



PRINCIPAL PARTNER



POLICY



CONCUSSION MANAGEMENT POLICY

Creation Date: 30 August 2018	Approved by CEO on: 6/12/2021
Version: 4	Approved by Board on: N/A
Policy Type: Operational	Scheduled review date: August 2022
Responsible person: General Manager Community Netball	Reviewed date: 30/8/2021

Purpose

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

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

In developing and implementing this **Netball WA Concussion Management Policy**, the focus for Netball WA (NWA) is to ensure the safety and welfare of all participants, both in the short and long term.

This policy aims to:

- Ensure consistent application of best practice protocols and guidelines for the management of concussion across all levels of netball in WA;
- Provide improved safety and health outcomes for all participants who suffer a concussion injury while playing netball;
- Provide a platform for the implementation of this policy across all clubs and associations within NWA.

Responsibilities

The NWA CEO is accountable for ensuring the policy is communicated and adopted across the organisation. The NWA General Manager - Community is responsible for ensuring the operational implementation of this Policy.

Process

This policy will be reviewed annually in line with the NWA Policy Development process, to ensure governance best practice, and that the criteria and procedures are effective in supporting the objectives and strategic and operational direction of the organisation.



Policy

This policy sets out the guidelines, procedures, information and other resources that can be used by medical staff, participants, coaches, support staff and parents responding to participants 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 practitioners 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 participants, parents, coaches and support staff to have clear, consistent and reliable information on how to recognise and manage the condition promptly, safely and appropriately.

Netball WA Concussion Management Plan

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

1. Recognising the injury;
2. Removing the participant from the activity; and
3. Referring the participant to a medical practitioner for assessment.

1. 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. Signs of concussion may have a delayed onset and it is possible that participants may not experience symptoms in the initial post-incident period and symptoms may emerge hours, or days later.





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
- Repeatedly asking the same question
- Difficulty remembering what had happened
- Dazed, blank or vacant look
- Confusion, disorientation, not following instructions

Common symptoms (what the participant 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
- difficult concentrating
- fatigue
- trouble sleeping

Concussion should be suspected if the participant presents with one or more of these signs and symptoms.

There are tools available to help recognise a concussion. These include the Concussion Recognition Tool (*see related documents*).

2. Removing the participant from the activity

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

Any participant suspected of sustaining a concussion with one or more of the above signs/symptoms must be immediately removed from the activity and reviewed by a medical practitioner as soon as possible. No participant is permitted to return to sport, or sporting activities within the first 24 hours, allowing for monitoring of the participant for any potential delayed onset of symptoms.





Some signs and symptoms are red flags for more serious injury and participants 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

3. Refer the participant to a medical practitioner for assessment

Any participant with a suspected concussion needs an immediate assessment.

An immediate assessment may be provided by the approved event first-aid provider, a medical practitioner, or a Hospital Emergency Department.

Participants will be required to present to a medical practitioner following the initial assessment and obtain a written medical clearance stating that the participant may return to sporting activity, training, etc., prior to any form of sporting activity, training or match play being permitted.

Any participant 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.

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

If a participant experiences an exacerbation of symptoms the participant should rest for 24 hours, then return to the previous successful level that they had cleared.

Return to full training and match play requires a written medical clearance.

Changes to this Policy

This Policy may be cancelled, amended or supplemented by NWA as and when it sees fit. Any variation or amendment will be given in writing and approved by the NWA CEO. This Policy will be reviewed annually.

Related Documents

Appendix A – Key Points

[Netball Australia Concussion Policy](#) (*Netball Australia Resources*)

[Concussion Recognition Tool 5](#) (*Sport Australia Concussion Resources*)

[Return to Sport Protocol-children 18 years & under](#)

[Return to Sport Protocol-adults over 18 years of age](#)

[Concussion Management Flow Chart On Court-parents, coaches, support staff etc](#)

(*Sport Australia Concussion Resources*)

[Concussion Management Flow Chart Off Court-parents, coaches, support staff etc](#)

(*Sport Australia Concussion Resources*)

Authorisation

Simone Hansen
Chief Executive Officer
Netball WA

Date: 6/12/2021





Appendix A – Key Points

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 participants, 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. Concussion Recognition Tool, contact details for local GP and nearest Emergency Department.
- Report and document concussion injuries to Association or Competition Organiser.
- Assign an injury management role to a designated committee or staff member to ensure all injured participants are monitored and written medical clearance is obtained before the participant is allowed return to play or any form of sporting activity

Key points for Coaches, Parents and Participants

- 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 Concussion Recognition Tool is recommended to help recognise the signs and symptoms of concussion.
- Any participant suspected of sustaining a concussion must be removed from the activity and reviewed by a medical practitioner as soon as possible. No participant will be permitted to return to sport, or sporting activities within the first 24 hours, allowing for monitoring of the participant for any potential delayed onset of symptoms.
- Participants with a confirmed concussion must follow a recovery program that includes rest and progress through a return to play protocol. Participants must also have a written medical clearance before returning to any form of activity, play or 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.

