

Appendix D COMMUNITY CRICKET CONCUSSION GUIDELINES NEW VERSION**NEW VERSION CA reviewed 11-Dec-2023****Applies to All Competitions**<https://play.cricket.com.au/community/clubs/managing-your-club/community-cricket-concussion-guidelines>**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 puts them 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 but no earlier than:
 - (a) 13 days from the concussion incident for adult players/umpires; and
 - (b) 14 days from the date the player became symptom-free for junior players.

2. INTRODUCTION

- 2.1 Australian Cricket (AC) considers it critical to pursue best practice in prevention and management of concussion and head trauma arising while participating in organised cricket competitions and training sessions, including Community Cricket.
- 2.2 Cricket Australia (CA) endorses the 2023 Amsterdam Consensus Statement on Concussion in Sport (Consensus Statement), 2023 AIS Concussion and Brain Health Position Statement, and 2018 International Cricket Council Concussion Guidelines. The aim is for the AC Community Cricket Guidelines to be consistent with the International Consensus Statement, and the AIS and ICC Guidelines where appropriate.

3. SCOPE

- 3.1 These Guidelines apply to:
 - (a) all players; and
 - (b) 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 Affiliated Clubs and Associations should enforce these Guidelines for Participants taking part in Community Cricket training, matches and competitions.

4. RELATED DOCUMENTS

- 4.1 Community Cricket Concussion Guidelines FAQ
<https://play.cricket.com.au/community/clubs/managing-your-club/community-cricket-concussion-guidelines-faq>
- 4.2 AC Helmet Recommendations
<https://play.cricket.com.au/community/clubs/managing-your-club/helmet-recommendations?>

5. PROTECTIVE EQUIPMENT REQUIREMENTS

- 5.1 Players should wear:
 - (a) properly fitted British Standard (BS7928:2013) compliant helmets; and
 - (b) 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), 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 Umpires should 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 Helmets should be replaced immediately following a significant impact (a blow to the helmet) in accordance with the manufacturer's recommendations.

6. DIAGNOSIS OF CONCUSSION

6.1 If a Participant receives a blow to the head or upper neck (whether wearing protective equipment or not), these Guidelines should be followed:

6.1.1 Medical or First Aid Assistance

(a) If there is a doctor or other medically trained person available, they should be informed about the impact immediately if they did not witness it and should attend to the Participant and use the process outlined below and in the Concussion Assessment Flowchart for Medical Personnel.

See DIAGRAMS APPENDIX

Concussion Assessment Flowchart for Medical Personnel
(AIS Concussion and Brain Health Position Statement February 2023)

(b) If there is no doctor or medically trained person available, another Participant (a player, coach or administrator etc.), ideally from the same team, or a match official (if there is one appointed) should assist in managing this process.

See DIAGRAMS APPENDIX

Concussion Assessment Flowchart for Non-Medical Personnel
(AIS Concussion and Brain Health Position Statement February 2023)

6.1.2 Before play resumes, the Participant should be asked some general questions that they should be able to easily answer to ascertain if they are orientated.

These questions are known as modified 'Maddocks' questions and should include some or all of the following:

- What happened?
- What day is it? What month is it?
- What venue are we at today?
- What is the current innings score (if on match day)?
- Who was the opposition at the last match you played (if during the cricket season)?
- Who bowled the ball to you (if blow was from batting at a team training)?

See DIAGRAMS APPENDIX Modified Maddocks Test Questions

If the Participant cannot answer the questions satisfactorily they should be immediately removed from the field of play (or training environment) and considered as 'concussion likely' and be required to undertake an assessment from a qualified medical practitioner.

6.1.3 Before play resumes after the head or neck blow, the Participant should be asked if they are currently experiencing any symptoms since the blow to the head or neck.

If the Participant reports any of the following symptoms they should be immediately removed from the field of play (or training environment) and considered as 'concussion likely' and be required to undertake an assessment from a qualified medical practitioner.

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

6.1.4 The Participant should be instructed that if the Participant experiences any of the above symptoms over the 72 hours after the head or neck blow, they should assume that it is a sign of delayed concussion and be required to undertake an assessment from a qualified medical practitioner.

If the Participant suffers from any symptoms that are severe, or worsening rather than improving, the participant should seek further medical care at a local medical centre, hospital or general practitioner / medical doctor before resuming playing, training or umpiring.

