

Yankalilla District Combined Equestrian Clubs

Concussion and Falls

Procedure developed by: Kylie Roesler Pony Club Secretary and Sasha Crawford Riding Club Secretary

Approved by: Committee 15/10/2019

Next review due: 15/10/2022

Summary	This procedure describes how falls of horse and rider will be recorded, how this data will go towards preventing incidences in the future. It does not go into the First Aid or Vet treatment of rider or horse after a fall, other than to note a trained First Aid Officer must attend a rider after a fall, and riders are not allowed to continue riding should it be deemed unsafe to do so. Vet treatment will be sort if it is deemed necessary, according to the Horse Welfare Policy.
Policy reference	This procedure supports the PCASA & EA requirements.
Applies to	This procedure applies to all riders, both Club memberships, and those that are visiting.

Version: 1.2

Date: 15.10.2019, 13/08/2020

Falls and Concussion Policy

Overview/procedure description: This policy is to assist in safeguarding the health and welfare of riders and volunteers in Equestrian activities. The purpose of this policy is to provide information and direction to riders, parents, coaches and administrators.

Areas of responsibility:

The **committee** are responsible for ensuring that a copy of the procedure is available on the club rooms at all times; and that it highlighted to members on a regular basis. Signs and symptoms of Concussion poster to be up on Club noticeboard.

All **members** are responsible for informing themselves on the procedures for falls, and for following the rules and regulations of the club. Should a rider have a fall, they are not permitted to ride again without permission of the First Aid Officer and the Instructor.

Instructors are responsible for setting up safe lessons plans, checking the riding area is safe, completing a safety and medical checks prior to starting the lesson and adapting lessons to riders' and horses' capabilities.

Procedure details:

What is a Fall?

A fall is an event when the rider parts unintended company with the horse.

In the Event of a Fall – ALL FALLS MUST BE RECORDED

1. If the rider and horse are uninjured, and it is safe to do so, the rider may remount and continue.
2. If the rider or horse are suspected of minor injury, then they need to see the First Aid Officer and get permission from the First Aid Officer.
3. If the rider hits their head, or is suspected of concussion, they are not allowed to ride again for the rest of the rally.
4. If the rider needs an ambulance is to be called according the First Aid Officer, this needs to happen regardless of the rider's ambulance cover. We strongly encourage all riders to have ambulance cover.
5. If the horse needs a vet, then the rider is to cover the costs.
6. A report will be made for the incident and kept on file. Falls resulting in injury will require reports to be forwarded to the PCASA or EA. An instructor will be required to sign the report.

What is Concussion?

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

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.

Effects of Concussion

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.

Club risk management

A First Aid Officer should be appointed for all 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.

If in doubt, sit them out

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 Instructor must complete an Incident Report for all falls. If it's a Pony Club rider, then the Incident Report must be completed and sent to Head Office.

References/attached documents

Reference Document	Source
Pony Club of Australia Concussion Policy	Pony Club of Australia
EA Concussion Protocols	EA
Concussion recognition tool	Pony Club of Australia
EA Incident report form	EA

Approval

Signature	
Name	Kylie Roesler
Position	Chief Instructor
Date	15/10/2019; updated 12/8/2020



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

- | | |
|---|---|
| <ul style="list-style-type: none">- Loss of consciousness- Seizure or convulsion- Balance problems- Nausea or vomiting- Drowsiness- More emotional- Irritability- Sadness- Fatigue or low energy- Nervous or anxious- "Don't feel right"- Difficulty remembering | <ul style="list-style-type: none">- Headache- Dizziness- Confusion- Feeling slowed down- "Pressure in head"- Blurred vision- Sensitivity to light- Amnesia- Feeling like "in a fog"- Neck Pain- Sensitivity to noise- Difficulty concentrating |
|---|---|



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:

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

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

If in doubt, sit them out

Check list to be completed following a fall of rider.

Any **yes** responses and the rider will need to be checked by a doctor before continuing with activity. Clearance to Ride to be signed by the doctor if cleared of concussion by the treating doctor.

Name _____ Club _____ Date _____

Signs/symptoms	Yes tick	No tick	Yes tick	No tick	Yes tick	No tick	Comments
To be checked x3 with intervals of 15 minutes.							
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 / Inco-ordination							
Grabbing / Clutching of head							
Dazed, blank or vacant look							
Confused / Not aware of plays or events							
Presence of any one or more of the following signs & symptoms may suggest a concussion:							
2. Signs and symptoms of suspected concussion							
• "Pressure in head"							
• Loss of consciousness							
• Headache							
• Seizure or convulsion							
• Dizziness							
• Confusion							
• Drowsiness							
• Blurred vision							
• Nausea or vomiting							
• Sensitivity to light							
• Difficulty remembering							
• Difficulty concentrating							
• Balance problems							
• Irritability							
Failure to answer any of these questions correctly may suggest a concussion.							
3. Memory function							
"What venue are we at today?"							
"Which horse are you riding today?"							
"Which club are you a member of?"							

