

OUR COUGAR

FAMILY



WABL AND NBL1 PLAYER WELL-BEING GUIDELINES





Managed by: Cockburn Basketball Association (CBA)

Responsible Person: TT

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Approval Of Policy Documents

Amended by **Tyrone Thwaites** (CBA CEO), in consultation with **Vanessa Clayden** (Emergency Doctor - Head of FSH Emergency Dept, BMBS FACEM), **Daniel Hiscock** (PHD, BSc Exercise and Health Honours, ASCA Level 2), **Leanne Snyder** (Strength and Conditioning Coach), and **Brent Dawkins** (CBA Basketball Operations Manager) on 17 February 2023.

POLICY: Cockburn Basketball Association Board Approved and Minuted V01 on _____ at the scheduled board meeting.

Version	Date Approved	Next Review	Amendments
V01		01/01/2025	



Cockburn Basketball Association – WABL and NBL1 Player Well-being Guidelines

1. Definition and Purpose

The Cockburn Basketball Association (CBA) places a priority on the safety and well-being of all members, with several policies, guidelines and processes in effect to ensure this.

However, it also acknowledges added responsibility it has to ensure safety and well-being for the players directly representing the association at WABL and NBL1 level (as opposed to indirectly representing at domestic level).

This document provides a framework to understand the communication protocol, health assessment opportunities, and the chain of decision making when presented with mental health issues, injuries (minor and major), and head knocks (considered separately from injuries). This is as they relate specifically to WABL and NBL1 athletes.

The year-to-year operational protocol is not specifically catered for in this document. Instead, a focus is placed on communication, responsibilities and delegation of authority, decision making, and definitions as it relates to mental health issues, injuries, and head knocks.

NOTE: These guidelines do not function as a first-aid guide or emergency incident instruction manual and should not be treated as such. This remains a guide for decision making following (after) the acute management of an injury, head knock or mental health issue to ensure the on-going well-being and safety of the athlete.

Key Contacts

- | | | |
|----------------------------------|-----------------|--------------|
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2. Scope

This policy applies to:

- WABL and NBL1 Athletes engaged inside a Cockburn Cougars program.
- WABL and NBL1 coaches, general staff, and medical/S&C team engaged inside a Cockburn Cougars program.

3. Policy Principles

- WABL and NBL1 athletes should be afforded a safe environment as part of their participation in a CBA program
- The CBA will comply with all relevant laws in relation to work, health and safety for employees and volunteers.
- The CBA WABL and NBL1 community (including staff) should be afforded clear guidelines as to how manage situations that often require expert guidance, in the absence of an expert, to ensure well-being and safety are maximised.

4. WABL Athlete Management

a) Mental Health Issues

The Cockburn Basketball Association is committed to working alongside players and their mental health providers to plan a training and playing schedule that positively contributes to mental well-being. Player/parent expectations include discussion with the coach about mental health challenges and the plan for managing these.

In the event a coach, manager or volunteer becomes aware of a mental health issue that impacts the athlete's capability to function at the expected standard, they are obligated to, either;

- i) Advise the parents/guardians, and CBA Basketball Operations Manager, of what they have become aware of.
- ii) If an adequate relationship does not enable the CBA coach, manager or volunteer to comfortably advise the parents/guardians, they will advise the CBA Basketball Operations Manager of what they have become aware of.

The responsibility of the coach, manager or volunteer is to provide the appropriate information to the right people, not attempt to resolve the issue.



b) Injuries – minor

The Cockburn Basketball Association defines a minor injury as any injury that does not fit the category of significant injury or takes less than two weeks to gain full clearance to return.

As such, any WABL athlete who has an injury that fits the definition of minor, will be required to follow these steps before returning to play:

1. Parents and guardians will assess whether further health professional assessment is required (physiotherapist, OT, Doctor, etc). Noting that if the injury extends beyond two weeks, it will be considered significant. This is at the discretion of the family after discussing with their WABL coach (and considering their input).
2. An athlete must be able to train without any obvious hindrance (changes in gait/running pattern, pain, or other obvious signs of hindrance) before being able to return to play. Coaches, parents/guardian, and the athlete must all be comfortable the athlete is back to a level of function that deems them to be able to return to competition.

c) Injuries – significant

The Cockburn Basketball Association defines a significant injury as anything requiring surgery, a cast or splint (or equivalent), a broken bone, a torn ligament/tendon/muscle, or any other injury resulting more than two weeks of anything less than full clearance to return to play. Please note, CBA coaches may flag to CBA staff an injury that does not fit this criterion, of which they deem substantial enough to be significant. It would be up to the CBA staff to gather the relevant information to make this decision.