6.1.5 If the Participant is witnessed or suspected to have demonstrated any of the following signs after the head or neck blow, it should be assumed that they have sustained a concussion and be removed from the field of play immediately:

loss of consciousness	disorientation	dazed or blank/vacant stare
no protective action in fall to the ground observed directly or on video;	memory impairment (e.g. fails Maddocks questions – see above)	not their normal selves or
impact seizure or tonic posturing	balance disturbance (e.g. ataxia)	observed behaviour change
confusion	athlete reports significant new or progressive concussion symptoms;	

6.1.6 An ambulance should be called (by dialling 000) if the Participant has any of the following signs or symptoms;

- loss of consciousness for any time;
- amnesia – inability to remember recent details;
- inability to keep balance;
- nausea or vomiting not explained by another cause, such as known gastroenteritis; or
- fitting.

In no circumstance should the Participant return to 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 return to playing, training or umpiring.

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

6.3 If the Participant is suspected, presumed or has an established concussion, the Participant should not perform activities that put them or others at risk such as driving a motor vehicle, climbing ladders, riding a bike etc. until medically cleared to do so.

6.4 More serious co-existing possible diagnoses (e.g. fractured skull, neck injury) should be managed as an emergency priority if suspected, and once these are excluded then diagnosis of concussion can be considered. In all circumstances, an ambulance should be called.

7. RETURN TO CRICKET

7.1 A Participant should not return to cricket on the same day if the diagnosis of concussion is suspected, likely or established.

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

7.3 The graded return to training and playing should be adopted.

An example of a **Graded Return to Playing (GRTP)** framework is outlined in **Appendix 1 for adult Participants** and **Appendix 2 for junior Participants**. It should be noted that the activities are examples and a guide to return to training and playing.

Any Participant returning to cricket after a confirmed concussion should consult a qualified medical doctor, preferably with experience in sports concussion such as a qualified Exercise and Sport Physician or Sports Doctor, who should help determine when it is safe to return to training and playing.

7.4 Participants who are 19 years or older (adults), should not return to cricket for a minimum of 13 days from the time of concussion in accordance with the GRTP framework outlined in Appendix 1. Importantly, progression from lower to higher intensity (or risk) activities requires a minimum 24–48-hour period to monitor for the return or exacerbation of symptoms.

7.5 Any player returning to cricket;

- (a) skills training should do so only after consulting a qualified medical doctor; and
- (b) play should provide their club with a letter (or other in-writing communication) from a qualified medical doctor stating that they have recovered from the concussion and are medically fit to return to unrestricted training, and, following this, matches if they remain symptom free (in line with the GRTP timeline).

8. JUNIOR PLAYERS

8.1 Managing concussion in junior players requires a more conservative approach. The AIS Concussion and Brain Health Position Statement (2023) states that;

'young skulls are large compared to their brains because their brains are not fully developed and therefore easily move within the skull. Young brains have less myelination than adult brains and continue to increase/grow in size throughout adolescence until about 24 years*. Lack of myelination and the potential for the brain to move easily within the skull, predispose nerve fibres to be easily damaged during head trauma making youth more vulnerable to concussion. Also, weaker neck muscles in youth are proposed as being a confounding factor in impairing the attenuation of forces impacting the head and can increase the risk of concussions (compared to adult populations'**.

* Arain M, et al. Maturation of the adolescent brain. *Neuropsychiatr Dis Treat.* 2013;9:449-61.

* Giedd J. Structural magnetic resonance imaging of the adolescent brain. *Ann N Y Acad Sci.* 2004;1021:77-85.

* Giedd J, et al. Brain development during childhood and adolescence: a longitudinal MRI study. *Nat Neurosci* 1999;2(10):861-3.

** Bretzin A, et al. Association of sex with adolescent soccer concussion incidence and characteristics. *JAMA Netw Open.* 2021;4(4):e218191.

8.2 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.

8.3 Participants are identified as being junior players if they are 18 years or younger.

8.4 Recovery from concussion for adolescents is slower than in adults, so return to school and studying should be guided by medical advice. Junior participants should not return to play for a minimum of 14 days from the time they become symptom free in accordance the GRTP Framework outlined in Appendix 2. For clarity, this is not 14 days from the time of concussion. This is the minimum amount of time that is recommended but some concussions require longer than 14 days to fully recover after symptom free. As with adult Participants, progression from lower to higher intensity (or risk) activities requires a minimum 24–48-hour period to monitor for the return or exacerbation of symptoms.

