BCA POLICY 11 - CONCUSSION & HEAD TRAUMA

Updated - December 2015

1 PURPOSE

1.1 Concussion and head trauma, along with the associated potential long-term consequences, are a significant issue in the majority of sports, including cricket.

1.2 The purpose of this Policy is to outline Cricket Australia's position on the management of concussion and head trauma arising in the course of playing in Cricket Australia-sanctioned matches.

1.3 BALLARAT CRICKET endorses the latest version of the Zurich Expert Consensus Statement (Zurich Guidelines) and aims for this Policy to be consistent with the

Zurich Guidelines noting that the rules of cricket do not allow for the complete implementation of the Zurich Guidelines attributable to:

1.3.1 The inability to fully substitute players during a match; and

1.3.2 The format of multiple day matches and/or tournaments.

2 SCOPE

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

2.1.1 Participating in any BALLARAT CRICKET-sanctioned competition match or BALLARAT CRICKET or State Association-sanctioned training (collectively, Elite Cricket). This includes training for or playing in any Sheffield Shield, Matador Cup, BBL, WNCL, WBBL, Futures League, and Under Age National Championships matches;

2.1.2 who receive a blow to the head or neck (either bare or while wearing headgear), whether by ball or otherwise, in the course of the match or training.

2.2 In relation to international matches, BALLARAT CRICKET will (where possible within the ICC's rules) follow this Policy in its treatment of concussion and head injuries for international players playing in international matches (and international team training) although this is not currently supported by the ICC.

3 RELATED DOCUMENTS

3.1 Zurich Guidelines.

3.2 BALLARAT CRICKET Playing Conditions.

3.3 BALLARAT CRICKET State Equipment and Apparel Regulations.

4 PREVENTION

4.1 BALLARAT CRICKET considers it critical to pursue best practice in prevention of concussion and head trauma and mandates the following preventative strategies: along with the associated potential long-term consequences, are a significant issue in the majority of sports, including cricket.

4.1.1 Use of helmets and faceguards: helmets and faceguards are able to reduce the risk of head injuries in cricket and properly fitted, properly worn, high quality helmets and faceguards that are compliant with (and independently certified to be compliant with) any product standards notified by BALLARAT CRICKET from time to-time and the BALLARAT CRICKET State Equipment and Apparel Policy should be used in Elite Cricket by:

a) Batters at all times when facing pace bowlers;
b) Wicketkeepers when keeping up to the stumps to any pace bowlers and, at a minimum, eye protection when keeping to spin bowlers; and
c) Very close in fielders (e.g. “bat-pad”, silly mid-on, silly mid-off, silly point);
d) Umpires (where he/she considers it appropriate or necessary, especially in short form cricket).

Some manufacturers are now making available products/attachments that provide additional protection for the vulnerable neck/occipital area of the batsman (for example, the Masuri StemGuard). Although the neck protectors have not been scientifically evaluated to date, BALLARAT CRICKET supports the use of such products/attachments where such use is supported by the original helmet manufacturer and is confirmed by the original helmet manufacturer to not adversely impact the functionality of the original helmet and faceguard structures.

4.1.2 Helmets and/or faceguards should be replaced immediately in accordance with the manufacturer’s recommendations following a significant impact.

4.1.3 Boundary rope: a boundary rope should be used at all grounds placed an appropriate distance (no closer than the distance mandated by the ICC International Venue Requirements) from the fence to prevent player-fence collisions.

4.1.4 Secondary injury prevention: if a participant is diagnosed with concussion then cognitive function is usually impaired and the participant is potentially more vulnerable to receiving another injury. Therefore removal from exposure to a second injury, in accordance with this policy, is also a preventative measure.

5 DIAGNOSIS

5.1 If a Participant is struck on the head/neck (whether wearing headgear or otherwise) by the ball (or via any other mechanism such as a head clash of fielders, collision with a fixture such as a boundary fence) and there are any symptoms or signs resulting then concussion should be suspected.

5.2 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).

5.3 If concussion is suspected (either immediately after the injury or at any later time) by any of:

a) an umpire;
b) a qualified medical staff member or contractor;
c) a team-mate; or
d) team support staff, then the most suitably qualified Australian cricket medical staff member or contractor present can conduct an assessment for the presence of concussion symptoms and signs. This assessment can be conducted within the time allowed by the applicable playing conditions for treatment of an injury. Where:

concussion is established through the observation of symptoms and/or signs; or the medical staff member or contractor determines that a full assessment is required, the medical staff member or contractor will direct the Participant to leave the field or training area and the Participant must leave the field or training area for full assessment by a medical officer. In accordance with the applicable playing conditions for a match, immediately following such a direction by the medical staff member or contractor the match officials must stop the match until the Participant has completely left the field. The current laws of cricket and applicable playing conditions allow for this Participant to leave the field as follows: if the Participant is

a) a batsman, the Participant may retire hurt;
b) a fieldsman, the Participant may be substituted by a substitute fielder; and
c) an umpire, the Participant may be replaced by another member of the match control team or another suitable replacement as soon as possible.

