

NETBALL WA CONCUSSION MANAGEMENT POLICY

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Introduction

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 athletes have led to an increase in the importance of recognising and managing the condition safely and appropriately.

Purpose

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

This policy aims to:

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

Policy

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.

Netball WA 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.

1. Recognising concussion

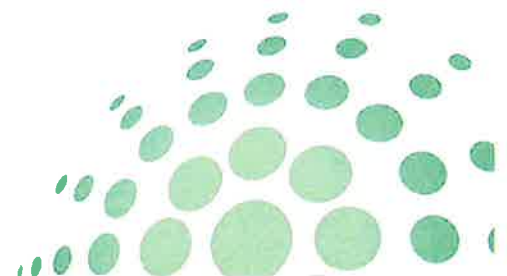
Recognising concussion is critical to correct management and prevention of further injury. Onlookers should suspect concussion when an injury results in a knock to the head or body that transmits a force to the head. A hard knock is not required, a concussion can occur from relatively minor knocks.

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
- difficult 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 Pocket Concussion Recognition Tool (see appendices).

2. 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

3. 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 athlete 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.**

Appendices:

- Appendix 1: Concussion Recognition Tool 5
- Appendix 2: Return to Sport Protocol for Adults over 18 years of age (AIS Document)
- Appendix 3: Return to Sport Protocol for Children under 18 years of age (AIS Document)
- Appendix 4: Club Concussion Checklist – Pre-season (SMA Document)
- Appendix 5: Club Concussion Checklist – Match days (SMA Document)

Authorisation



Date 29-1-19

Simon Taylor
Chief Executive Officer
Netball WA



CONCUSSION RECOGNITION TOOL 5[©]

To help identify concussion in children, adolescents and adults



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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
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Blank or vacant look
- 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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Diagram 1: Return to Sport Protocol for adults over 18 years of age

