
CONCUSSION POLICY

Version: 1	Reviewed on: 31/10/2022
Responsible Person: Charlene Smith	Approved by Board on: 31/10/2022
Position: President	

APPLICABILITY

This policy applies to all Board, Sub Committees, Affiliated Members and their Members. All volunteers, spectators and other participants of Success Netball Association Activities.

CHANGES TO THIS POLICY

This Policy may be cancelled, amended, or supplemented by the Association as and when it sees fit. Any variation will be emailed to Clubs and Entity Teams by the Association and uploaded to our website. The Association will review this policy on a regular basis to ensure that it remains effective in supporting the objectives and strategic direction of the Association, and to ensure ongoing best practice.

INTENT OF POLICY

To ensure the safety and welfare of all players, both in the short term and long term.

Concussion is a common problem in many sports especially those involving body contact, collisions or high speeds collisions.

Concerns about the incidence and possible health ramifications for athletes have led to an increase in the importance of recognising and managing the condition safely and appropriately

This policy aims to:

- Ensure consistent application of best practise protocols and guidelines for the management of concussion at SNA and,
- Provide improved safety and health outcomes for all players who suffer a concussion injury while playing netball.

RESPONSIBILITIES

This policy sets out the guidelines, procedures, information and other resources that can be used by medical staff, athletes, coaches, support staff and parents responding to players who have received a concussion.

What is Concussion?

Concussion is a type of brain injury induced by a direct or indirect force to the head or anywhere on the body, which transmits an impulsive force to the head.

When the forces transmitted to the brain are high enough, they can stun the nerve cells and disturb the way the brain functions, including thinking and processing information.

Most cases of concussion in sport recover uneventfully within 10 to 14 days of injury, however in a small number of cases recovery can be delayed weeks or months. The process of recovery varies from person to person and injury to injury. Complications can occur if the injury is not recognised and managed appropriately.

Concussion is difficult to diagnose and only medical doctors can definitively diagnose a concussion. However, recognising a suspected concussion at the time of injury is extremely important to ensure appropriate management and to prevent further injury.

The following Concussion Management Plan will address the need for players, parents, coaches and support staff to have clear, consistent and reliable information on how to recognise and manage the condition promptly, safely and appropriately.

Success Netball Association Concussion Management Plan

The most important steps in the initial management of concussion include:

1. Recognising the injury,
2. Removing the player from the activity; and
3. Referring the player to a medical doctor for assessment.

Recognising Concussion

Recognising concussion is critical to correct management and prevention of further injury. Onlookers should suspect concussion when an injury results in a knock to the head or body that transmits a force to the head. A hard knock is not required, a concussion can occur from relatively minor knocks.

Common visual cues or signs (what an onlooker may see) include:

- Loss of consciousness (uncommon: only 10-15% of cases)
- Impact seizure
- Lying motionless or slow to get up
- Holding or clutching head, or having a face or head injury
- Unsteady on feet, balance problems, stumbling
- Dazed, blank or vacant look
- Confusion, disorientation, not following instructions

Common symptoms (what the player reports):

- headache
- pressure in head
- dizziness, balance problems
- difficulty remembering
- nausea/vomiting
- blurred vision
- neck pain
- sensitive to light and/or noise
- “don’t feel right”
- drowsiness
- irritable
- feeling more emotional than usual
- feeling slowed down
- sadness
- anxious or nervous
- difficulty concentrating
- fatigue
- trouble sleeping

Concussion should be suspected if the player presents with one or more of these signs and symptoms, and the player should be immediately removed from play.

There are tools available to help recognise a concussion. These include the Concussion Recognition Tool 5 (see appendices).

Removing the player from the activity

First aid principles apply in the management of a player with suspected concussion. This includes airway, breathing, circulation and cervical immobilisation.

Any player suspected of sustaining a concussion should be removed from the activity and not be allowed to return to sport that day unless cleared by a medical practitioner. This player must be reviewed by a medical practitioner as soon as possible.

