

Guidelines For the Management Of Sports Related Concussion

2026



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ILLAWARRA DISTRICT NETBALL ASSOCIATION

GUIDELINES FOR THE MANAGEMENT OF SPORTS RELATED CONCUSSION

1 INTRODUCTION

This document is based on the Youth and Community Sport specific version of the Netball Australia Guidelines for the Management of Sports Related Concussion in Netball, worded specifically for Netball Illawarra. Additional information has been taken from documents from the Australian Institute of Sport.

Reference to Netball Australia's pathways and other higher levels of the sport have been removed as they are not relevant to the level of netball under the control of Netball Illawarra.

The intent of this document is to create a concise document that is easily understood, and relevant information can be easily found for reference purposes.

If, for any reason, there is confusion as to the content, or meaning, of this document then the latest version of the Netball Australia Guidelines shall overrule this document.

2 PURPOSE

The purpose of these Guidelines is to:

1. Provide players, parents, and guardians with guidelines for the recognition and management of a concussion, irrespective of whether it is the result of a Sport-Related incident or some other trauma that has resulted in the concussion
2. Provide coaches, managers, primary carers, umpires, players, and parents/guardians with current best practice guidance for the recognition and management of Sport-Related Concussion (SRC)
3. To safeguard and protect the short and long-term health and safety of netball players from the potential risks of SRC and repeat head impacts.

It is important to recognise that umpires and coaches, while participating in netball activities, may also sustain a concussion and that, while these guidelines apply to athletes, they are not intended to be limited in scope, and an umpire or coach should also follow these Guidelines in this event.

3 BACKGROUND

Netball Illawarra is bound by the Netball Australia Guidelines for the Management of Sports Related Concussion in netball, which has been developed to recognise the seriousness of Sport-related Concussion (SRC) as a significant public health issue and that safeguarding the short and long-term health and wellbeing of netballers at all levels of competition is important.

Under the Netball Australia Youth and Community Guidelines, and these guidelines, the earliest that a player, or umpire, registered with Netball Illawarra can return to play after a concussion is 21 days after the day on which the concussion was sustained, provided that the player has safely progressed through each phase of the return-to-play program.

Like most documents created by National or State Bodies, they are worded with generalisations to cover all affiliated organisations and all situations, therefore there are areas where interpretation becomes a potential problem.

This document is specific for Illawarra Netball.

4 SCOPE

These guidelines apply to:

- (a) all training sessions and programs conducted by teams and clubs under the auspices of Netball Illawarra
- (b) all competitions conducted under the auspices of Netball Illawarra. This includes all Indoor and Outdoor competitions, Gala Days and Carnivals.
- (c) All teams representing Netball Illawarra at training sessions and programs and while competing in competitions and carnivals conducted by organisations and associations that are affiliated with Netball NSW and/or Netball Australia

4.1. What is Sport Related Concussion

Concussion, no matter how it is initiated, is an injury to the brain caused by impact to the head or the body where force is transmitted to the head.

More severe injuries may result in structural injury, but most often the acute clinical signs and symptoms reflect a disturbance in brain function and, as such, no abnormality is seen on standard neuroimaging such as Computerised Tomography (CT) or Magnetic Resonance Imaging (MRI).

Concussion involves temporary, neurological impairment. Symptoms and signs of a concussion may present immediately, or evolve over minutes or hours, and commonly resolve within days, but may be prolonged in some individuals. Any player **suspected** of sustaining a concussion must be monitored for worsening effects and be assessed by a medical practitioner as soon as possible after injury.

While all concussions should be assessed by a doctor, most will resolve without the need for specific treatment. A short period (24-48 hours) of relative rest, followed by gradual return to activity is the main treatment.

ALL CONCUSSIONS SHOULD BE CONSIDERED AS SERIOUS.

