

Bellarine Storm Basketball – Concussion Policy

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1. Purpose of the Policy

Bellarine Storm Basketball Club is committed to the health, safety, and wellbeing of all players. This policy outlines how the club will manage suspected or confirmed concussions in line with the **Basketball Australia Concussion Policy (2024)**.

Our goal is to:

- Ensure that all concussion incidents are managed safely and consistently
- Support recovery and reduce the risk of long-term health issues
- Educate the basketball community on concussion awareness and prevention

2. Scope

This policy applies to:

- All players (junior and senior)
- Coaches and team staff
- Parents/guardians of junior players
- Club officials, volunteers, and referees

It includes protocols for both **children/adolescents (18 Years and under)** and **adults (19 years and over)**.

3. What is a Concussion?

A concussion is a mild traumatic brain injury caused by a direct or indirect blow to the head, face, neck, or body that results in a sudden movement of the brain.

Common Symptoms

- Headache, dizziness, nausea
- Confusion, memory loss
- Sensitivity to light/noise
- Balance problems

- Behavioural or emotional changes

Important: A player does not need to be knocked out to have a concussion.

4. Immediate Response – Suspected Concussion

If a concussion is suspected during a game or training:

- The player must be **immediately removed from play** and **not return on the same day**
 - Use the **Concussion Recognition Tool 6 (CRT6)** to assess visible signs and symptoms
 - The player must be **monitored** and **not left alone**
 - Parents/guardians must be notified as soon as possible (for junior players)
 - The player must be referred to a **qualified medical doctor** for assessment
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5. Medical Assessment & Clearance

- All players suspected of having a concussion must be assessed by a **medical doctor**, such as a **GP or sports physician**.
Note: A hospital emergency department may assist in initial care but is not sufficient for diagnosing or managing return-to-play.
 - If a concussion is **confirmed by a doctor**, the player must follow the **appropriate return-to-play protocol** (see Section 7).
 - Players **must not return to full-contact training or games** until a **written medical clearance** is provided to the club by the diagnosing doctor.
 - The club will retain all clearance documentation for record-keeping and player safety.
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6. Protocols by Age Group

Children and Adolescents (18 Years and under)

- Must follow the **Return to Play After Concussion** protocol, completing each step **in full without skipping or compressing the timeline**.
- A **minimum of 21 days** must pass from the date of concussion diagnosis before an unrestricted return to play is permitted, regardless of symptom resolution.
- **To return to competition, players must:**
 - Obtain **medical clearance**, and
 - Complete **at least one full contact training session** without the return of concussion-related symptoms.

Adults (19 Years and Over)

- Must follow the **Return to Play After Concussion** protocol, completing each step **in full without skipping or compressing the timeline**.
 - A **minimum of 10 days** must pass from the date of concussion before an unrestricted return to play is permitted, regardless of symptom resolution.
 - **To return to competition, players must:**
 - Obtain **medical clearance**, and
 - Complete **at least one full contact training session** without the return of concussion-related symptoms.
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7. Return to Play Protocol

Bellarine Storm follows a structured, step-by-step **Return to Play After Concussion** protocol that aligns with Basketball Australia's guidelines and best-practice medical advice.

This document outlines a progressive approach that ensures players recover fully and safely before returning to full participation. The process includes:

- **Step 1: Rest** – 24–48 hours of cognitive and physical rest
- **Step 2: Recovery** – Gradual reintroduction of daily activity and staged aerobic exercise
- **Step 3: Graded Loading Program** – Light non-contact team training over one week
- **Step 4: Unrestricted Return to Play** – Limited and full-contact training leading into game clearance

Progress through the stages is based on the player remaining symptom-free, with **medical clearance required prior to unrestricted return to play**.

If symptoms reappear at any point, the player must return to the previous symptom-free stage and seek medical reassessment.

The full Return to Play protocol is provided in **Appendix 1 (Junior)** and **Appendix 2 (Adult)** and is used as a practical tool to guide players, coaches, and families through recovery. A copy will be provided to any player diagnosed with concussion.

8. Roles & Responsibilities

Bellarine Storm is committed to player safety and supports the Basketball Australia Concussion Policy. While medical professionals are responsible for diagnosing and managing concussion, everyone involved in the club has a role to play in ensuring a safe environment.

- **Coaches and Team Managers** are expected to:
 - Remove any player suspected of having a concussion from training or games immediately.
 - Notify the Club of the suspected concussion by emailing the Club Administrator (include player name, team, date of incident, and brief description).
 - Provide the parent/guardian with the concussion paperwork and ensure they understand the next steps.
 - Support the player's recovery by following the concussion protocol and ensuring return-to-play steps are followed.

