Concussion & Head Trauma

Identification of concussion symptoms rests with match officials (unless a qualified medical practitioner is in attendance) who are to follow the assessment procedures herein and take appropriate action to ensure the safety and well-being of all participants.

The “assessor” shall be the qualified medical practitioner if present, otherwise the most medically qualified player, official umpire(s), Club official or team captain.

Purpose:

1.1 It critical to pursue best practice in prevention and management of concussion and head trauma arising in the course of participating in RDCA sanctioned competitions and training sessions.

Scope

2.1 This Policy applies to: (i) all male and female players and (ii) all umpires (collectively referred to as Participants):

a) Participating in any RDCA sanctioned competitions and matches or training for such competitions or matches or training and
b) who receive a blow to the head or neck (either bare or while wearing protective equipment), whether by ball or otherwise.

Protective Equipment Requirements

3.1 The RDCA recommends the use of helmets:

- by all players (regardless of age)
- by umpires.
- use of products/attachments properly fitted to helmets that provide additional protection for the vulnerable neck/occipital area of the batsman (Neck Guards).

3.2 Helmets should be replaced immediately in accordance with the manufacturer’s recommendations following an impact.

Head and Neck Trauma Management

4.1 If a Participant receives a blow to the head or neck (either bare or while wearing protective equipment), whether by ball or otherwise, then the assessor will undertake the Concussion Protocol outlined at Appendix 1 to this Policy, if they deem the blow warrants it. Importantly, this can include:

a) Completing an on-field assessment to determine whether a concussion is established or suspected. Concussion is established through the reporting of symptoms and/or observation of signs. Symptoms are generally subjective to the individual (e.g. dizziness, headache, nausea) and signs are generally objective (e.g. loss of consciousness, altered balance, amnesia, disorientation, uncontrolled fall).

b) If a concussion is suspected or a further assessment is required, follow the Concussion Protocol by removing the Participant from the sporting environment and completing the assessment guidelines at Appendix I.

c) If a concussion is diagnosed, following the return to play steps contained in the Concussion Protocol.

4.2 If the assessor directs a Participant to leave the field or training area (if a concussion is diagnosed or if further assessment is required), the Participant must leave the field without delay.

4.3 No person, including the Participant under assessment, should attempt to influence the assessor in making their assessment or the decision to remove the Participant from the field for further assessment.

4.4 The match situation is not relevant in the management of the Participant and whether they are required to leave the field of play if concussion is suspected or diagnosed. The primary and only concern in any assessment shall be the health, safety and welfare of the Participant suspected of having suffered a head trauma/concussion. As an example, it is not relevant to the operation of this Policy, or the assessment of the Participant by the medical staff member or contractor, that the Participant is in a last wicket partnership to save or win a match.

4.5 If there is a qualified doctor on duty at a match or training session, the doctor will make any assessments required under this Policy. At matches or training sessions where a qualified doctor is not present, official umpire(s) or team captain(s) or most senior club official will undertake any necessary assessments (however he/she must refer the Participant to a doctor if he/she suspects a concussion or hospital if he/she suspects a serious head/neck injury). RDCA supports a conservative approach to the diagnosis and treatment of concussion and head/neck injuries.

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

4.7 After a blow to the head/neck, if any of the following are present:

a) Loss of consciousness for any time;
b) Amnesia – inability to remember recent details;
c) Inability to keep balance;
d) Vomiting not explained by another cause, such as known gastroenteritis; and/or
e) Tonic posturing or fitting,

Then the diagnosis of concussion (or more serious head trauma) is established.

4.8 More subtle symptoms (e.g. headache, dizziness, feeling of vagueness) are less conclusive, and in these scenarios, the Concussion Protocol in Appendix 1 should be completed.

4.9 The assessor will make the final diagnosis of whether a concussion may have occurred and refer the participant to a qualified doctor.

4.10 The participant will not be permitted to resume play on the day of the incident without first obtaining written clearance from a qualified doctor.

Concussion & Head Trauma Assessment

Recognise & Remove

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

Visible clues of suspected concussion

Any one or more of the following visual clues can indicate a possible concussion

- Loss of consciousness or responsiveness
- Lying motionless on the 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 state of play or events

Signs and symptoms of suspected concussion

Presence of anyone or more of the following signs and symptoms may suggest a concussion.

Loss of consciousness	**Headaches**	**Seizure or convulsion**
Dizziness	**Balance problems**	**Confusion**
Nausea or vomiting	**Drowsiness**	**Feeling slowed down**
"Pressure in Head"	**More emotional**	**Irritability**
Blurred vision	**Sensitivity to light**	**Sadness**
Amnesia	**Sensitivity to noise**	**Fatigue or low energy**
Don't feel right	**Neck Pain**	**Feeling like "in a fog"**
Nervous or anxious	**Difficulty remembering**	**Difficulty concentrating**

Any player/ umpire with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY and should not be returned to activity until they are assessed medically. Players/ Umpires with a suspected concussion should not be left alone and should not drive any vehicle.

Memory function

Failure to answer any of the following questions correctly may suggest a concussion:

- **"What is your full name"**
- **"What is your date of Birth**
- **"What venue are we at today"**
- **"What is the name of your club"**
- **"Are you batting or bowling"**

In all cases of suspected concussion, the player or umpire is referred to a medical professional for diagnosis and guidance as well as return to play decisions, even if the symptoms resolve.

CONCUSSION RED FLAGS

If ANY of the following are reported then the player should be safely and immediately removed from the field of play. If no qualified medical professional is available, consider transporting by ambulance for urgent medical assessment.

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 or burning in the arms or legs

Remember: DRS ABCD

The basic principles of first aid:

- Danger
- Response
- Send (for Ambulance)
- Airway
- Breathing
- CPR
- Defibrillation