4.2. What are the Potential Complications of Concussion

Concussion is an injury to the brain caused by impact to the head or the body where the potential complications associated with sustaining a concussion include:

- (a) Increased risk of further concussion or other injuries on return to play
- (b) Persisting symptoms (> than 4 weeks)
- (c) Severe brain swelling which may be a rare complication of head trauma in a younger player. One of the risk factors is thought to be a second concussion before the player has fully recovered from the previous concussion
- (d) Symptoms of mood disturbance such as depression or anxiety; and
- (e) Long-term effects on brain health

These potential complications are thought to be increased if a player returns to sport prior to fully recovering from their concussion.

4.3. Concussion Management

- (a) All concussions, and suspected concussions, require a cautious and conservative approach when being assessed. Any player suspected of sustaining a concussion shall be removed from play and further assessed.
- (b) All members of the support team including primary carer, coaches, managers, parents/guardians, have a role in recognising and managing concussion
- (c) The most important components of initial management are:
 - **Recognising** a suspected concussion
 - **Removing** the player from play; and
 - **Referring** the player to a medical practitioner for assessment
- (d) Concussion should be expected when there is a possible mechanism of injury that is directly observed or reported, or the player shows visual signs of, or reports symptoms of concussion.
- (e) Primary carers (including parents/guardians) should adopt first aid principles in the management of any player with a suspected concussion – including first aid principles for protection of the cervical spine
- (f) Primary carers (including parents/guardians) should monitor for any serious injuries or signs (such as neck pain, increased confusion, agitation or irritability, repeated vomiting, seizure, weakness or tingling/burning in the arms or legs, reduced level of consciousness, severe or increased headache, or unusual behaviour) and if observed, seek urgent medical attention.
- (g) Non-medical assessment tool: The Concussion Recognition Tool 6 (**CRT6**) is recommended to help *non-HCP practitioners* recognise the symptoms and signs of concussion. The 20 symptoms listed in the CRT6 are:

| | |
|----------------------|-----------------------|
| Headache | Sensitivity to light |
| Nervous or anxious | 'Pressure in head' |
| Sensitivity to noise | Neck pain |
| Balance problems | Fatigue or low energy |

| | |
|--------------------------|------------------------|
| Difficulty concentrating | Nausea or vomiting |
| 'Don't feel right' | Difficulty remembering |
| Drowsiness | More emotional |
| Feeling slowed down | Dizziness |
| More irritable | Feeling 'like a fog' |
| Blurred vision | Sadness |

- (h) The diagnosis of concussion should be based on a clinical history and examination and testing of a range of domains including mechanism of injury, symptoms and signs, cognitive functioning, and neurology, including balance assessment by an HCP.

It is important to note that a brief sideline assessment is not designed to replace a comprehensive medical assessment and therefore, any individual with suspected concussion should be reviewed by a HCP at the earliest opportunity and should commence a graded return to sport and learning activities.

- (i) Any player, or umpire, who has suffered a concussion, or a suspected concussion, **shall not be allowed to return to play** in the same match, or the same competition day, or the same training session.

| Critical symptoms/signs | Obvious symptoms/signs | Subtle symptoms/signs |
|--|--|---|
| <ul style="list-style-type: none"> • Neck pain • Increasing confusion, agitation, or irritability • Repeated vomiting • Seizure or convulsion • Weakness or tingling/burning in the arms or legs • Deteriorating conscious state • Severe or increasing headache • Unusual behavioural change • Double vision | <ul style="list-style-type: none"> • Loss of consciousness • No protective action in fall to ground directly observed or on video • Seizure or jerky movements after a knock • Confusion, disorientation • Memory impairment • Unsteady on feet or balance problems • Athlete reports significant, new or progressive concussion symptoms • Dazed or looking blank/vacant • Changed behaviour – may be more irritable agitated, anxious, or emotional than normal | <ul style="list-style-type: none"> • Headache • 'Pressure in the head' • Neck pain • Nausea or vomiting • Dizziness • Blurred vision • Balance problems • Sensitivity to light • Sensitivity to noise • Feeling slowed down • Feeling like 'in a fog' • 'Don't feel right' • Difficulty concentrating • Difficulty remembering • Fatigue or low energy • Confusion • Drowsiness • More emotional • Irritability • Sadness • Nervous or anxious • Trouble falling asleep (if applicable) |

If an athlete displays these symptoms/signs they may have a more serious injury. They should be immediately taken to the nearest emergency department.

