



Ballarat Cricket Association Policy 4 CONCUSSION & HEAD TRAUMA INCLUDING PLAYER REPLACEMENT PROTOCOLS

**This Policy is in line with that of the Cricket Australia Concussion and Head Trauma Guidelines Version 5.0
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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. be assessed by a qualified medical doctor;
 - 1.3.3. not return on the same day without medical clearance; and
 - 1.3.4. not drive a motor vehicle or take part in any activity that may put themselves or others at risk.
- 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. The Ballarat Cricket Association (BCA) 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.

3. Scope

- 3.1. This Guideline applies to:
 - i. all players and
 - ii. all umpires and other officials (collectively referred to as Participants):
 - a. participating in any organised Community Cricket competitions and matches or training for such competitions or matches (collectively, Ballarat Cricket); and
 - b. who receive a blow to the head or neck (either bare or while wearing protective equipment), whether by ball or otherwise.
- 3.2. The BCA recommends all Affiliated Clubs enforce these Guidelines for Participants taking part in Cricket training, matches and competitions.

4. Related Documents

- 4.1. Australian Cricket – 2023 Concussion and Head Trauma Guidelines
<https://play.cricket.com.au/community/clubs/managing-your-club/community-cricket-concussion-guidelines>
- 4.2. AC Helmet Recommendations: <https://play.cricket.com.au/community/clubs/managing-your-club/helmet-recommendations>

5. Protective Equipment Requirements

- 5.1. BCA recommends that all players wear properly fitted BS 7928: 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). Please refer to the BCA Playing Conditions for helmet requirements when playing.

<https://www.ballaratcricketassociation.com/bca-rules>

- 5.2. BCA recommends that umpires wear properly fitted BS 7928: 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. The use of products/attachments properly fitted to helmets that provide additional protection for the vulnerable neck/occipital area of the batsman (Neck Protectors) is also recommended.
- 5.4. BCA 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), these Guidelines should be followed:
- 6.2. Wherever possible, Cricket teams are encouraged to have a qualified medical doctor or medically trained person present at all matches.
- 6.3. If there is no qualified medical doctor or medically trained person available, the primary responsibility for managing the concussion process needs to be clearly allocated to one designated individual (so there is no confusion on the day about who is responsible). Either the team manager or the coach (not a player) should be allocated this task. The designated responsible person should manage the below 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 as a result of the head or neck impact;
 - i. Dizziness;
 - ii. headache;
 - iii. nausea or vomiting not explained by another cause, such as known gastroenteritis.
 - iv. feeling vague; and/or amnesia
 - v. Ask the Participant a series of easy questions such as:
 - the name of the two teams playing the game
 - the day of the week
 - the month of the year
 - the current Australian Prime Minister

If the Participant is unable to answer the questions, this may indicate amnesia.

If the Participant is suffering any of these symptoms, the Participant should seek further medical care at a local medical centre, hospital, or via a qualified medical doctor before resuming playing, training or umpiring.

- c. If the Participant has any of the following signs and symptoms;
 - i. loss of consciousness for any time;
 - ii. inability to keep balance;
 - iii. fitting,

an ambulance should be called by dialling 000. Under 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.

- 6.4. If the Participant reports any of the symptoms above, the qualified medical doctor (or nominated person) and the team (captain, coach, administrator or official) should direct the Participant to stop playing, training or umpiring and the Participant must do so.
- 6.5. 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.
- 6.6. If the Participant is suspected, presumed, or has an established concussion, the Participant should not be performing activities that may put themselves and others at risk such driving a motor vehicle or operating any heavy machinery until medically cleared to do so
- 6.7. More serious potential co-existing diagnoses (e.g. fractured skull, neck injury) should be managed as an emergency priority and an ambulance should be called. Once these potential co-existing diagnoses are excluded then diagnosis of concussion can be considered.

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 doctor.
- 7.2. Participant must not return to play on the same day if the diagnosis of concussion is established.
- 7.3. A Participant may be required to sit out the duration of a multi-day match and/or further matches as advised by medical staff.
- 7.4. It is recommended that any player returning to;
 - a. training should be approved and under the guidance of a qualified medical doctor
 - b. play after a diagnosis of concussion should provide his/her club with a letter from a qualified medical doctor stating that he/she has recovered from the concussion and medically fit to return to play.

8. Junior Players

- 8.1. Managing concussion in junior players requires a more conservative approach. If concussion is suspected or confirmed in a junior player based on the criteria in section 6 above, they should be removed from playing and training (cricket or other sports) until cleared to return by a qualified medical doctor.
- 8.2. Recovery from concussion for adolescents is slower than in adults, so return to school and studying should be guided by medical advice.

