If a **Player or Spectator** **suffers any direct or indirect blow to the head, face, neck or body that causes a force to be transmitted to the head** (e*.g. Player hit on the helmet or head by a ball, fielders head hits the ground)*

* **Cease play immediately,**
* **clear all players, officials and spectators from the immediate area around the individual and**
* **conduct an assessment of the player or spectator**

## *If a medical practitioner (e.g. doctor, nurse, paramedic) or certified First aider is present have them conduct the assessment. Otherwise a suitable, objective player/spectator should conduct the assessment*.

## *Do not have multiple player/spectators involved in any assessment activities*

## In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.

## Assessment for a spinal cord injury is critical.

## Do not attempt to move the player (other than required for airway support) unless trained to so do.

## Do not remove a helmet or any other equipment unless trained to do so safely

## Follow the Concussion Recognition Tool (CRT5) guidelines (below)

## Assess Red flags

**If there is concern after an injury including whether ANY of the following signs are observed or complaints are reported then the player should be safely and immediately removed from play/game/activity.**

**If no licensed healthcare professional is available, call an ambulance for urgent medical assessment**:

|  |  |  |
| --- | --- | --- |
| * Neck pain or tenderness | * Severe or increasing headache | * Deteriorating conscious state |
| * Double vision | * Seizure or convulsion | * Vomiting |
| * Weakness or tingling/ burning in arms or legs | * Loss of consciousness | * Increasingly restless, agitated or combative |

## Assess the visual signs:

|  |  |  |
| --- | --- | --- |
| * Lying motionless on the playing surface or ground | * Disorientation or confusion, or an inability to respond appropriately to questions | * Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements |
| * Slow to get up slowly after a direct or indirect blow to the head | * Blank or vacant look | * Facial injury after head trauma |

## Look for any other symptoms

|  |  |  |  |
| --- | --- | --- | --- |
| * Headache | * Blurred vision | * More emotional than usual | * Difficulty concentrating |
| * “Pressure in the head | * Sensitivity to light | * More irritable than usual | * Difficulty remembering |
| * Balance problems | * Sensitivity to noise | * Sadness | * Feeling slow |
| * Nausea or vomiting | * Fatigue or low energy | * Nervous or anxious | * Feeling like “in a fog” |
| * Drowsiness | * “Don’t feel right” | * Neck pain |  |
| * Dizziness | * Blurred vision |  |  |

## Conduct a memory assessment

If a player or spectator is more than 12 years old, the following questions are examples to be used to recognise a suspected concussion. An incorrect answer to any of these questions may suggest a concussion:

* “What venue are we at today?”
* “What is the date today? “
* “Who are we playing?”
* “What team did you play last week/game?” •
* “What is the time right now?”

## If any question is answered incorrectly or a concussion is suspected

## Immediately remove the player/spectator/official from the field and arrange transport to the nearest suitable medial facility by another player, spectator, family member or friend

## Ensure they are not left alone (at least for the first 1–2 hours)

Additionally, a person with suspected concussion should:

* Not drink alcohol
* Not use recreational drugs
* Not take certain prescription medications including aspirin, anti-inflammatory medications, sedative medications or strong pain-relieving medications
* Not be sent home by themselves.
* Not drive a motor vehicle
* Be referred for appropriate medical assessment

## After the assessment and appropriate actions have been taken

## Phone and report the incident to the following:

## Competition manager or SSCA Secretary

## Club Secretary

## Ensure the incident and actions taken are recorded in a formal match report

## Have Club Secretary submit a report to Cricket NSW/Cricket Australia insurer: JLT Insurance

**Players suspected of or having a concussion will not be able to practice or play until they have been medically assessed and cleared to return**

Full details on concussion management are available at:

[Concussion Management | Sports Medicine Australia (sma.org.au)](https://sma.org.au/resources/concussion/)