Some signs and symptoms are red flags for more serious injury and athletes displaying any of these should be **immediately** referred to the nearest emergency department:

- neck pain
- increased confusion or irritability
- repeated vomiting
- seizure or convulsion
- weakness or tingling/burning in the arms or legs
- deteriorating conscious state
- severe or increasing headache
- unusual behaviour change
- double vision

Refer the player to a medical doctor for assessment

Any player with a suspected concussion needs an immediate assessment by a medical doctor.

This assessment can be provided by a medical doctor present at the venue or if a doctor is not available at the venue then the player should be referred to a local general practice or hospital emergency department.

Any player with a suspected concussion should:

- remain in the company of a responsible adult;
- be monitored closely for developing signs and symptoms;
- not be allowed to drive;
- not be sent home by themselves;
- avoid alcohol, aspirin, anti-inflammatories, recreational drugs, sleeping tablets and sedating pain medications.

Children

Children and adolescents aged 18 and under may be more susceptible to concussion and take longer to recover, requiring a more conservative approach to concussion management.

Returning to school and learning must take priority over returning to sport, and a child's school program may need to be modified to accommodate their recovery.

The symptom-free rest period for children should be extended to at least 48 hours and the return to sport protocol extended such that the child does not return to full contact training or sport less than 14 days from the resolution of symptoms.

Rest means not undertaking any activity that provokes symptoms. However, anyone who has suffered a concussion should be encouraged to become gradually and progressively more active as long as they do not experience any symptoms.

Children need to be managed more conservatively than adults.

Follow-up Management

Once a diagnosis of concussion has been confirmed, the main treatment for concussion is rest. Rest involves restriction of all physical and mental activities including school work, television, computers and all mobile and electronic devices. When symptoms have resolved for a minimum of 24 hours (48 hours or longer for children) gradual return to sport can usually begin.

A **return to sport protocol** should be followed with progression through level of activity and level of contact (see appendices). Progress through the stages can only be made if there is no recurrence of symptoms at the current level.

If symptoms recur the player should return to the previous level for at least 24 hours.

Key Points for Club Administrators

- Concussion is an injury to the brain and needs to be managed appropriately to prevent serious health outcomes.
- There is a need for players, parents, coaches and support staff to have clear, consistent and reliable information on how to recognise and manage the condition promptly, safely and appropriately.
- Provide information to gameday/sideline personnel, e.g. Pocket Concussion Recognition Tool, contact details for local GP and nearest Emergency Department.
- Report and document concussion injuries.
- Assign an injury management role to a designated committee or staff member to ensure all injured athletes are monitored and medical clearance is obtained before the player is allowed return to play.

Key points for Coaches, Parents and Athletes

- Concussion is a type of brain injury that occurs from a knock to the head or body.
- Parents and coaches must be able to recognise the symptoms and signs of concussion in order to detect concussion at the community sport level where there is no medical supervision present.
- Recognising concussion is critical to correctly managing and preventing further injury.
- The Pocket Concussion Recognition Tool is recommended to help recognise the signs and symptoms of concussion.
- Any athlete suspected of having a concussion should be removed from sport and not allowed to return to sport that day. The athlete must be reviewed by a medical doctor.
- Athletes with a confirmed concussion must follow a recovery program that includes rest and progress through a return to play protocol. Athletes must also have a medical clearance before returning to full sporting activity.
- Children must be managed more conservatively than adults. They should have a longer rest period (48hrs) and recommended minimum of 14 days from when symptoms cease before returning to full contact sport (after medical clearance).
- Managed correctly, most cases of concussion in sport recover uneventfully within 10-14 days of injury. The process of recovery, however, varies from person to person and injury to injury.
- The long-term implications of concussion and especially multiple concussions are not clearly understood, so **if in doubt sit them out**.

RELATED DOCUMENTS

[Concussion Recognition Tool 5](#)

[Return to Sport Protocol for Adults over 18 years of age \(AIS Document\)](#)

[Return to Sport Protocol for Children under 18 years of age \(AIS Document\)](#)