination findings; and (3) observable clinical signs and acute symptoms not better accounted for by confounding factors.

2. Any contestant with a suspected concussion may not be permitted to return to competition on the same day as the suspected concussion, irrespective of the results of the comprehensive off-mat concussion evaluation and whether they were diagnosed with a concussion.

APPENDIX 2 - Return to Activity Guidelines

1. Any contestant who is diagnosed with concussion will receive 30 days medical suspension if they are aged 18 years and older (senior), 40 days medical suspension if they are aged 15 to 17 years (junior), or 50 days medical suspension if they are aged 12 to 14 years (cadet), and 60 days medical suspension if they are aged 11 years or younger. The mandatory medical suspension period cannot be shortened under any circumstances.

    1.1. Any contestant who is diagnosed with a second concussion within 90 days will receive 90 days medical suspension.

    1.2. Any contestant who is diagnosed with a third concussion within 180 days will receive 180 days medical suspension.

2. Any contestant who is diagnosed with concussion will need to complete a standardised graduated return-to-sport protocol and receive medical clearance from a medical doctor before being allowed to participate in another taekwondo contest.

    2.1. Completion of the standardised graduated return-to-sport protocol and medical clearance must be evidenced using the AUSTKD Concussion Return-To-Sport Form.

    2.2. Completed and signed AUSTKD Concussion Return-To-Sport Forms must be submitted ben.exton@austkd.com.au.

3. The commissioned medical doctor (or medical associate) must comply with the following recording and reporting requirements:

    3.1. The commissioned medical doctor (or medical associate) must keep a record of all comprehensive off-mat concussion evaluations of contestants with a suspected concussion.

    3.2. The commissioned medical doctor (or medical associate) must report the number of contestants with suspected and diagnosed concussions, including basic demographic information such as sex, age, and contestant category (e.g. belt and weight division) to the tournament director and AUSTKD Executive Board within 48 hours after the event.

    3.3 The concussion must be reported on the AT Concussion Reporting tool https://www.revolutionise.com.au/australiantaekwondo/injury