**ANNEX P: HEAD INJURY ASSESSMENT FORM**

To be completed by the Member medical officer or Match doctor attending a player for a suspected head or cervical spine injury during a match and submitted to the IRL and the relevant Member. This form does not replace the SCAT5, which must be performed in any case of suspected or diagnosed concussion.

 **A**. **GENERAL INFORMATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| **PLAYER NAME:** |  | **TEAM:** |  |
| **DOCTOR’S NAME:** |  | **DATE:** |  |
| **HALF:** | **APPROX TIME:** | **VIDEO REVIEWED?** | **YES / NO** |
| **Circumstance (e.g. HIA / On Report):** |  |

**B. STRUCTURAL HEAD AND/OR CERVICAL SPINE INJURY:**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Are there clinical features including abnormal neurological signs of a serious or structural head and/or cervical spine injury requiring emergency management & hospital transfer? | Yes | No |

**C. REMOVAL FROM PLAY:**The player must be removed from play with any of the following observations (in the context of a possible head injury) by any staff member, whether observed directly or indirectly.
**a) Clear diagnosis/high suspicion of concussion requiring immediate removal and no reply to play (Cat 1)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2 | Loss of consciousness or suspected loss of consciousness.  | Yes | No | Trainer |
| 3 | No protective action in fall to ground directly observed or on video (floppy, includes cervical hypotonia) | Yes | No | Trainer |
| 4 | Impact seizure (involuntary clonic movements | Yes | No | Trainer |
| 5 | Tonic posturing (whilst on the ground or while falling) | Yes | No | Trainer |
| 6 | Definite Confusion, disorientation  | Yes | No | Trainer |
| 7 | Memory impairment (e.g. fails Maddocks questions)  | Yes | No | Trainer |
| 8 | Motor incoordination (eg Balance disturbance /clumsiness/fumbling) | Yes | No | Trainer |
| 9 | Player reports significant, new or progressive concussion symptoms  | Yes | No | Trainer |
| 10 | Clearly Dazed and / or blank/vacant stare or not their normal selves  | Yes | No | Trainer |
| 11 | Behaviour change atypical of the player | Yes | No | Trainer |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 12 | Lying Motionless for >2 seconds (Player lying without purposeful movement and/or or not responding appropriately to the game situation) | Yes | No | Trainer |
| 13 | Possible impact seizure (directly observed or on video) | Yes | No |  |
| 14 | Possible tonic posturing (directly observed or on video) | Yes | No |  |
| 15 | Possible motor incoordination/clumsiness (directly observed or on video) | Yes | No |  |
| 16 | Suspected facial fracture  | Yes | No | Trainer |
| 17 | Slow to stand (~15 seconds) after other injuries and neck cleared (if necessary) | Yes | No | Trainer |
| 18 | Other (e.g. clinical impression of a possible head injury by CMO) | Yes | No |  |
| **Doctor’s comments regarding the above findings for “clinical impression”:** |  |

**b) Requires immediate removal from play for further assessment (Category 2)**

**D**. **OUTCOME:**

|  |  |  |  |
| --- | --- | --- | --- |
| 19 | Clear diagnosis of concussion and no return to play (SCAT 5 required) | Yes |  |
| 20 | High suspicion of concussion based on category 1 signs and symptoms or clinical impression  and no return to play. | Yes |  |
| 21 | Required removal from play for SCAT5 assessment and cleared to return to play. | Yes |  |
| 22 | Should NOT have been removed for concussion or SCAT5 assessment. | Yes |  |

**E. DECISION MADE BY (*tick)*:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| CLINICAL EXAM  |  | VIDEO ALONE  |  | COMBI CLINICAL & VIDEO |  |

**F. SPOTTER INPUT (*tick)*:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| NO  |  | YES – INCIDENT ALREADY NOTED  |  | YES – INCIDENT NOT SEEN  |  | YES – ASSISTED IN HIS DECISION |  |

**SIGNED: DATE: TIME COMPLETION:**