

GIPPSLAND UNITED CONCUSSION POLICY

This Concussion Policy encompasses to the Basketball Australia Concussion Management Guidelines 2018 and Concussion in Sport Australia Position Statement Guidelines updated in February 2019 as per below, with the additional requirements as listed at the end of these guidelines.

Concussion in Sport Australia Position Statement

An initiative of the Australian Institute of Sport, Australian Medical Association, Australasian College of Sport and Exercise Physicians and Sports Medicine Australia in conjunction with all major sporting partners. There has been growing concern in regarding the incidence of sport related concussions and potential health ramifications for athletes. Concussion affects athletes at all levels of sport. If managed appropriately most symptoms and signs of concussion resolve spontaneously. Complications can occur, however including prolonged duration of symptoms and increased susceptibility to further injury. There is also the concern about potential long-term consequences of multiple concussions.

Gippsland United acknowledges that most instances of concussion will take place in places where a medical practitioner is not immediately available to make an assessment of an athlete who sustains a head injury.

These guidelines have been developed to outline the issues for athletes, coaches, team managers and others responding to athletes who have received a head injury. The purpose of these guidelines is to protect the welfare of athletes and they are not intended to replace medical assessment and treatment.

1. What is Concussion?

Concussion is a traumatic brain injury, caused by a hit or knock to the head, face, or neck with force. It causes short-lived neurological impairment, and the symptoms may evolve over the hours or days following the injury. The symptoms should resolve without medical intervention. Rest followed by gradual return to activity, is the main treatment.

2. Concussion Recognition.

Recognising concussion can be difficult. The symptoms and signs are variable, non-specific and may be subtle. Onlookers should suspect concussion when an injury results in a knock to the head. A hard knock is not required, and concussion can occur from minor knocks.

The Sports Concussion Assessment Tool (SCAT5) identifies 22 possible symptoms of concussion which include:

Headache - Don't feel right - Pressure in the head - Difficulty concentrating - Neck Pain Difficulty remembering - Nausea or vomiting - Dizziness - Confusion - Blurred - Vision Drowsiness - Balancing problems - Sensitive to light - More emotional - Irritability - Feeling slowed down - Sadness - Feeling like "in a fog" - Nervous or anxious - Sensitivity to noise Fatigue or low energy - Trouble falling asleep (if applicable)

Concussion should be suspected whenever any of these signs or symptoms are present.



3. Policy

3.1 Removal from Play

The signs and symptoms of concussion tend to resolve by themselves over time with rest and management; however, they are the same as for more serious structural brain injury, so athletes/parents are advised to seek medical assessment.

All Team Manager are required to download the free App HeadCheck (basic concussion check) and follow the prompts on this App if and when an athlete receives a knock to the head. HeadCheck will give guidance as to whether an athlete has suspected concussion and what steps to take.

Athletes who have received a knock to the head during play should be:

- Be removed from play immediately for a minimum of 10 minutes before the HeadCheck Assessment is undertaken;
- Be treated in accordance with normal first aid principles (danger, response, airway, breathing, circulation);
- Not be moved by others (except where required for airway support);
- Not be returned to play till they are medically assessed, even if symptoms resolve.
- Not be left alone; and
- Not drive.

If a team manager or coach has completed the HeadCheck process and HeadCheck advises that medical assessment is required, the athlete must be assessed by a doctor.

3.2 Treatment if serious brain injury suspected.

If any of the following signs or symptoms are present, it is **URGENT** that the athlete be medically assessed, and an ambulance is to be called immediately:

- Athlete complains of neck pain.
- Deteriorating conscious state
- Increasing confusion or irritability
- Severe or increasing headache.
- Repeated vomiting
- Unusual behaviour change
- Seizure or convulsion
- Double vision
- Weakness/tingling/burning in arms or legs.

3.2 Return to Play

Any athlete who sustains a suspected concussion (displays one or multiple of the symptoms listed under 2. Concussion Recognition) is deemed to be at risk of concussion and must be substituted immediately. The athlete will not be allowed to re-enter the game and **must** provide a medical certificate and SCAT5 Assessment clearing them to return to training or play in subsequent games.

Signed Medical SCAT5 form must be provided to Team Manager and Basketball Operations Coordinator prior to return.



3.3 Additional Policy

Any Coach, Team Manager or Referee Supervisor who allows any person to resume playing/referring without the required Doctor's (SCAT5) Assessment or adhering to these guidelines may face a suspension or immediate dismissal without referral a Tribunal.

GU will keep a Concussion Record Keeping tool which will record an athletes Concussion history as well as record any occurrence during the current season. This information can be communicated with medical staff to ensure sound long-term decision making in the best health interest of the athlete.

The above policy relate to all TABA/GU programs and activities.

