

### **CONCUSSION POLICY**

#### **Purpose**

The HRCav is committed to safeguarding the health and welfare of Club Members, Officials and Volunteers in HRCav events and activities. This Policy is intended to guide Clubs, Event Organising Committees, Officials and Club Members in identifying and responding to incidents of suspected or confirmed concussion. The HRCav supports Concussion in Sport Australia in promoting recognition and management of concussion.

#### **What is Concussion?**

Concussion is a brain injury caused by an impact to the head or body which transmits force to the brain. Concussion affects brain function, resulting in changes to a person's physical, cognitive, or emotional state over a period of hours or days following a concussion injury.

#### **Children and Concussion**

Research shared by Concussion in Sport Australia shows that children and young people are more susceptible to concussion, and they recover more slowly from a concussion, compared to adults over the age of 18.

A child or young person's developing brain is smaller than the skull which protects it. When a child or young person's body or head experiences a knock, the brain moves around more easily inside the skull, making it more vulnerable to concussive impact.

Concussion in Sport Australia makes the following recommendation for any child or young person under the age of 18 who has been diagnosed with a concussion: starting from the day that the child or young person is no longer showing or experiencing any symptoms of concussion (i.e. they are 'asymptomatic'), they should wait no less than 14 days from that day before they return to training. Furthermore, the child or young person should not return to competitive sport activities any earlier than 21 days from the date of the concussive injury.

Parents and Guardians of HRCav Junior Members (i.e. children and young people under the age of 18) must adhere to the HRCav Concussion Protocols.

#### **HRCav Concussion Policy**

##### **Clubs and Event Organising Committees**

Club Members and Event Organising Committees (EOCs) must adhere to HRCav Event Rule 29.8 regarding rider falls. Clubs must implement a similar policy/process at rallies and activities. All rider falls occurring at an Event venue must be reported to the Event Office.

An Incident Report form (APPENDIX A) must be lodged with the Event Secretary prior to the rider remounting or leaving the venue. The Event Secretary/Office must immediately alert the Event

Coordinator. If a concussion is suspected, a Concussion Injury Advice form (APPENDIX B) must also be completed and attached to the Incident Report.

If a fall occurs while a rider is under the jurisdiction of the judge, the rider is eliminated from that class. The judge alerts the EOC of the fall and the EOC investigates with the assistance of the nominated First Aid Officer onsite.

### Riders

#### Symptoms of Concussion

Symptoms of concussion can vary. Event Organisers, Officials, First Aid Officers and Volunteers need to be alert for evidence that a rider may be experiencing concussion following a knock to the head or body.

The *Concussion Recognition Tool* (Diagram 1/APPENDIX C) is recommended by Concussion in Sport Australia to assist in identifying the signs and symptoms of concussion.


**HRCAV CONCUSSION RECOGNITION TOOL**

Concussion should be suspected if **one or more** of the following visible clues, signs, symptoms, or errors in memory questions are present.

|                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. Visible clues of suspected concussion</b>      | <ul style="list-style-type: none"> <li>Loss of consciousness or responsiveness</li> <li>Lying motionless on ground or slow to get up</li> <li>Unsteady on feet, falling over, poor balance or co-ordination</li> <li>Grabbing or clutching of head</li> <li>Dazed, blank or vacant expression on face</li> <li>Confused or unaware of what is going on around them</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>2. Signs and symptoms of suspected concussion</b> | <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>PHYSICAL SIGNS AND SYMPTOMS</b> <ul style="list-style-type: none"> <li>Loss of consciousness</li> <li>Seizure or convulsion</li> <li>Balance problems</li> <li>Nausea or vomiting</li> <li>Drowsiness</li> <li>Fatigue or low energy</li> <li>"Don't feel right"</li> </ul> </div> <div style="width: 48%;"> <ul style="list-style-type: none"> <li>Neck pain</li> <li>Headache</li> <li>Dizziness</li> <li>Pressure inside the head</li> <li>Blurred vision</li> <li>Sensitivity to light</li> <li>Sensitivity to noise</li> </ul> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 48%;"> <b>COGNITIVE/MENTAL</b> <ul style="list-style-type: none"> <li>Difficulty remembering</li> <li>Difficulty concentrating</li> <li>Feeling slowed down</li> <li>Feeling like "in a fog"</li> </ul> </div> <div style="width: 48%;"> <b>EMOTIONAL</b> <ul style="list-style-type: none"> <li>Becoming more emotional</li> <li>Becoming irritable</li> <li>Nervousness or anxiety</li> <li>Sadness</li> </ul> </div> </div> |
| <b>3. Memory function signs</b>                      | <p><b>Failure to answer any of these questions correctly may indicate concussion:</b></p> <ul style="list-style-type: none"> <li>Where are you riding/competing today?</li> <li>What is your horse's name?</li> <li>Which Club are you a member of?</li> <li>Who drove you here today?</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

