

CONCUSSION AND SUBSTITUTE PLAYER POLICY

1. INTRODUCTION

Applies to participants (players and umpires) in organised Community Cricket matches and training (including Premier Cricket) who receive a blow to the head or neck (either bare or while wearing protective equipment), whether by ball or otherwise.

Community Cricket Concussion Policy details at the following link;

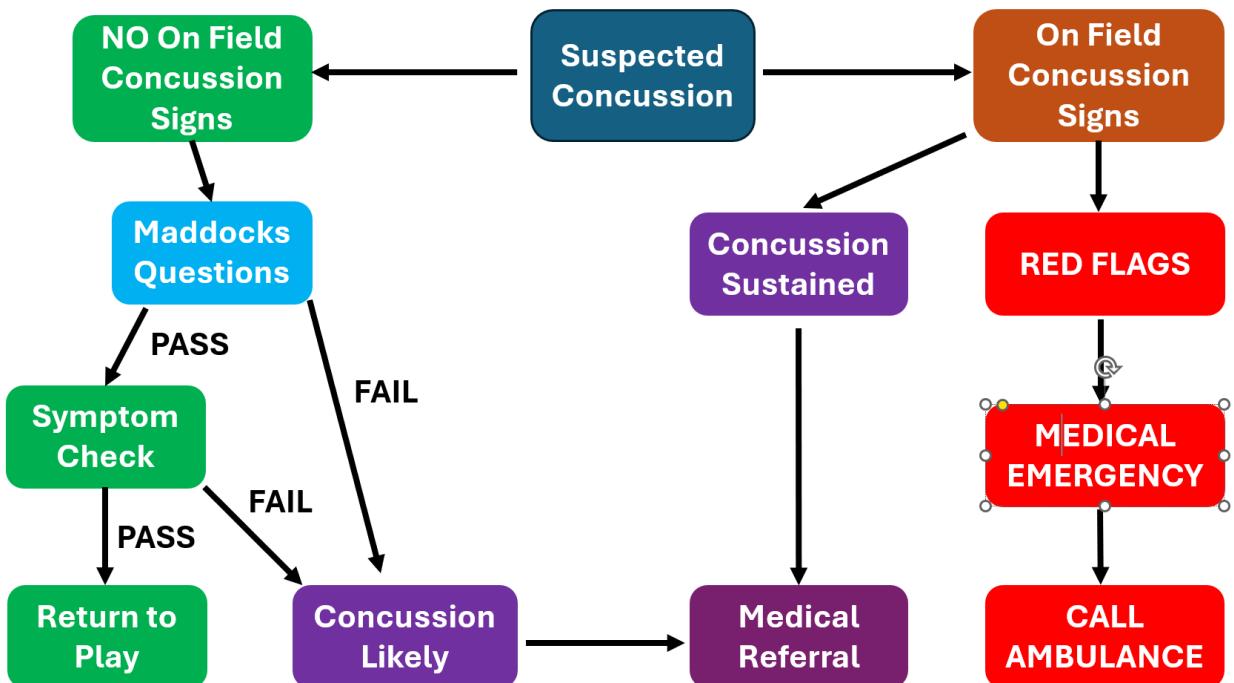
<https://play.cricket.com.au/community/clubs/managing-your-club/community-cricket-concussion-guidelines>

In the event a head trauma occurs, or the umpires suspect that a player may be concussed, a replacement player is allowed for the remainder of the match.

2. PROCESS

If a participant receives a blow to the head or upper neck, and there is no medically trained person available;

- A player, coach or administrator (ideally from the same team), or a match official needs to coordinate concussion management
- Concussion Assessment Flowchart outlines the process in the on-field management of this situation



On field signs of concussion include;

- Lying motionless on ground
- No protective action in fall to the ground
- Very slow to get up from ground after blow
- Confusion and disorientation
- Memory impairment
- Balance disturbance
- Dazed or blank/vacant stare
- Not their normal selves or observed behaviour change

If any of the above are evident, assume a CONCUSSION HAS BEEN SUSTAINED, remove the participant from the cricket environment and refer to a doctor immediately.

Red Flags, Signs and Symptoms

If the Participant has any of the following:

- Loss of consciousness for any time
- Amnesia; inability to remember recent details
- Inability to keep balance
- Nausea or vomiting not explained by another cause
- Fitting/seizures/tonic posture

Assume a MEDICAL EMERGENCY - AMBULANCE SHOULD BE CALLED IMMEDIATELY

Participant should be asked the following (Maddocks) questions:

- 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)?

PASS: Proceed to / resume symptom check

FAIL: Assume a CONCUSSION IS LIKELY

Remove the participant from the cricket environment - refer to a doctor immediately

SYMPTOM CHECK

<ul style="list-style-type: none"> • Headache • “Pressure in head” • Balance problems • Nausea or vomiting • Drowsiness • Dizziness • Blurred vision • Sensitivity to light • Sensitivity to noise • Fatigue or low energy 	<ul style="list-style-type: none"> • “Don’t feel right” • More emotional • More irritable • Sadness • Nervous or anxious • Neck pain • Difficulty concentrating • Difficulty remembering • Feeling slowed down • Feeling like “in a fog”
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On the day of the incident, remove the player immediately from training and playing environments. The player;

- must be assessed by a qualified medical doctor
- is not to return to cricket training or match environment without medical clearance
- is not to drive a motor vehicle or take part in activity that puts them or others at risk

Delayed Concussion can occur in up to 20% of sports related concussions

The participant should be instructed to monitor for the presence of any of the above symptoms for 72 hours after the head or neck blow

If any of the symptoms occur within 72 hours of the incident:

- Assume a CONCUSSION IS LIKELY
- Remove the participant from the cricket environment - refer to a doctor immediately

During the recovery period, the Club or Association should seek a clearance by a qualified medical doctor before the Participant is permitted to return to full training, playing or umpiring.

The Participant should not perform activities that put them or others at risk such as driving a motor vehicle, climbing ladders, riding a bike until medically cleared to do so

Return to Play

- Participants who are 19 years or older (adults), cannot return to play for a minimum of 13 days from the time of concussion
- Participants who are 18 years or younger, cannot return to play for a minimum of 14 days from the time they become symptom free, e.g., if the player has symptoms for 4 days after concussion, then they cannot return to play until 18 days concussion

During the Return to Play process, progression from lower to higher intensity (or risk) activities requires a minimum of 24 to 48 hours to monitor for the return or aggravation of symptoms.



This process is best managed by a medical professional.

3. SUBSTITUTE PLAYER

The best endeavours should be made for a replacement player to be a similar type of player who may immediately participate in the match as a complete replacement player for the Concussed Player.

The Concussion Substitute is permitted to bat, bowl, keep wicket or field as though they were a member of the starting 11.

The team captain or a club official shall seek the prior approval of the umpires, who shall not unreasonably refuse a request.

The umpires need only be reasonably satisfied that a head trauma occurred during the match. The umpires shall then inform the captain of the opposing team.

4. OBJECTIVE

This policy's objective is to permit the replacement of a player who is suspected of suffering from head trauma or concussion.

The opposing team shall not be unfairly disadvantaged by a team's choice of replacement player.

An impacted team shall take reasonable steps to replace a concussed player with a similar type of Player, however, the status of the match may permit other types of replacements, eg,;

- A batter may be replaced by a bowler provided that the team will no longer bowl in the match;
- A batter may be replaced by a bowler subject to the captain's undertaking that the replacement will not bowl in the match;
- A bowler may be replaced by a batsman provided that the team will no longer bat in the match or the bowler has been dismissed.