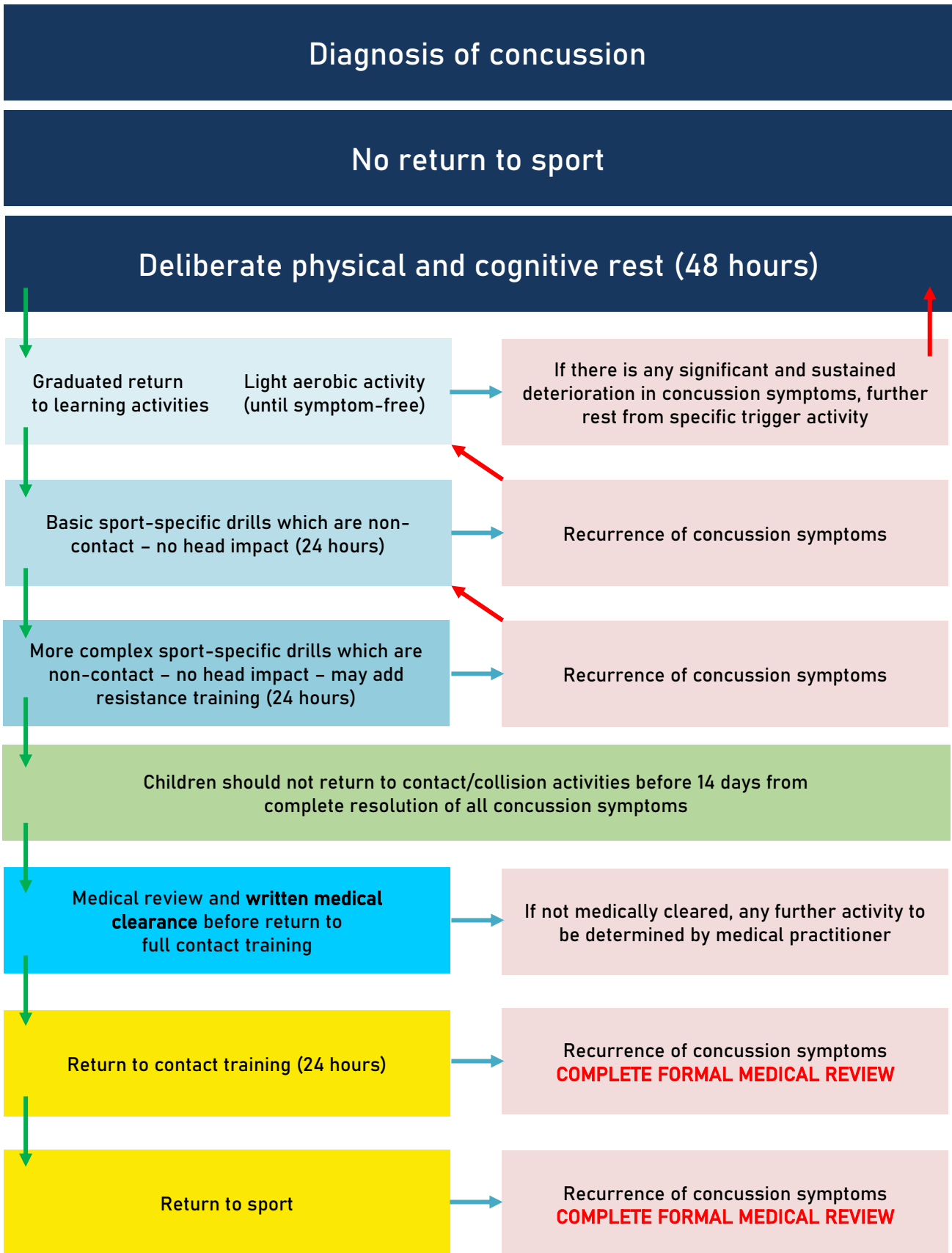


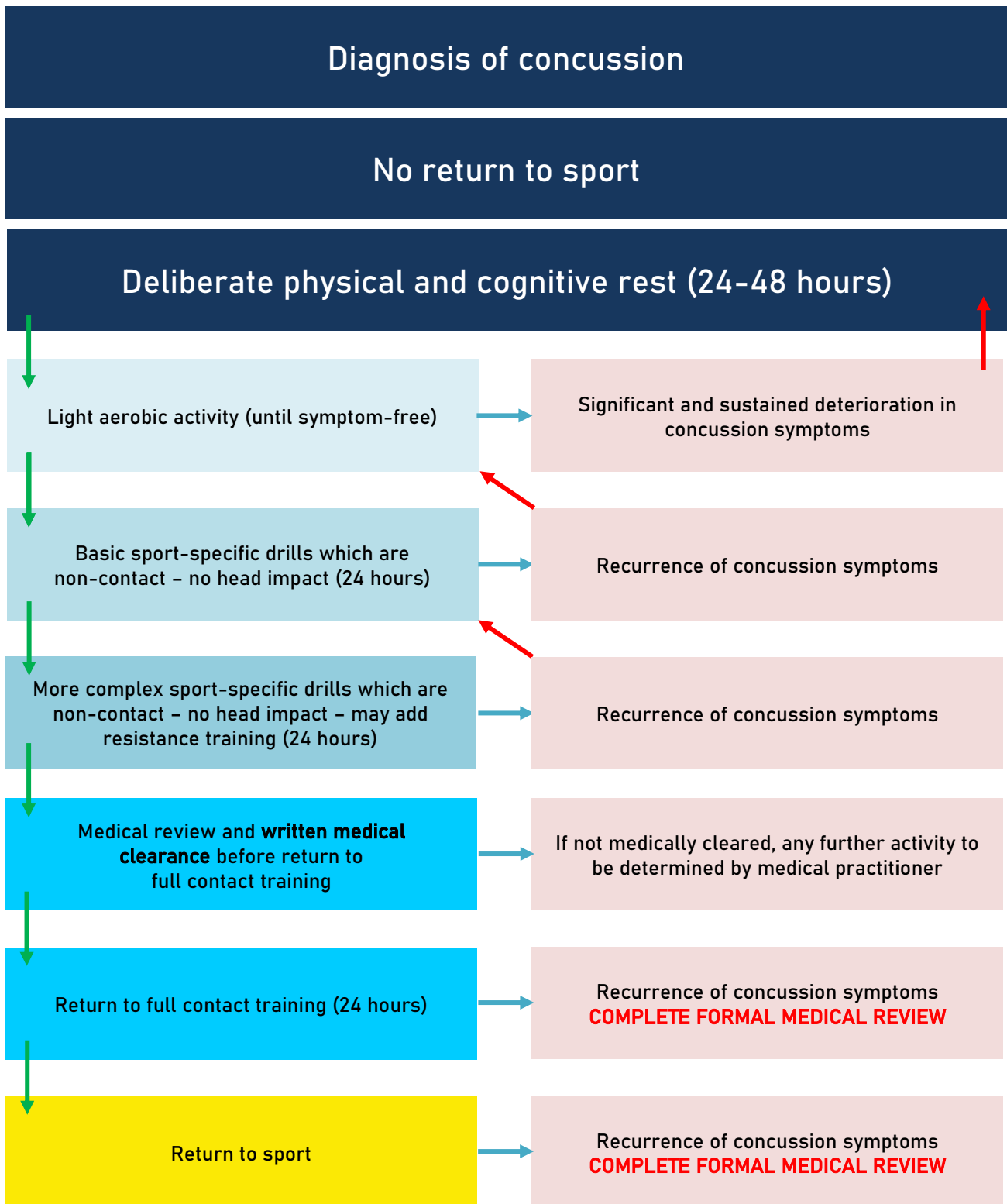
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CONCUSSION RECOGNITION TOOL 5[®]

To help identify concussion in children, adolescents and adults



FIFA[™]



AEI

RECOGNISE & REMOVE

Head impacts can be associated with serious and potentially fatal brain injuries. The Concussion Recognition Tool 5 (CRT5) is to be used for the identification of suspected concussion. It is not designed to diagnose concussion.