RED FLAGS

If ANY of the following are reported, the rider should be safely and immediately removed. If no qualified medical professional is available, consider transporting by ambulance for urgent medical assistance:

- Rider complains of neck pain
- Increasing confusion or irritability
- Repeated vomiting
- Seizure or convulsion
- Weakness or tingling/burning in arms or legs

- Deteriorating conscious state
- Severe or increasing headache
- Unusual behaviour change
- Double vision

**REMEMBER**

- Any rider that suffers a fall should be screened for signs of concussion
- In all cases First Aid principles (Danger, Response, Airway, Breathing, Circulation) should be followed
- Do not attempt to move the rider (other than required for airway support) unless trained
- Do not remove the rider's helmet unless trained to do so
- The rider should not be left alone following the fall/injury. Monitoring is essential in the first few hours

*If in doubt – sit them out*

Adapted from McCorry et al., Consensus Statement on Concussion in Sport, Br J Sports Med 47 (5), 2013

Diagram 1: Concussion Recognition Tool

### Response and Management of Concussion

- A rider who experiences a fall or a knock to the head or body should be reviewed for signs and symptoms of concussion as per the *Concussion Recognition Tool*.
- A rider who is suspected or confirmed to have experienced a concussion is NOT PERMITTED to remount and continue riding until they have been assessed by a medical practitioner.
- If a rider who is suspected or confirmed to have experienced a concussion begins to exhibit any of the 'Red Flag' signs or symptoms listed in the *Concussion Recognition Tool*, immediately refer them to the nearest Emergency Department.
- If a medical practitioner confirms the diagnosis of concussion, or if there is any remaining uncertainty or suspicion that a concussion may have been sustained, the rider MUST NOT remount or continue riding that day. Remember: *if in doubt – sit them out*.

### Stand-Down from competitive activities following concussion

- As per the *Australian Concussion Guidelines* (February 2024), a rider who receives a confirmed diagnosis of concussion from a medical practitioner is not permitted to return to ridden HRCav activities for 21 days from the date of the concussion injury. This time frame is referred to as the 'Concussion Stand Down Period'.
- A rider who has been diagnosed with a concussion must obtain and provide written clearance from a medical practitioner, stating that they are cleared to return to competition at the conclusion of the Concussion Stand-Down Period.

### Return to Sport Protocol

The *Concussion in Sport Australia Graduated Return to Sport Frameworks* outline the recommended return to sport timeline and process for Adults (Appendix D), and for Children and Young People (Appendix E).

### POLICY REVIEW

| Commencement Date | Date Endorsed | Endorsed By     | Next Review Date |
|-------------------|---------------|-----------------|------------------|
| 10/06/2024        | 07/06/2024    | HRCav Executive | 10/06/2025       |

