Excerpt from QSDCA Playing Regulations

Appendix D. COMMUNITY CRICKET CONCUSSION & 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.

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; and
- 1.3.3 be assessed by a qualified medical officer.

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 officer.

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 First Class and International matches.

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) 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 Club Assist Well Played Resource Guide (http://community.cricket.com.au/clubs/well-played)

5. PROTECTIVE EQUIPMENT REQUIREMENTS

5.1 Australian Cricket recommends that all players wear properly fitted BS7928:2013 compliant helmets when batting, fielding within 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.

5.3 The use of products /attachments properly fitted to helmets that provide additional protection for the vulnerable neck/occipital area of the batsman (Neck Guards) is also recommended.

5.4 Australian Cricket 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 medical 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;

a. dizziness;
b. headache;
c. nausea;
d. feeling vague; and / or
e. amnesia (ask the Participant a series of questions such as the name of the two teams playing the game, the day of the week, the month of the year and the current Australian Prime Minister).

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 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 to 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 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 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 officer.

7.2 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.

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.

7.4 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.

7.5 It is recommended that any player returning to play after a diagnosis of concussion should provide his/her club with a letter from a qualified medical officer stating that he/she has recovered from the concussion and is medically ft to return to play.

8. 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.

Appendix1: Example of Gradual Return to Play after Concussion

STAGE	RECOMMENDED ACTIVITY
Complete physical & cognitive rest	Relative physical and cognitive rest for a minimum of 24hrs post incident, and until all symptoms & signs have resolved.
Light aerobic exercise	Walking, swimming or stationary cycling maintaining intensity around 70% estimated maximum heart rate. No resistance/strength training.
Sport-specifc exercise	Running drills e.g. 10 x 50m runs. Walk back to the start between repetitions. Not to exceed 80% estimated maximum heart rate. No cricket or strength/resistance training activities.
Non-competitive skills training	Progression to more complex training drills e.g. bowling drills (no batsman), fielding drills, batting drills/throw-downs. Sub-maximal resistance/strength training. No additional conditioning.
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.