As such, any WABL athlete who has an injury that fits the definition of significant, will be required to follow these steps before returning to play:

1. Medical Clearance is required in writing from a qualified health professional.
2. If the athlete does not appear to be fully functioning at training, the WABL coach (via the CBA) will request the parents to provide a physiotherapist update (or appropriate health professional – including a strength and conditioning coach) on a return to play plan for the athlete before they can continue training.
3. An athlete must be able to train without any obvious hindrance (changes in gait/running pattern, pain, or other obvious signs of hindrance) before being able to return to play. Coaches, parents/guardians, and the athlete must all be comfortable the athlete is back to a level of function that deems them to be able to return to competition.



d) Head knocks, whiplash injury, and concussion (including Championship Men and Women)

The Cockburn Basketball Association takes head knocks and whiplash injuries (potential concussion) very seriously, and as such, has developed guidelines/processes to ensure there is guidance for WABL volunteers when dealing with a head knock at WABL level.

As part of these guidelines, all WABL coaches and team managers will be provided with (and advised on) the concussion recognition tool 5 (CRT5) to assist in identifying concussion in WABL athletes. These will be in all team manager game day bags of each WABL team. The CRT5 can be found in Appendix One.

If a head knock or whiplash occurs in a WABL game or training, the following steps should be followed:

STEP ONE: Is it a *significant* head knock?

A *significant* head knock is a strike/knock to the head, or whiplash incident, that causes the game to stop and for the athlete to be substituted out. In addition, if the game is not stopped but the athlete is displaying observable signs or red flags (as per CRT5), this is considered *significant* and they should be substituted out as soon as possible.

If it is not significant, the athlete can remain on the floor, unless any observable signs / red flags appear that deem it later significant.

STEP TWO: Follow up assessment.

If a significant head knock or whiplash injury does occur, and the athlete is removed from play, the team manager to use the CRT5 document provided in the game day bag to identify possible concussion.

If at any of the CRT5 steps, the manager determines there may be possible concussion, the athlete is removed from training/game and is required to follow step three.

If the CRT5 is conducted, and no possible concussion is identified, the athlete is okay to return to the game with parent consent, provided they are instructed to immediately advise the WABL coach if anything changes (any symptoms or observable signs).

Should an athlete return to play, but present with any signs or symptoms on the CRT5 the next day, the CBA will treat this as suspected concussion.



STEP THREE: Clearance by a medical professional

Should an athlete have a suspected concussion by either;

- The CRT5 after being substituted out; or
- Delayed onset of symptoms.

They are required to visit a medical professional to determine if concussion is present, and clearance if it is not.

STEP FOUR: Return to play following a concussion.

Athletes with a diagnosed concussion are only to return to play via a graded return, using the concussion in sport Australia tool (Appendix Two and Three) for children (18 years of age or under) or adults (over 18 years of age).

This would be no sooner than following the tool and obtaining medical clearance at the conclusion of the tool.

e) Reporting of Injuries and head knocks

WABL team managers are required to complete the online form provided by the CBA in the event of a training or game injury (minor or significant) or head knock (significant or non-significant) at the conclusion of the event.

This allows the CBA to adequately monitor athletes and check in with families on the welfare of the athlete in substantial incidents.

The form can be found here >>

It will also be provided directly to managers.

It is a responsibility of the CBA Basketball Operations Manager to follow-up an athlete following a significant head knock to check in on their welfare and for any delayed onset of symptoms.



5. NBL1 Athlete Management

a) Mental Health Issues

The Cockburn Basketball Association takes the mental welfare of its members very seriously. As a result, some simple and clear guidelines have been developed to assist NBL1 staff on the steps they can take to manage the welfare of an athlete, and what their obligations are.

In the event an NBL1 staff member becomes aware of a mental health issue that impacts the athlete's capability to function at the expected standard, they are obligated to, either;

- i) Document the issue (as per standard documenting procedure) to ensure line of sight by CBA's Management team and/or the head coach.
- ii) If the athlete is an adult, raise the prospect of bringing the issue to the attention to another adult inside the program (team mentor, coach, etc), or a next of kin, to discuss next steps.
- iii) Assist in providing the athlete a link to appropriate professional services should they feel it is suitable for them.
- iv) If the athlete is a child, follow the procedure for WABL athletes.

b) Injuries – minor

In the absence of a medical professional, or designated CBA S&C coach / sports trainer, minor injuries will be treated in the same manner as 4a of these guidelines.

Should a CBA approved physiotherapist (or equivalent), S&C coach or sports trainer be present, they, along with the athlete will be the sole decision makers in the athletes return to play in game or following the event.

Coaches are unable to influence this process.

c) Injuries – significant

In the absence of a medical professional, or designated CBA S&C coach / sports trainer, minor injuries will be treated in the same manner as 4a of these guidelines.



Should a CBA approved physiotherapist (or equivalent), S&C coach or sports trainer be present, they will be the sole decision makers in determining next steps at the time of the injury and following.

An athlete must receive medical (Doctor or physiotherapist, Occupational Therapist, etc) clearance to commence a graded return following a significant injury, with return to play determined by the strength and conditioning coach.

Coaches are unable to influence this process.

d) Head knocks, whiplash injury, and concussion.

The Cockburn Basketball Association takes head knocks and whiplash injuries (potential concussion) very seriously, and as such, has developed guidelines/processes to ensure there is guidance for NBL1 staff when dealing with a head knock at NBL1 level.

As part of these guidelines, all NBL1 athletes must undertake SCAT-5 baseline testing at the earliest possible opportunity in pre-season for comparison when a significant head knock occurs.

If a head knock occurs in an NBL1 game or training, the following steps should be followed:

STEP ONE: Is it a **significant** head knock?

A **significant** head knock is a strike/knock to the head, or whiplash incident, that causes the game (or training) to stop and for the athlete to be substituted out. In addition, if the game is not stopped but the athlete is displaying observable signs or red flags (as per CRT5), this is considered **significant** and they should be substituted out as soon as possible.

If it is not significant, the athlete can remain on the floor, unless any observable signs / red flags appear that deem it later significant.

STEP TWO: Sports Trainer or Strength and Conditioning coach to conduct condensed SCAT-5 and compare to baseline test.

If through the SCAT-5 process, the sports trainer or strength and conditioning coach determines there may be possible concussion, the athlete is removed from training/game and is required to follow step three.



If the SCAT-5 is conducted, and no possible concussion is identified, the athlete is okay to return to the game after 5 minutes (no sooner) since their substitution out of the game, provided they are instructed to immediately advise the sports trainer (or equivalent) if anything changes (any symptoms or observable signs).

Should an athlete return to play, but present with any delayed onset of symptoms, the CBA will treat this as suspected concussion.

STEP THREE: Clearance by a medical professional

Should an athlete have a suspected concussion by either;

- The SCAT-5 after being substituted out; or
- Delayed onset of symptoms.

They are required to visit a medical professional to determine if concussion is present, and clearance if it is not. It is a responsibility of the CBA sports trainer to follow-up an athlete following a significant head knock to check in on their welfare and for any delayed onset of symptoms.

STEP FOUR: Return to play following a concussion.

Athletes with a diagnosed concussion are only to return to play via a graded return, using the concussion in sport Australia tool (Appendix Two and Three) for children (18 years of age or under) or adults (over 18 years of age). This would be no sooner than following the tool and obtaining medical clearance at the conclusion of the tool.

f) Reporting of Injuries and Head Knocks

Sports Trainers and/or Strength and Conditioning coaches are required to regularly provide updates to the coaching staff in the event of a training or game injury (minor or significant) or head knock (significant or non-significant) at the conclusion of the event.

In the case of a significant injury or head knock, CBA management must be informed. This allows the CBA to adequately monitor athletes and check in with families on the welfare of the athlete in substantial incidents. This can be done using the online injury report form for the off-season and external events, where CBA staff are not present to manage.

Injury report form can be found here >>



Appendix One – Concussion Recognition Tool 5

CONCUSSION RECOGNITION TOOL 5[®]

To help identify concussion in children, adolescents and adults



FIFA[®]



FEI

RECOGNISE & REMOVE

Head impacts can be associated with serious and potentially fatal brain injuries. The Concussion Recognition Tool 5 (CRT5) is to be used for the identification of suspected concussion. It is not designed to diagnose concussion.

STEP 1: RED FLAGS – CALL AN AMBULANCE

If there is concern after an injury including whether ANY of the following signs are observed or complaints are reported then the player should be safely and immediately removed from play/game/activity. If no licensed healthcare professional is available, call an ambulance for urgent medical assessment:

- Neck pain or tenderness
- Double vision
- Weakness or tingling/ burning in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness
- Deteriorating conscious state
- Vomiting
- Increasingly restless, agitated or combative

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Assessment for a spinal cord injury is critical.
- Do not attempt to move the player (other than required for airway support) unless trained to do so.
- Do not remove a helmet or any other equipment unless trained to do so safely.

If there are no Red Flags, identification of possible concussion should proceed to the following steps:

STEP 2: OBSERVABLE SIGNS

Visual clues that suggest possible concussion include:

- Lying motionless on the playing surface
- Slow to get up after a direct or indirect hit to the head
- Disorientation or confusion, or an inability to respond appropriately to questions
- Blank or vacant look
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Facial injury after head trauma

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STEP 3: SYMPTOMS

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

STEP 4: MEMORY ASSESSMENT

(IN ATHLETES OLDER THAN 12 YEARS)

- Failure to answer any of these questions (modified appropriately for each sport) correctly may suggest a concussion:
- "What venue are we at today?"
 - "Which half is it now?"
 - "Who scored last in this game?"
 - "What team did you play last week/game?"
 - "Did your team win the last game?"

Athletes with suspected concussion should:

- Not be left alone initially (at least for the first 1-2 hours).
- Not drink alcohol.
- Not use recreational/ prescription drugs.
- Not be sent home by themselves. They need to be with a responsible adult.
- Not drive a motor vehicle until cleared to do so by a healthcare professional.

The CRT5 may be freely copied in its current form for distribution to individuals, teams, groups and organisations. Any revision and any reproduction in a digital form requires approval by the Concussion in Sport Group. It should not be altered in any way, rebranded or sold for commercial gain.

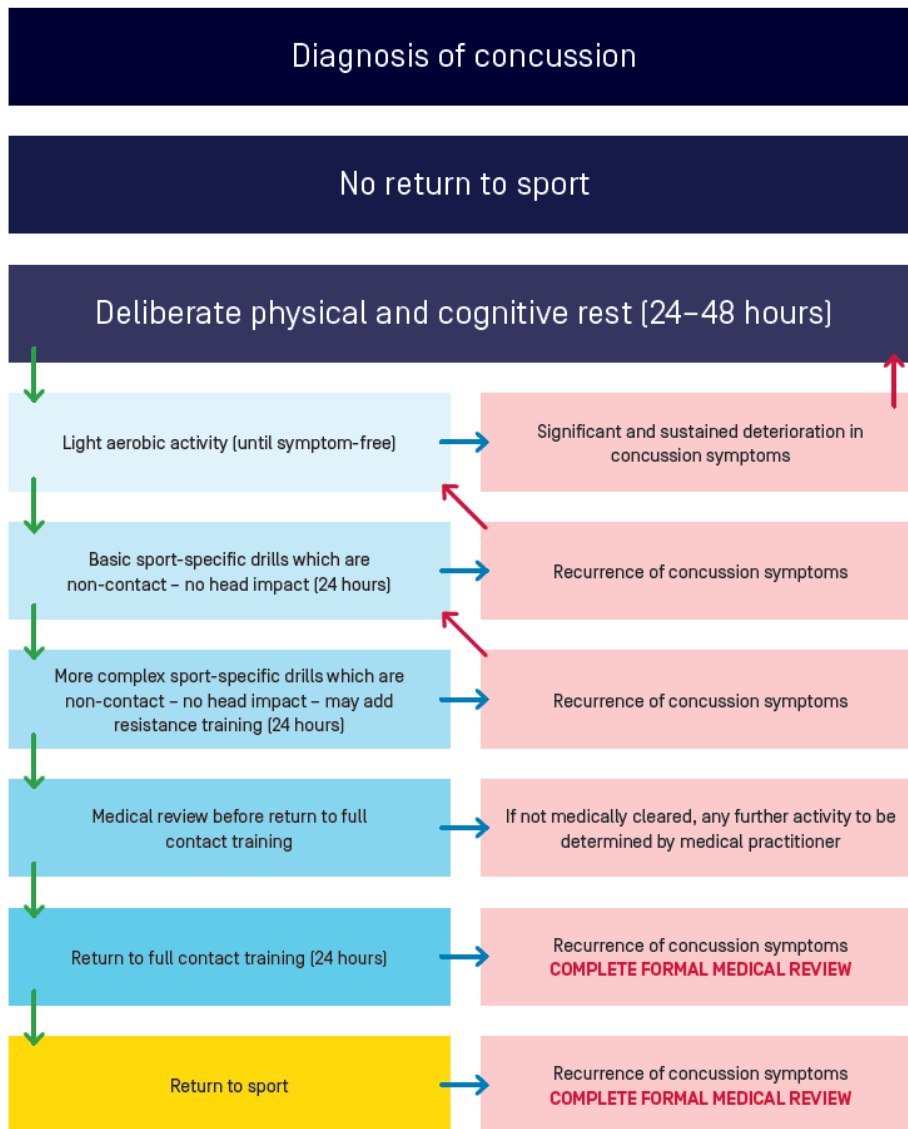
ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY, EVEN IF THE SYMPTOMS RESOLVE

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Appendix Two – Return to Play Adults (over 18 years of age)

Concussion in Sport Australia
Return to Sport Protocol for **adults** over 18 years of age





Appendix Three – Return to Play Children (18 years of age and under)

Concussion in Sport Australia
Return to Sport Protocol for children 18 years of age and under

