



MEMORANDUM

To: **Community Football stakeholders**

From: **AFL Game Development, AFL Legal, AFL Healthcare**

Date: **6 May 2026**

Re: **Summary of amendments to 2026 AFL Community Concussion Guidelines**

Dear all,

This memo summarises amendments to the Guidelines for the Management of Sport-Related Concussion in Australian Football (AFL Community Concussion Guidelines) for 2026.

There are no substantive changes to the *day-of-injury management* requirements or the *return-to-play process*. The updates primarily:

- a) Reflect new information and developments that have emerged since the 2024 edition; and
- b) Streamline and clarify the content (including removal of duplication) to improve ease of use.

The more notable amendments relate to the following:

1. Language, terminology and alignment –

- a. Renamed the document to “Guidelines for the Management of Sport-Related Concussion in Australian Football” to reflect the references to “the guidelines” throughout the document. The guidelines are adopted as policy within the National Community Football Policy Handbook, removing any ambiguity about whether the protocols are mandatory.
- b. Updated references from “head trauma” to “head impacts” throughout to align terminology with AFL and AFLW concussion guidelines.

2. Updated science & evidence base about long term brain health including CTE –

- a. To strengthen the AFL’s science and evidence-based position, the updated guidelines provide a balanced overview of what is currently known, and not yet known, about long-term brain health in footballers, and particularly CTE. (page 4 and 5)

3. Update on AFL safety initiatives –

- a. Updated description of the AFL’s efforts to enhance player safety including the continued evolution of the Laws of the Game, the use of evidence-based training interventions, and ongoing research into headgear. (p5)

4. Structural updates and simplification –

- a. Reduced duplication by consolidating the summary into five clear principles before expanding into operational detail. (p6)

5. Day-of-injury management enhancements –

- a. Clarified that briefly resolving symptoms does not rule out a concussion. (p7)
- b. Moved the section on managing an unconscious player and identifying when to seek emergency assistance earlier in this section to increase prominence and align with the logical sequence of actions when managing a concussion on the day of injury. (p10)
- c. To provide further guidance, it was added that following a concussion, players should be monitored for at least 24 hours; during this time, they may take simple analgesia and should be allowed to sleep. (p11)
- d. Updated the section to clarify that teams with a medical doctor on the sidelines are *expected to use* the SCAT6 or Child SCAT6 to assist in the assessment and management of the player, rather than the previous wording which indicated they *can be used*. (p11)
- e. Updated the initial sideline management flowchart to integrate that, in the case of an unconscious player, an ambulance must be called, basic first aid (DRABC) should be applied, and only a medical professional or ambulance officer should move the player. Previously, this information appeared in a separate note and was not fully integrated into the decision flow for managing an unconscious player. (p12)

6. Return to play enhancements –

- a. Moved the figure illustrating the Stages of Graded Return to Play earlier as the section summary, with the detailed explanations for each stage following to create a more logical and user friendly flow. (p14)
- b. Moved the figure illustrating the different return-to-play timelines based on recovery patterns to earlier in this section, so it sits alongside the content addressing return-to-play timing, improving clarity and alignment with the surrounding guidance. (p17)
- c. Simplified the sections relating to teams with a medical doctor or other healthcare practitioners to emphasise adherence to established concussion management and return-to-play principles. In addition, reinforced that only a medical doctor can provide medical clearance for a player's return to full contact training or competition, ensuring clarity around clinical responsibility and scope of practice. (p18)
- d. Added a new section outlining PlayHQ concussion management functionality, which streamlines the recording of suspected concussions, guides participants through the return-to-play process, ensures medical clearance is obtained before a player becomes eligible to return, and provides automated notifications and de-identified reporting to support monitoring of concussion trends while maintaining player privacy. (p19)

7. Prevention, education and emerging innovations –

- a. Introduced the AFL Play Concussion Hub which consolidates education, videos, microlearning guides, and practical resources to support all stakeholders in recognising, responding to, and managing concussion. (p20)
- b. Reflecting developments in headgear since the 2024 guidelines, added new information on the Australian Football Headgear Standards, clarified that while compliant headgear may help

reduce impact forces it is not yet proven to reduce concussions, and outlined details of GameGear's laboratory testing and the planned 2026 on-field trial. (p20 and 22)

- c. Clarified limitations of baseline testing in children and adolescents due to developmental changes. (p22)

8. School return guidance –

- a. Reiterated that a medical assessment is recommended where difficulties arise when returning to learning. (p25)
- b. Added guidance for schools to develop or update their concussion management plan prior to the start of each school year. (p26)

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