Name of First Aider _____ Signature: _____

Print Doctors Name:

I declare the above named rider is medically fit to ride a horse. Signature

Check list to be completed following a fall of rider.

Any **yes** responses and the rider will need to be checked by a doctor before continuing with activity. Clearance to Ride to be signed by the doctor if cleared of concussion by the treating doctor.

Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, and should not be returned to activity until they are assessed medically.

Athletes with a suspected concussion should not be left alone and should not drive a motor vehicle.

It is recommended that, in all cases of suspected concussion, the player be referred to a medical professional for diagnosis and guidance as well for return to play decisions, even if the symptoms resolve.

RED FLAGS

If ANY of the following are reported then the player should be safely and immediately removed from the field.

If no qualified medical professional is available, consider transporting by ambulance for urgent medical assessment:

- Athlete complains of neck pain
- Deteriorating conscious state
- Increasing confusion or irritability
- Severe or increasing headache
- Repeated vomiting
- Unusual behaviour change
- Seizure or convulsion
- Double vision
- Weakness or tingling / burning in arms or legs



INCIDENT REPORT FORM

INSURED :

REPORTED - DATE : TIME :

INCIDENT - DATE : TIME :

LOCATION :

NAME OF PERSON REPORTING :

CONTACT NUMBER : REPORTED TO :

INCIDENT LOCATION INSPECTED ON : BY :

PART 1 – INJURED PERSON

NAME :

ADDRESS :

PHONE (1) : (2) : (3) :

DATE OF BIRTH : SEX: M F

DETAILS OF ANY AIDS / IMPAIRMENTS :

For example. Glasses, walking frame, carrying goods

PART 2 – WITNESS DETAILS

NAME :

ADDRESS :

PHONE (1) : (2) : (3) :

TYPE OF WITNESS :

RELATIONSHIP TO INJURED PARTY :

For example. Eye Witness, Circumstantial Witness (present for events prior to / following incident), or Additional

PLEASE PROVIDE DETAILS OF ANY OTHER PARTIES INVOLVED :

.....

.....

PART 3 – PERSONAL INJURY DETAILS

Multiple answers may be appropriate

PART OF BODY INJURED :

HEAD & NECK	<input type="checkbox"/>	HIP	<input type="checkbox"/>	HANDS & FINGERS	<input type="checkbox"/>
EYES & FACE	<input type="checkbox"/>	SHOULDER	<input type="checkbox"/>	KNEE	<input type="checkbox"/>
BACK & TRUNK	<input type="checkbox"/>	ARMS & WRISTS	<input type="checkbox"/>	FEET & TOES	<input type="checkbox"/>

NATURE OF INJURY :

FRACTURE	<input type="checkbox"/>	TISSUE DAMAGE	<input type="checkbox"/>	UNCONSCIOUSNESS	<input type="checkbox"/>
SPRAIN	<input type="checkbox"/>	BRUISING	<input type="checkbox"/>	BURN/SCALD	<input type="checkbox"/>
DISLOCATION	<input type="checkbox"/>	LACERATION	<input type="checkbox"/>	SUPERFICIAL	<input type="checkbox"/>
		CONCUSSION	<input type="checkbox"/>	OTHER	

IF OTHER, PLEASE SPECIFY :

.....

INJURED PARTY DESCRIPTION AND SEQUENCE OF INCIDENT :

.....
WITNESS / OTHER PARTY DESCRIPTION AND SEQUENCE OF INCIDENT :

.....
TREATMENT OF INJURED PARTY :

.....
NAME AND QUALIFICATION(S) OF PERSON PROVIDING TREATMENT :

.....
DESCRIBE THE EMOTIONAL STATE OF THE INJURED PARTY AT THE TIME :

For example. Reasonable, Upset, Aggressive

PART 4 – PROPERTY DAMAGE

ITEM(S) DAMAGED :

DETAILS :

REPORTED BY :

PHOTOS TAKEN BY :

PART 5 – INCIDENT DETAILS

DESCRIPTION OF LOCATION :

For example. Car Park, Bar, Toilet Area, Food Area, Stairs, Escalators

.....
TYPE OF INCIDENT :

For example. Slip and fall due to food spillage creating slippery fall, Caught in an elevator, Stepping on protruding objects, Water damage, Falling objects

.....
IF A THIRD PARTY / CONTRACTOR APPEARED AT FAULT, PLEASE PROVIDE DETAILED :

For example. Business Name, Individuals Name, Contact Details, Insurance Details

.....
RECORD OF INCIDENT :

For example. Video / closed circuit, Photo, None

.....
HOUSEKEEPING :

Please attach a written statement from the cleaner (where appropriate)

CLEANER ON DUTY :

SUPERVISOR :

TIME LAST INSPECTED :

LAST CLEANED :

Signed :

Date :

Upon completion of this form, please forward a copy to Gow Gates via email;

equestrian@gowgates.com.au • gowgatesport.com.au/equestrian • 02 8767 9999 • 1800 811 371

For assistance in completing this report, please contact **Gow Gates Insurance Brokers**