HILLS BASKETBALL ASSOCIATION LTD
PO Box 6426, Baulkham Hills BC, NSW, 2153
Phone: 02 9894-8944
Email: info@hillshornets.com.au
Website: www.hillshornets.com.au
ABN 26 667 459 814

Organisation:	**Hills Basketball Association Ltd**
Policy Name:	**Concussion Management Policy**
Effective Date:	01/11/2026
Approved by:	CEO
Reviewed:	Annually

1. Purpose

Hills Basketball Association Ltd (HBAL) is committed to protecting the health, safety and wellbeing of all players, coaches, officials, staff, volunteers and spectators through the appropriate recognition and management of concussion.

This policy establishes the minimum requirements for:

- recognising and responding to suspected concussion
- removing players from participation
- medical referral and recovery management
- return to play requirements
- incident reporting and documentation

HBAL adopts a strict "If in doubt, sit them out" approach.

This policy aligns with:

- Basketball Australia Concussion Policy (December 2024)
- Australian Concussion Guidelines for Youth and Community Sport
- AIS Concussion and Brain Health Position Statement 2024

2. Scope

This policy applies to all players, coaches, team managers, referees and officials, volunteers, staff, and parents and guardians participating in or attending:

- games
- training sessions
- tournaments
- representative programs
- camps and clinics
- strength and conditioning activities
- all HBAL sanctioned activities

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3. Quick Reference – If you Suspect Concussion

This summary is for immediate on-the-day use. It does not replace the Golden Rules or the full policy below.

Step	Action
1	Remove the player from play or training immediately.
2	Provide first aid and notify the parent/guardian (junior players).
3	Arrange medical assessment – the player cannot return that day.
4	Follow the CRT6 – Concussion Recognition Tool for immediate management.
5	Follow the AIS Graded Return to Sport Framework for recovery and return to play.
6	Obtain written medical clearance before any return to contact activity.

4. Golden Rules

Concussion is a serious brain injury and must be managed conservatively. Symptoms can appear immediately or develop over hours or days, and a player does not need to lose consciousness to have sustained a concussion. Returning to sport too early increases the risk of serious injury, including Second Impact Syndrome.

HBAL prioritises player welfare above competition outcomes, team selection, player preference, and coaching or parental pressure. No person may pressure or influence a player to return before medical clearance is obtained.

The following rules apply to all suspected or confirmed concussion incidents:

1. Any player suspected of concussion must be removed from play immediately.
2. No player may return to play or training on the same day a concussion is suspected.
3. All suspected concussions require medical assessment.
4. Junior players require immediate parent or guardian notification.
5. Written medical clearance is mandatory before return to contact activity.
6. If symptoms worsen, emergency medical assistance must be sought immediately.
7. If in doubt, sit them out.
8. A player stood down under this policy is restricted from all contact sport — not only basketball — until written medical clearance is obtained.

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5. Definition of Concussion

A concussion is a brain injury caused by a direct impact to the head, or an impact to the body that transmits force to the head.

Common Signs (Observed by Others)	Common Symptoms (Reported by Player)
Lying motionless Slow to get up Loss of balance or coordination Confusion or disorientation Vacant or dazed appearance Memory loss Vomiting Unusual behaviour	Headache Dizziness Nausea Blurred vision Sensitivity to light or noise Feeling foggy or slowed down Concentration difficulties Unusual emotional responses Neck pain

6. Authority to Remove a Player & Immediate Response

The Supervisor holds authority to remove a player from all HBAL activities, except Representative Team Training, where authority sits with the Representative Head Coach.

Activity Type	Responsible Person
Local competitions, representative competitions, general venue bookings, development programs	Supervisor
Representative team training	Representative Head Coach

Immediately following removal, the responsible person must:

- immediately remove the player from activity
- initiate the Immediate Response Procedure (see Section 8)
- arrange first aid and monitoring
- notify the parent or guardian where applicable
- ensure emergency services are contacted if required
- ensure the incident is escalated internally

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7. Concussion Management & Return to Play Oversight

The HBAL Community Basketball Operations Manager is responsible for ongoing concussion management and return-to-play oversight. In their absence, the CEO or a delegated HBAL manager may exercise these responsibilities.