 - **Parents and Guardians** are expected to:
 - Inform the Club if their child sustains a concussion or suspected concussion **outside of basketball**.
 - Ensure the player is medically assessed and follow the Club's concussion and return-to-play guidelines.
 - Notify the Club Administrator by email once medical clearance has been obtained so the player's return to training and games can be tracked.

 - **Players** are expected to:
 - Report any symptoms of concussion to their coach or parent.
 - Prioritise health and recovery, following medical advice and club protocols.

 - **All members of the Bellarine Storm community**, including supporters and volunteers, are encouraged to:
 - Promote a culture of safety, understanding that concussion is a serious injury requiring proper care and time to heal.
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9. Concussions Sustained Outside of Basketball

If a player sustains a concussion outside of basketball, the Bellarine Storm Concussion Policy will still apply. An injury is an injury, regardless of where it occurred, and our duty of care extends to all players participating within the Storm program. If the sporting organisation where the concussion occurred does not have an adequate concussion management policy in place, the Bellarine Storm policy will be adopted. The player will be required to obtain medical clearance and complete the Storm's Return to Play protocol before resuming training or games with the club.

10. Documentation & Record-Keeping

The club will keep records of:

- All reported concussion incidents

- Actions taken (e.g. removal from play, parent notification)
- Clearance letters from medical professionals
- Any additional notes from coaches or team staff

These records will be securely stored and used only for player safety and policy compliance.

11. Review of Policy

This policy will be reviewed:

- Annually by the Club Committee, or
- When updates are made to Basketball Australia's Concussion Policy
- After any serious concussion incident that reveals a need for procedural changes

Return to play after concussion

Junior - 18 years and under.

Date of concussion -

Step 1 - Rest

24-48 hours

- Gentle day-to-day activities.
- Short, slow walks
- If possible, no school/work
- Minimal screen time

- Progress when concussion symptoms resolved. ☐

Step 2 - Recovery

7 days

Date -

1. Return to daily activities
 - Return to school/work
 - Short walks
 - No resistance training/gym
 - No running/team training
2. Light Aerobic exercise
 - Light activity walk/run/cycle
 - Keep to 50-60% max heart rate
 - No resistance training/gym
3. Moderate Aerobic Exercise
 - Jogging / cycling
 - 60-80% of max heart rate
 - No resistance training/gym
4. High Intensity Aerobic Exercise
 - Running / cycling on hills
 - Up to the Max heart rate
 - Can return to gym at 50-75% load

Minimum 1 day
- Progress if no concussion related symptoms are present. ☐

Minimum 1 day
- Progress if no concussion related symptoms are present. ☐

Minimum 2 days
- Progress if no concussion related symptoms are present. ☐

Minimum 2 days
- **Complete recovery of all concussion-related symptoms.** ☐
- **Return to school/work without modifications.** ☐

Step 3 - Graded Loading Program

7 days

Date -

1. Non-contact training
 - Team training - drills only
 - Non-contact activities, no game sim.
 - 2 sessions on non-consecutive days

1 week (2 session of training)
- Remain completely free of concussion symptoms. ☐

★ **MEDICAL CLEARANCE TO RETURN TO FULL CONTACT TRAINING - Date**

Step 4 - Unrestricted Return to play

7 days

Date -

1. 1 limited contact training
 - Full team training
 - Drills with incidental contact
2. 1 full contact training session

1 week (2 sessions of training)

Player is confident to return to game ☐

If concussion-related symptoms reappear at any time in step 3 - Graded Loading Program, then the player should return to the previous symptom-free step in Step 2 -Recovery, and seek medical review from a doctor.

Return to play after concussion

Adult (over 18 years)

Date of concussion -

Step 1 - Rest

24-48 hours

- Gentle day-to-day activities.
- Short, slow walks
- If possible, no school/work
- Minimal screen time

- Progress when concussion symptoms resolved. ☐

Step 2 - Recovery

5 days

Date -

1. Return to daily activities
 - Return to school/work
 - Short walks
 - No resistance training/gym
 - No running/team training
2. Light / Moderate Aerobic Exercise
 - Jogging / cycling
 - 60-80% of max heart rate
 - No resistance training/gym

Minimum 1 day
- Progress if no concussion related symptoms are present. ☐

Minimum 2 days
- Progress if no concussion related symptoms are present. ☐
-Return to school/work without modifications. ☐

3. Basketball Skills Training
 - Free Throws & Shooting
 - Jumping, Sprints, change direction
 - Can return to gym at 50-75% load

Minimum 2 days
- **Complete recovery of all concussion-related symptoms.** ☐

Step 3 - Graded Loading Program

2 days

Date -

1. 1 Light/Moderate training session
 - high intensity skills/drills with no contact
 - Limited to 30 minutes maximum
 - No body contact

- Progress if no concussion related symptoms are present

★ **MEDICAL CLEARANCE TO RETURN TO FULL CONTACT TRAINING - Date**
(book secondary appointment to medical practitioner on this date)

Step 4 - Unrestricted Return to play

Date -

1. 1 full contact training session

1 full training session prior to player returning to game ☐

Player has had no further concussion symptoms & is confident to return to game. ☐

If concussion-related symptoms reappear at any time in step 3 - Graded Loading Program, then the player should return to the previous symptom-free step in Step 2 -Recovery, and seek medical review from a doctor.

