



Concussion Policy



Bendigo Basketball Association 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.

Bendigo Basketball Association 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. Recognising concussion

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.

There may be obvious signs of concussions such as loss of consciousness, brief convulsions or difficulty balancing or walking. There are many more signs which can be subtle. The Sports Concussion Assessment Tool (SCAT5) identifies 22 possible symptoms: -

Headache

Dizziness

Irritability

Don't feel right

Confusion

Feeling slowed down

Pressure in the head

Blurred Vision

Sadness

Difficulty concentrating

Drowsiness

Feeling like "in a fog"

Neck Pain

Balancing problems

Nervous or anxious

Difficulty remembering

Sensitive to light

Sensitivity to noise

Nausea or vomiting

More emotional

Fatigue or low energy

Trouble falling asleep
(if applicable)

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

3. 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 our Junior Braves 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.

5. Treatment where structural brain injury, or other serious injury should be suspected

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

- 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

6. Return to play

Any athlete who sustains a suspected concussion or more serious brain injury must provide a medical certificate (SCAT5) Assessment clearing them to return to play in subsequent games or to travel.

This is to be provided to the Team Manager/Basketball Association Administrator



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ADDITIONAL BBA POLICY

The above guidelines and following policy relate to all programs and activities run by Bendigo Basketball Association.

In any instance where a player or referee's head, neck or face makes contact with a floor, wall, other player resulting in a fall, hard structure or similar, the injured person is to sit out of the game for a minimum of 10 minutes.

Should the person not show any of the symptoms listed above after this time period, they may recommence playing/referring. Please use HeadCheck App to confirm what symptoms to look for.

Should a concussion or other head injury occur, the person may not return to playing until a signed Doctor's Certificate & (SCAT5) Assessment is presented to the BBA Administrator. In no instance should an ice pack be applied to a head or nasal injury, only to back of neck or cheek area for swelling.

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 without referral to BBA Tribunal.