4.4. Medical Assessment Tools

4.4.1. Adults (Including Adolescents Aged 13 – 18 years)

SCAT6 is the internationally recommended concussion assessment tool for HCP and covers the above-mentioned assessments. The SCAT6 should not be used in isolation to diagnose, but as part of a multimodal clinical assessment.

A copy of the SCAT6 assessment tool is attached to these Guidelines.

4.4.2. Children Aged 5 to 12 Years

Child SCAT6 has been developed for use by HCP in children aged 5 to 12 years old to accommodate for physical, cognitive and language development.

4.4.3. All Ability Netball Players (Players with a Disability)

- (a) For all ability netball players, the SCAT6 and other guidelines should include modifications for use with athletes with disability.
- (b) Currently, internationally recognised concussion assessment tools specific to para-athlete populations do not exist and clinicians have highly variable methods for recognition and management of concussions.
- (c) HCPs should be referred to the AIS Position Statement for further guidance.

5 THE MANAGEMENT OF CONCUSSION

5.1. General

Concussion is a condition that evolves. Players suspected of, or diagnosed with, concussion require close monitoring and repeated assessment. They should not be left alone in the first 3 hours after injury. If symptoms worsen after injury, urgent medical attention should be sought.

The AIS Concussion Referral & Return Form provides important information to a HCP following the suspected concussion of a player, including details of the return to sport protocols, and the requirements for clearance for return to contact activities.

Figure 1 of the AIS Guidelines for Youth & Community Sport (below) supports non-HCP (i.e. parents, coaches, teachers, other players, support staff) at sporting events where there is a suspicion of concussion. For further information, see the AIS Guidelines for Youth & Community Sport.

5.2. Immediate Management of Concussion

Immediately following a suspected concussion, if any of the “red flags” listed in Figure 1 are evident then the athlete should go straight to a hospital Emergency Department, or an “Urgent Care Facility”.

If the symptoms identified as “red flags” have been excluded the athlete should be referred to a health care practitioner. Return to sport and learning activities commence with a short period of rest of 24-48 hours, followed by a gradual return to sport and/or learning process. Relative rest involves providing rest from both the body (physical rest) and the brain (cognitive rest).

If diagnosed with concussion, athletes should have immediate physical and mental rest; this allows the brain to ‘rest’ and helps recovery.

To properly rest, time off school or work may be needed. Mental rest may include refraining from playing computer games, reading, and watching television.

Any player or umpire with suspected or confirmed concussion should:

- remain in the company of a responsible adult
- not be allowed to drive
- be advised to avoid alcohol
- check their medications with their doctor.

Specifically, concussed players or umpires should avoid:

- aspirin
- anti-inflammatories (such as ibuprofen, diclofenac, or naproxen),
- sleeping tablets
- sedating pain medications

5.3. Graded Return to Play Framework

The important stages for a graded return to play following concussion, include:

- (a) A brief period of relative rest for 24-48 hours
- (b) A period of recovery
- (c) A graded loading program (with medical clearance required before full contact training); and
- (d) Unrestricted return to play

The guidelines for the return to sport include:

- (a) Commencement of light aerobic activity after an initial period of relative rest
- (b) Checkpoints throughout progression to return to play
- (c) Gradual reintroduction of learning and work activities. Cognitive stimulation (use of screens, reading, learning activities) should be gradually introduced after 48 hours.
- (d) At least **14 days symptom free** (at rest) before return to contact/collision training. The temporary exacerbation of mild symptoms with exercise is acceptable, as long as the symptoms quickly resolve at the completion of exercise, and as long as the exercise-related symptoms have completely resolved before resumption of contact training. This is 14 days from when the athlete becomes symptom free and not 14 days from the time of concussion.
- (e) **A minimum period of 21 days** until the resumption of competitive contact/ collision sport (including 14 days symptom free)
- (f) Consideration of all symptom domains (physical, cognitive, emotional, fatigue, sleep) throughout the recovery process
- (g) Return to learn and work activities should take priority over return to sport

(h) Return to full contact training and competition to be permitted by a HCP

Children and adolescents take longer to recover from concussion than adults. A more conservative approach should be taken with those aged under 19 years of age.