STEP 1: RED FLAGS – CALL AN AMBULANCE

If there is concern after an injury including whether ANY of the following signs are observed or complaints are reported then the player should be safely and immediately removed from play/game/activity. If no licensed healthcare professional is available, call an ambulance for urgent medical assessment:

- Neck pain or tenderness
- Double vision
- Weakness or tingling/burning in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness
- Deteriorating conscious state
- Vomiting
- Increasingly restless, agitated or combative

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Assessment for a spinal cord injury is critical.
- Do not attempt to move the player (other than required for airway support) unless trained to do so.
- Do not remove a helmet or any other equipment unless trained to do so safely.

If there are no Red Flags, identification of possible concussion should proceed to the following steps:

STEP 2: OBSERVABLE SIGNS

Visual clues that suggest possible concussion include:

- Lying motionless on the playing surface
- Slow to get up after a direct or indirect hit to the head
- Disorientation or confusion, or an inability to respond appropriately to questions
- Blank or vacant look
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Facial injury after head trauma

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STEP 3: SYMPTOMS

- Headache
- "Pressure in head"
- Balance problems
- Nausea or vomiting
- Drowsiness
- Dizziness
- Blurred vision
- Sensitivity to light
- Sensitivity to noise
- Fatigue or low energy
- "Don't feel right"
- More emotional
- More Irritable
- Sadness
- Nervous or anxious
- Neck Pain
- Difficulty concentrating
- Difficulty remembering
- Feeling slowed down
- Feeling like "in a fog"

STEP 4: MEMORY ASSESSMENT

(IN ATHLETES OLDER THAN 12 YEARS)

Failure to answer any of these questions (modified appropriately for each sport) correctly may suggest a concussion:

- "What venue are we at today?"
- "Which half is it now?"
- "Who scored last in this game?"
- "What team did you play last week/game?"
- "Did your team win the last game?"

Athletes with suspected concussion should:

- Not be left alone initially (at least for the first 1-2 hours).
- Not drink alcohol
- Not use recreational/ prescription drugs
- Not be sent home by themselves. They need to be with a responsible adult.
- Not drive a motor vehicle until cleared to do so by a healthcare professional.

The CRT5 may be freely copied in its current form for distribution to individuals, teams, groups and organisations. Any revision and any reproduction in a digital form requires approval by the Concussion in Sport Group. It should not be altered in any way, rebranded or sold for commercial gain.

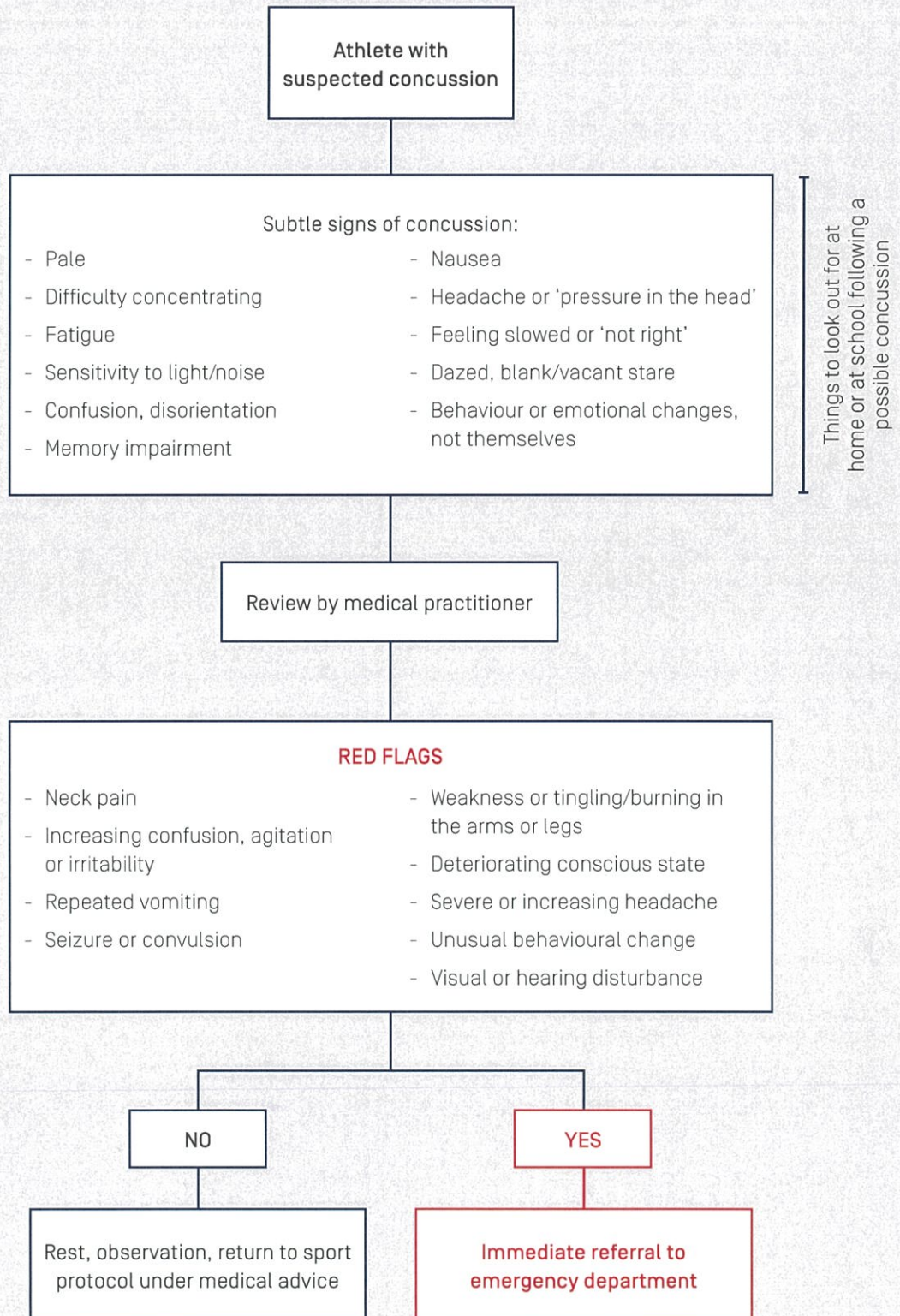
ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY, EVEN IF THE SYMPTOMS RESOLVE