The responsible manager must:

- oversee the player's recovery process
- ensure Incident Report Forms are completed within required timeframes
- maintain confidential concussion records
- communicate with players, parents or guardians, coaches and staff
- monitor compliance with the Graduated Return to Play Protocol
- verify written medical clearance before return to contact activity
- ensure the player does not return prematurely
- escalate complicated concussion cases where required

Where reasonably necessary to protect player safety and ensure compliance with participation restrictions, HBAL may notify relevant governing bodies, affiliated clubs, competitions or sporting organisations that a participant is currently restricted from contact activity under this policy. Any disclosure will be limited to the minimum information necessary and managed in accordance with the HBAL Privacy & Confidentiality Policy.

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8. Concussion Response & Return to Play Resources

Immediate management of a suspected concussion must follow the CRT6 – 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.

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.

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.

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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
Headache
"Pressure in head"
Balance problems
Nausea or vomiting
Drowsiness
Dizziness
Blurred vision
More sensitive to light
More sensitive to noise
Fatigue or low energy
"Don't feel right"
Neck Pain

Changes in Emotions
More emotional
More Irritable
Sadness
Nervous or anxious

Changes in Thinking
Difficulty concentrating
Difficulty remembering
Feeling slowed down
Feeling like "in a fog"

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**:

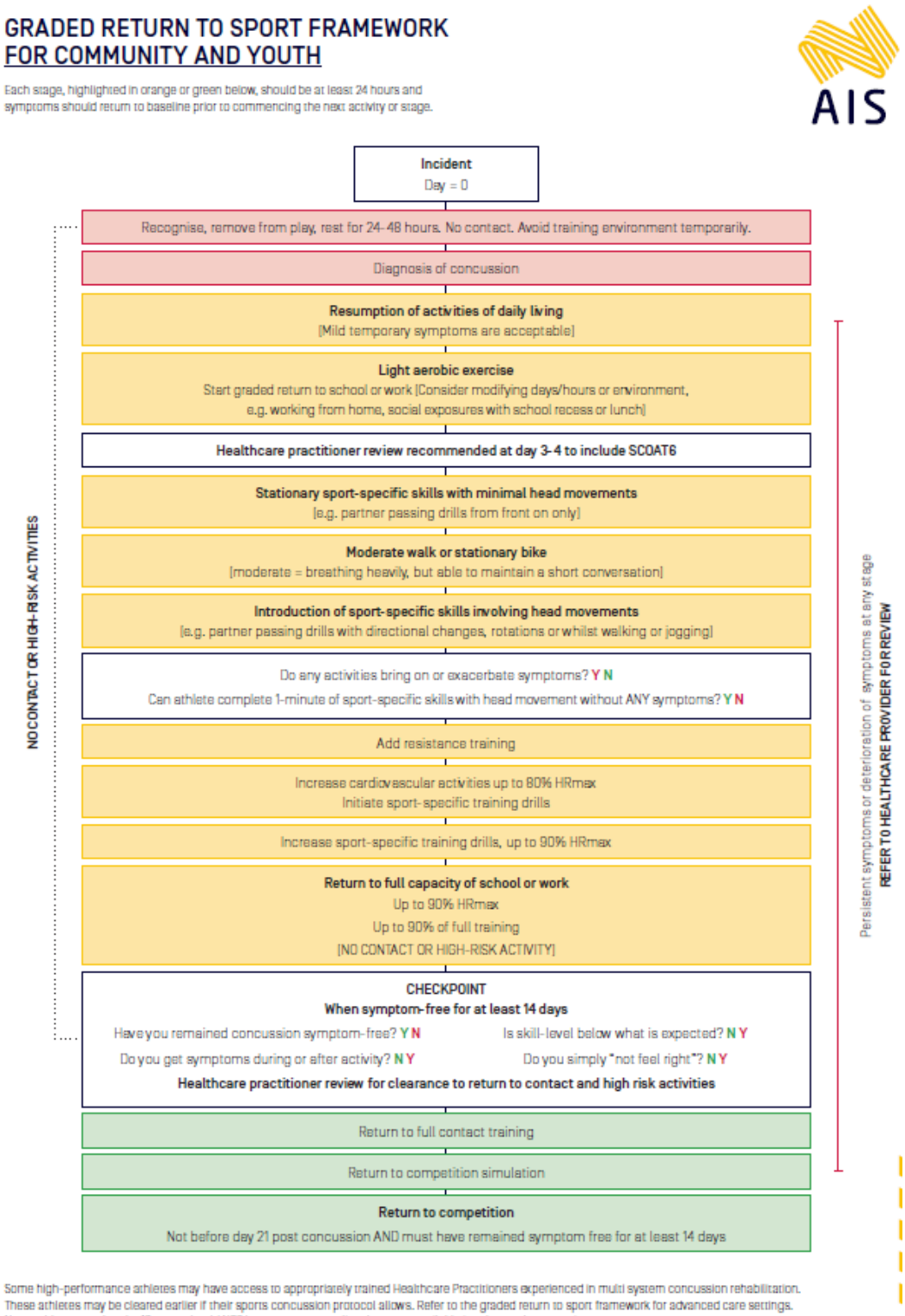
- Be left alone initially (at least for the first 3 hours). Worsening of symptoms should lead to immediate medical attention.
- Be sent home by themselves. They need to be with a responsible adult.
- Drink alcohol, use recreational drugs or drugs not prescribed by their HCP
- Drive a motor vehicle until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