The Graded Return to Sport Framework below is taken from the AIS Guidelines for Youth & Community Sport. It provides the steps to be undertaken for a full return to sport framework for community and youth sport.

The examples of return to sport timeframes are also taken from the AIS Guidelines for Youth & Community Sport.

Any player with a history of multiple concussions may be at risk of experiencing prolonged symptoms before return to sport. The AIS Guidelines for Youth & Community Sport provide specific advice for those players who suffer from multiple concussions within a short period of time as these players should be managed more conservatively and be assessed by a clinical management team with specific training and expertise in concussion.

If the symptoms identified as “red flags” have been excluded the athlete should be referred to a health care practitioner. Return to sport and learning activities commence with a short period of rest of 24-48 hours, followed by a gradual return to sport and/or learning process. Relative rest involves providing rest from both the body (physical rest) and the brain (cognitive rest).

6 ACTIONS TO BE TAKEN AFTER A SUSPECTED CONCUSSION

6.1. Action For Players Representing Netball Illawarra

Any player suspected of having suffered a concussion at training or while competing shall be reported to the Representative Management Director or the Player and Coaching Director, as appropriate.

A record of the incident should be recorded on the Concussion Referral and Clearance Form attached to these Guidelines and retained for the appropriate period.

The player’s Club should also be advised of the incident so that the player follows the protocols identified within for club training and playing as well.

6.2. Action For Club Players While Training or Playing

Any player suspected of having suffered a concussion at training should be removed from any further training and taken to the nearest Emergency Department for a medical assessment. The incident should be reported to the committee of the player’s club so that details of the incident and the injury are to be recorded on the Concussion Referral and Clearance Form attached to these Guidelines and retained for the appropriate period.

Any player suspected of having suffered a concussion during a game should get immediate first aid, so that a record of the incident is made and also recorded on the Concussion Referral and Clearance Form attached to these Guidelines and retained for the appropriate period. The player should not be involved in any further competition and should be taken to the nearest Emergency department for a medical assessment.

The coach should ensure that the player follows the protocols identified within this document for club training and playing.

APPENDIX A – EXAMPLES OF RETURN TO SPORT TIMEFRAMES

These examples are taken from the AIS Australian Concussion Guidelines For Youth And Community Sport

Note:

- Day of concussive incident is considered 'Day 0'.
- Examples below assume a sport where competition (competitive contact) occurs weekly on a Saturday.
- The 14-day symptom-free period does not start until the first day that the athlete is symptom-free.

Key:

| |
|------------------|
| Incident |
| Symptomatic |
| Symptom-free |
| Contact training |
| Full competition |

Example 1. Athlete symptom-free on day 3

| Week 1 | Week 2 | Week 3 | Week 4 | Week 5 |
|--------------|--------------|--------------|-----------|-----------|
| Saturday | 5. Saturday | 12. Saturday | Saturday | Saturday |
| Sunday | 6. Sunday | 13. Sunday | Sunday | Sunday |
| Monday | 7. Monday | 14. Monday | Monday | Monday |
| 1. Tuesday | 8. Tuesday | Tuesday | Tuesday | Tuesday |
| 2. Wednesday | 9. Wednesday | Wednesday | Wednesday | Wednesday |
| 3. Thursday | 10. Thursday | Thursday | Thursday | Thursday |
| 4. Friday | 11. Friday | Friday | Friday | Friday |

In example 1, the athlete has symptoms for 3 days (orange) in Week 1, including the day of the incident. They become symptom-free on the Tuesday of Week 1. They complete their 14-day symptom-free period (yellow) by the Monday of Week 3. The athlete then completes 4 days of contact training (blue) without difficulty in week 3. The healthcare practitioner is satisfied. The athlete is cleared to return to full competitive contact (green) on the Saturday of Week 4.

