



## TANUNDA NETBALL CLUB

# CONCUSSION GUIDELINES

**All players with a suspected concussion must seek an urgent medical assessment with a medical practitioner.**

**These guidelines do not replace the need to seek a medical assessment and are intended to assist in the management of concussion only.**

A concussion is a disturbance in brain function caused by direct or indirect force to the head, face, neck or elsewhere with the force transmitted to the head. When it occurs, a player may experience symptoms and temporary loss of some brain skills, such as memory and thinking abilities.

A player does not have to be knocked out to have a concussion. All stakeholders (parents, players, coaches, sports trainers, medical team etc) need to be aware of the signs and symptoms of concussion, which can be subtle.

The priority remains to be the player's short and long term welfare. These guidelines are to be adhered to at all times.

These Guidelines adhere to the evidence and recommendations from the 6<sup>th</sup> International Concussion in Sport as they relate to netball. They take into account the Australian Institute of Sport, Sports Medicine Australia, the Australian Physiotherapy Association and the Australasian College of Sport and Exercise Physicians [37382\\_Concussion-and-Brain-Health-Position-Statement-2024-FA.pdf \(concussioninsport.gov.au\)](#) (the **AIS Position Statement**) and the [37382\\_Concussion-Guidelines-for-community-and-youth-FA-acc-v2.pdf \(concussioninsport.gov.au\)](#) (the **AIS Guidelines for Youth and Community Sport**), released in February 2024.

These above AIS Guidelines are intended to *"provide information on how to recognise concussion and manage concussion from the time of injury through to a safe return to education, work and playing sport"*.

**For all Netball Australia pathway programs**, the **Netball Australia Guidelines for the Management of Sports-related Concussion in Netball** apply [MED002 Guidelines for Management of SRC NA Pathways Youth and Community Netball 1204.pdf](#)

Accordingly, under these NA Youth and Community Guidelines, the earliest that a player can return to play after concussion is on the **21<sup>st</sup> day after the day on which the concussion was sustained**, provided the player has safely progressed through each phase of the return-to-play program.

## **Management of Concussion**

The following 3 steps will be implemented in the initial management of concussion within our club.

In the early stages of injury, it is often not clear whether you are dealing with a concussion or if there is a more severe underlying structural head injury. For this reason, the following 3 steps will be implemented in the initial management of concussion within our club.

(Refer **Annexure A** – *Non-Healthcare Practitioner ON FIELD Concussion Recognition Decision Tree*)

### **1. Recognising a suspected concussion**

The sports medicine, sports trainer or first aid personnel present will assess a player suffering a suspected concussive episode at training and during games.

The "Concussion Recognition Tool 6" (CRT6) is to be used by non-medically trained people to identify and immediately manage a suspected concussion injury. Our club personnel will be educated in using the CRT6 Tool and attend regular education updates on concussion management.

### **2. Removing the player from the game**

If the player presents with any signs and symptoms of concussion as indicated by the CRT6, the player is removed from training or the game and not allowed to continue playing or training that day or until medical clearance is provided.

***If in doubt, sit them out.*** The player will be removed from training or games and reviewed by a doctor.

### **3. Referring the player to a medical practitioner for assessment**

All players with a concussion or suspected concussion need an urgent medical assessment (with a registered medical doctor and preferably one who is experienced in concussion management).

The player shall not be allowed to resume training or play again until the Club's sports medicine, first aid personnel and coaching staff receive a written clearance from a doctor. The doctor must clear the player using the SCAT6 or Child SCAT6 Assessment Tool.

If the doctor determines no concussion, the player can return to training and play.

If concussion is determined by the doctor to have been present, then the player shall undertake a graduated return -to-play concussion rehabilitation program. Return to school/work/sport/activity can be written by the Doctor, and links to these resources can be found on the Sport Australia website (Australian Sports Commission/AIS).

**Any player who has suffered a concussion or a suspected concussion must not be allowed to return to play in the same match or training session.**

## **Return to Play**

The Return to Play/Sport Program will be either prescribed by a Sports GP or the Club's Senior Sports medicine/sports trainer staff. It will follow stepwise, medically managed exercise progression with increasing amounts of exercise.

As per Refer to AIS Concussion in Sport Statement.

Child SCAT6 states that children between the ages of 5-12 should undergo a graduated return to school.

Players should not enter the graded loading program until they have recovered from their concussion. Recovery means that all concussion-related symptoms and signs have fully resolved at rest and with activities of daily living, and they have successfully returned to work or school without restrictions.

Children and adolescents (under 18 years of age) take longer to recover from concussion. They should be advised to wait a minimum of 21 days from when symptoms cease before returning to full contact/collision activities in line with medical advice.

This policy is effective from the date of this memo.

