

# 2023 CONCUSSION POLICY

Its intention is to provide a streamlined process to help clubs provide a safe playing environment and take the pressure off non-medical personnel to make decisions regarding safety to play

*Rockingham and  
Districts Netball  
Association Inc.*



Date	July 2022
Policy Type	Concussion Policy - Operational
Date Approved	
Approved by	

### Who Does This Policy Apply To?

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This Policy applies to the following people/organisations whether they are operating in a paid or unpaid/voluntary capacity in the Rockingham and Districts Netball Association [RDNA]:

- (a) Individual Members, including service award holders and life members.
- (b) Individuals sitting on boards, committees and sub-committees.
- (c) All employees, volunteers, independent contractors and other workplace participants, including:
  - (i) Support personnel (e.g. managers);
  - (ii) Coaches and assistant coaches;
  - (iii) Athletes and players; and
  - (iv) Umpires, bench officials and other officials.
- (d) Any other person or organisation that is a member of or affiliated to RDNA.
- (e) Parents, guardians, spectators and sponsors and any other person or organisation to the full extent that is possible.
- (f) Any other Person who has agreed to be bound by this Policy.

### Definitions

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In this Policy, unless otherwise stated:

- 'Association' means Rockingham and Districts Netball Association (RDNA);
- 'Club' means a club affiliated with Rockingham and Districts Netball Association;
- 'Committee' means the management Committee of the Association as elected under the Constitution;
- 'Constitution' means the constitution of Rockingham and Districts Netball Association Inc.;
- Member' means all affiliated members of the Association, including players, coaching and umpiring officials, volunteers, Clubs, and Club members;

### Changes to the Policy

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This Policy may be cancelled, amended, or supplemented by the Association as and when it sees fit. Any variation will be given to Members in writing by the Association. 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 governance



## **Purpose**

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This policy is designed to use the world's best practice to ensure optimum player safety regarding the management and prevention of head injuries. It is specifically tailored to volunteer based teams in RDNA without specialised medical staff. Its intention is to provide a streamlined process to help clubs provide a safe playing environment and take the pressure off non-medical personnel to make decisions regarding safety to play. Its priority is NOT to act as an enforcement or punishment tool.

## **What is concussion?**

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Concussion is a brain injury caused by either a direct or indirect blow to the head, face, neck or body causing an impulsive force transmitted to the head.

It usually results in short-lived impairment of neurological functions that typically resolve instantly. However, in severe cases signs and symptoms may evolve over a number of minutes or hours.

The effect that a concussion has on the athlete can vary from person to person, depending on which part of the brain is affected. It can cause visible signs to those who witnessed the collision, including loss of consciousness.

## **When to suspect concussion**

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- unresponsiveness
- a fit or seizure on contact with surface
- upper limb muscle rigidity or spontaneous movement
- balance difficulty
- slow responses or slurring of speech
- vacant stare
- confusion or Disorientation
- holding the head
- facial injury.

## **Concussion symptoms**

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- headache or nausea/vomiting
- blurred vision
- memory loss/difficulty
- dizziness
- tiredness
- not feeling right
- sensitive to bright light and loud noise.

## **Procedure**

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Any player suspected of having suffered a head injury/concussion or is knocked unconscious shall be assessed by a Primary Caregiver using the 1st Responder assessment tool, preferably within 10 minutes of the incident. –



### CONCUSSION RECOGNITION TOOL 5<sup>®</sup>

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 consciousness state
- Vomiting
- Increasingly restless, agitated or combative

**Remember:**

- In all cases, the basic principles of first aid (keep the player safe, ensure breathing, circulation) should be followed.
- Assessment for a spinal cord injury is critical.
- Do not attempt to move the player (or be than required for an ambulance) 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

**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.

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**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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Any player who FAILS the 1st Responder assessment MUST report immediately to the RDNA Office and;

- 1.) NOT be returned to the field of play.
- 2.) Have their names notified to the RDNA office, who will record the player's name in the Incident Book. A player whose name is submitted to the RDNA office as having FAILED the 1st Responder will NOT be permitted to play at RDNA within 14 days of the recorded incident. The RDNA requires a Medical Certificate clearing her/him to play.

A player who suffers a concussion should on the day of the game:

- 1.) NOT consume alcohol and keep well hydrated.
- 2.) NOT drive a motor vehicle.
- 3.) NOT be left alone and be woken every 2-3 hours during the night to ensure they are well.
- 4.) Seek IMMEDIATE medical attention if they:
  - a. Are unconscious for more than 5 minutes
  - b. Develop visual disturbance
  - c. Are confused
  - d. Develop nausea/vomiting
  - e. Have a headache and are not responding to paracetamol or ibuprofen

#### **Related Documents**

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Netball Australia Concussion Policy