9. DOCUMENTATION

CA 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 name of any first responders or attending medical professionals, the venue and how the incident occurred (e.g. batting, fielding) and any of the symptoms reported or signs observed.

Appendix 1 Graded Return To Play After Concussion Framework 19 Years And Older

STAGE	RECOMMENDED ACTIVITY
Physical & cognitive rest	Relative physical and cognitive rest, and until all symptoms & signs have resolved (mild temporary symptoms acceptable). e.g. time off or modified school or work. No physical activity. Minimum of 48 hours.
Light aerobic exercise	e.g. walking, swimming or low intensity stationary cycling. No resistance/strength training. Move to next stage if no symptoms during or after activity. Minimum of 48 hours.
Moderate intensity exercise	Increase intensity of exercise (breathing heavily, but able to maintain a short conversation). Light resistance training. Minimum of 48 hours.
High intensity exercise	e.g. higher intensity physical exercise such as jogging or running drills. Strength/resistance training activities can be added. Move to next stage if no symptoms during or after activity. Minimum of 48 hours.
Non-competitive (low risk) skills training & Medical Review	Progression to more cricket training drills with a low risk of head impact. e.g. bowling drills with no batter, individual fielding drills, batting drills or facing throwdowns with no bowler. Must have formal medical review from an appropriately qualified medical doctor prior to starting full unrestricted training. Move to next stage if no symptoms during or after activity. Minimum of 48 hours.
Full Training	Full participation in cricket skills training 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 after activity. Minimum of 48 hours.
Return to play	Available for selection if has remained symptom and sign free since the last training session. If any symptoms re-appear during the match, withdraw from the match and review with qualified medical doctor. No earlier than 13 days after concussion incident.

Appendix 2 Graded Return To Play After Concussion Framework 18 Years And Younger

STAGE	RECOMMENDED ACTIVITY
Physical & cognitive rest	Relative physical and cognitive rest, and until all symptoms & signs have resolved (mild temporary symptoms acceptable). e.g. time off or modified school or work. No physical activity. Minimum of 48 hours.
Light aerobic exercise	e.g. walking, swimming or low intensity stationary cycling. No resistance/strength training. Move to next stage if no symptoms during or after activity. Minimum of 72 hours.
Moderate intensity exercise	Increase intensity of exercise (breathing heavily, but able to maintain a short conversation). Light resistance training. Minimum of 48 hours.
High intensity exercise	e.g. higher intensity physical exercise such as jogging or running drills. Strength/resistance training activities can be added. Move to next stage if no symptoms during or after activity. Minimum of 48 hours.
Non-competitive (low risk) skills training & Medical Review	Progression to more cricket training drills with a low risk of head impact. e.g. bowling drills with no batter, individual fielding drills, batting drills or facing throwdowns with no bowler. Move to next stage if no symptoms during or after activity. Must have formal medical review from an appropriately qualified medical doctor prior to starting full unrestricted training. Minimum of 48 hours.
Full Training	Full participation in cricket training 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 after activity. Minimum of 48 hours.
Return to play	Available for selection if has remained symptom and sign free since the last training session. If any symptoms return, should attend doctor for a formal medical review before clearance can be granted. If any symptoms re-appear during the match, withdraw from the match and review with qualified medical doctor. No earlier than 14 days from the date the player became symptom-free.

Appendix E BOWLING INJURY PREVENTION NEW VERSION Applies to All Competitions

AGE BOWLING RESTRICTIONS FOR ALL MATCHES		
Age Group	Max. Overs Each Spell *	Max. Overs Each Day
Under 11	2	4
Under 13	4	8
Under 15	5	12
Under 17	6	16
Under 19	6	18

*** Rest between spells will be the lesser of:**
1 hour of interruption to play OR
the same number of overs from the same end as the completed spell.

Days off, gradual buildup prior to season, planned recovery periods and weekly maximums are also recommended.
For details and more information, see Guidelines at website below.

E1 This policy applies to all competitions.

These restrictions apply equally to male and female players.

