

Vanuatu Cricket Association
Concussion and Head Trauma Guidelines

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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 not return on the same day without medical clearance;

1.3.3 not drive a motor vehicle or take part in any activity that put themselves or others at risk; and

1.3.4 be assessed by a qualified medical doctor.

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.

2. Introduction

2.1. The Vanuatu Cricket Association considers it critical to pursue best practice in prevention and management of concussion and head trauma arising in the course of participating in organised cricket competitions and training sessions, including Community Cricket.

3. Scope

3.1. This Guideline applies to:

(i) all male and female players and

(ii) all umpires (collectively referred to as **Participants**):

3.1.1. participating in any organised community (that is, non-elite including Premier Cricket) cricket competitions and matches or training for such competitions or matches (collectively, **Community Cricket**); and

3.1.2. who receive a blow to the head or neck (either bare or while wearing protective equipment), whether by ball or otherwise.

4. Protective Equipment Requirements

4.1. Vanuatu Cricket recommends that all players wear properly helmets when batting, fielding with seven meters of the bat (except for off-side slips and gully fielders) and when wicket-keeping up to the stumps (regardless of age).

4.2. 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. Head and Neck Trauma Management

5.1. If a Participant receives a blow to the head or neck (whether wearing protective equipment or not), follow the Guidelines below. If there is doctor or other medically trained person available, they should attend to the participant and use the process outlined below and in the Concussion Assessment Flowchart. If there is no doctor or medically trained person available; either a player, coach or administrator from the same team or match official should manage this process:

5.1.1. Ask the Participant how they are feeling as soon as possible after the incident – preferably before play resumes;

5.1.2. 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;

- a) dizziness;
- b) headache;
- c) nausea;
- d) feeling vague; and/or

- e) amnesia (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 and the current Vanuatu Prime Minister).

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

5.1.3.If the Participant has any of the following signs and symptoms;

- a) loss of consciousness for any time;
- b) amnesia – inability to remember recent details;
- c) inability to keep balance;
- d) nausea or vomiting not explained by another cause, such as known gastroenteritis; and/or
- e) fitting,

an ambulance should be called by dialling 115.

In 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.

5.2. If the Participant reports any of the symptoms above, the doctor (or medically trained person), the team (captain, coach, administrator or official) that attended to the participant should direct the Participant stop playing, training or umpiring and the Participant must do so.

5.3. 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 6 below.

5.4. 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, climbing ladders, riding a bike etc. until medically cleared to do so.

5.5. More serious co-existing diagnoses (e.g. fractured skull, neck injury) should be managed as an emergency priority and once these are excluded then diagnosis of concussion can be considered. In all circumstances, an ambulance should be called.

6. Return to Play

6.1. 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.

6.2. Participant must not return to play on the same day if the diagnosis of concussion is established.