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Concussion management flow chart – off field

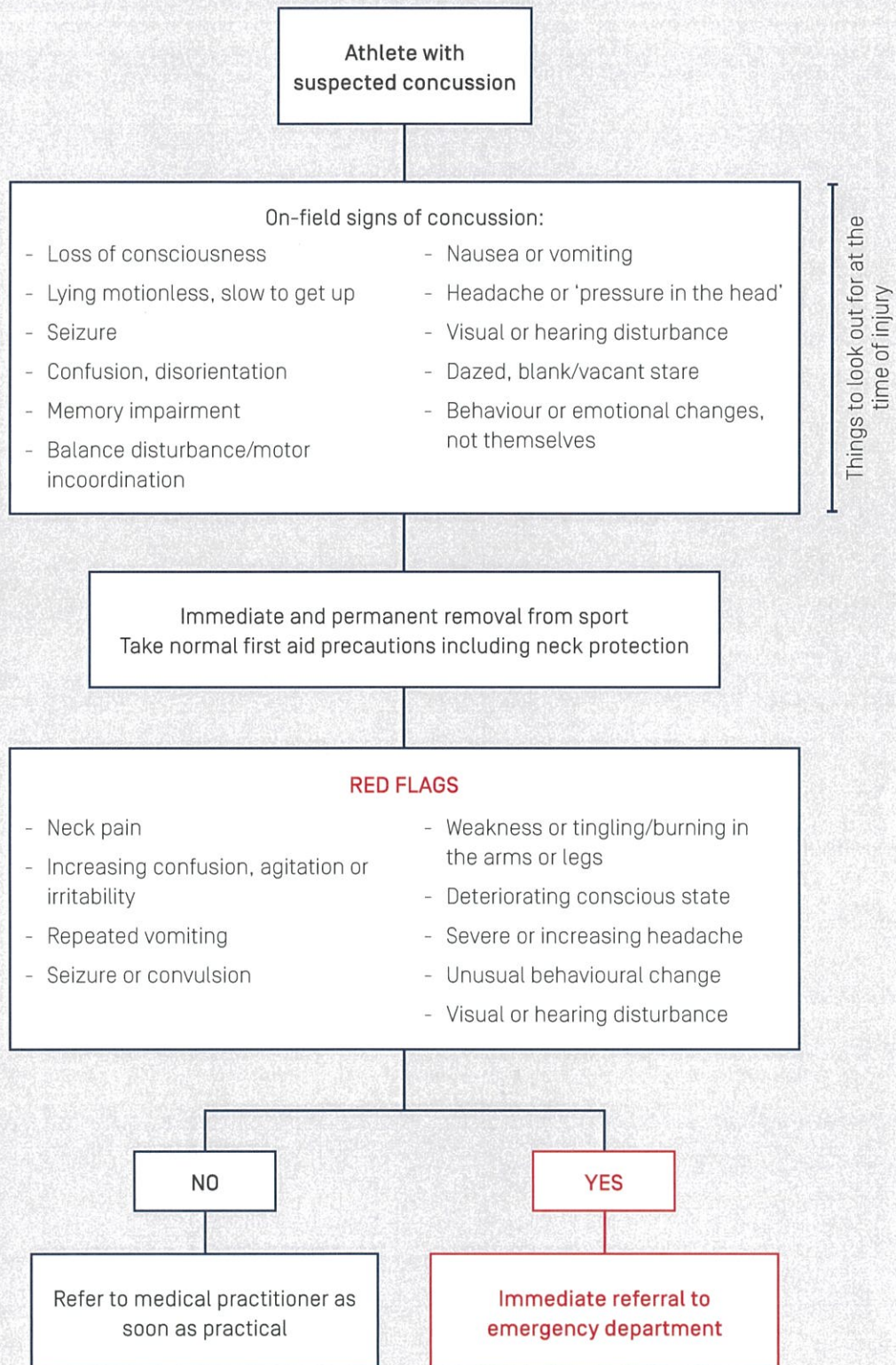
(for parents, coaches, teachers, team-mates, support staff)



