

# MANLY WARRINGAH NETBALL ASSOCIATION



## MWNA CONCUSSION GUIDE

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The following is a summary of the main features of the Netball Australia Concussion policy, contextualised for our MWNA local competition and club administrators.

Netball Australia (NA) is the peak body responsible for the development and promotion of netball nationally. NA recognises a need for advice and information to assist netball states, associations and clubs address concussion at the community level.

Although rare in netball, concussion has increasingly become a significant public health issue, particularly relevant to sport. The primary purpose of the NA policy is at all times to protect the welfare of netball athletes. Accurate diagnosis and management is needed to ensure that a concussed player is appropriately treated.

This policy sets out the guidelines, procedures, information, and references that can be used by medical staff, athletes, coaches, support staff, and parents responding to players who have received a concussion. We encourage clubs and teams to read the full document under “resources” at the end of the document.

2. Mandatory procedures for Netball Australia Competitions

3. Reference Cards

4. Useful Links / Resources

## 1. IMPORTANT FACTS ON CONCUSSION

### **What is Concussion, as defined by the Concussion in Sport Group (CISG) international consensus statement,**

Concussion is known to be a complex injury and can be challenging to evaluate and manage. Concussion is a disturbance in the brain's ability to acquire and process information. The reduced function of the brain represents damage to nerve cells (neurons). Either a direct or indirect blow to the head can cause this injury. A direct blow can cause the brain to rotate and/or move forward and backward. Indirect impact to the body can transfer an impulsive force to the brain. The effect that this has on the player can vary from person to person, depending on which part of the brain is affected. (as defined by the Concussion in Sport Group (CISG) international consensus statement,

The impact can cause concussion signs visible to those who witnessed the collision.

#### Key Points on Concussion

- ♣ Concussion can occur in traditional contact sports and sports such as netball.
- ♣ 90% of concussions occur in competitive matches.
- ♣ Women are twice as likely to suffer concussion as men.
- ♣ Most concussions are not reported.
- ♣ Concussion may go undetected due to the subtlety and widespread occurrence of the typical signs and symptoms of concussion.
- ♣ Concussion symptoms can manifest immediately or hours and even days later.
- ♣ Not all athletes develop the same symptoms or signs of concussion.

## 2. MANDATORY PROCEDURES FOR TEAMS PARTICIPATING IN NETBALL EVENTS

Before the season/event starts the business manager will

- Prepare for the sports season by studying any updates to the concussion policy.
- Distribute resources to club administrators that allow easy recognition of possible concussion eg Netball Australia Pocket Recognition Tool (refer to Attachment A in the policy) as well as Management of Concussion Medical/Non-medical On-field/Off-field Reference cards (refer to Attachment B, C, D, E of the policy). Display these tools in the association's physiotherapy room.
- Have easy access to a checklist of the warning signs of structural brain injury.
- Know where the closest emergency department or medical practice is in relation to your current location. Ensure the phone number are on display in both the administration centre and the physiotherapy room.

Club administrators utilise these resources and contextualise procedures for their club personnel at training and competition.

## 3. NETBALL AUSTRALIA REFERENCE CARDS (refer to policy link)

[Suspected concussion at a game or training:](#)

If a medical person is present and concussion is suspected, a standard primary survey and cervical spine precautions should be used. Once safe to do so, the player must be removed from play and assessed in a quiet, safe environment. A Sideline Modified Maddock Score should be performed along with a SCAT5 and a Netball Australia Head Injury Assessment Form (refer to Attachments F, G, H). If the player successfully completes these assessments, within 15 minutes from injury, and remains asymptomatic they can return to play if the medical doctor present at the game believes it is medically safe to do so. Once returned to play, the player must be closely monitored for evolving signs of concussion.

A player may only return to the field of play after being cleared by a medical practitioner. If a doctor is not present at the match/training the player must remain out of play until they have had a chance to be medical assessed. If the player fails these assessments, a diagnosis of concussion is made and they must be removed from play and monitored as below. Please follow

[Management of Concussion Medical/Non-medical On-field/Off-field Reference cards \(refer to Attachment B, C, D, E\).](#)

Signs to watch for: Problems could arise over the first 24-48 hours. A player should not be left alone and must be seen by doctor or go to a hospital at once if they:

- ♣ Have a headache that gets worse (and doesn't resolve with Panadol).
- ♣ Are very drowsy or can't be awakened.
- ♣ Can't recognize people or places. ♣ Have repeated vomiting.
- ♣ Behave unusually or seem confused; are very irritable.
- ♣ Have seizures (arms and legs jerk uncontrollably).

- ♣ Have weak or numb arms or legs.
- ♣ Are unsteady on your feet; have slurred speech.

#### Take Home Message for Club/Association Officials

A player does not have to lose consciousness to have a concussion. Symptoms can evolve over time – keep monitoring the athlete for at least 72

All players with suspected concussion should be removed from play or training and see a medical doctor as soon as possible. Any player diagnosed with concussion should be removed from the event and not return to sport or training that day. **IF IN DOUBT SIT THEM OUT**

#### 4. MANDATORY RETURN TO PLAY PROTOCOL:

When returning athletes to play, they should follow a stepwise symptom-limited program, with stages of progression (Refer to Attachment I of the NA policy).

1. Rest until asymptomatic (physical and mental rest)
2. Light aerobic exercise (e.g. stationary cycle)
3. Sport-specific exercise (e.g. light ball and court work)
4. Non-contact training drills (start light resistance training also)
5. Full contact training after medical clearance
6. Return to competition (game play)

There should be 24 hours (or longer) for each stage and the athlete should return to the previous, asymptomatic stage if symptoms recur.

Children and adolescents may be more susceptible to concussion and take longer to recover.

A more conservative approach should be taken with those aged 18 years or younger and the symptom-free rest period should be extended from 24 to 48 hours in this group. The graduated return to sport protocol should be extended such that the child does not return to contact training, sport, or play in less than 14 days. A concussed child must return to learn and return to school before starting the return to play protocol. Before returning to school, the child's symptoms must not be exacerbated by reading or using a computer. Only after successful return to school without worsening of symptoms may the child be allowed to commence the return to play protocol (Please refer to Attachments J, K of the NA Policy).

No player can return to play without being cleared by a Sport and Exercise Physician or a medical practitioner.

The full Netball Australia Concussion Policy document can be found at

[https://www.stanthonysnetball.org.au/playing-netball/netball-victoria-concussion-policy-knee-programme-and-other-tools/Concussion-Policy\\_FINAL-02.04.183.pdf](https://www.stanthonysnetball.org.au/playing-netball/netball-victoria-concussion-policy-knee-programme-and-other-tools/Concussion-Policy_FINAL-02.04.183.pdf)

<https://sma.org.au/resources-advice/concussion/>

<https://www.sport.nsw.gov.au/sites/default/files/sma-concussion-in-sport-policy.pdf>