### APPENDIX A – INCIDENT REPORT FORM

GENERAL RULES

APPENDIX 22

REV DEC 2019, JUNE 2020



### HORSE RIDING CLUBS ASSOCIATION OF VICTORIA INC. INCIDENT REPORT

|                                                                            |  |  |  |                         |  |                           |  |                      |  |                                                                                       |  |
|----------------------------------------------------------------------------|--|--|--|-------------------------|--|---------------------------|--|----------------------|--|---------------------------------------------------------------------------------------|--|
| <b>PLACE WHERE INCIDENT OCCURRED</b>                                       |  |  |  |                         |  |                           |  |                      |  |                                                                                       |  |
| Place:                                                                     |  |  |  |                         |  |                           |  |                      |  |                                                                                       |  |
| Address:                                                                   |  |  |  |                         |  |                           |  |                      |  |                                                                                       |  |
| Private Property                                                           |  |  |  | Commercial Venue:       |  |                           |  | Club Grounds         |  |                                                                                       |  |
| Other (Specify) _____                                                      |  |  |  |                         |  |                           |  |                      |  |                                                                                       |  |
| Contact Person                                                             |  |  |  |                         |  |                           |  |                      |  |                                                                                       |  |
| Phone:                                                                     |  |  |  |                         |  | Email:                    |  |                      |  |                                                                                       |  |
| <b>INCIDENT DETAILS</b>                                                    |  |  |  |                         |  |                           |  |                      |  |                                                                                       |  |
| Date Of Incident                                                           |  |  |  |                         |  | Time Of Incident          |  |                      |  |                                                                                       |  |
| Weather Conditions:                                                        |  |  |  |                         |  |                           |  |                      |  |                                                                                       |  |
| Person In Charge                                                           |  |  |  |                         |  | Number Under Supervision: |  |                      |  |                                                                                       |  |
| <b>INJURED PERSON DETAILS</b>                                              |  |  |  |                         |  |                           |  |                      |  |                                                                                       |  |
| Name:                                                                      |  |  |  |                         |  |                           |  |                      |  |                                                                                       |  |
| Address:                                                                   |  |  |  |                         |  |                           |  |                      |  |                                                                                       |  |
| Membership No:                                                             |  |  |  | DOB:                    |  |                           |  | Phone:               |  |                                                                                       |  |
| In the case of a Concussion Injury, was a Concussion Injury Advice Issued? |  |  |  |                         |  |                           |  |                      |  | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |  |
| Person Nominated To Assist Rider                                           |  |  |  |                         |  | Phone                     |  |                      |  |                                                                                       |  |
| <b>ACCIDENT PARTICULARS</b>                                                |  |  |  |                         |  |                           |  |                      |  |                                                                                       |  |
| Type of Activity                                                           |  |  |  |                         |  |                           |  |                      |  |                                                                                       |  |
| Club Instruction Rally/Clinic                                              |  |  |  | HRCav Competition       |  |                           |  | Other(details)       |  |                                                                                       |  |
| Accident Activity                                                          |  |  |  |                         |  |                           |  |                      |  |                                                                                       |  |
| Mounting/Dismounting                                                       |  |  |  | Handling Of Horse       |  |                           |  | Trail Ride           |  |                                                                                       |  |
| Flat Work                                                                  |  |  |  | Jumping                 |  |                           |  | Cross Country        |  |                                                                                       |  |
| Un-mounted Activity                                                        |  |  |  | Obstacles (3PE)         |  |                           |  | Other                |  |                                                                                       |  |
| Injury Location                                                            |  |  |  |                         |  |                           |  |                      |  |                                                                                       |  |
| Head (Skull, Face, Jaws, Ears)                                             |  |  |  | Spine                   |  |                           |  | Neck                 |  |                                                                                       |  |
| Trunk (Chest, Abdomen, Buttocks, Pelvis)                                   |  |  |  | Eyes                    |  |                           |  | Internal             |  |                                                                                       |  |
| Arm (Shoulder, Elbow, Forearm)                                             |  |  |  | Wrist/Hand/Finger/Thumb |  |                           |  | Leg (Hip,Thigh,Knee) |  |                                                                                       |  |
| Foot/Toe                                                                   |  |  |  | Other (Please Detail):  |  |                           |  |                      |  |                                                                                       |  |



# HORSE RIDING CLUBS ASSOCIATION OF VICTORIA

## OFFICIAL POLICY

GENERAL RULES

APPENDIX 22  
REV DEC 2019, JUNE 2020

| Injury Severity                            |  |                           |  |
|--------------------------------------------|--|---------------------------|--|
| First Aid - Continued To Ride              |  | First Aid - went home     |  |
| Ambulance                                  |  | Doctor's/Dental Treatment |  |
| Fatal                                      |  | Other (please detail)     |  |
| First Aid –medical attention after leaving |  |                           |  |
| Hospital Admittance                        |  |                           |  |

| WITNESS DETAILS |  |       |  |
|-----------------|--|-------|--|
| Name:           |  |       |  |
| Phone           |  | Email |  |
| Address:        |  |       |  |

| INCIDENT SUMMARY |  |  |  |
|------------------|--|--|--|
|                  |  |  |  |

Signed:

Date:



RIDER COPY.

