



# CONCUSSION POLICY

**Policy** VJBLcc0923

**Drafted by** Greg Jeffers

**Responsible person** Greg Jeffers

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**Approved by** RC/VJBL

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## INTRODUCTION

This document sets out the principles and provides general advice regarding the management of concussion in basketball in Victorian Junior Basketball Leagues (VJBL).

This policy has been produced by Basketball Victoria with the intention of prioritising the safety of VJBL participants in the incidence or suspected incidence of concussion. Basketball Victoria acknowledges that research into concussion injury continues to evolve, and this policy will be reviewed and updated based on scientific research and professional advice.

## DEFINITION

A concussion occurs through a collision with another person or object where biomechanical forces to the head or anywhere on the body transmits an impulsive force to the head/brain, resulting in transient neurological impairment. – AIS Concussion and Brain Health Position Statement, Feb. 2023

## PURPOSE

To provide for the welfare of VJBL players, and guide Team Officials, Technical Officials, and team supporters (family and friends) in the recognition, management and treatment process of concussion.

## POLICY

Any player at risk of concussion should be removed from the game immediately. The player is deemed to be 'at risk' in the following (but not exclusive) scenarios:

- a. When a player receives head contact that requires play to be stopped by the Technical Officials, and/or the player requires assistance from the court.

The player is thereby considered to be at risk of concussion and is to be substituted immediately and remain substituted for the remainder of play in that game.

- b. Following any suspicion of head contact, or transmission of force to the head, and a player

demonstrates or refers to a Team Official any of the following or similar symptoms:

- Disorientation
- Balance issues/Stumbling
- Dizziness or drowsiness
- Nausea or 'not feeling right'.
- Impairment in vision, to any extent.
- Headache, or head throbbing/pressure.

The player is thereby considered to be at risk of concussion and substituted immediately and remain substituted for the remainder of play in that game.

This policy refers to actions within the game, but further recommends actions to be taken following a suspected concussion.

## RESPONSIBILITIES

Basketball Victoria supports the 'Recognise, Remove, Refer' recommendations as set out in the AIS Concussion and Brain Health Position Statement, February 2023.

Basketball Victoria recommends:

- Team Officials and/or parents have the HeadCheck app available at games and training.
- Should a player have a concussion or suspected concussion that they are assessed medically - even if the symptoms resolve before returning to any physical activity.
- Following a concussion or suspected concussion, the player takes a minimum of 7 days from competitive activity.

All players with concussion or suspected concussion need urgent medical assessment and this is the responsibility of the parent or guardian of the player.

## CONCLUSION

Basketball Victoria strongly recommends that associations and individual teams implement an internal 'Concussion Record Keeping' tool. It is suggested this document record an athletes Concussion history as well as record any occurrence during the current season. (ref. Appendix 1). This



information can be communicated with medical staff to ensure sound long-term decision making in the best health interest of the athlete.

If any doubt, the player should be treated cautiously, and medical advice sought. The player should make a gradual and progressive return to play, supported by a medical professional.

HELPFUL DOCUMENTS

- [HeadCheck app](#)
- [Scat5 /Child Scat5](#)
- [Concussion in Sport Australia](#)

APPENDIX 1.

Proposed concussion record sample:

Team:

Season:

Name	Date of injury	Concussion history

# Pocket CONCUSSION RECOGNITION TOOL™

To help identify concussion in children, youth and adults



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## RECOGNIZE & REMOVE

Concussion should be suspected **if one or more** of the following visible clues, signs, symptoms or errors in memory questions are present.

### 1. Visible clues of suspected concussion

Any one or more of the following visual clues can indicate a possible concussion:

Loss of consciousness or responsiveness  
Lying motionless on ground/Slow to get up  
Unsteady on feet / Balance problems or falling over/Incoordination  
Grabbing/Clutching of head  
Dazed, blank or vacant look  
Confused/Not aware of plays or events

### 2. Signs and symptoms of suspected concussion

Presence of any one or more of the following signs & symptoms may suggest a concussion:

- |                          |                            |
|--------------------------|----------------------------|
| - Loss of consciousness  | - Headache                 |
| - Seizure or convulsion  | - Dizziness                |
| - Balance problems       | - Confusion                |
| - Nausea or vomiting     | - Feeling slowed down      |
| - Drowsiness             | - "Pressure in head"       |
| - More emotional         | - Blurred vision           |
| - Irritability           | - Sensitivity to light     |
| - Sadness                | - Amnesia                  |
| - Fatigue or low energy  | - Feeling like "in a fog"  |
| - Nervous or anxious     | - Neck Pain                |
| - "Don't feel right"     | - Sensitivity to noise     |
| - Difficulty remembering | - Difficulty concentrating |

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## 3. Memory function

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

- "What venue are we at today?"
- "Which half is it now?"
- "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 PLAY**, and should not be returned to activity until they are assessed medically. Athletes with a suspected concussion should not be left alone and should not drive a motor vehicle.

It is recommended that, in all cases of suspected concussion, the player is referred to a medical professional for diagnosis and guidance as well as return to play decisions, even if the symptoms resolve.

## RED FLAGS

**If ANY of the following are reported then the player should be safely and immediately removed from the field. If no qualified medical professional is available, consider transporting by ambulance for urgent medical assessment:**

- |  |                                 |
|--|---------------------------------|
| - Athlete complains of neck pain               | - Deteriorating conscious state |
| - Increasing confusion or irritability         | - Severe or increasing headache |
| - Repeated vomiting                            | - Unusual behaviour change      |
| - Seizure or convulsion                        | - Double vision                 |
| - Weakness or tingling/burning in arms or legs |                                 |

## Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the player (other than required for airway support) unless trained to do so
- Do not remove helmet (if present) unless trained to do so.

from McCrory et. al, Consensus Statement on Concussion in Sport. Br J Sports Med 47 (5), 2013

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