Example 2. Athlete symptom-free on day 7

| Week 1 | Week 2 | Week 3 | Week 4 | Week 5 |
|-----------|--------------|---------------|-----------|-----------|
| Saturday | 1. Saturday | 8. Saturday | Saturday | Saturday |
| Sunday | 2. Sunday | 9. Sunday | Sunday | Sunday |
| Monday | 3. Monday | 10. Monday | Monday | Monday |
| Tuesday | 4. Tuesday | 11. Tuesday | Tuesday | Tuesday |
| Wednesday | 5. Wednesday | 12. Wednesday | Wednesday | Wednesday |
| Thursday | 6. Thursday | 13. Thursday | Thursday | Thursday |
| Friday | 7. Friday | 14. Friday | Friday | Friday |

In example 2, the athlete had symptoms for 7 days (orange). They became symptom-free on the Saturday of Week 2. They completed their 14-day symptom-free period (yellow) by the Friday of Week 3. However, they could not be cleared to play on the Saturday of Week 4 because, as per the graded return to sport framework (Figure 3) above, once the athlete has completed their 14-day symptom-free period, *they must do some contact training* to demonstrate that they can tolerate contact training without developing symptoms. The athlete cannot go straight from non-contact training to playing matches. There is no specific duration of contact training (blue). The health care practitioner overseeing the athlete must be satisfied that they have done enough contact training to demonstrate that they are ready to return to full, unrestricted competitive contact. In this case the athlete narrowly missed out being able to play on the Saturday of Week 4. They undertake contact training (blue) in Week 4 and are cleared to return to play on the Saturday of Week 5.

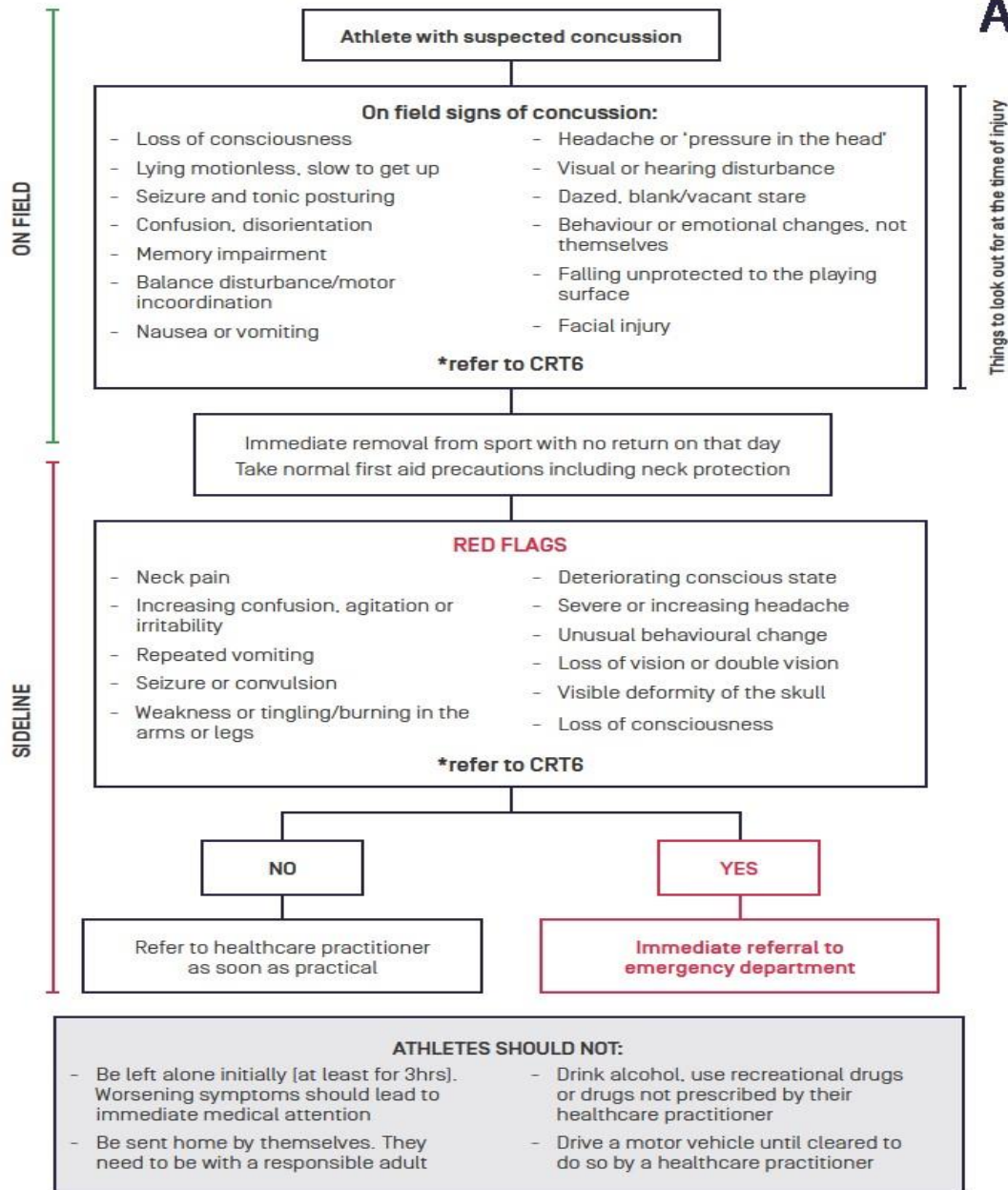
Example 3. Athlete symptom-free on day 9