EVENT USE ONLY

The following Rider has lodged an incident report with the Event Office

RIDER NO

RIDER NAME

OFFICIAL'S NAME

ROLE

SIGNATURE

DATE

### APPENDIX B – CONCUSSION INJURY ADVICE

#### HORSE RIDING CLUBS ASSOCIATION OF VICTORIA INC.

#### CONCUSSION INJURY ADVICE

To be given to the **person monitoring** the concussed member and left with the member concerned.

**To the person monitoring the member:** this member has suffered a suspected concussion and should be checked by a doctor. Ensure that the member is closely monitored for the first **4 hours** and preferably not left alone for **12-24 hours**. Recovery time is variable and the patient will need monitoring for a further period by a responsible adult. The treating doctor will provide guidance as to this time frame.

**Should there be any change in behaviour, vomiting, dizziness, worsening headache, double vision or excessive drowsiness, please contact a doctor or the nearest hospital emergency department immediately.**

**Member advice:**

Rest (physically and mentally) until symptom free.

Recover by following your doctor's advice and gradually becoming active.

The decision regarding the timing of your return to riding should be made by your doctor.

Do not drink alcohol or take prescription or non-prescription drugs without medical supervision

Any member in receipt of a concussion advice form is prohibited from participating in any ridden activity for a period of 21 days. This ban may be lifted after 6 days upon presentation to the HRCav of a medical certificate stating that the rider is fit to resume riding activities.

#### INCIDENT DETAILS

|                                                       |      |       |
|-------------------------------------------------------|------|-------|
| Venue/Event:                                          |      |       |
| Member's name:                                        |      |       |
| Member's emergency contact                            | Name | Phone |
| Time and date of injury                               |      |       |
| Time and date of assessment                           |      |       |
| Assessing official/s – Medical Service name and phone |      |       |
| Comments                                              |      |       |

*Copy to be attached to Incident Report.*

### APPENDIX C – CONCUSSION RECOGNITION TOOL



#### HRCav CONCUSSION RECOGNITION TOOL

Concussion should be suspected if **one or more** of the following visible clues, signs, symptoms, or errors in memory questions are present.

##### 1. Visible clues of suspected concussion

- Loss of consciousness or responsiveness
- Lying motionless on ground or slow to get up
- Unsteady on feet, falling over, poor balance or co-ordination
- Grabbing or clutching of head
- Dazed, blank or vacant expression on face
- Confused or unaware of what is going on around them

##### 2. Signs and symptoms of suspected concussion

###### PHYSICAL SIGNS AND SYMPTOMS

- Loss of consciousness
- Seizure or convulsion
- Balance problems
- Nausea or vomiting
- Drowsiness
- Fatigue or low energy
- "Don't feel right"
- Neck pain
- Headache
- Dizziness
- Pressure inside the head
- Blurred vision
- Sensitivity to light
- Sensitivity to noise

###### COGNITIVE/MENTAL

- Difficulty remembering
- Difficulty concentrating
- Feeling slowed down
- Feeling like "in a fog"

###### EMOTIONAL

- Becoming more emotional
- Becoming irritable
- Nervousness or anxiety
- Sadness

##### 3. Memory function signs

Failure to answer any of these questions correctly may indicate concussion:

- Where are you riding/competing today?
- What is your horse's name?
- Which Club are you a member of?
- Who drove you here today?

#### RED FLAGS

If ANY of the following are reported, the rider should be safely and immediately removed. If no qualified medical professional is available, consider transporting by ambulance for urgent medical assistance:

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- Severe or increasing headache
- Unusual behaviour change
- Double vision

#### REMEMBER

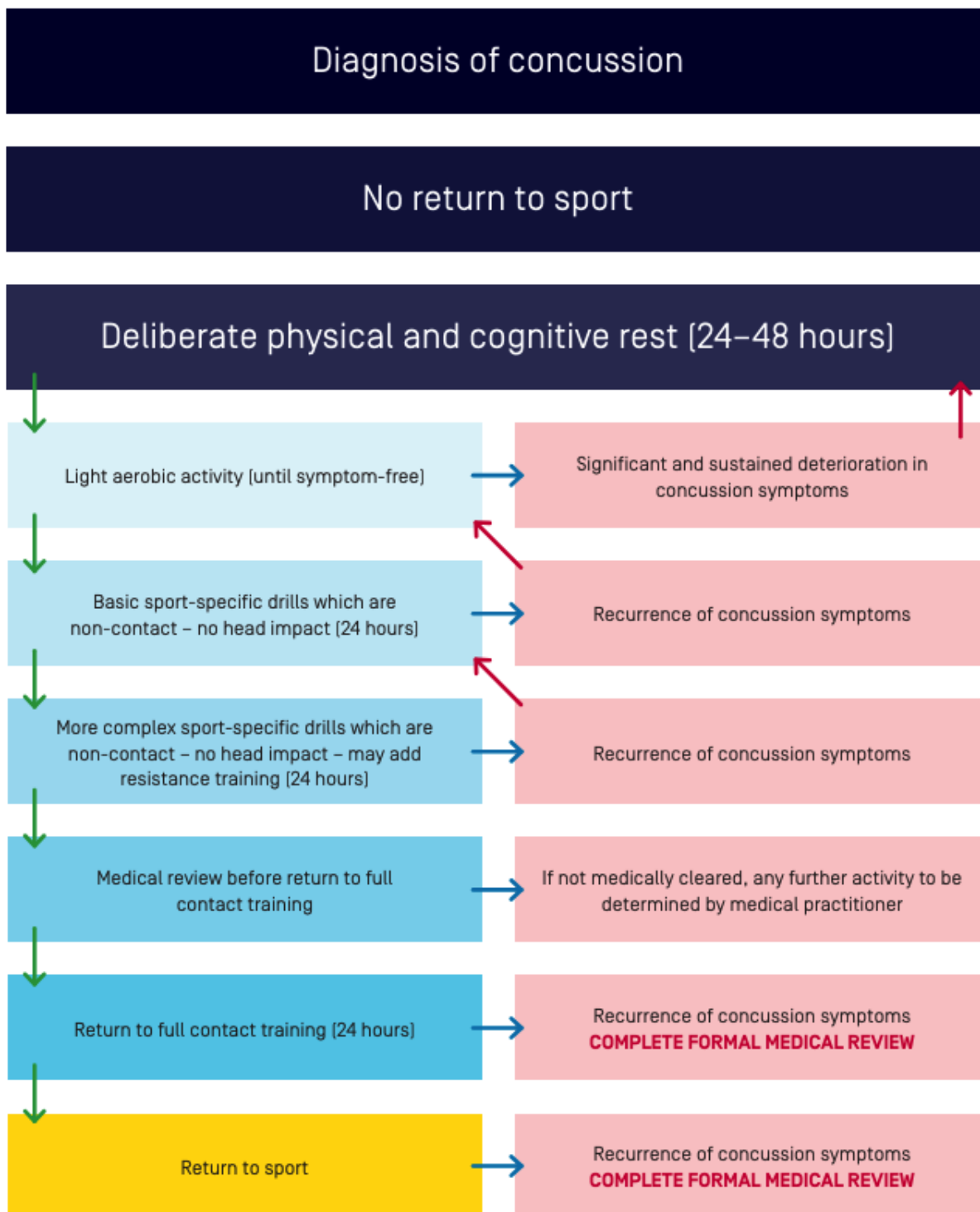
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- The rider should not be left alone following the fall/injury. Monitoring is essential in the first few hours

***If in doubt – sit them out***

*Adapted from McCorry et al., Consensus Statement on Concussion in Sport, Br J Sports Med 47 (5), 2013*

### APPENDIX D – RETURN TO SPORT PROTOCOL FOR ADULTS

Diagram 1: Return to Sport Protocol for adults over 18 years of age



### APPENDIX E – Return to Sport Protocol for Children and Young People

Diagram 2: Return to Sport Protocol for children 18 years of age and under