E2 For the purposes of this policy, a player's age is determined by their age on 31-Aug in the current season.

E3 For example, a player who is 18 years of age on 31-Aug-24 is Under 19 for season 2024/25.

E4 A bowler who has bowled a spell less than the maximum overs per spell may resume bowling prior to the completion of their break.

The next over is considered an extension of the same spell. The maximum limit of overs for the spell will still apply. Following the completion of the spell, the normal break between spells will apply – **the break within the spell is disregarded.**

E5 For example, an U15 bowler bowls 3 overs, takes a short break of 20 minutes, then bowls 2 more overs to reach the limit of their first spell. The bowler must not bowl again for 5 overs from the same end as their last over.

E6 This policy applies to bowlers of medium pace or faster.

E7 The bowler's pace is determined by the umpire(s).

E8 Broadly defined medium pace (or faster) is a bowler for whom the wicket-keeper would normally stand back, or otherwise, a bowler who is not considered a slow bowler.

E9 The umpires will immediately notify the captains of both sides of each bowler who they determine should be treated differently to this broad definition.

E10 Change of Bowling Type: Where a bowler changes between medium pace (or faster) and slow bowling during a day's play:

E11 If the bowler begins with medium pace (or faster), the bowler is subject to the playing condition throughout the day.

E12 If the bowler begins with slow bowling and changes to medium pace (or faster), the playing condition applies from the time of the change, and all overs of slow bowling bowled prior to the change shall not be taken into account in either the current spell or the daily limit.

E13 Umpires will monitor the overs bowled by players.

E14 If a bowler tries to bowl more than the maximum of overs for his/her age group, the umpire[s] will advise the captain and/or coach that the maximum number of overs has been reached.

E15 Should the bowler continue to bowl and exceed the maximum, the umpire[s] will report the matter to Queensland Cricket.

E16 Umpires have no power to suspend a player who breaches this regulation from bowling.

Adapted from Australian Cricket Junior Bowling Guidelines and FAQ. Reviewed July 2023 by CA Head of Sports Science
<https://play.cricket.com.au/community/clubs/managing-your-club/youth-pace-bowling-guidelines>

Appendix F DOUBTFUL BOWLING ACTIONS PROCEDURES | NEW VERSION**Effective 1st September 2023 (v3) Applies to All Competitions****1. Introduction**

1.1 The aim of these procedures is to ensure that all bowlers playing cricket in Queensland have actions that comply with **Law 21.2 Fair Delivery – The Arm (2017 Code 3rd ed.)**

1.2 These procedures:

1.2.1 Detail the process for dealing with players bowling with a doubtful action in all competitions affiliated with Queensland Cricket

1.2.2 Provide for an additional mechanism for the reporting of players suspected of bowling with illegal bowling actions at Queensland Country Regional Championships and Under-Age Carnivals

1.3 Nothing contained herein shall override an umpire's responsibility and discretion to apply **Law 21 (2017 Code 3rd ed.)**

2. Umpires

2.1 Umpires have a duty to ensure the game is played within both the Laws and the Spirit of the game. Umpires must police **Law 21.2 Fair Delivery – The Arm (2017 Code 3rd ed.)**, by notifying Queensland Cricket if they observe any bowler in a match situation who, in their opinion, possesses an action that may contravene these Laws.

2.2 Queensland Cricket has instructed umpires as follows:

2.2.1 There are three categories of delivery:

- a. Fair Delivery
- b. Illegal Delivery (Blatant Throw) and
- c. Doubtful Delivery

Illegal Delivery:

If an umpire believes a bowler has bowled a delivery that is clearly illegal (**i.e. deliberately and blatantly thrown**), the umpire shall call "no-ball" and Report the bowler on the Doubtful Bowling Action Report Form. To be considered an illegal delivery, the ball must be delivered with a markedly different action to the bowler's normal deliveries.

Doubtful Delivery:

If an umpire believes a bowler has bowled with an action that may be illegal, the umpire **should not "call"** the bowler, but record the bowler's name on the Doubtful Bowling Action Report Form. The Doubtful Bowling Action Report Form will offer the umpire two options;

Report: If an umpire believes that a bowler has bowled a ball with an action that ***is illegal***, the umpire should **"Report"** that bowler on the **Doubtful Bowling Action Report Form**.

