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PO Box 2943 Palmerston NT 0830

POLICY NO: 2

Concussion Management

Date: September 2023

CONCUSSION MANAGEMENT GUIDELINES

1. Introduction

Concussion is a significant concern in basketball, and the safety and well-being of players are paramount. These guidelines outline the procedures and responsibilities to manage concussions effectively within the sport of basketball in Australia, with specific reference to the Darwin Basketball Association (DBA). The aim is to ensure that all participants, including players, coaches, officials, and parents, are informed and take appropriate action when concussion is suspected.

2. Definitions

- **Concussion:** A mild traumatic brain injury caused by a blow or jolt to the head or body, resulting in temporary cognitive impairment and potential neurological symptoms.
- **Basketball Australia (BA):** The governing body for basketball in Australia, responsible for overseeing the implementation of these guidelines across all levels of the sport.
- **Darwin Basketball Association (DBA):** The regional association responsible for organizing and governing basketball activities in the Darwin area.

3. Recognition of Concussion

Basketball participants should be aware of the signs and symptoms of concussion. These include but are not limited to:

- Headache
- Dizziness
- Nausea or vomiting
- Blurred vision
- Memory problems
- Balance issues
- Irritability
- Confusion
- Altered consciousness

Coaches, officials, and parents should be vigilant and promptly address any player displaying these signs.



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4. Responsibilities

4.1 Players:

- Must report any symptoms of concussion to their coach, trainer, or medical personnel.
- Should not return to play if they suspect a concussion and must follow medical advice for a safe return.

4.2 Coaches:

- Are responsible for educating players about concussion risks and symptoms.
- Must remove any player suspected of having a concussion from the game or practice immediately.
- Should not pressure or allow a player to return to play without medical clearance.
- Are encouraged to complete concussion recognition training to improve awareness.

For Junior Coaches (Under 18):

• Refer any player with a head injury to the Senior Coach, parent, or DBA Court Supervisor for assessment.

4.3 Officials (DBA):

- Must be vigilant in observing player behaviour and symptoms during games.
- Should communicate any concerns about a player's condition to the team's coach or medical personnel.

4.4 Parents/Guardians:

- Should educate themselves about concussion risks and symptoms.
- Must promptly report any suspected concussion in their child to the coach and seek medical evaluation.

4.5 Medical Personnel (DBA):

- Must assess players with suspected concussion promptly and provide medical clearance for return to play.
- Should consider the use of a structured concussion assessment tool if available.

5. Removal from Play

- Any player suspected of having a concussion must be removed from the game or practice immediately.
- Coaches, officials, or medical personnel should evaluate the player in a quiet and distraction-free environment.



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• Players should not be left alone and should not drive a motor vehicle if suspected of having a concussion.

6. Medical Assessment

- All players with a suspected concussion require urgent medical evaluation by a registered medical doctor.
- The assessment can take place at the venue, a local general practice, or a hospital emergency department.
- If there are concerns about structural head or neck injuries or if symptoms worsen, call an ambulance.

7. Return to Play

- Players must not return to play or practice until they are fully recovered.
- Return-to-play decisions are to be made by a General Practitioner (GP).
- Players should follow a graded return-to-play protocol and remain symptom-free throughout the steps.

8. Education and Awareness

- Basketball Australia and DBA provide educational resources and materials about concussion management.
- All coaches, officials, and parents are encouraged to familiarise themselves with these guidelines and share them with others involved in the sport.
- Coaches and medical personnel should receive regular training on concussion recognition and management.

9. Policy Review

These guidelines will be reviewed periodically by the Palmerston Power First Aid Officer to ensure they remain current and aligned with best practices in concussion management.

10. Conclusion

Palmerston Power is committed to safeguarding the health and well-being of its participants. By adhering to these Concussion Management Guidelines, we can reduce the risks associated with concussions and promote a safer environment for all involved in the sport of basketball in the Darwin area and across Australia.