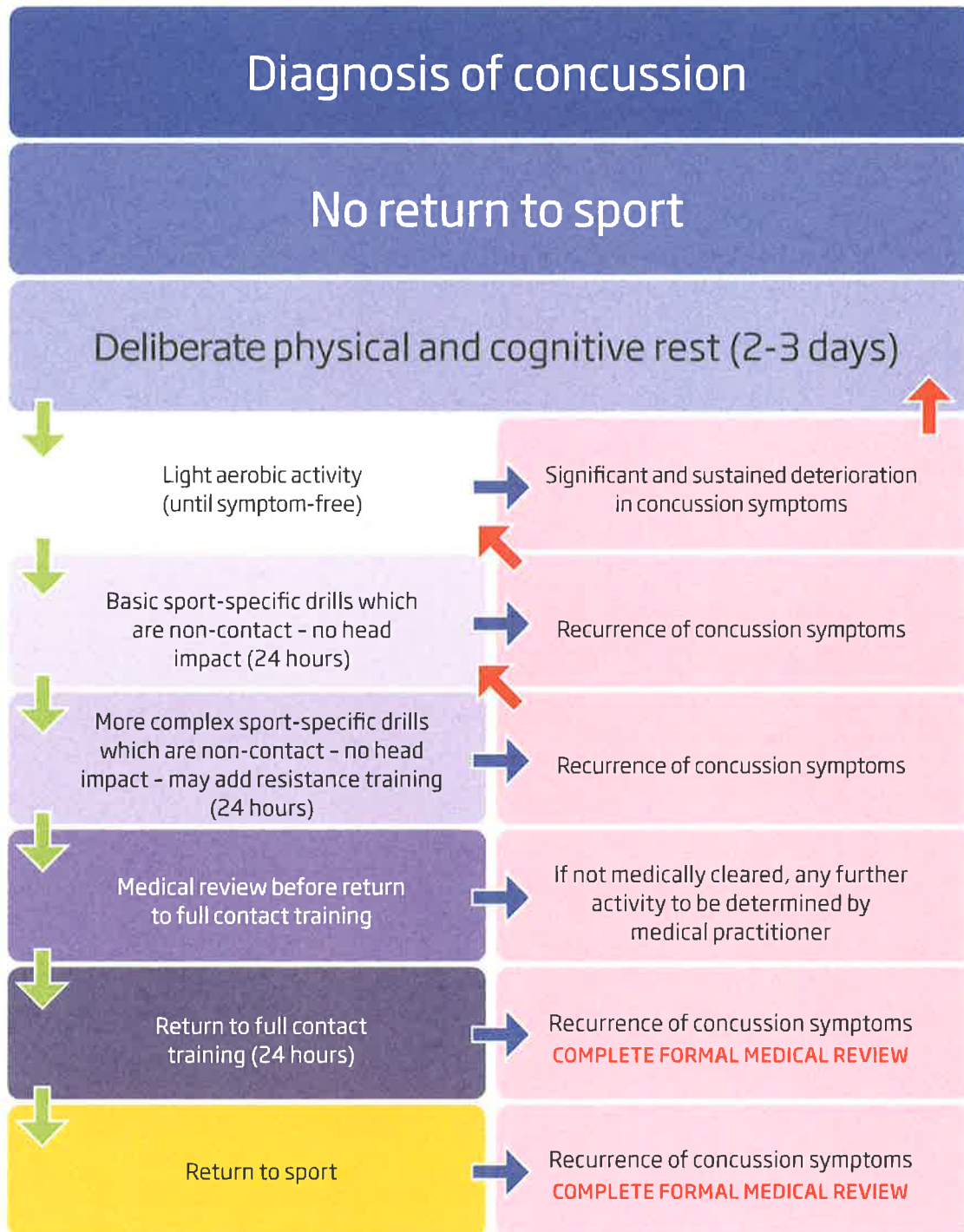
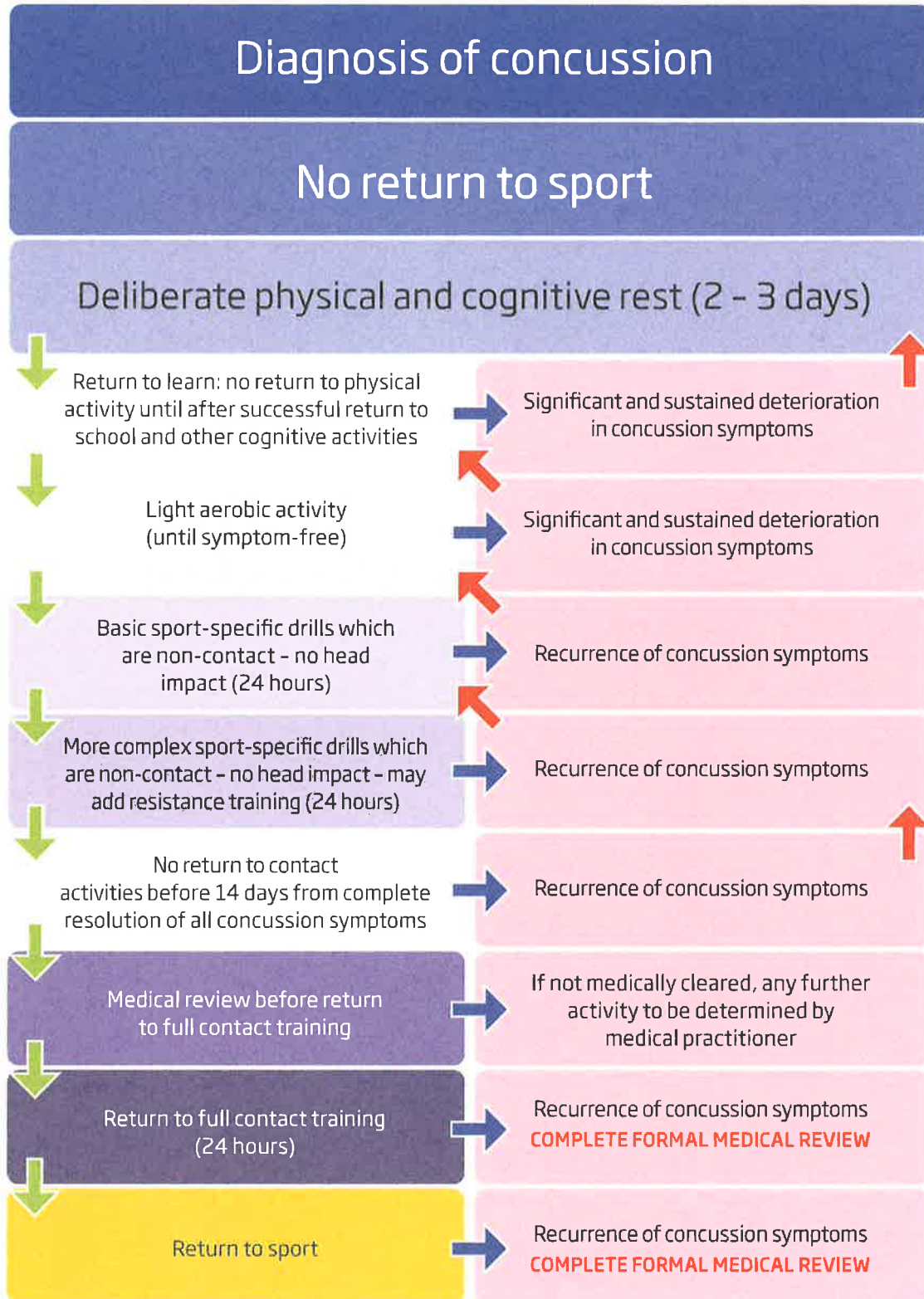


Diagram 2: Return to Sport Protocol for children 18 years of age and under



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:

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: