



Sunraysia Cricket Association – Concussion and Head Impact Guidelines 2025/26.

1. Background:	2
2. Protective Equipment Requirements:	2
3. Management of Head Impacts and Concussion:	2
4. Key steps in the early management of concussion:	2
5. Recognising and Removing:	3-4
6. Recording and Referring	4
7. Return to Cricket	4-5
8. Junior Considerations:	5
9. Multiple Concussions:	5

Background:

1.1 What is concussion?

1.1.1 A concussion is a brain injury resulting in a disturbance in brain function following an impact to the head, neck or the body with force transmitting to the head meaning this can be from a direct or indirect blow.

1.1.2 Concussion can affect individuals in varying ways:

- a) **Physical:** nausea or vomiting, sensitivity to noise, balance problems, dizziness, blurred vision,
- b) **Cognitive:** “don’t feel right”, difficulty remembering, drowsiness, difficulty concentrating
- c) **Emotional:** irritable, more emotional, sadness, change in personality
- d) **Fatigue:** low energy
- e) **Sleep:** Not being able to sleep or sleeping more than normal

A person does not need to have lost consciousness to have suffered a concussion.

1.2 Concussion is often an evolving injury, with symptoms changing over hours or days following the injury. There are often adverse effects on balance and cognitive function. Recovery times following concussion vary between individuals.

Protective Equipment Requirements:

2.1 [SCA strongly recommends the use of neck protectors and British Standard BS7928:2013 helmets](#) in community cricket.

2.2 Players should wear:

- (a) properly fitted British Standard (BS7928:2013) compliant helmets; and
- (b) products/attachments properly fitted to helmets that provide additional protection for the vulnerable upper neck (occipital) area of the batsman or close in fielder (**Neck Protectors**), when batting, fielding within seven meters of the bat (except for off-side slips and gully fielders) and when wicket-keeping up to the stumps (regardless of age).

2.3 Umpires should wear:

- a) properly fitted BS7928:2013 compliant helmets in higher risk situations (umpiring for T20 formats or when there is a match situation where attacking batting is being played).

2.4 Helmets should be replaced immediately following a significant impact (a blow to the helmet) in accordance with the manufacturer’s recommendations.

Management of Head Impacts and Concussion:

3.1 It is recommended to take a conservative approach to removal of players. Continuing to play following a concussion, can increase risks and lead to a longer recovery period.

Key steps in the early management of concussion:

4.1 Recognising the injury may be a concussion or suspected concussion,

4.2 Removing the player from play or training,

4.3 Recording instances of head impacts and concussion, and

4.4 Referring the player to a medical professional.

Recognising and Removing:

5.1 During organised community cricket competitions, matches and training sessions, Cricket Participants should be proactive in reporting the presence of any concussion symptoms to a coach, other club official, medical professional and/or family member.

5.2 AC encourages club members and teammates to look out for one another and promote a culture of reporting concussion symptoms.

5.3 If a Cricket Participant receives a blow to the head or upper neck (whether wearing protective equipment or not) or collides with another person or fixture (e.g. boundary fence) a concussion should be suspected.

5.4 A simple process to ascertain the extent that the individual is adversely affected by the head impact is to ask some or all of the below questions. This can be done by anyone who is checking on the individual.

- a) What happened?
- b) What day is it? What month is it?
- c) What venue are we at today?
- d) What is the current innings score (if on match day)?
- e) Who was the opposition at the last match you played (if during the cricket season)?
- f) Who bowled the ball to you (if blow was from batting at team training)?

5.5 If the Cricket Participant cannot answer the questions satisfactorily, they should be immediately removed from the field of play (or training environment) and a concussion should be considered likely. The participant must undertake an assessment from a qualified medical practitioner as soon as possible.

5.6 If any of the signs or symptoms listed below are present, they are considered as having concussion and should not return to play and be referred to a medical doctor for assessment.

5.6.1 Table of Symptoms:

Headache	Sensitivity to light	Sadness
'Pressure in head'	Sensitivity to noise	Nervous or anxious
Balance problems	Fatigue or low energy	Difficulty concentrating
Nausea or vomiting	'Don't feel right'	Difficulty remembering
Drowsiness	Neck pain	Feeling slowed down
Dizziness	More emotional	Feeling 'like in a fog'
Blurred vision	More irritable	

5.7 Additional information to support on the on-field management of suspected concussion can be found in:

- a) Cricket Australia's On-field Management of Suspected Concussion
- b) Concussion Recognition Tool 6 (CRT6)

5.8 If **there is a doctor or other medically trained person available**, they should be informed about the impact immediately if they did not witness it and should attend to the Cricket Participant and use the process outlined in the:

AIS Health Scare Practitioner On Field Concussion Management Decision Tree

12+ Years: Sport Concussion Assessment Tool 6 (SSCAT6)

8-12 Years: Child SSCAT6

5.9 Concussion is an evolving condition. Therefore, signs and symptoms can change or be delayed. It may take up to 48 hours following a head contact to confirm or exclude a diagnosis of concussion. Parents/Caregivers, household members, coaches and attending healthcare practitioners need to be alert to behaviour that is unusual or out of character.

Recording and Referring

6.1 The Concussion Officer is responsible for recording instances of head impact and concussion, ensuring the concussion protocol is enacted and manages the coordination of matters related to concussion.

6.2 A concussion officer is not a concussion expert and is not expected to diagnose or treat concussion or determine when a participant can return to play after a head impact or concussion.

6.3 It is recommended that all Cases of concussion or suspected concussion (and all other head traumas) should be documented on an injury report.

6.4 Individuals with suspected or confirmed concussion should **NOT**:

- a) Be left alone initially (for first 3 hours). If worsening symptoms occur immediate medical attention should be sought
- b) Be sent home by themselves. They need to be with a responsible adult
- c) Drink alcohol
- d) Drive a vehicle until, cleared to do so by a healthcare professional

Return to Cricket

7.1 An individual should not return to cricket on the same day if concussion is suspected, likely or confirmed.

7.2 If the individual has been diagnosed with a concussion, the final determination on when they return to cricket (including training), should be made by an **independent qualified medical doctor**. It is recommended that a Medical Clearance Form is completed and retained by the Club or Association.

7.3 For clarity, whenever possible, avoid medical clearance being provided by anyone that has a close personal relationship with the participant (e.g. spouse/partner, family members, teammates or close friends) in line with the S 4.15 of the Medical Board of Australia's *Good medical practice: a code of conduct for doctors in Australia*¹

7.4 The Australia Cricket Graded Return to Play after Concussion Framework (**G RTP**) should be used as a guide for whoever is overseeing the return to play process after a concussion. Key considerations are:

a) **At least 14 days of symptom free (at rest) before returning to full training.**

b) **A minimum period of 21 days from incident until return to play.**

Junior Considerations:

8.1 Managing concussion in juniors requires a more conservative approach. Individuals are identified as being junior players if they are 18 years or younger.

8.2 Recovery from concussion for adolescents is slower than in adults, so return to school and studying should be guided by medical advice.

8.3 Junior participants should not return to play for a minimum of 21 days from the time of injury including remaining asymptomatic for a minimum of 14 days prior to return to play.

8.4 Some concussions require longer than 21 days to fully recover after symptoms depart. As with adult Participants, progression from lower to higher intensity (or risk) activities requires a minimum 24–48-hour period to monitor for the return or exacerbation of symptoms.

Multiple Concussions:

9.1 Individuals who experience multiple concussions in cricket or have a history of multiple concussions are at risk of prolonged symptoms and recovery timeframes. Recovery timeframes will be influenced by factors such as the severity of the most recent injury, number of previous concussions and general medical history.

9.2 The AIS Concussion and Brain Health Position Statement (2024) describe multiple concussions as a minimum of two concussions within a 3-month period, or a minimum of three concussions in a 12-month period².

9.3 It is recommended that those who suffer from multiple concussions are:

- a) Assessed by a medical practitioner with specific training and expertise in concussion before returning to cricket,
- b) 28 days symptom-free before return to full training,
- c) Managed more conservatively in their return to cricket and not return to full training or play while symptomatic.

Key Definitions:**Cricket Participant** means:

- a) Players that are registered with or participate in the activities of an Affiliated Association, Club or Indoor Centre.
- b) Umpires, and other officials, who are involved in the cricket matches for Affiliated Associations, Clubs and Indoor Centers