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Key Messages:

- 1. **Safety First:** The safety and well-being of basketball participants, including players of all ages, coaches, officials, and parents, are of utmost importance.
- 2. **Recognise Concussion:** Be aware of the signs and symptoms of concussion, which can include headaches, dizziness, memory problems, and altered consciousness.
- 3. **Player Responsibility:** Players should promptly report any suspected concussion to their coach, trainer, or medical personnel and should not return to play if they suspect a concussion.
- 4. **Coach's Role:** Coaches are responsible for educating players about concussion risks and symptoms, promptly removing suspected concussion cases from play, and not pressuring players to return without medical clearance.
- 5. **Official's Role (DBA):** Officials should observe player behaviour and symptoms and communicate concerns about a player's condition to coaches or medical personnel.
- 6. **Parent/Guardian Responsibility:** Parents and guardians should educate themselves about concussion, report suspected concussion in their child to the coach, and seek medical evaluation when necessary.
- 7. **Medical Assessment:** All players with suspected concussion require urgent medical evaluation by a registered medical doctor. Call an ambulance if there are concerns about structural head or neck injuries or if symptoms worsen.
- Return to Play: Players must not return to play or practice until fully recovered and cleared by a GP.
 Follow a graded return-to-play protocol.
- 9. Education and Training: Basketball Australia and DBA provide educational resources and materials about concussion management. Coaches and medical personnel should receive regular training on recognising and managing concussions.
- 10. **Policy Review:** These guidelines will be periodically reviewed to ensure they remain current and aligned with best practices in concussion management.
- 11. **Commitment to Safety:** Palmerston Power, Basketball Australia, and DBA are committed to promoting a safe environment for all participants in the sport of basketball in Australia, with a specific focus on the Darwin area.

These key messages emphasise the importance of awareness, prompt action, and adherence to established procedures to ensure the safety and well-being of basketball players and participants.



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CONCUSSION RECOGNITION TOOL 5[®]

To help identify concussion in children, adolescents and adults



 In all cases, the basic principles
 of first aid (danger, response,
 airway, breathing, circulation)
 should be followed.
 Do not remove a helmet or Remember: support) unless trained to so
 Do not remove a helmet or any other equipment unless trained to do so safely. Assessment for a spinal cord injury is critical.

If there are no Red Flags, identification of possible concussion should proceed to the following steps:

STEP 2: OBSERVABLE SIGNS

Visual clues that suggest possible concussion include:

- Lying motionless on the playing surface
- Slow to get up after a direct or indirect hit to the head
- Disorientation or Balance, gait difficulties, confusion, or an inability to respond appropriately to questions laboured movements

Disorientation or

 Blank or vacant look
 Facial injury after head trau

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STEP 3: SYMPTOMS

•	Headache	•	Blurred vision	•	More emotional	•	Difficulty concentrating
	"Pressure in head"		Sensitivity to light	•	More Irritable		concentrating
•	Balance problems		Sensitivity to noise	•	Sadness	•	Difficulty remembering
	Nausea or			•	Nervous or		Feeling slowed
	vomiting	•	Fatigue or low energy		anxious		down
•	Drowsiness			•	Neck Pain		Feeling like
	Dizziness		"Don't feel right"				"in a fog"

STEP 4: MEMORY ASSESSMENT (IN ATHLETES OLDER THAN 12 YEARS)

		· ·		
Failure to answer any of these questions (modified appropriately for each	•	"What venue are we at today?"	•	"What team did you play last week/game?"
sport) correctly may suggest a concussion:	;	"Which half is it now?" "Who scored last in this game?"	•	"Did your team win the last game?"

Athletes with suspected concussion should:

- Not be left alone initially (at least for the first 1-2 hours).
- Not drink alcohol.
- Not use recreational/ prescription drugs.
- * Not be sent home by themselves. They need to be with a responsible adult.
- · Not drive a motor vehicle until cleared to do so by a healthcare professional.

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ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY, EVEN IF THE SYMPTOMS RESOLVE

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Concussion management flow chart – off field (for parents, coaches, teachers, team-mates, support staff)



ACSEP

AMA



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Return to Sport Protocol for adults over 18 years of age

Diagnosis of concussion

No return to sport













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Return to Sport Protocol for children 18 years of age and under

Diagnosis of concussion

No return to sport