Mention: If an umpire is suspicious that a bowler has bowled a ball with an action that ***may be illegal***, the umpire should **"Mention"** that bowler on the **Doubtful Bowling Action Report Form**.

Note: Umpires, in deciding whether to call or report a player under these regulations, should use the naked eye viewing the action live and/or on television at normal speed. Slow motion television replays should only be used to confirm initial suspicions.

2.3 If, in any of the competitions detailed in 1.2.1, a player is called by an umpire for throwing in accordance with Law 21.2 or is suspected by the umpire(s) for bowling with an action which contravenes Law 24.2 as read with Law 24.3 (a "Doubtful Bowling Action"), the following procedure shall apply.

2.4 "Umpire" in this procedure means a Cricket Australia accredited Umpire. Only a Cricket Australia accredited Umpire may "Mention" or "Report" a player under this procedure.

3. Reporting Procedure

3.1 At the conclusion of the match the umpires shall write a report (the Doubtful Bowling Action Report) detailing their concerns about the bowling action of the Player, including whether those concerns relate to the Player's bowling action generally or whether they relate to one or more specific types of delivery.

3.2 The umpires will notify the player, the Player's coach (if applicable), at the end of the days play on which the report is made or the Player is called and email Queensland Cricket a copy of the report form within 72 hours of the conclusion of the match.

3.3 Queensland Cricket will then write to the Secretaries of the Player's Club & Association to advise that the Player has been Mentioned or Reported, to include a copy of the Doubtful Bowling Action Report, and to describe the implications of this Mention or Report for the Player with respect to Queensland Cricket's Doubtful Bowling Action Procedures.

3.4 If a player is called for throwing, Reported or Mentioned by the umpire/s officiating in that match the following procedure will apply:

3.4.1 **A first mention** it is important the Club coach works with the bowler to rectify any doubtfulness in the bowler's action. Queensland Cricket will take no action at this stage.

3.4.2 **A second mention** of a bowler's action within the same season will automatically elevate the bowler to the next level in the procedure.

3.4.3 A first report will place the bowler at **Level 1**. The Club coach works with the bowler to rectify any doubtfulness in the bowler's action. Queensland Cricket will assist the Club coach with coaching methods and drills to assist in the rehabilitation of the bowler.

3.4.4 A second report will place the bowler at **Level 2**. At this level a Queensland Cricket representative will attend a training session and take video evidence of the bowler's action. The Queensland Cricket representative will then provide video analysis of the action with recommendations for remedial work to be done on the bowler's action. At this stage there will be an **8 week "intervention period"** following the analysis to allow the remedial work to be undertaken. During this intervention period the player will be permitted to bowl in matches. They may still be reported, however such reports will not increase the bowlers level. When the 8 week intervention period is completed the Queensland Cricket representative will attend another session and review the bowler's action. (Any further work completed by Queensland Cricket shall be charged to the club at \$165.00 plus GST per session). At no stage does the Queensland Cricket "clear" the bowler's action.

Should the bowler/club decide not to co-operate or participate in this part of the procedure the player will immediately be classified as Level 4, and will be suspended from bowling for 12 months.

3.4.5 A third report will place the bowler at **Level 3**. At this stage the bowler will **not be permitted to bowl** in any cricket matches for a period of 8 weeks from the date of the third report. This will allow any remedial work to be continued without the pressure of bowling in a match.

3.4.6 A fourth report will place the bowler at **Level 4**. At this stage the bowler will **not be permitted to bowl in any cricket matches for a period of 12 months** from the date of the third report.

3.5 De-Escalation Procedure (effective 1 September 2023)

3.5.1 A player who has been placed at Level 1 and subsequently does not receive a mention or report for a period of three (3) years will revert to having no level in the Doubtful Bowling Action Procedures.

3.5.2 A player who has been placed at Level 2 or above and subsequently does not receive a mention or report for a period of three (3) years will revert down one (1) level in the Doubtful Bowling Action Procedures.

3.5.3 A player who is placed at Level 3 or Level 4 would de-escalate one level for each period of three (3) years that they do not receive a mention or report.

3.5.4 For the avoidance of doubt, the three (3) years referred to in 3.5.1, 3.5.2 & 3.5.3 is measured from the date of the match where the most recent mention or report originated from.

"The procedure is ongoing and players do not return to Level 1 each season. Each report (or two mentions in one season, as the case may be) will progress the procedure, irrespective of time". This is the same for Junior and Senior players treated.

See Report Form on **DIAGRAMS APPENDIX** and at <https://qsdca.com.au/08b-forms-diagrams-for-umpires>

Appendix G LIGHTNING SAFETY 30-30 RULE

Applies to all Competitions

Play will be suspended in Dangerous or Unreasonable Conditions

The following will apply in addition to **Law 2.8 (2017 Code 3rd ed.)**:

- G1** [30/30 Rule] If thunder follows a lightning flash by 30 seconds or less, play must cease immediately.
- G2** Players and umpires must leave the field immediately and must not return until 30 minutes after the initial lightning flash.
- G3** If during the suspension of play thunder follows a lightning flash by 30 seconds or less, the 30 minute suspension period is to recommence.

Appendix H HOT WEATHER GUIDELINES

Applies to all Competitons

HYDRATION

- H1.1** Due to the vast range of body composition, fitness, and states of acclimatisation represented in childhood and adolescence, no single recommendation on the volume of fluid to be consumed is appropriate.
- H1.2** Regular and effective drinking practices should become habitual to young athletes before, during, and after activity.

HEAT

- H2.1** Climatic conditions vary throughout Australia and individuals' tolerances of heat and humidity varies significantly. Cricket
- H2.2** Australia recommends that Clubs, schools and Associations apply common-sense guidelines to climatic conditions that exist within their respective regions and consult with the Sport Medicine Australia or health promotion organisation within their State or Territory to assist in the development of local policies.
- H2.3** Further information can be found at Sports Medicine Australia: www.sma.org.au

HOT WEATHER

- H3.1** Players' health must always be considered in the scheduling of matches.
- H3.2** Sports Medicine Australia recommends that for children and adolescents, activities should be postponed or cancelled if the temperature reaches the temperature as designated by the local or State Association.
- H3.3** Action should be taken promptly by umpires and officials to cease play under any conditions that may be dangerous to the players and officials.

GUIDELINES FOR FLUID REPLACEMENT

- H4.1** It is important that all involved with cricket take appropriate precautions to avoid sun damage.
- H4.2** Drinks breaks occur every 30 – 60 minutes in all matches (every 30 minutes in conditions of extreme temperature).
- H4.3** Water is the most appropriate drink for re-hydration. However, diluted cordial or sports drinks may be supplied.
- H4.4** Drinks should be available for individual players between drinks breaks. Umpires should be advised when additional drinks are sought and players should make every effort to ensure no time is wasted.
- H4.5** Players should be encouraged to have their own drink bottles.
- H4.6** This ensures that each player has access to an adequate level of replacement fluids and reduces the risk of contamination and viruses.
- H4.7** Where cups and a large container are supplied, cups should not be dipped into the container.
- H4.8** Used cups should be washed or disposed of after use.

From the Well Played booklet p62-63,

www.community.cricket.com.au/clubs/running-your-club/well-played

Appendix I NATIONAL CLUB RISK PROTECTION PROGRAM NEW VERSION

Applies to All Competitions

The Cricket Australia **National Club Risk Protection Program** (NCRPP) is a joint initiative of Cricket Australia, the State Bodies and Marsh.

The program was developed to help Clubs and Associations achieve appropriate and affordable insurance cover through a collective approach and greater purchasing power.

In general, all cricket activities are covered under the NCRPP. This includes matches, training, functions, meetings and the like (anywhere in Australia). The program provides competitively broad protection across Public liability, Club management liability and personal injury.

From season 2023/24 onwards the insurance premium is paid by the PlayHQ National Registration Fee. Coverage is 12 months and Expiry/Renewal is 30 June each year.

For more details on the NCRPP please refer to the resources below:
Telephone contact for Marsh is 1300 130 373.

Marsh Website <https://au.marsh.com/sport/cricket-australia/clubs.html>

What's Covered <https://au.marsh.com/sport/cricket-australia/clubs.html>

Downloads <https://play.cricket.com.au/community/clubs/resources#national-club-risk-protection-programme>

Cricket Match Day Checklist

- The online Match Day Checklist is a pre-match inspection tool for evaluating potential injury and accident causes on and around the player and public areas. Designed to introduce and improve risk management processes, it allows Club Officials to identify safety concerns and record any actions required to address these concerns.