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Concussion management flow chart – **on field**

[for parents, coaches, teachers, team-mates, support staff]



Example - Club Concussion Practice and Game Day Management

Below is an example of a club concussion checklist which a club or organisation can use to ensure they have undertaken the appropriate concussion recognition and management processes in place at practice and games.

Club Concussion Checklist Practice and Game Day Management 2017

Club Name:

Club Concussion Coordinator(s) and Contact Number:

The following procedure should be followed for recognising and managing concussion at practice and on game day:

Identify one or more people who are responsible for coordinating all concussion-related activity

Ensure at least one person has a fully charged mobile phone and the phone number for emergency services (000)

Ensure all coaches, officials and first aid providers have access to a Concussion Recognition Tool 5

Ensure an ambulance is called immediately if any "Red Flags" are raised.

Ensure all players who are suspected of having a concussion are:

Removed from participation immediately

Assessed by someone experience and trained in using the Concussion Recognition Tool 5

Not allowed to return to participation on the same day

Supervised and monitored for at least 2 hours following a suspected concussion

Provided with appropriate information about how to manage a concussion including return-to-play protocols

Provided with the contact details of a local medical practitioner with experience in managing concussion

Contacted within 48 hours to check they are okay and have all the information they need.

Local Medical Contacts

Medical practitioner with experience in managing concussion:

Sports Medicine Clinics:

Local Hospital:

Example - Club Concussion Checklist Pre-Season Preparation and Education

Below is an example of some suggested measures forming part of a club concussion checklist which a club or organisation can use to ensure they have undertaken the appropriate pre-season education and preparation to recognise and manage concussion.

Where possible, clubs and event organisers should identify and develop a positive relationship with a local medical practitioner who is willing and available to:

- receive referrals of players with suspected concussion from the club
- provide concussion recognition and management information and training to the club
- work with the club and players to coordinate the return-to-participation process

Club Concussion Checklist Pre-Season Preparation and Education 2017

Club Name:

Club Concussion Coordinator(s) and Contact Number:

To reduce the risk of concussion the following pre-season preparation and education has been implemented:

Concussion Fact Sheets have been:

posted on the club website or at the club
distributed with registration information
emailed to all parents, coaches and officials

Concussion Recognition Tool 5 has been:

provided to all coaches, officials
and designated individuals
included in all first aid kits

**Concussion Information Posters
have been:**

posted on the club website
distributed with registration information
emailed to all parents, coaches and officials

**In-person concussion education
has been delivered to:**

all coaches
players
parents

**Concussion recognition and management
training has been provided to:**

the concussion co-ordinator
all first aid providers and sports trainers
interested coaches and parents

**A Medical Emergency Plan has been
developed and communicated to all
coaches, officials and designated
individuals.**

Local Medical Contacts

Medical practitioner with experience in managing concussion:

Sports Medicine Clinics:

Local Hospital: