



Netball Victoria

Concussion Management Policy



Disclaimer - The information in this policy is general. Reading or using this policy is not the same as getting medical advice from your doctor or health professional. All reasonable attempts have been made to ensure the information is accurate. However, Netball Victoria is not responsible for any loss, injury, claim or damage that may result from using or applying the information in this policy.

All players with a suspected concussion must seek an urgent medical assessment with a registered doctor. This Policy does not replace the need to seek medical assessment and are intended to assist in the management of concussion only.

TABLE OF CONTENTS

Part 1 – Introduction and Framework	
1.1 – Introduction	4
1.2 – Purpose	4
1.3 – Framework of Policy	4
1.4 – Who is bound by this policy	5
Part 2 – Concussion Recognition and Management	
2.1 – What is concussion	6
2.2 – Management guidelines for suspected concussion	6
2.3 – Initial steps in the management of concussion	6
2.3.1 – Recognising a suspected concussion	7
2.3.2 – Removing the player from the activity	9
2.3.3 – Refer to a medical practitioner	10
Part 3 – Rest, Recovery and Return to Sport	
3.1 – Rest	11
3.2 – Recovery	11
3.3 – Return to Sport	12
Part 4 – Concussion Management Key Points	
4.1 – Key Points for Affiliate Administrators	13
4.2 – Key Points for Players, Coaches, Parents	13
Part 5 – Appendices	
5.1 – Netball Victoria Concussion Management Flow Chart	14
5.2 – Concussion Recognition Tool 5	15
5.3 - Affiliate Concussion Checklist - Pre-season (SMA Document)	16
5.4 - Affiliate Concussion Checklist – Match Day (SMA Document)	17

Part 1 – Introduction and Framework

1.1 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.

In considering the best practice management of sport-related concussion (SRC), the priority remains the short- and long-term welfare of the player. These guidelines have been developed to endorse an approach that prioritises assessment, rest, recovery.

In general, children and adolescents (age 5-17) require a different approach from adults because their brains are developing, and they need to continue learning and acquiring knowledge. As such, the priority is not just player welfare and return to sport, but a critical element is return to school and learning.

The policy has been written in accordance with the concussion in sport policy issued by Sport Medicine Australia V1.0 January 2018. All the information in this policy is in line with the latest findings from the 5th International Conference on Concussion in Sport, and the 2017 Concussion in Sport Group (CISG) consensus statement.

1.2 Purpose

In developing and implementing this Netball Victoria Concussion Management Policy, the focus is to ensure the safety and welfare of all players and a consistent application of best practice protocols and guidelines for the management of concussion across all levels of netball in Victoria.

It will help players, coaches, officials, and parents:

- understand what concussion is and why it is important, particularly for children
- recognise concussion
- manage a suspected concussion
- manage return to participation after concussion
- know where to get more information about concussion.

1.3 Framework of This Policy

The aim of this policy is to ensure that all players with a suspected concussion - in Netball across all levels - receive timely and appropriate advice and care to enable them to safely return to everyday activities and sport. The Policy consists of the following Parts:

- Part 1: Introduction and Framework
- Part 2: Concussion Recognition and Management
- Part 3: Rest Recover & Returning to Sport
- Part 4: Concussion Management Key Points; and
- Part 5: Appendices.

1.4 Who Is Bound by This Policy

This Policy binds everyone who is involved in NV's activities including but not only players, parents, coaches, officials, first aid providers and administrators. All stakeholders involved in Netball should know about and meet the requirements of this policy.

To ensure the correct education, protocols and information is shared with the appropriate stakeholders an affiliate concussion pre-season preparation and education checklist is provided (Refer to section 5.3).

To ensure the appropriate concussion recognition and management processes are in place at training and games a checklist is provided. (Refer to section 5.4)

The main stakeholders all have a role in recognising and managing concussion:

Players should:

- report any potential concussion symptoms they experience.
- report if they suspect a teammate or fellow player has concussion.
- follow any medical advice they receive.

Parents should:

- watch carefully for immediate and delayed signs and symptoms of concussion.
- obtain proper care for their child.
- inform other stakeholders of their child's health.

Coaches, Officials, First Aiders and Administrators should:

- ensure all stakeholders are aware of the concussion policy.
- organise and distribute concussion resources (posters, fact sheets etc, Concussion Recognition Tool 5).
- ensure all stakeholders follow game day and practice concussion protocols.
- notify parents of concussed junior player's as quickly as possible and provide advice about further management of their child.
- ensure concussed players follow appropriate protocols and medical assessment when resuming participation.

Part 2 – Concussion Recognition and Management

2.1 What is Concussion?

Concussion is a disturbance in brain function rather than a structural injury to the brain. It is caused by direct or indirect force to the head, face, neck or elsewhere with the force transmitted to the head. A player does not have to be knocked unconscious to have a concussion. **Loss of consciousness is seen in only 10–15% of cases of concussion. It is important to note a player does not have to lose consciousness to have a concussion.**

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.

Recovery from concussion varies from person to person, and injury to injury. If recognised and appropriately managed most people will recover from their symptoms.

2.2 MANAGEMENT GUIDELINES FOR SUSPECTED CONCUSSION

The Concussion Management guidelines for suspected concussion 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. (Refer to The Netball Victoria Concussion Management Plan Flow Chart – See Section 5.1)

NV affiliates should ensure that all stakeholders understand the concussion protocols at the beginning of each season in accordance with the Management guidelines outlined in this policy.

NV Affiliates should organise and distribute concussion resources (fact sheets – See Section 5.2 Useful Links and Resources, Concussion Recognition Tool 5th Edition (CRT5) – See Section 5.2)

2.3 Initial Steps in the Management of Concussion

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

1. **Recognising**
Recognise an injury has occurred
2. **Remove**
Remove the player from the game or activity
3. **Refer**
Refer the player to a qualified doctor for assessment.

2.3.1 Recognising a Suspected Concussion

Although a medical practitioner should formally diagnose a concussion, all sport stakeholders including players, parents, coaches, officials, teachers, and trainers are responsible for recognising and reporting players with visual signs of a head injury or who report concussion symptoms.

Watch for when a player collides with:

- another player.
- a piece of equipment; or
- the ground.

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:

- Lying motionless on the playing surface
- Getting up slowly after a direct or indirect blow to the head
- Being disoriented or unable to respond appropriately to questions
- Having a blank or vacant stare
- Having balance and coordination problems such as stumbling or slow laboured movements
- Having a face or head injury

Important Note: Loss of consciousness, confusion and memory disturbance are all classic features of concussion. The problem with relying on these features to identify a suspected concussion is that they are not present in every case.

Common symptoms (what the player reports):

- Headache
- Feeling “Pressure in the head”
- Balance problems
- Nausea or vomiting
- Drowsiness
- Dizziness
- Blurred vision
- Sensitivity to light
- Sensitivity to noise
- Fatigue or low energy
- “Don’t feel right”
- Feeling more emotional than usual
- Being more irritable than usual
- Sadness
- Being nervous or anxious
- Neck pain

- Difficulty concentrating
- Difficulty remembering
- Feeling slow
- Feeling like “in a fog”

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.

Memory Assessment

If a player is more than 12 years old, the questions listed on the Concussion Recognition Tool - 5th Edition (CRT5). (Refer to 5.2) can be used to recognise a suspected concussion.

An incorrect answer to any of these questions indicates the player may have sustained a concussion:

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

Appropriately modified questions can include:

- “What month is it?”
- “What is the date today?”
- “What is the day of the week?”
- “What year is it?”
- “What is the time right now?”

It is important to note however that brief sideline evaluation tools (such as the CRT5), are designed to help identify a suspected concussion. They are not meant to replace a more comprehensive medical assessment and should never be used as a stand-alone tool for the management of concussion.

Currently, there are no commercially available tools (impact sensors, goggles, balance apps, etc) that can be relied upon to either diagnose or exclude a concussion.

Red Flags

In some cases, a player may have signs or symptoms of a severe head or spinal injury. These should be considered “Red Flags”.

If a player has any of the “Red Flags” set out in the Concussion Recognition Tool 5, a severe head or spine injury should be suspected.

