Australian Cricket

Community Cricket Concussion and Head Trauma Guidelines

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1 EXECUTIVE SUMMARY

1.1 Community Cricket representatives and participants should take a conservative approach to managing concussion.

1.2 Participants in Community Cricket should wear appropriate and well fitted protective gear including helmets and neck protectors.

1.3 Any player or official that has a suspected concussion should:

1.3.1 be immediately removed from the training and playing environment;

1.3.2 not return on the same day without medical clearance;

1.3.3 not drive a motor vehicle or take part in any activity that put themselves or others at risk; and

1.3.4 be assessed by a qualified medical doctor.

1.4 Any player or official with a confirmed concussion should:

1.4.1 not return to play or train on the same day; and

1.4.2 only return to play or train once cleared by a qualified medical doctor.

2 INTRODUCTION

2.1 Australian Cricket considers it critical to pursue best practice in prevention and management of concussion and head trauma arising in the course of participating in organised cricket competitions and training sessions, including Community Cricket.

2.2 Cricket Australia (**CA**) endorses the *2016 Berlin Expert Consensus Statement* on the management of Concussion (**Berlin Guidelines**) and aims for these Guidelines to be consistent with the Berlin Guidelines noting that the rules of cricket do not allow for the complete implementation of the Berlin Guidelines, mainly due to the inability to fully substitute players in some competitions.

3 SCOPE

3.1 This Guideline applies to: (i) all male and female players and (ii) all umpires (collectively referred to as **Participants**):

3.1.1 participating in any organised community (that is, non-elite including Premier Cricket) cricket competitions and matches or training for such competitions or matches (collectively, **Community Cricket**); and

3.1.2 who receive a blow to the head or neck (either bare or while wearing protective equipment), whether by ball or otherwise.

3.2 Australian Cricket recommends Affiliated Clubs and Associations enforce these Guidelines for Participants taking part in Community Cricket training, matches and competitions.

4 RELATED DOCUMENTS

4.1 Australian Cricket Helmet Recommendations

https://www.community.cricket.com.au/clubs/protecting-your-club/policies-and-guidelines/helmet-recommendations

5 PROTECTIVE EQUIPMENT REQUIREMENTS

5.1 Australian Cricket strongly recommends that all players wear properly fitted BS7928:2013 compliant helmets when batting, fielding with seven meters of the bat (except for off-side slips and gully fielders) and when wicket-keeping up to the stumps (regardless of age).

5.2 Australian Cricket recommends that umpires wear properly fitted BS7928:2013 compliant helmets in higher risk situations (umpiring for T20 formats or when there is a match situation where attacking batting is being played).

5.3 The use of products/attachments properly fitted to helmets that provide additional protection for the vulnerable upper neck (occipital) area of the batsman or close in fielder (**Neck Protectors**) is also strongly recommended.

5.4 Australian Cricket strongly recommends that helmets should be replaced immediately following a significant impact (a blow to the helmet) in accordance with the manufacturer's recommendations.

6 HEAD AND NECK TRAUMA MANAGEMENT

6.1 If a Participant receives a blow to the head or neck (whether wearing protective equipment or not), follow the Guidelines below. If there is doctor or other medically trained person available, they should attend to the participant and use the process outlined below and in the Concussion Assessment Flowchart. If there is no doctor or medically trained person available; either a player, coach or administrator from the same team or match official should manage this process:

(a) Ask the Participant how they are feeling as soon as possible after the incident – preferably before play resumes;

(b) Assume that the Participant has sustained a concussion if the Participant reports any of the following symptoms as a result of the head or neck impact (at the time of the incident in the next 72 hours);

1. Headache
2. Pressure in head
3. Neck pain
4. Nausea or vomiting
5. Dizziness
6. Blurred vision
7. Balance problems
8. Sensitivity to light
9. Sensitivity to noise
10. Feeling slowed down
11. Feeling like in a fog
12. Don't feel right

13. Difficulty concentrating
14. Difficulty remembering
15. Fatigue or low energy
16. Confusion
17. Drowsiness
18. More emotional
19. Irritability
20. Sadness
21. Nervous or anxious
22. Trouble falling asleep

If the Participant is suffering any of these symptoms, the Participant should seek further medical care at a local medical centre, hospital or general practitioner / medical doctor before resuming playing, training or umpiring.