| Week 1 | Week 2 | Week 3 | Week 4 | Week 5 |
|-----------|--------------|---------------|-----------|-----------|
| Saturday | 1. Saturday | 8. Saturday | Saturday | Saturday |
| Sunday | 2. Sunday | 9. Sunday | Sunday | Sunday |
| Monday | 3. Monday | 10. Monday | Monday | Monday |
| Tuesday | 4. Tuesday | 11. Tuesday | Tuesday | Tuesday |
| Wednesday | 5. Wednesday | 12. Wednesday | Wednesday | Wednesday |
| Thursday | 6. Thursday | 13. Thursday | Thursday | Thursday |
| Friday | 7. Friday | 14. Friday | Friday | Friday |

In example 3, the athlete has symptoms (orange) for 9 days. They become free of symptoms on the Monday of Week 2. They complete their 14-day symptom-free period (yellow) by the Sunday of Week 4. They then complete 5 days of contact training (blue). The healthcare practitioner is satisfied. They are cleared to return to play on the Saturday of Week 5.

APPENDIX B – ON-FIELD CONCUSSION RECOGNITION DECISION TREE

NON-HEALTHCARE PRACTITIONER *ON FIELD* CONCUSSION RECOGNITION DECISION TREE



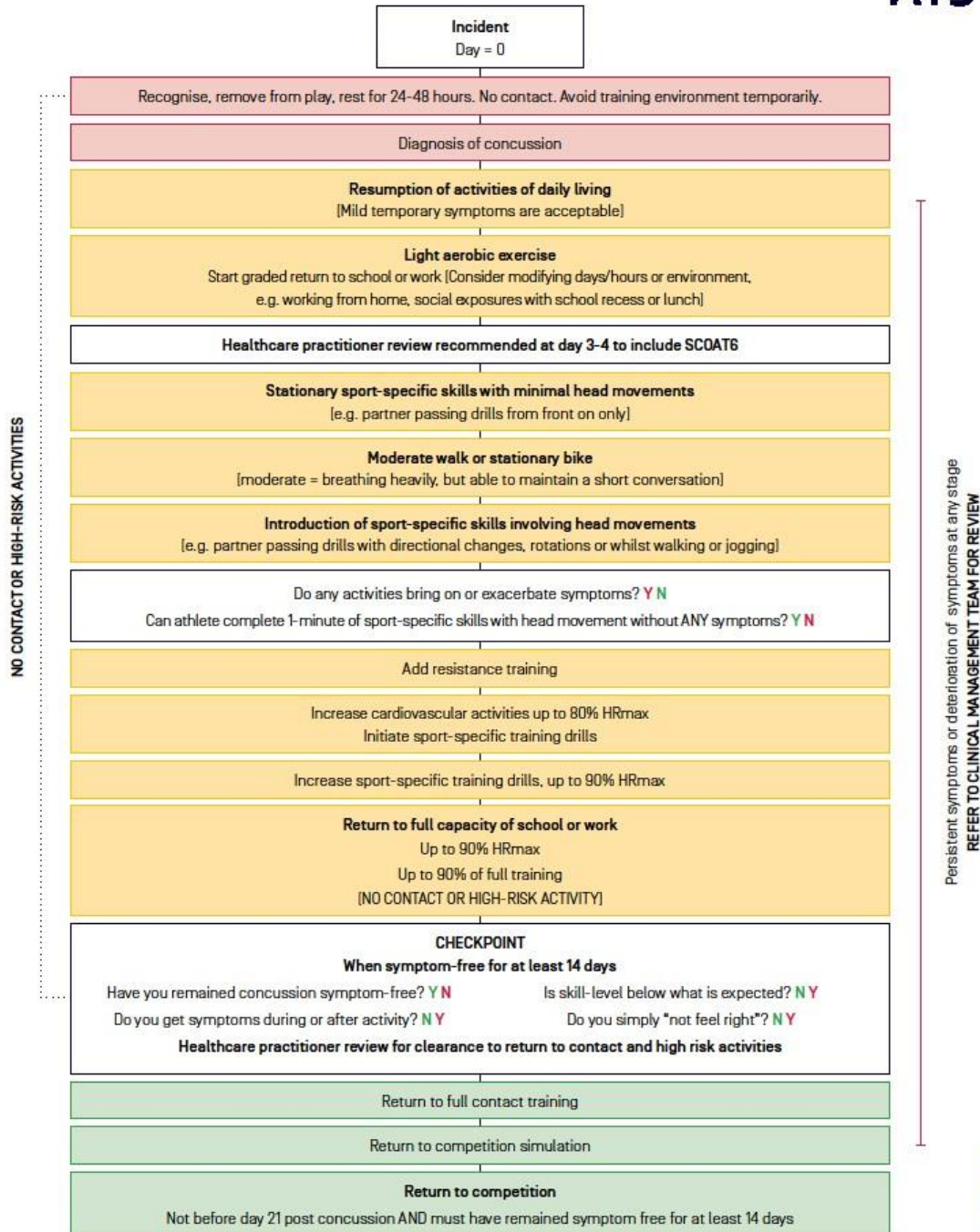
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APPENDIX C – GRADED RETURN TO SPORT FRAMEWORK

GRADED RETURN TO SPORT FRAMEWORK

Each stage, highlighted in orange or green below, should be at least 24 hours and symptoms should return to baseline prior to commencing the next activity or stage.



Some high-performance athletes may have access to appropriately trained Healthcare Practitioners experienced in multi system concussion rehabilitation. These athletes may be cleared earlier if their sports concussion protocol allows.

Some high-performance athletes may have access to appropriately trained Healthcare Practitioners experienced in multi system concussion rehabilitation. These athletes may be cleared earlier if their sports concussion protocol allows. Refer to the graded return to sport framework for advanced care settings. Note, athletes aged under 19 years should NOT have access to earlier clearance available in advanced care settings.

* Please note that athletes cannot go directly from non-contact activities to return to competition. That is, they must complete some full contact training, to the satisfaction of the health care practitioner, before returning to competitive contact.

APPENDIX D – CONCUSSION RECOGNITION TOOL

CRT6™



Concussion Recognition Tool

To Help Identify Concussion in Children, Adolescents and Adults

What is the Concussion Recognition Tool?

