

Policy 21 - Concussion & Injury Management Policy

Oversight: Child Safety Officer / Club Development Portfolio

Adopted: 15 August 2025

Review Cycle: Every 2 years or as required

Purpose

To provide a clear and standardised approach to identifying, managing, and responding to suspected concussions and other injuries sustained during Hamilton Basketball Association (HBA) activities. The policy prioritises player safety and wellbeing while supporting safe return-to-play decisions.

Scope

Applies to all players, coaches, team managers, officials, and volunteers involved in HBA-sanctioned games, training sessions, and events.

Policy Principles

- Player safety is the top priority.
- All head knocks are treated as potential concussions until cleared by a medical professional.
- Return-to-play decisions are based on national best practice guidelines.
- Accurate injury documentation and effective communication are essential.

1. Immediate Response to Injury

- Any suspected injury, especially to the head, results in **immediate removal from play**.
- A trained first aider or responsible adult provides **initial assessment and care**.
- Players **must not return to play** on the same day if a concussion is suspected.

2. Concussion Protocol

If concussion is suspected:

- Remove the player from the court immediately.

- Complete an **Injury Report Form** (Appendix B) within 24 hours.
- Refer to a **medical professional** for formal evaluation.
- Require **written medical clearance** before returning to any basketball activity.

3. Graduated Return-to-Play (G RTP) Protocol

A step-by-step progression following full symptom resolution and medical clearance. See **Appendix C**.

4. Injury Reporting & Communication

- All injuries requiring withdrawal are entered into the **Injury Report Register**.
- Team Managers/Coaches must inform parents and submit the form to the Child Safety Officer.
- Child Safety Officer reviews incident trends and ensures follow-up.

5. Education & Awareness

- HBA will provide ongoing training to coaches and volunteers.
- Coaches must be familiar with signs of concussion (see Appendix A).

6. Responsibilities

Role	Responsibility
Child Safety Officer	Monitors injury reports, manages trends and return-to-play compliance
Club Development Portfolio	Supports education, policy adherence at club level
Coaches & Team Managers	Remove players, complete documentation, liaise with families
Parents/Guardians	Seek medical care and provide clearance documentation
Players	Report symptoms honestly, follow recovery guidance

Appendix A: Concussion Signs & Symptoms Checklist

Visible Signs (Observed by others):

- Loss of consciousness (even briefly)
- Disorientation or confusion
- Clumsy movements
- Slow to respond or answer
- Behaviour or personality changes
- Vomiting or seizures

Reported Symptoms (Described by the player):

- Headache or "pressure in the head"
- Dizziness or balance problems
- Nausea
- Blurred vision or double vision
- Sensitivity to light or noise
- Feeling sluggish, foggy, or groggy
- Difficulty concentrating or remembering
- Feeling "not quite right"

If any symptoms are present, treat as a concussion and follow protocol.

Appendix B: HBA Injury Report Form

Player Name: _____

Date of Injury: _____

Time of Injury: _____

Location (Venue/Court): _____

Type of Injury (e.g. head knock, ankle sprain): _____

Was First Aid Provided? Yes No

Describe the Incident:

Was the Player Removed from Play? Yes No

Was a Parent/Guardian Notified? Yes No

Suspected Concussion? Yes No

Name of Person Completing Form: _____

Signature: _____

Date: _____

Forward completed form hba3300secretary@gmail.com

Appendix C: Graduated Return-to-Play (GRTP) Protocol

Stage	Activity	Aim	Duration
1	Complete Rest	Physical and cognitive rest	Variable (until symptoms resolve)
2	Light aerobic activity (e.g. walking, stationary cycling)	Increase heart rate gently	24 hours minimum
3	Sport-specific activity (e.g. dribbling drills)	Add movement and coordination	24 hours minimum
4	Non-contact training drills	Exercise, coordination, and thinking	24–48 hours
5	Full contact practice (only after medical clearance)	Restore confidence and assess functional skills	As advised
6	Return to full competition	Resume normal play	Final stage