Red Flags include:

- Neck pain or tenderness
- Double vision

- Weakness or tingling/burning in arms or legs
- Severe or increasing headaches
- Seizure or convulsion
- Loss of consciousness
- Deteriorating consciousness
- Vomiting
- Increasing restless, agitation or aggression

If an athlete is suspected of sustaining a severe head or spinal injury (“Red Flag”), call an ambulance immediately.

Once there has been recognition of signs and symptoms of a potential concussion, the player in question should be removed from play immediately and referral of the player to a medical practitioner for assessment should take priority. At this time, ensure the player is closely monitored and escorted for referral.

No one can decide that it is okay for someone with suspected concussion to resume participating on the same day other than a medical practitioner. This includes the player themselves, parents of junior players, coaches or officials.

2.3.2 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.

Anyone with a suspected concussion must be removed from the game. This will enable the player to be properly assessed. Removing the conscious player from the match or training session allows the first aid provider time and space to assess the player properly. Assessment should take place in a distraction-free environment, such as the change rooms or first aid room.

Players with suspected concussion should:

- Be immediately removed from participation
- Not be left alone initially (at least for the first 1–2 hours)
- Not drink alcohol
- Not use recreational drugs
- Not take certain prescription medications including aspirin, anti-inflammatory medications, sedative medications, or strong pain-relieving medications
- Not be sent home by themselves.
- Not drive a motor vehicle
- Be referred for appropriate medical assessment

Management of an unconscious player

- Basic first aid rules should be used when dealing with any unconscious player (i.e. danger, response, airway, breathing, circulation).
- Care must be taken with the player’s neck, which may have also been injured in the collision.
- In unconscious players, the player must only be moved (onto the stretcher) by qualified health professionals, trained in spinal immobilisation techniques.

- If no qualified health professional is on site, then do not move the player – await arrival of the ambulance.
- Urgent hospital referral is necessary if there is any concern regarding the risk of a structural head or neck injury.
- Overall, if there is any doubt, an ambulance should be called, and the player transferred to hospital.

2.3.3 Refer To a Medical Practitioner

Anyone who has a suspected concussion **must not be allowed to return to participation in the same game/day unless cleared by a medical practitioner**. Do not be influenced by the player, coaching staff, parents, or others suggesting that they should return to play. **The player must be reviewed by a medical practitioner as soon as possible**. This assessment can be provided by a local general practice or hospital emergency department.

Concussion in Children and Adolescents

The management of sport related concussion in children (aged 5 to 12 years) and adolescents (aged 13 to 18 years) requires special paradigms suitable for the developing child. Children have physical and developmental differences - less developed neck muscles; increased head to neck ratio; and brain cells and pathways that are still developing. Children and adolescents may have greater susceptibility to concussion, they may also take longer to recover, and they may be at risk of severe consequences such as second impact syndrome.

Managing concussion in children and adolescents therefore requires different standards and a more conservative approach.

Children typically take longer to recover from concussion than adults (up to four weeks).

Return to Learn

The priority when managing concussion in children should be returning to school and learning, ahead of returning to sport. Concussion symptoms can interfere with memory and information processing. This can make it hard for children to learn in the classroom. Parents should discuss with their doctor and child's school, an appropriate return-to-school strategy

A child is not to return to netball, or any other sport, until he/she has successfully returned to school/learning, is symptom-free, and has received medical clearance.

Part 3 – Rest Recovery and Return to Sport

Always refer the player and, if they are a child, their parents, to a qualified medical practitioner with some expertise in the management of concussion. Coach's, administrators, and officials should provide players and their parents with information about:

- **Rest** - immediate management of a suspected concussion.
- **Recovery** - graduated return-to- participation protocol; and
- **Return to Play** - medical clearances needed to return to participation

3.1 Rest

Most people will recover from a concussion within 10 to 14 days. However, recovery will vary from person to person, and from injury to injury.

Children and adolescents often take longer to recover from a concussion than adults, and it is not abnormal for symptoms to last up to 4 weeks or children or adolescents.

Rest is recommended immediately following a concussion (24–48 hours). 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.

3.2 Recovery

A player who has suffered a concussion should return to sport gradually. They should increase their exercise progressively, if they remain symptom-free, following the stages outlined below:

Following 24–48 hours of physical and mental rest

Stage	Activity	Goal of Each Stage
1. Daily activities while remaining symptom-free	Daily activities that do not provoke symptoms	Gradually reintroduce work or school activities.
2. Light aerobic exercise	Walking, swimming or stationary cycling at a slow to medium pace. No strength or weight training	Increase heart rate
3. Sport-specific exercise	Running drills in football or skating drills in ice hockey. No activities with head impact	Add movement
4. Non-contact training drills	Harder training drills, e.g. passing etc. Start progressive strength or weight training.	Exercise, coordination, and mental load
After receiving medical clearance		
5. Full contact training	Normal training activities	Restore confidence and assess skills by coach
6. Return to play	Normal game play	

Each stage of the progression should take at least 24 hours. If any symptoms worsen during exercise, the athlete should go back to the previous stage. Strength or weight training should be added only in the later stages (3 or 4 at the earliest). If symptoms persist - more than 10–14 days in adults or more than 4 weeks in children/ adolescents - refer the player to a medical practitioner with expertise in managing concussion.

Entry into a graded loading program requires careful monitoring for recurrence of symptoms. It is important that the player is honest with themselves, the team and the team medical/coaching staff about symptoms.

If any symptoms return while exercising, the player should go back to the previous symptom free step and seek medical advice.

In following these guidelines, the focus must be on ensuring that players pass through each of the steps safely

3.3 Return to Sport

Managing concussion is a shared responsibility between the player, coach, parents, and medical practitioner. Open communication is essential, and information should be shared.

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.

For children and adolescents, it is suggested the graduated return to play protocol should be extended such that **a child does not return to contact/collision activities less than 14 days from the resolution of all symptoms.**

A player is not to return to Netball or other sport, until he/she has successfully returned to school/learning or their place of employment, is symptom-free, completed the graded recovery process and has received medical clearance.

Part 4 – Concussion Management Key Points

4.1 Key Points for Affiliate 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.

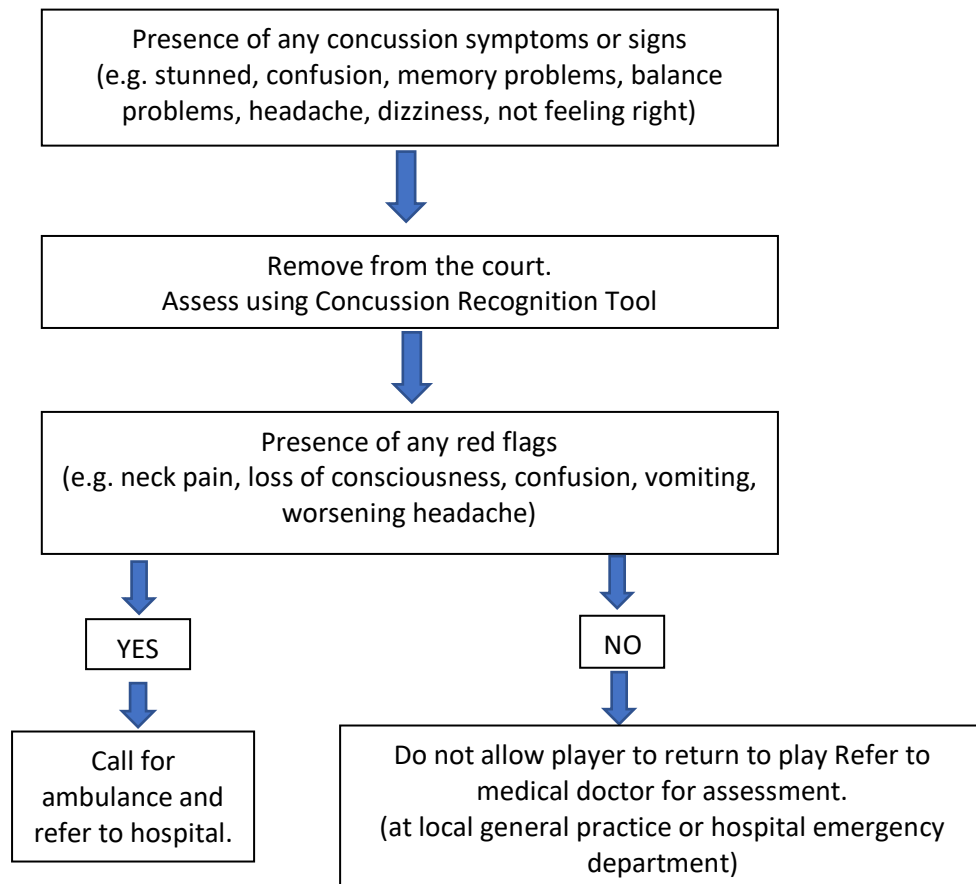
4.2 Key Points for Players, Coaches, Parents

