

# **MT BARKER LUTHERAN NETBALL CLUB**

## **CONCUSSION POLICY**

**12<sup>TH</sup> DECEMBER 2022**

This document has been derived from:  
Dr Sophie Armstrong (Chief Medical Officer, Netball Australia) 2018, *Concussion Policy*,  
reference number HPPOL090, Netball Australia.

### This policy comprises of:

1. Facts on Concussion
2. Mandatory Procedures
  - a) Before the season/event starts
  - b) Suspected concussion at training/game
  - c) Return to play protocol
3. Pocket Concussion Recognition Tool
4. Non-medical assessment of concussion – on field
5. Non-medical assessment of concussion – off field

## **Facts on Concussion**

Concussion is a complex pathophysiological process affecting the brain induced by biomechanical forces. It is known to be a complex injury and can be challenging to evaluate and manage.

Concussion is a disturbance in the brain's ability to acquire and process information. The reduced function of the brain represented damage to the nerve cells (neurons). Either a direct or indirect blow to the head can cause this injury. A direct blow can cause the brain to rotate and/or move forward and backwards. Indirect impact to the body can transfer an impulsive force to the brain.

The effect that this has on the player can vary from person to person, depending on which part of the brain is affected. The impact can cause concussion signs visible to those who witnessed the collision.

Concussion symptoms can manifest immediately or hours and even days later, and they can go undetected due to the subtlety and widespread occurrence of the typical signs and symptoms of concussion.

Important Note: A player does not have to lose consciousness to have a concussion.

## **Mandatory Procedures**

### **1. Before the season/event starts, club support staff will**

- prepare for the season by studying up on concussion
- familiarise selves with the resources Attachment A (Pocket Recognition Tool), Attachment B (Non-medical assessment of concussion – on field) and Attachment C (Non-medical assessment of concussion – off field)

### **2. Suspected concussion at training/game**

(If at the Woodside Sporting Complex seek the medical officer)

- If a neck injury is suspected, cervical spine precautions should be used including immobilising the neck.
- DO NOT try to treat suspected cervical spine injuries if not trained - call 000.
- If a concussion is suspected during play perform a Non-medical assessment of concussion – on field (Attachment B).
- If a neck injury is not suspected, and once safe to do, remove the person from play and assist in taking them to a quiet, safe environment.
- Perform a Non-medical assessment of concussion – off field (Attachment C).
- DO NOT allow the person to return to play and advise them of the signs to look for.

### **Signs to watch for:**

These can arise over the first 24-48 hours. If experiencing any of these visit a Doctor or the Emergency Department.

- a headache that gets worse and doesn't resolve with panadol
- are very drowsy or can't be awakened
- can't recognise people or places
- have repeated vomiting
- behave unusually or seem confused; are very irritable
- have seizures (arms and legs jerk uncontrollably)
- have weak or numb arms or legs
- are unsteady on feet; have slurred speech

### **3. Return to Play protocol**

- i) Rest until asymptomatic (physical and mental rest)
- ii) Light aerobic exercise (e.g. stationary cycle)
- iii) Sport-specific exercise (e.g. light ball and court work)
- iv) Non-contact training drills (start light resistance training also)
- v) Full contact training AFTER medical clearance
- vi) Return to competition

There should be minimum 24 hours for each stage and the person should return to the previous asymptomatic stage if symptoms recur.

A more conservative approach should be taken with those aged 18 years or younger and the symptom free period should be extended from 24 to 48 hours in this group. The graduated return to sport protocol should be extended such that the child or adolescent does not return to contact training, sport or play in less than 14 days.

They must also return to school before commencing return to play protocol as symptoms are often exacerbated by reading or using a computer and therefore schoolwork must be asymptomatic.

**No individual can return to play without being cleared by a medical practitioner.**

#### Other useful facts:

- A concussion headache is most effectively treated with paracetamol painkillers. Avoid anti-inflammatories, especially within the first 24-72 hours, as they have been associated with rebound headaches and bleeding of the brain.
- Limited use of computers, mobile phones and television is recommended when suffering from concussion.
- If suitably managed the majority of concussive symptoms should resolve in 7-10 days.
- Blood tests are not indicated for uncomplicated concussion. Medical imaging is not indicated unless there is suspicion of more serious head or brain injury.

## ATTACHMENT A

### Pocket Concussion Recognition Tool

Concussion should be suspected if one or more of the following visible clues, signs, symptoms or errors in memory questions are present.