The following people at our club have been advised of the policy at the start of each season:

- Coaches
- Sports Medicine personnel including Sports Trainers and First Aiders
- Team Managers
- Players
- Parents/Caregivers

## **SYMPTOMS**

Below are some of the signs and symptoms of suspected concussion:

- Loss of consciousness
- Seizure or convulsion
- Balance problems
- Nausea or vomiting
- Drowsiness
- More emotional
- Irritability
- Sadness
- 'don't feel right'
- Difficulty remembering
- Headache
- Dizziness
- Confusion
- Blurred vision

## Useful links/resources

### General Resources

[Concussion in Australian Sport | Concussion in Australian Sport \(concussioninsport.gov.au\)](https://www.concussioninsport.gov.au)

### Concussion Assessment Tools – Concussion Recognition Tool 6

[692.full.pdf \(bmj.com\)](https://www.bmj.com/lookup/doi/10.1136/bmj-2019-026927)

### Pocket Recognition Tool

[267.full.pdf \(bmj.com\)](https://www.bmj.com/lookup/doi/10.1136/bmj-2019-026927)

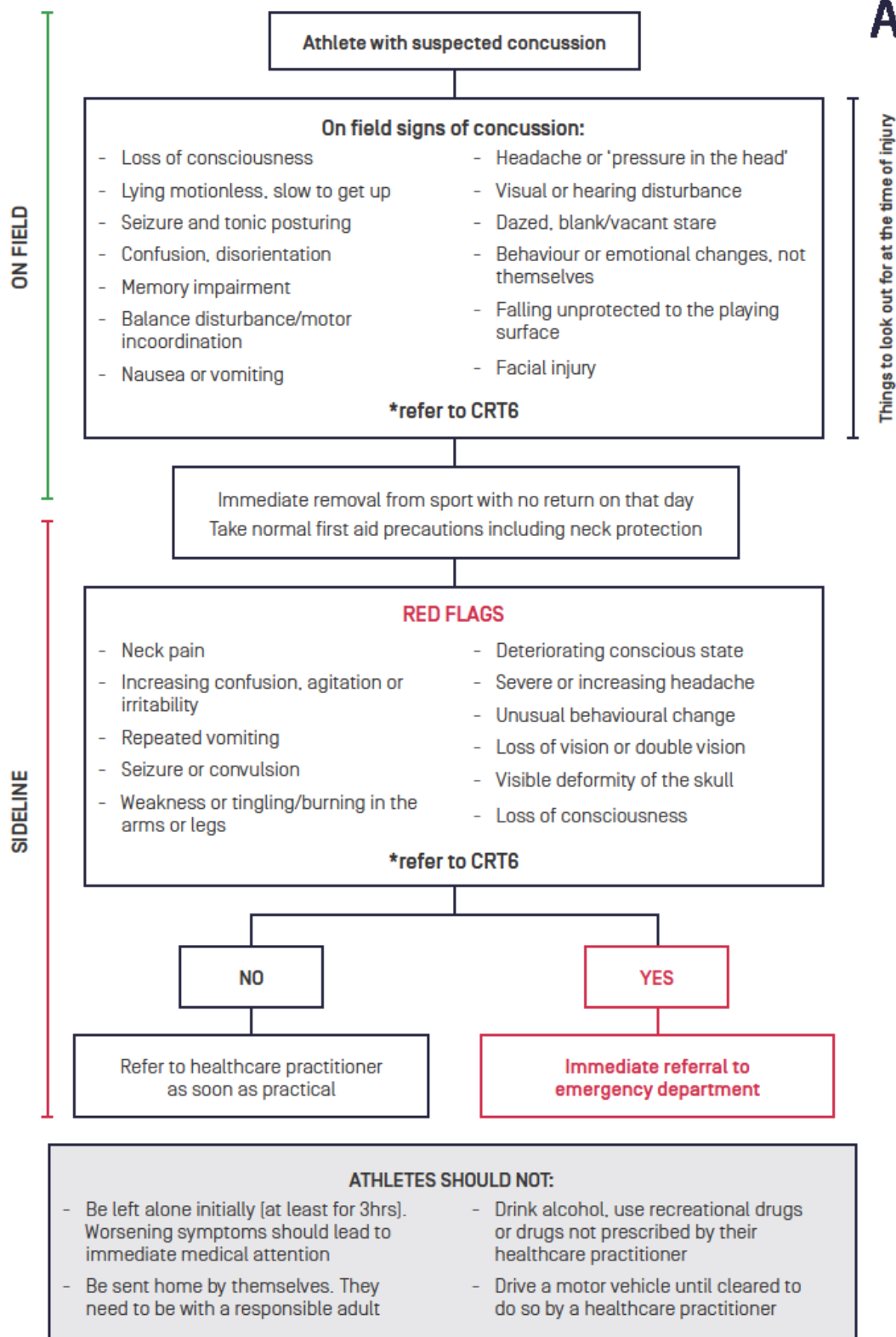
### Forms - AIS Concussion Referral & Return Form

[37382\\_Concussion-referral-and-clearance-form-FA-acc.pdf \(concussioninsport.gov.au\)](https://www.concussioninsport.gov.au/37382-Concussion-referral-and-clearance-form-FA-acc.pdf)

### Courses

[Sport-Related Concussion Short Course - Connectivity](#)

**NON-HEALTHCARE PRACTITIONER *ON FIELD*  
CONCUSSION RECOGNITION DECISION TREE**



ACC3982

