



Concussion Policy

Worcester city netball league understand that they have a duty of care to all their players despite their age or ability. Therefore, we have produced the following document in respect to head injuries.

This document has been adapted using the England Netball Concussion policy which can be found at;- <http://d2cx26qpfwuhvu.cloudfront.net/englandnetball/wp-content/uploads/2016/03/02170148EN-branded-concussion-policy-2.pdf>

“England netball has developed their concussion policy documents to provide an evidence-based, best practice guide to assist in the recognition and management of sports related concussion. It is intended for use not only by the Doctors, Physiotherapists and other healthcare professionals who may treat players with concussion but by anyone and everyone involved in the game of Netball including Coaches, Officials, Teachers, Parents and of course the players themselves”

Firstly, it is important to appreciate the potentially serious nature of concussion and treat it with respect. Although concussion is not as common in Netball compared to other contact sports, such as Rugby Union, it does occur, and anyone involved in the game should be familiar with the basic concept of recognising the symptoms and signs of concussion and removing a player from the court if there is any doubt.

Scientific knowledge in the area of sports related concussion is rapidly evolving and as such this document will be continually updated to reflect the changes in guidelines and consensus statements produced from the International Consensus Conferences on Concussion in Sport, most recently held in Berlin in late 2016. Subsequently the document entitled ‘Consensus statement on concussion in sport’ – accessible for free online <http://bjsm.bmj.com/content/51/11/838> - was published. This has led to an update of the England Netball concussion policy in January 2018. It is expected further updates will occur before 31st December 2020.

What is Concussion and how is it caused?

Concussion is caused either by a direct or indirect blow to the head, face, neck or elsewhere on the body when there is an impulsive force transmitted up to the head. Concussion typically results in the rapid onset of temporary impairment of brain function. However, in some cases symptoms may only evolve over a period of minutes to hours. Loss of consciousness occurs in less than 15% of concussion cases and is not a requirement for diagnosing concussion.

Concussion may result in long term neuropathological changes, but the acute symptoms largely reflect a functional disturbance rather than a structural injury and, as such, no abnormality is seen on standard MRI or CT scans.

The majority of concussions (80-90%) resolve within a 7-10 day period. It is important to recognise that the symptoms of concussion and time frames for recovery can be different and more prolonged in children and adolescents.



Why is it important to recognise an episode of Concussion?

Players who continue to play or return to play with concussive symptoms are at significant risk of:

- Sustaining other injuries (to self, teammates & opposition players) due to poor decision making or reduced reaction time
- Suffering potentially more serious head injuries, e.g. Second Impact Syndrome
- Serious injury or death due to an unidentified structural brain injury
- Potential development of long-term neurological deterioration (e.g. Chronic Traumatic Encephalopathy)
- A substantially reduced level of performance

Symptoms and Signs of Concussion

Concussion can present with a vast array of different signs and symptoms, so it is extremely important to maintain a high degree of suspicion when assessing any player following a potentially concussive event. Again, it is worth highlighting to sustain a concussion the player does not have to have experienced either a direct head injury or lost consciousness.

Symptoms of concussion can include somatic (e.g. headache), cognitive (e.g. feeling like in a fog), and/or emotional symptoms (e.g. lability). Physical signs include amnesia and there may be behavioural changes such as irritability. Cognitive function may be impaired such as slowed reaction times and there is often associated sleep disturbance e.g. insomnia.

This is not an exhaustive list.



Procedure

Any player sustaining a head injury whereby any part of their head has come in to contact with any of the following:

- the sports hall floor
- sports hall wall
- outside court surface
- goal post
- another player's head
- or any other hard surface

The umpires must stop the game immediately, (in the winter league the clock continues. In the summer league the clock is stopped).

The person who has sustained the injury **MUST** leave the court with the assistance of any other players. The player cannot return to the court for the remainder of the game. Substitutions can be made as per WCNL/England Netball rules.

The Umpires will ensure the injured player does not return to the game at any point.

If the person is under the age of 18 the above procedure will be followed with the following additional measures:

- The young person, when they have left the court, must not be left on their own
- The young person must be escorted by an adult with either parental responsibility or the team's nominated safeguarding person to their home or hospital

Umpires must place an Asterix on the score card beside the name of the player who has sustained a head injury.

Any player who has sustained a head injury should follow the guidelines as per England Netball Concussion policy before they next train or play a game of netball.

WCNL cannot take responsibility for any person who does not follow any medical advice in respect of a head injury.

'IF IN DOUBT, SIT THEM OUT'