(c) If the participant is witnessed or suspected to have demonstrated any of the following signs after the head impact, it should be assumed that they have sustained a concussion:

a. Possible confusion

b. Possible behavioural change

c. Possible balance disturbance

(d) If the Participant has any of the following signs and symptoms;

a. loss of consciousness for any time;

b. amnesia – inability to remember recent details;

c. inability to keep balance;

d. nausea or vomiting not explained by another cause, such as known gastroenteritis; and/or

e. fitting,

an ambulance should be called by dialling 000.

In no circumstance should the Participant resume playing, training or umpiring until an assessment is made by a qualified medical doctor. The Club or Association may request clearance by a qualified medical doctor prior to permitting the Participant to resume playing, training or umpiring.

6.2 If the Participant reports any of the symptoms above, the doctor (or medically trained person), the team (captain, coach, administrator or official) that attended to the participant should direct the Participant stop playing, training or umpiring and the Participant must do so.

6.3 If the Participant is suspected, presumed or has an established concussion, the Club or Association should seek a clearance by a qualified medical person before the Participant be permitted to return to playing, training or umpiring, in line with Section 7 below.

6.4 If the Participant is suspected, presumed or has an established concussion, the Participant should not be performing activities that may put themselves and others at risk such driving a motor vehicle, climbing ladders, riding a bike etc. until medically cleared to do so.

6.5 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. In all circumstances, an ambulance should be called.

7 RETURN TO PLAY

7.1 Participant must not return to play on the same day if the diagnosis of concussion is established.

7.2 If a Participant has been diagnosed with a concussion, the final determination on whether the Participant may return to play, must be made by a qualified medical doctor.

7.3 The gradual return to play should be followed. An example of a gradual return to play program is outlined in Appendix 1. It should be noted that the activities are examples and a guide to return to play. Return to play must not occur within the first six days of a concussion.

7.4 A Participant may be required to sit out the duration of a multi-day match and/or further matches as advised by medical staff or club administration staff.

7.5 It is recommended that any player returning to;

(a) training should be approved and under the guidance of a qualified medical doctor

(b) play after a diagnosis of concussion should provide his/her club with a letter from a qualified medical doctor stating that he/she have recovered from the concussion and medically fit to return to play.

8 JUNIOR PLAYERS

8.1 Managing concussion in junior players requires a more conservative approach. If concussion is suspected or confirmed in a junior player based on the criteria in section 6.1 above, they should be removed from playing and training (cricket or other sports) until cleared to return by a qualified medical doctor.

8.2 Recovery from concussion for adolescents is slower than in adults, so return to school and studying so be guided by medical advice.

9 DOCUMENTATION

Cricket Australia recommends that all cases of concussion or suspected concussion (and all other head traumas) should be documented on an injury report. As a minimum, the injury report should record the date and time of the incident. The venue and how the incident occurred (e.g. batting, fielding) and any of the symptoms reported or signs observed.

APPENDIX 1. EXAMPLE OF GRADUAL RETURN TO PLAY AFTER CONCUSSION

Stage	Recommended Activity
Complete physical & cognitive rest	Relative physical and cognitive rest for a minimum of 24 hours post incident, and until all symptoms & signs have resolved. Move to next stage if no symptoms for 24 hours.
Light aerobic exercise	Walking, swimming or stationary cycling maintaining intensity around 70% estimated maximum heart rate No resistance/strength training. Move to next stage if no symptoms during activity or in the 24 hours after the activity.
Sport-specific exercise	High intensity physical exercise such jogging or running drills. No cricket or strength/resistance training activities Move to next stage if no symptoms during or in the 24 hours after the activity.
Non-competitive skills training	Progression to more cricket training drills e.g. bowling drills (no batsman), fielding drills, batting drills/throw-downs Sub-maximal resistance/strength training can be added. Move to next stage if no symptoms during or in the 24 hours after the activity.
Full Training	Full participation in cricket and strength and conditioning training at a volume and intensity appropriate to the time lost to injury. Should include skills that challenge physical and cognitive capabilities. Move to next stage if no symptoms during or in the 24 hours after the activity.
Return to play	Available for selection if has remained symptom and sign free for 24 hours, and with written clearance from an appropriately qualified trained medical doctor. If being considered for selection inside the minimum 6-days return, then clearance from a 'medical specialist' experienced in managing neurological conditions or concussion should be gained e.g. neurosurgeon, neurologist or sports & exercise physician