A concussion is a brain injury. The Concussion Recognition Tool 6 (CRT6) is to be used by non-medically trained individuals for the identification and immediate management of suspected concussion. It is not designed to diagnose concussion.

Recognise and Remove

Red Flags: CALL AN AMBULANCE

If **ANY** of the following signs are observed or complaints are reported after an impact to the head or body the athlete should be immediately removed from play/game/activity and transported for urgent medical care by a healthcare professional (HCP):

- Neck pain or tenderness
- Seizure, 'fits', or convulsion
- Loss of vision or double vision
- Loss of consciousness
- Increased confusion or deteriorating conscious state (becoming less responsive, drowsy)
- Weakness or numbness/tingling in more than one arm or leg
- Repeated Vomiting
- Severe or increasing headache
- Increasingly restless, agitated or combative
- Visible deformity of the skull

Remember

- In all cases, the basic principles of first aid should be followed: assess danger at the scene, check airway, breathing, circulation; look for reduced awareness of surroundings or slowness or difficulty answering questions.
- Do not attempt to move the athlete (other than required for airway support) unless trained to do so.
- Do not remove helmet (if present) or other equipment.
- Assume a possible spinal cord injury in all cases of head injury.
- Athletes with known physical or developmental disabilities should have a lower threshold for removal from play.

This tool may be freely copied in its current form for distribution to individuals, teams, groups, and organizations. Any alteration (including translations and digital re-formatting), re-branding, or sale for commercial gain is not permissible without the expressed written consent of BMJ.

If there are no Red Flags, identification of possible concussion should proceed as follows:

Concussion should be suspected after an impact to the head or body when the athlete seems different than usual. Such changes include the presence of **any one or more** of the following: visible clues of concussion, signs and symptoms (such as headache or unsteadiness), impaired brain function (e.g. confusion), or unusual behaviour.

CRT6™

Developed by: The Concussion in Sport Group (CISG)

Supported by:





CRT6

Concussion Recognition Tool To Help Identify Concussion in Children, Adolescents and Adults



1: Visible Clues of Suspected Concussion

Visible clues that suggest concussion include:

- Loss of consciousness or responsiveness
- Lying motionless on the playing surface
- Falling unprotected to the playing surface
- Disorientation or confusion, staring or limited responsiveness, or an inability to respond appropriately to questions
- Dazed, blank, or vacant look
- Seizure, fits, or convulsions
- Slow to get up after a direct or indirect hit to the head
- Unsteady on feet / balance problems or falling over / poor coordination / wobbly
- Facial injury

2: Symptoms of Suspected Concussion

| Physical Symptoms | Changes in Emotions |
|-------------------------|--------------------------|
| Headache | More emotional |
| “Pressure in head” | More Irritable |
| Balance problems | Sadness |
| Nausea or vomiting | Nervous or anxious |
| Drowsiness | |
| Dizziness | Changes in Thinking |
| Blurred vision | Difficulty concentrating |
| More sensitive to light | Difficulty remembering |
| More sensitive to noise | Feeling slowed down |
| Fatigue or low energy | Feeling like “in a fog” |
| “Don’t feel right” | |
| Neck Pain | |

Remember, symptoms may develop over minutes or hours following a head injury.

3: Awareness

(Modify each question appropriately for each sport and age of athlete)

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

- “Where are we today?”
- “What event were you doing?”
- “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 PRACTICE OR PLAY and should NOT RETURN TO ANY ACTIVITY WITH RISK OF HEAD CONTACT, FALL OR COLLISION, including SPORT ACTIVITY until ASSESSED MEDICALLY, even if the symptoms resolve.

Athletes with suspected concussion should **NOT**:

- Be left alone initially (at least for the first 3 hours). Worsening of symptoms should lead to immediate medical attention.
- Be sent home by themselves. They need to be with a responsible adult.
- Drink alcohol, use recreational drugs or drugs not prescribed by their HCP
- Drive a motor vehicle until cleared to do so by a healthcare professional