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Return to play must follow the AIS Graded Return to Sport Framework for Community and Youth Sport. No player may return to contact activity without written medical clearance (Golden Rule 5).



9. Responsibilities

All parties must also comply with the Golden Rules in Section 4.

HBAL will:

- provide annual concussion awareness education
- maintain incident records and appropriate first aid resources
- support staff and volunteers acting in good faith under this policy

Coaches, Team Managers and Supervisors must:

- immediately report suspected concussion to HBAL
- support immediate removal from activity in line with Section 6

Players must:

- report symptoms honestly and not conceal them
- immediately stop participation when directed
- comply with medical advice and return-to-play requirements

Parents and guardians must:

- arrange medical assessment as soon as practicable
- monitor recovery and support conservative management
- supply written medical clearance before return to contact activity

10. Failure to Report or Comply

Any person who knowingly conceals concussion symptoms, permits participation contrary to this policy, pressures a player to return prematurely, or fails to follow removal requirements may face:

- mandatory retraining
- formal warnings
- suspension
- removal from duties
- referral to Basketball NSW or Basketball Australia

11. Staff & Volunteer Protection

HBAL staff, coaches, supervisors and volunteers' role under this policy is limited to recognising suspected concussion, removing participants from activity and facilitating appropriate medical referral and management. Any HBAL staff member, coach, official or volunteer acting honestly and in good faith under this policy has HBAL's full support. HBAL will not hold individuals personally liable for reasonable decisions made in accordance with this policy.

Suspected Concussion Determinations

HBAL staff, coaches, supervisors and volunteers are not responsible for medically diagnosing concussion. Decisions made under this policy are precautionary safety decisions based on observed signs, symptoms or behaviours consistent with suspected concussion.

A subsequent medical opinion determining that a concussion did not occur does not invalidate or criticise the original precautionary removal decision made in good faith under this policy. HBAL recognises that concussion symptoms may overlap with other medical conditions and that sideline decisions must prioritise immediate participant safety.

Where a registered medical practitioner determines that a concussion has not occurred and provides written clearance, the Community Basketball Operations Manager may approve return to activity following review of the medical advice and incident circumstances.

12. Education & Awareness

HBAL will:

- provide concussion awareness information each season
- distribute this policy to participants
- encourage completion of recognised concussion education modules
- maintain concussion response resources at venues

13. Related Documents

Internal HBAL Documents

- HBA Incident Report Form
- HBA Risk Management Policy (POLFARM11)
- HBA Work Health and Safety Policy (POLFARM8)
- HBA Child Safety Policy (POLFARM6)
- HBA Privacy & Confidentiality Policy (POLFARM5)
- HBA Coach Code of Conduct
- HBA Player Code of Conduct

External References

- Basketball Australia Concussion Policy (December 2024)
- Basketball NSW Concussion Guidance
- Australian Concussion Guidelines for Youth and Community Sport