<https://info-pacific.marsh.com/acton/media/44357/cricket-check-list-marsh>

- **A printable version of this GAME DAY CHECKLIST is available at**
<https://qsdca.com.au/wp-content/uploads/2023/08/Cricket-Match-Day-Checklist-2023-Marsh-1.pdf>

Certificate of Currency

<https://secure-pacific.marsh.com/forms/au/sch/coc/cricket>

Clubs need to register enough players in PlayHQ for insurance with the National Club Risk Protection Program. Then go to the above website, complete the online risk management module, download their Certificate of Currency and file with QSDCA before the start of the season.

Claims

Forms and Instructions for Personal Injury, Loss of Income, Liability claims here:

<https://au.marsh.com/sport/make-a-claim.html> (select Cricket Australia)

Note: Marsh was previously known as JLT Sport.

Appendix J CHILD PROTECTION POLICIES

Applies to All Competitions

J1 Cricket Australia's updated 2022 Safeguarding Children and Young People was adopted by QSDCA in 2023. This updates the previously adopted 2018 version.

J2 Policy, Member Protection Declaration form, Links to online Child Protection Training, Instructions on Reporting Allegations or Concerns of Child Abuse, QSDCA Member Protection Information Officer contact, Links to Australian Cricket Child Safety Officer Toolkit can be found at <https://qsdca.com.au/12-safeguarding-children-and-young-people/>

BLUE CARDS

J3 Volunteers need a blue card if their work in sport includes, or is likely to include, providing services that are directed mainly towards children, or conducting activities that mainly involve children, unless an exemption applies.

J4 Required information can be found at <http://www.bluecard.qld.gov.au/>

J5 QSDCA maintains an online Blue Card Register database with Blue Card Services for all volunteers' Blue Cards.

J6 QSDCA maintains a no card, no start policy for all those who work for the association including umpires, committee members and office bearers.

Appendix K PLAYING CONDITION – HELMETS

Applies to All Competitions

In all Association competitions and training sessions the following regulations will apply:

KB Batting

KB1 A batter must wear a British Standard 7928:2013 compliant helmet at all times when batting

KK Wicketkeeping

KK1 At all times when wicket-keeping up to the stumps, the wicketkeeper must wear a British Standard 7928:2013 compliant helmet.

KJ Junior Wicketkeepers Playing in Senior Competitions

KJ1 Any wicket-keeper who is eligible to play junior cricket (under 18) must wear a British Standard 7928:2013 compliant helmet at all times when wicket-keeping within 7 metres of the stumps.

KJ2 The umpire(s) are the sole judges of the distance from the stumps in this clause.

KF Fielding Inside arc from gully to leg gully

KF1 Any fielder in a position closer than 7 metres of the stumps from the batter's position on the popping crease on a middle stump line must wear a British Standard 7928:2013 compliant helmet at all times when fielding, with the exception of any fielding position behind the stumps between the accepted position of off side gully to the accepted position of leg side gully.

KF2 The umpire(s) are the sole judges of the distance from the stumps in this clause.

KF3 The exchange of protective equipment between members of the fielding side on the field of play is permitted provided that the umpire(s) do not consider that it constitutes a waste of playing time.

KF4 Note: For the avoidance of doubt, any fielder within the prescribed distance regarded to be fielding wider than a standard "gully" or "leg gully" must wear a British Standard 7928:2013 helmet. But fielders fielding finer than gully or leg gully e.g. any slip or leg slip are not required to wear a British Standard 7928:2013 helmet.

KE Responsibility and Enforcement

KE1 In a match with official umpires, the umpire(s) is (are) responsible for ensuring that a helmet is worn when required by clauses **KB1, KK1, KJ1 and KF1** but are not responsible for ensuring that the helmet being worn by the batter, wicket-keeper or fielder is compliant with British Standard 7928:2013.

KE2 In a match with official umpires, the umpire(s) must not allow the match to continue during any period in which a batter, wicket-keeper or fielder fails to wear a helmet when required by clauses **KB1, KK1, KJ1 and KF1**.

KE3 In a match without official umpires, the captains of both batting and bowling teams are responsible for compliance with these clauses.