5.4 No Participant, including the Participant under assessment, should attempt to influence the medical staff member or contractor in making their assessment or the umpire in determining whether to stop play.

5.5 The match situation is not relevant in the diagnosis and management of the Participant and whether they are required to leave the field of play. The primary and only concern in any assessment shall be the health, safety and welfare of the

Participant suspected of having suffered a head injury/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 a batsman and is in a last wicket partnership to save a match.

5.6 If directed in accordance with item 5.5 above, a Participant is required to retire to the dressing room for a full assessment as a standardised objective assessment of the injury (through a SCAT-3 assessment, Cogsport and/or any other testing protocol expressly approved by BALLARAT CRICKET's Chief Medical Officer). The full assessment is critical in determining medical management decisions for the Participant. Serious head injury cannot be ruled out by a 30 second assessment due to the variability of the presentation of symptoms, delay in evolution of presentation of symptoms, difficulty in making a timely diagnosis and the specificity and sensitivity of sideline assessment tools.

5.7 At all matches and training sessions where there is a qualified doctor on duty (such as Sheffield Shield, Matador Cup, BBL and international tour games) the doctor will make any assessments required under this Policy. At lower level games (e.g. Futures League) and at training sessions where a qualified doctor is not present a physiotherapist, sports trainer, paramedic or suitably qualified first aider will be present to make any necessary assessments (however he/she should err on the side of caution and refer the Participant to a hospital/doctor if in any doubt).

5.8 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.

5.9 In some cases, diagnosis of concussion/head trauma is clear-cut. If a mechanism (e.g. struck on head by ball) and 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.

5.10 More subtle symptoms (e.g. headache, dizziness, feeling of vagueness) are less conclusive. In these scenarios a standardised assessment of concussion, such as a SCAT-3 assessment, Cogsport or other testing protocol expressly approved by the BALLARAT CRICKET Chief Medical Officer, should be performed by a doctor to assess whether concussion is the likely diagnosis or whether the diagnosis is not established (e.g. hit on helmet grill over ear and local pain but no other symptoms may not be "concussion").

5.11 If there is television coverage being able to review the incident and the Participant's responses may be useful in making the diagnosis.

5.12 The medical officer will make the final diagnosis of whether a concussion has occurred. If no concussion has been diagnosed and no other symptoms are present the medical officer will make the final determination on whether a participant may return to the field, and if so, when.

6 RETURN TO PLAY

6.1 The Zurich Guidelines shall be used to help determine return to play.

6.2 The Participant must not return to play on the same day (i.e. for the match in a limited overs match) if the diagnosis of concussion is established. The medical officer should not be influenced by the player or umpire, any coach or support staff or others suggesting an early return to play.

6.3 For established diagnoses of concussion, regular medical reviews are required (e.g. daily or every second day). Physical activity should be upgraded on a graduated basis with progression through stages without symptoms required to upgrade to the next stage. A Participant may be required to sit out the duration of a multi-day match and/or further matches if required through the medical review.

6.4 Return to match play following a diagnosed concussion or head trauma should only be recommended by an Australian Cricket medical officer when the Participant is completely asymptomatic. In making his/her recommendation, it is recommended that the Australia Cricket medical officer has regard to whether the Participant has passed a Cogsport assessment when compared to the Participant's most recent pre-season Cogsport baseline score (where available). In case of uncertainty, the medical officer should always adopt a conservative approach to return to play.

7 DOCUMENTATION

7.1 All cases of concussion or suspected concussion (and all other head traumas) should be documented on the Athlete Management System (or through a separate incident report if the Participant is an umpire) and a Head Trauma Report Form (attached to this Policy) completed and sent to the BALLARAT CRICKET Chief Medical Officer. The BALLARAT CRICKET Chief Medical Officer will maintain, and make available as requested, a Head Trauma/Concussion Incident Register.

7.2 The case notes should record any difficulties in diagnosis (including whether the Participant complied with the requirements of this Policy to leave the field or training area for assessment where required and whether any influence was attempted by the Participant or any other person involved in the match)