BENDIGO DISTRICT CRICKET ASSOCIATION

POLICY – HEAD and NECK TRAUMA

If a Participant receives a blow to the head or neck (whether wearing protective equipment or not), follow the Guidelines below. If there is doctor or other medically trained person available, they should attend to the participant and use the process outlined below and in the Concussion Assessment Flowchart. If there is no doctor or medically trained person available, either a player, coach or administrator from the same team or match official should manage this process:

a) Ask the Participant how they are feeling as soon as possible after the incident – preferably before play resumes.

b) Assume that the Participant has sustained a concussion if the Participant reports any of the following symptoms because of the head or neck impact:
   i. dizziness.
   ii. headache.
   iii. nausea.
   iv. feeling vague; and/or
   v. amnesia (ask the Participant a series of easy questions such as the name of the two teams playing the game, the day of the week, the month of the year and the current Australian Prime Minister).

If the Participant is suffering any of these symptoms, the Participant should seek further medical care at a local medical centre, hospital, or general practitioner / medical doctor before resuming playing, training, or umpiring.

c) If the Participant has any of the following signs and symptoms.
   i. loss of consciousness for any time.
   ii. amnesia – inability to remember recent details.
   iii. inability to keep balance.
   iv. nausea or vomiting is not explained by another cause, such as known gastroenteritis; and/or
   v. fitting,

   an ambulance should be called by dialing 000.

   In no circumstance should the Participant resume playing, training, or umpiring until an assessment is made by a qualified medical doctor. The Club or Association may request transfer by a qualified medical doctor prior to permitting the Participant to resume playing, training, or umpiring.

If the Participant reports any of the symptoms above, the doctor (or medically trained person), the team (captain, coach, administrator or official) that attended to the participant should direct the Participant to stop playing, training, or umpiring and the Participant must do so.

If the Participant is suspected, presumed, or has an established concussion, the Club or Association should seek a transfer by a qualified medical person before the Participant be permitted to return to playing, training, or umpiring, in line with Section 7 below.

If the Participant is suspected, presumed, or has an established concussion, the Participant should not be performing activities that may put themselves and others at risk such driving a motor vehicle, climbing ladders, riding a bike etc. until medically cleared to do so.

More serious co-existing diagnoses (e.g., fractured skull, neck injury) should be managed as an emergency priority and once these are excluded then diagnosis of concussion can be considered. In all circumstances, an ambulance should be called.

RETURN TO PLAY

If a Participant has been diagnosed with a concussion, the final determination on whether the Participant may return to play, must be made by a qualified medical doctor.

Participants must not return to play on the same day if the diagnosis of concussion is established.

The gradual return to play should be followed. An example of a gradual return to play program is outlined in Appendix A. It should be noted that the activities are examples and a guide to return to play.

A Participant may be required to sit out the duration of a multi-day match and/or further matches as advised by medical staff.

It is recommended that any player return to.

(a) training should be approved and under the guidance of a qualified doctor
(b) play after a diagnosis of concussion should provide his/her club with a letter from a qualified medical doctor stating that he/she has recovered from the concussion and is medically fit to return to play.

JUNIOR PLAYERS

Managing concussion in junior players requires a more conservative approach. If concussion is suspected or confirmed in a junior player based on the criteria in section 6.1 above, they should be removed from playing and training (cricket or other sports) until cleared to return by a qualified medical doctor.

Recovery from concussion for adolescents is slower than in adults, so return to school and studying so be guided by medical advice.

DOCUMENTATION

All cases of concussion or suspected concussion (and all other head traumas) should be documented on an injury report. As a minimum, the injury report should record the date and time of the incident. The venue and how the incident occurred (e.g., batting, fielding) and any of the symptoms reported or signs observed.

APPENDIX A. EXAMPLE OF GRADUAL RETURN TO PLAY AFTER CONCUSSION

Stage	Recommended Activity
Complete physical & cognitive rest	Relative physical and cognitive rest for a minimum of 24hrs post incident, and until all symptoms & signs have resolved.
Light aerobic exercise	Walking, swimming, or stationary cycling maintaining intensity around 70% estimated maximum heart rate No resistance/strength training
Sport-specific exercise	Running drills e.g., 10 x 50m runs. Walk back to the start between repetitions. Not to exceed 80% estimated maximum heart rate No cricket or strength/resistance training activities
Non-competitive skills training	Progression to more complex training drills e.g., bowling drills (no batter), fielding drills, batting drills/throwdowns Sub-maximal resistance/strength training. No additional conditioning
Full Training	Full participation in cricket and strength and conditioning training at a volume and intensity appropriate to the time lost to injury. Should include skills that challenge physical and cognitive capabilities.
Return to play	Available for selection if symptoms have remained and sign free for 24 hours, and with written transfer from an appropriately qualified trained medical doctor. If being considered for selection inside the minimum 6-days return, then transfer from a 'medical specialist' experience in managing neurological conditions or concussion should be gained e.g. neurosurgeon, neurologist, or sports & exercise physician

For further information relating to the Community Cricket Concussion Guidelines, please follow the link below.

https://play.cricket.com.au/community/clubs/managing-your-club/community-cricket-concussion-guidelines