#### 1. Visible clues

- loss of consciousness or responsiveness
- lying motionless on ground/slow to get up
- unsteady on feet/balance problems or falling over/incoordination
- grabbing/clutching of head
- dazed, blank or vacant look
- confused/not aware of plays or events

#### 2. Signs and Symptoms

- loss of consciousness
- seizure or convulsion
- balance problems
- nausea or vomiting
- drowsiness
- more emotional
- irritability
- sadness
- fatigue or low energy
- nervous or anxious
- "don't feel right"
- difficulty remembering
- headache
- dizziness
- confusion
- feeling slowed down
- "pressure in head"
- blurred vision
- sensitivity to light
- amnesia
- feeling like "in a fog"
- neck pain
- sensitivity to noise
- difficulty concentrating

#### 3. Memory Function – for Game

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

### Red Flags

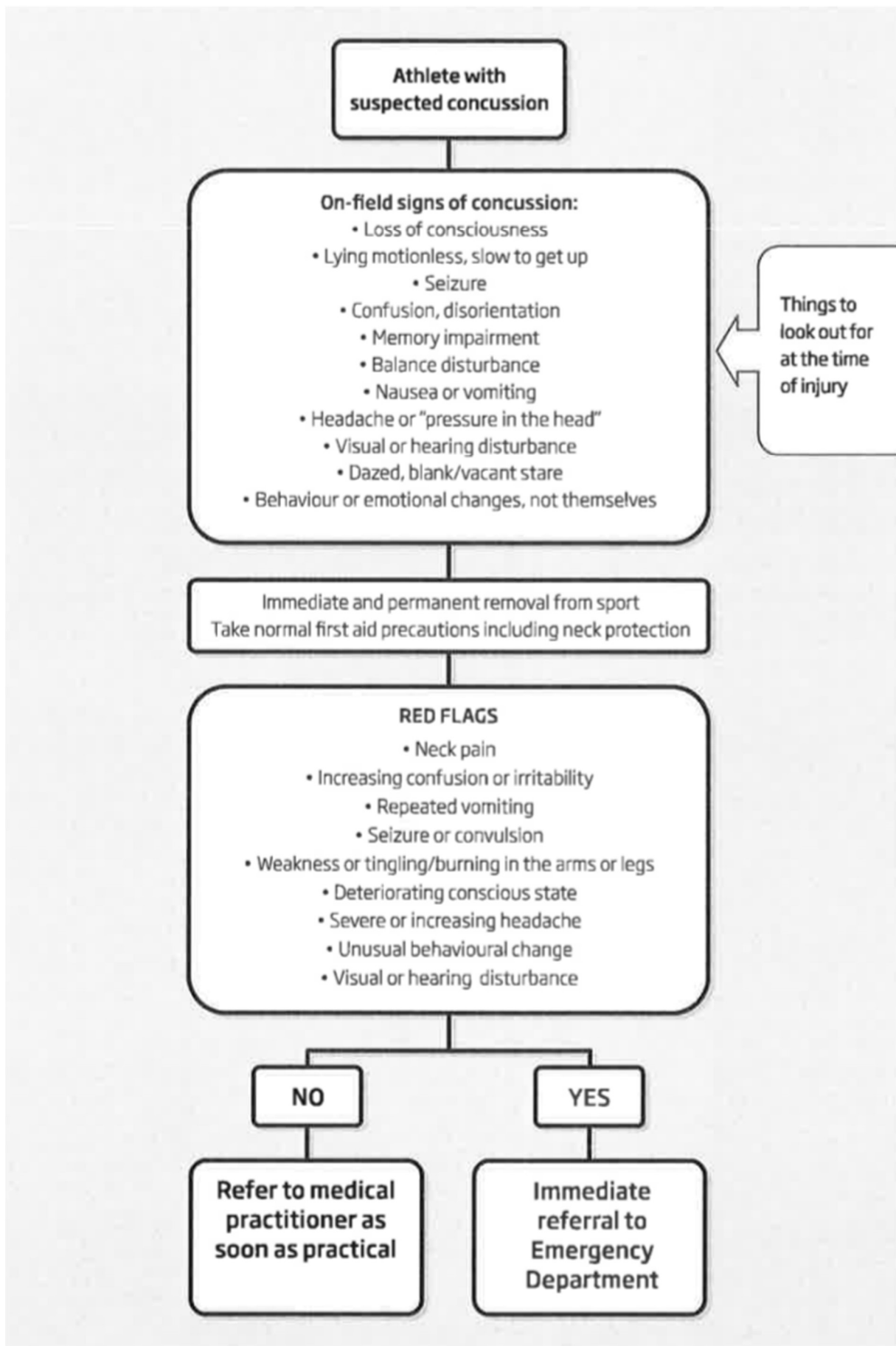
If no qualified medical professional is available, consider transporting by ambulance for urgent medical assessment if one or more of the following are present.

- complains of neck pain
- increasing confusion or irritability
- repeated vomiting
- seizure or convulsion
- weakness or tingling/burning in arms or legs
- deteriorating conscious state
- severe or increasing headache
- unusual behaviour changes
- double vision

**ATTACHMENT B**

**Non-medical assessment of concussion – on field**

(parents, coaches, team-mates)



**ATTACHMENT C**

**Non-medical assessment of concussion – off field**

(parents, coaches, team-mates)