9. Documentation

BCA 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, how the incident occurred (e.g. batting, fielding) and any of the symptoms reported or signs observed. Please provide as much detail as possible.



10. Concussion and Head Trauma Replacement Policy

Ballarat Cricket Association (BCA) is strongly committed to ensuring that all Players, officials, Umpires and other representatives are able to participate in cricket in a safe environment.

In the event a head trauma occurs, or the Umpires suspect that a Player may be concussed, a Replacement Player shall be allowed for the remainder of the Match.

The Replacement Player shall be a like-for-like Player (best endeavors) and must be a registered player with the BCA at the time of the concussion occurring. The Replacement Player may immediately participate in the Match as a complete Replacement Player for the concussed Player.

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.

In the event of there being no official umpires then it will be up to the captains to agree to the Replacement Player.

The opposing team shall not be unfairly disadvantaged by a team’s choice of Replacement Player. A team shall take reasonable steps to replace a concussed Player with a like-for-like Player; however, the status of the Match may permit other types of replacements, for example –

- a. A batter may be replaced by a bowler provided that the team will no longer bowl in the Match.
- b. 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 batter provided that the team will no longer bat in the Match, or the bowler has been dismissed.

The Replacement Player is permitted to bat, bowl, keep wicket or field as though he/she was a member of the starting team.

A “cascading” event is permissible. For example if a replacement player is from a lower club team, then that team may also apply these replacement rules always providing the replacement player is from a lower grade



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

Stage	Recommended Activity
	<i>Relative physical and cognitive rest, and until all symptoms & signs have resolved (mild temporary symptoms acceptable).</i>
Physical & cognitive rest	e.g. time off or modified school or work. No physical activity. <i>Minimum of 48 hours.</i> e.g. walking, swimming or low intensity stationary cycling.
Light aerobic exercise	No resistance/strength training. <i>Move to next stage if no symptoms during or after activity.</i> <i>Minimum of 48 hours.</i> Increase intensity of exercise (breathing heavily, but able to maintain a short
Moderate intensity exercise	conversation). Light resistance training. <i>Minimum of 48 hours.</i> e.g. higher intensity physical exercise such as jogging or running drills.
High intensity exercise	Strength/resistance training activities can be added. <i>Move to next stage if no symptoms during or after activity.</i> <i>Minimum of 48 hours.</i>
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 participation in cricket skills training and strength and conditioning training at a volume and intensity appropriate to the time lost to injury.

Full Training

Should include skills that challenge physical and cognitive capabilities.

Move to next stage if no symptoms during or after activity.

Minimum of 48 hours.

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.

Return to play

No earlier than 13 days after concussion incident.



Appendix 2. Graded Return to Play After Concussion Framework 18 Years and Younger

Stage	Recommended Activity
	<i>Relative physical and cognitive rest, and until all symptoms & signs have resolved (mild temporary symptoms acceptable).</i>
Physical & cognitive rest	<p>e.g. time off or modified school or work.</p> <p>No physical activity.</p> <p><i>Minimum of 48 hours.</i></p> <p>e.g. walking, swimming or low intensity stationary cycling.</p>
Light aerobic exercise	<p>No resistance/strength training.</p> <p><i>Move to next stage if no symptoms during or after activity.</i></p> <p><i>Minimum of 72 hours.</i></p> <p>Increase intensity of exercise (breathing heavily, but able to maintain a short</p>
Moderate intensity exercise	<p>conversation).</p> <p>Light resistance training.</p> <p><i>Minimum of 48 hours.</i></p> <p>e.g. higher intensity physical exercise such jogging or running drills.</p>
High intensity exercise	<p>Strength/resistance training activities can be added.</p> <p><i>Move to next stage if no symptoms during or after activity.</i></p> <p><i>Minimum of 48 hours.</i></p>
Non-competitive (low risk) skills training & Medical Review	<p>Progression to more cricket training drills with a low risk of head impact.</p> <p>e.g. bowling drills with no batter, individual fielding drills, batting drills or facing throwdowns with no bowler.</p> <p><i>Move to next stage if no symptoms during or after activity.</i></p>



Must have formal medical review from an appropriately qualified medical doctor prior to starting full unrestricted training.

Minimum of 48 hours.

Full participation in cricket training and strength and conditioning training at a volume and intensity appropriate to the time lost to injury.

Full Training

Should include skills that challenge physical and cognitive capabilities.

Move to next stage if no symptoms during or after activity.

Minimum of 48 hours.

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.

Return to play

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.