- 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.

Part 5 – Appendices

5.1 Netball Victoria Concussion Management Plan Flow Chart






Netball Victoria Concussion Management Plan



5.2 Concussion Recognition Tool 5th Edition (CRT5)

CONCUSSION RECOGNITION TOOL 5[®]

To help identify concussion in children, adolescents and adults

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 step:

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

(ON 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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Useful Links and Resources

Concussion In Sport Fact Sheet

https://www.concussioninsport.gov.au/data/assets/pdf_file/0003/686343/35154_Concussion_in_sport_v2.pdf

Pocket Concussion Recognition Tool 5

<http://bjsm.bmj.com/content/51/11/872>

AIS/AMA position statement on concussion in sport

<https://concussioninsport.gov.au>

The 5th International Conference on Concussion in Sport: Consensus Statement

<http://bjsm.bmj.com/content/51/11/838>

Sports Medicine Australia

<https://sma.org.au/resources-advice/concussion/>

5.3 Affiliate Concussion Checklist - Pre-season (SMA Document)

Example - Affiliate 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

Affiliate Concussion Checklist Pre-Season Preparation and Education

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: <input type="checkbox"/> posted on the club website or at the club <input type="checkbox"/> distributed with registration information <input type="checkbox"/> emailed to all parents, coaches and officials	Concussion Recognition Tool 5 has been: <input type="checkbox"/> provided to all coaches, officials and designated individuals <input type="checkbox"/> included in all first aid kits
Concussion Information Posters have been: <input type="checkbox"/> posted on the club website <input type="checkbox"/> distributed with registration information <input type="checkbox"/> emailed to all parents, coaches and officials	In-person concussion education has been delivered to: <input type="checkbox"/> all coaches <input type="checkbox"/> players <input type="checkbox"/> parents
Concussion recognition and management training has been provided to: <input type="checkbox"/> the concussion co-ordinator <input type="checkbox"/> all first aid providers and sports trainers <input type="checkbox"/> interested coaches and parents	<input type="checkbox"/> 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:	

5.4 Affiliate Concussion Checklist – Match Day (SMA Document)

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.

Affiliate Concussion Checklist Practice and Game Day Management

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:
<input type="checkbox"/> Identify one or more people who are responsible for coordinating all concussion-related activity
<input type="checkbox"/> Ensure at least one person has a fully charged mobile phone and the phone number for emergency services (000)
<input type="checkbox"/> Ensure all coaches, officials and first aid providers have access to a Concussion Recognition Tool 5
<input type="checkbox"/> Ensure an ambulance is called immediately if any "Red Flags" are raised.
<input type="checkbox"/> Ensure all players who are suspected of having a concussion are:
<input type="checkbox"/> Removed from participation immediately
<input type="checkbox"/> Assessed by someone experience and trained in using the Concussion Recognition Tool 5
<input type="checkbox"/> Not allowed to return to participation on the same day
<input type="checkbox"/> Supervised and monitored for at least 2 hours following a suspected concussion
<input type="checkbox"/> Provided with appropriate information about how to manage a concussion including return-to-play protocols
<input type="checkbox"/> Provided with the contact details of a local medical practitioner with experience in managing concussion
<input type="checkbox"/> 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: