

## Concussion Policy

### **Purpose**

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This policy is to assist in safeguarding the health and welfare of riders and volunteers in Pony Club activities. The purpose of this policy is to provide information and direction to riders, parents, coaches and administrators.

### **What is concussion**

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Concussion is a type of brain injury, resulting from an impulsive force to the head. Concussion is a subset of mild traumatic brain injury that is at the less severe end of the brain injury spectrum. Relatively minor knocks to the head can result in concussion. Concussion commonly causes short term neurological symptoms which may become apparent over the hours or days following the injury.

### **Signs of concussion**

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There may be obvious signs of concussion such as loss of consciousness, brief convulsions or difficulty balancing or walking.

More subtle signs and symptoms of concussion include;

- headache
- dizziness
- sensitivity to noise or light
- blurred vision
- confusion
- nausea or vomiting
- drowsiness
- sense of pressure in the head
- sadness or irritability
- feeling 'in a fog'
- amnesia
- neck pain

The Concussion Recognition Tool is recommended to help recognise the signs and symptoms of concussion (this is under development and will be attached to the policy).

### **Effects of concussion**

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Children aged under 18 years may be more susceptible to concussion and take longer to recover. Concussion may affect the ability to learn at school.

There is also growing concern about potential long-term consequences of multiple concussions.

### **Required action under this policy**

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#### Club risk management

A First Aid Officer should be appointed for all Pony Club rallies and events.

The plan for an event or rally should include the means to immediately contact emergency services by telephone.

#### Rider management

Any rider that suffers a fall or blow to the head should be screened for signs of concussion (see above).

The rider should not be left alone following the injury and serial monitoring is essential over the first few hours following the incident.

If there are any grounds for suspicion that concussion has occurred, the rider is not permitted to remount and continue riding. The only exception is if the rider has undergone a medical assessment and written consent to continue riding that day is provided by a medical practitioner.



## PONY CLUB AUSTRALIA

### Concussion Policy

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Parents have no right to over-ride the decision of the First Aid Officer/medical practitioner.

Any rider with diagnosed concussion is not permitted to ride at a Pony Club rally/muster or event for a minimum period of 21 days, and must be symptom free for the preceding 48 hours.

Riders can have a mandatory suspension removed by providing a certificate from a Medical Practitioner stating that full recovery has occurred.

Riders diagnosed with concussion should have physical and mental rest until the acute symptoms resolve and then a gradual, stepwise program of increasing activity and medical clearance.

The Pony Club or event organiser must complete an Incident Report and submit to their state office.

### **Policy review**

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PCA will review and update this policy from time to time and ensure that it complies with current policy and practice for junior and equestrian sport. The revised policy will be posted on the PCA website.

For further information please contact  
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# CONCUSSION RECOGNITION TOOL RECOGNISE & RESPOND

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/slow to get up
- Unsteady on feet/ balance problems or falling over
- Grabbing/clutching of head
- Dazed, blank or vacant look
- Confused/Not aware of fall/what is happening around them

## 2. Signs and Symptoms of suspected Concussion

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| <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>- More emotional</li> <li>- Irritability</li> <li>- Sadness</li> <li>- Fatigue or low energy</li> <li>- Nervous or anxious</li> <li>- "Don't feel right"</li> <li>- Difficulty remembering</li> </ul> | <ul style="list-style-type: none"> <li>- Headache</li> <li>- Dizziness</li> <li>- Confusion</li> <li>- Feeling slowed down</li> <li>- "Pressure in head"</li> <li>- Blurred vision</li> <li>- Sensitivity to light</li> <li>- Amnesia</li> <li>- Feeling like "in a fog"</li> <li>- Neck Pain</li> <li>- Sensitivity to noise</li> <li>- Difficulty concentrating</li> </ul> |
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## 3. Memory Function

Failure to answer any of these correctly may suggest Concussion

"Where are you today?"

"What Pony Club are you a member of?"

"What colour is your horse?"

Any rider with a suspected concussion is NOT permitted to remount

## RED FLAGS

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

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| <ul style="list-style-type: none"> <li>- Rider complains of neck pain</li> <li>- Increasing confusion or irritability</li> <li>- Repeated vomiting</li> <li>- Seizure or convulsion</li> <li>- Weakness or tingling/burning in arms or legs</li> </ul> | <ul style="list-style-type: none"> <li>- Deteriorating conscious state</li> <li>- Severe or increasing headache</li> <li>- Unusual behavior change</li> <li>- Double vision</li> </ul> |
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## Remember

- Any rider that suffers a fall should be screened for signs of concussion
- In all cases, the principle of first aid (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 helmet unless trained
- The rider should not be left alone following the fall / injury. Serial monitoring is essential over the first few hours

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