CRT6™



Concussion Recognition Tool

To Help Identify Concussion in Children, Adolescents and Adults

What is the Concussion Recognition Tool?

A concussion is a brain injury. The Concussion Recognition Tool 6 (CRT6) is to be used by non-medically trained individuals for the identification and immediate management of suspected concussion. It is not designed to diagnose concussion.

Recognise and Remove

Red Flags: CALL AN AMBULANCE

If **ANY** of the following signs are observed or complaints are reported after an impact to the head or body the athlete should be immediately removed from play/game/activity and transported for urgent medical care by a healthcare professional (HCP):

- Neck pain or tenderness
- Seizure, 'fits', or convulsion
- Loss of vision or double vision
- Loss of consciousness
- Increased confusion or deteriorating conscious state (becoming less responsive, drowsy)
- Weakness or numbness/tingling in more than one arm or leg
- Repeated Vomiting
- Severe or increasing headache
- Increasingly restless, agitated or combative
- Visible deformity of the skull

Remember

- In all cases, the basic principles of first aid should be followed: assess danger at the scene, check airway, breathing, circulation; look for reduced awareness of surroundings or slowness or difficulty answering questions.
- Do not attempt to move the athlete (other than required for airway support) unless trained to do so.
- Do not remove helmet (if present) or other equipment.
- Assume a possible spinal cord injury in all cases of head injury.
- Athletes with known physical or developmental disabilities should have a lower threshold for removal from play.

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If there are no Red Flags, identification of possible concussion should proceed as follows:

Concussion should be suspected after an impact to the head or body when the athlete seems different than usual. Such changes include the presence of **any one or more** of the following: visible clues of concussion, signs and symptoms (such as headache or unsteadiness), impaired brain function (e.g. confusion), or unusual behaviour.

CRT6™

Developed by: The Concussion in Sport Group (CISG)

Supported by:





CRT6

Concussion Recognition Tool

To Help Identify Concussion in Children, Adolescents and Adults



1: Visible Clues of Suspected Concussion

Visible clues that suggest concussion include:

- Loss of consciousness or responsiveness
- Lying motionless on the playing surface
- Falling unprotected to the playing surface
- Disorientation or confusion, staring or limited responsiveness, or an inability to respond appropriately to questions
- Dazed, blank, or vacant look
- Seizure, fits, or convulsions
- Slow to get up after a direct or indirect hit to the head
- Unsteady on feet / balance problems or falling over / poor coordination / wobbly
- Facial injury

2: Symptoms of Suspected Concussion

Physical Symptoms	Changes in Emotions
Headache	More emotional
"Pressure in head"	More irritable
Balance problems	Sadness
Nausea or vomiting	Nervous or anxious
Drowsiness	
Dizziness	
Blurred vision	
More sensitive to light	
More sensitive to noise	
Fatigue or low energy	
"Don't feel right"	
Neck Pain	

Changes in Thinking

- Difficulty concentrating
- Difficulty remembering
- Feeling slowed down
- Feeling like "in a fog"

Remember, symptoms may develop over minutes or hours following a head injury.

3: Awareness

(Modify each question appropriately for each sport and age of athlete)

Failure to answer any of these questions correctly may suggest a concussion:

- "Where are we today?"
- "What event were you doing?"
- "Who scored last in this game?"
- "What team did you play last week/game?"
- "Did your team win the last game?"

Any athlete with a suspected concussion should be - IMMEDIATELY REMOVED FROM PRACTICE OR PLAY and should NOT RETURN TO ANY ACTIVITY WITH RISK OF HEAD CONTACT, FALL OR COLLISION, including SPORT ACTIVITY until ASSESSED MEDICALLY, even if the symptoms resolve.

Athletes with suspected concussion should **NOT**:

- Be left alone initially (at least for the first 3 hours). Worsening of symptoms should lead to immediate medical attention.
- Be sent home by themselves. They need to be with a responsible adult.
- Drink alcohol, use recreational drugs or drugs not prescribed by their HCP
- Drive a motor vehicle until cleared to do so by a healthcare professional