KE4 In a match without official umpires, the captains of both batting and bowling teams will not permit the match to continue during any period in which any batter, wicket-keeper standing up to the stumps or fielder within the prescribed area fails to wear a helmet.

KE5 If any player plays in a match in contravention of clauses in Appendix K the Management Committee may impose on that player's Club a penalty in accordance with **Playing Regulation 46 and 47**.

KA For the avoidance of doubt

KA1 Caught: A batter can be out caught where the ball rebounds or ricochets directly or indirectly off the helmet worn by any player.

KA2 Run Out: A batter can be out run out where the ball rebounds or ricochets directly or indirectly onto the stumps off the helmet worn by a fielder.

KA3 Stumped: A batter can be out stumped where the ball rebounds or ricochets directly or indirectly onto the stumps off the helmet worn by a wicketkeeper.

KA4 Replacement helmets: Helmets should be replaced immediately in accordance with the manufacturers recommendations following a significant impact.

KA5 7 metre distance: Research shows that the minimum distance for a fielder to react to a batter hitting the ball is 7 metres.

Appendix L QSDCA PLAYER UMPIRE POLICY

Applies to all Competitions

Preamble

The Association aims to appoint Cricket Australia accredited umpires for each and every match in all competitions. However there are many times when this is not actually possible due to shortages of umpires. Consequently the player umpire is a necessary part of most games whether standing at the square leg position or at both ends.

- L1** Any person appointed as a player umpire in QSDCA match is appointed under the **Laws of Cricket (2017 Code 3rd ed)** and by the consent of the two captains of the teams in the match and has the same status, rights, powers and responsibilities as any other umpire.
- L2** In accordance with the **Preamble - The Spirit of Cricket, Laws 1.4 and 41.1 (2017 Code 3rd ed.)**, Captains will be held responsible for both the conduct of and behaviour towards any person acting as a player umpire.
- L3** In addition to the Codes of Behaviour, The Spirit of Cricket and provisions of **Law 2 The Umpires(2017 Code 3rd ed.)**, the following statements are applicable to player umpires whether in partnership with a Cricket Australia accredited umpire or in Player Umpire only matches.
- L4** Player umpires will change over when needed without unnecessary delay or interruption to play.
- L5** Player umpires will be reasonably clothed including footwear and a shirt which is visually different to other player clothing when standing during matches.
- L6** Player umpires will be suitably equipped (eg. ball counters).
- L7** Player umpires will be familiar with suitable umpiring practices and the laws of Cricket (**2017 Code 3rd ed.**) the game including but not limited to:
- run out
 - stumped
 - hit wicket
 - short runs
 - creases
 - conditions of ground weather and light
 - wicket-keeper position
 - height of non-pitching and short pitched balls
 - boundaries
 - fair catches
 - signals to scorers
 - umpire to umpire signals
- L8** Player umpires will be expected to pay sufficient attention to the play so as to be able to give credible decisions.
- L9** Player umpires will limit conversation with other players to that which is necessary for the conduct of the game.
- L10** Player umpires will not coach members of either team on the field.
- L11** Player umpires will report to the other umpire any pitch damage made by batters or fielders. See **Laws 41.12 and 41.14 (2017 Code 3rd ed.)**
- L12** Player umpires do not need to explain their decisions nor should there be any expectation to do so.
- L13** All players and participants are expected to be sufficiently familiar with the **Laws of Cricket (2017 Code 3rd ed.)** and the Spirit of Cricket and the Codes of Behaviour as found in the QSDCA Playing Regulations.
- L14** Abuse of player umpires will not be tolerated.
- L15** Violations of the Codes of Behaviour are expected to be reported by any person specified in Appendix A Section 4(a) using the QC COB Report form at <http://www.qldcricket.com.au/cobreport>
- L16** If a member of either team wishes to make a comment about a player umpire they may do so ONLY via their Captain.
- L17** Either captain may discuss player Umpire performance with the Cricket Australia accredited umpire or, in their absence, the opposing captain at any time.
- L18** If the issue raised can be resolved by replacement of the player umpire with another person then both Captains will be expected to agree to such a change immediately.
- L19** All participants must behave at all times in a way that does not breach the **Laws of Cricket** (such as **Laws 41.09 and 41.10 (2017 Code 3rd ed.)**) or the Code Of Behaviour (such as Dissent and Conduct Detrimental to the Game).