



SQUASH NSW CONCUSSION POLICY

Policy Purpose

Concussion in Squash is rare but not unheard of. Players may collide hitting heads, be hit in the head with the racquet or ball or a player may accidentally run into the wall or floor from tripping. Concussion can be serious, and every precaution should be taken to treat the injury effectively. This policy is for the management of a player who may have sustained a suspected concussion during play. It aims to ensure that a player with a suspected concussion receives timely and appropriate care and proper management to allow them to return to playing squash.

Suspending Play

If there is reason to believe that a player has sustained a concussion play should be stopped or suspended immediately with the player being removed from the court and should not be allowed to return to play until they are assessed medically. Players with a suspected concussion should not be left alone and should not drive a motor vehicle. Concussion should be suspected if the player appears unsteady, dazed, disorientated, or confused.

Concussions Signs and Symptoms

- Loss of consciousness
- Headache
- Seizure or convulsion
- Dizziness
- Balance problems
- Slow to get up
- Falling over
- Uncoordinated
- Confusion
- Nausea or vomiting
- Feeling slowed down
- Drowsiness
- "Pressure in head"
- Holding their head
- More emotional
- Blurred vision
- Irritability
- Sensitivity to light
- Sadness
- Amnesia

- Fatigue or low energy
- Feeling like “in a fog”
- Nervous or anxious
- Neck Pain
- “Don’t feel right”
- Sensitivity to noise
- Difficulty remembering
- Difficulty concentrating

Memory Function

Further ways to check for suspect concussion is to check memory function by asking these questions:

Where are we playing tonight?

Who won the last game or point?

Who won the previous match?

What day is it?

Red Flags

If there are any of the following symptoms, then it should be consider calling an ambulance for urgent medical assessment:

- Player complains of neck pain
- Deteriorating conscious state
- Increasing confusion or irritability
- Severe or increasing headache
- Repeated vomiting
- Unusual behaviour change
- Seizure or convulsion
- Double vision
- Weakness or tingling/burning in arms or legs

Medical Assessment

All players with concussion or suspected concussion require medical assessment by a medical practitioner. If one is not present at an event, the player should be referred to a local general practice or hospital emergency department for assessment and management of their injury.

Concussion of a child or adolescent

The management of sport related concussion in children (aged 5 to 12 years) and adolescents (aged 13 to 18 years) requires special paradigms suitable for the developing child. Children have physical and developmental differences - less developed neck muscles; increased head to neck ratio; and brain cells and pathways that are still developing. Children and adolescents may have greater susceptibility to concussion, they may also take longer to recover, and they may be at risk of severe consequences such as second impact syndrome. Managing concussion in children and adolescents therefore requires different standards and a more conservative approach. Children typically take longer to recover from concussion than adults (up to four weeks).

The priority when managing concussion in children should be returning to school and learning, ahead of returning to sport. Concussion symptoms can interfere with memory and information processing. This can make it hard for children to learn in the classroom. Parents should discuss with their doctor and child's school, an appropriate return-to-school strategy.

Rest and Recovery

Most people will recover from a concussion within 10 to 14 days. However, recovery will vary from person to person, and from injury to injury.

Rest is recommended immediately following a concussion (24–48 hours). Rest means not undertaking any activity that provokes symptoms. However, anyone who has suffered a concussion should be encouraged to become gradually and progressively more active as long as they do not experience any symptoms.

Children and adolescents often take longer to recover from a concussion than adults, and it is not abnormal for symptoms to last up to 4 weeks or children or adolescents. For children and adolescents, it is suggested the graduated return to play protocol should be extended such that a child does not return to contact/collision activities less than 14 days from the resolution of all symptoms.

Returning to Play

Following 24–48 hours of physical and mental rest a player who has suffered a concussion should return to squash gradually. For advice on returning to play please see the recommendations from Sports Medicine Australia. <https://sma.org.au/sma-site-content/uploads/2018/03/Concussion-Policy-2018.pdf>

It is recommended that you receive medical clearance before returning to play squash.

Reference	Date approved	Date Last amended	Date of next review	Status
Draft_v1 31.1.2020	1/2/2020		1/12/2020	Endorsed by: CEO Approved by: Board