



Pathways | Head Injury Policy

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Responsible Person(s)	GM – Pathways	Review Date	December 2026

Introduction

This policy outlines the response by, and responsible persons for, Basketball Victoria (BV) in addressing any head knocks, head injuries and/or suspected concussions acquired by athletes whilst participating in BV State Teams and/or High Performance (HP) Programs, including international tours.

This approach has been adopted by BV to prioritise the safety and wellbeing of participants in the incidence of a head knock, head injury and/or suspected concussion.

Basketball Victoria acknowledges that the research into concussion will continue to evolve, and reserves the right to update the policy in accordance with current best practice research.

Definitions

Any knock to the head or transmission of force to the head may result in a head injury or suspected concussion and must be assessed in accordance with this Policy.

“A *head injury* is a blow or knock to the head. It can be mild, resulting in a small lump or bruise, or it can be more serious, leading to brain injuries such as concussion or bleeding on the brain”. [Health Direct, Australian Government]

A *concussion* occurs through a collision with another person or object where biomechanical forces to the head, or anywhere on the body transmit an impulsive force to the head/brain. In most concussions, this results in transient neurological impairment. It should be noted that concussion can also occur with relatively minor ‘knocks’. [Concussion and Brain Health Position Statement - CBHPS24].

Concussion can affect an individual in a variety of ways, including:

- Physical (Headaches, dizziness, vision changes),
- Cognitive (Feeling ‘foggy’, slowed down),
- Emotional (Short tempered, sad, or a general change of personality)
- Sleep (Not being able to sleep or sleep more than normal), and
- Fatigue (Low energy)

[Source: Australian Concussions Guidelines for Youth and Community Sport]

Healthcare practitioner (HCP) is an Australian Health Practitioner Regulation Agency registered health care practitioner with appropriate training and experience in concussion assessment and management. [CBHPS24]



Purpose

To provide for the welfare of BV HP participants, and guide Team Officials, Technical Officials, and team supporters in the recognition, management and treatment process of head knocks, head injuries and/or suspected concussions.

Policy & Approach

Any player with a suspected concussion must be immediately removed from play or training and must not return on the same day.

The player is deemed to be 'at risk' of a suspected concussion in the following (although not exclusive) scenarios:

- When a player receives head contact that requires play to be stopped by the Technical Officials, and/or the player requires assistance from the court.
- Following any suspicion of head contact, or transmission of force to the head, and a player demonstrates or refers to a Team Official any of the following, or similar, symptoms:

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

The player is thereby considered to be 'at risk' of a suspected concussion, is to be substituted immediately and remain substituted for the remainder of play in that game / training session.

Approach Explained

The following approach will apply:

Incident of head knock, head injury and/or suspected concussion occurs, with a BV Physio or engaged medical staff present.

1. Athlete is provisionally assessed by BV Physio Staff.
 - If an athlete requires immediate medical attention, 000 is called.
Any athlete displaying one or more of the following Red Flags must be referred immediately to an Emergency Department:
 - Loss of consciousness
 - Repeated vomiting
 - Seizure or convulsion
 - Deteriorating conscious state
 - Severe or increasing headache
 - Neck pain
 - Weakness, tingling or burning in limbs
 - Double vision or loss of vision
 - Unusual or worsening behavioural change
 - Visible skull deformity
 - If further assessment is recommended, athlete is moved to First Aid area.
2. Athlete is supported by a parent / family member / support adult with the BV Physio in a darkened, quiet room for a minimum of 5 minutes.



3. Athlete is administered an appropriate assessment by BV Physio (inc [Child SCAT6*](#), [SCOAT6](#) and [CRT6**](#)). The room includes a parent / family member / support adult, and additional BV Staff representative (preferably GM – Pathways). Only the BV Physio and Athlete are to ask / respond to questions of assessment.
4. BV Physio & BV Staff discuss outcome.
If this is not GM – Pathways, the GM – Pathways is advised by conference call of outcome of the assessment.

If a diagnosis of suspected-concussion is made by BV Physio:

5. BV Staff (preferably GM – Pathways) shares this with family, supported by BV Physio.
6. Athlete is excluded from further playing participation at the event.
7. Where possible, the Athlete moves to the care of their family for a minimum of 48 hours, noting the athlete is not to be left alone in the first 3 hours following the incident.
8. GM – Pathways liaises with family. After 24 hours, and assessment is made as to whether or not the athlete can return to shared accommodation at the completion of 48 hours removed. GM – Pathways has final approval of this.
9. Athlete continues to be monitored on a regular basis by team staff.
If at any stage, the athlete displays additional concussion-like and/or head injury-like symptoms the athlete is to return to the care of the family, and additional medical support sought.

If no diagnosis of a suspected-concussion is made by BV Physio:

- A. BV Physio delivers outcome to family, and/or athlete (dependent on the athlete's age).
- B. BV Physio defines a plan for reassessment and further support in return to play for the athlete, as appropriate.

A BV Physio may decide not to conduct an initial assessment of the athlete, and refer the athlete direct to an appropriate HCP for further assessment. In this case, the athlete and their family will be supported by BV to engage with an appropriate HCP, and the guidance of the HCP will be followed by BV and BV-engaged staff.

If no BV Physio or engaged medical staff is present:

1. Incident occurs where a player is deemed 'at risk', as defined above.
As above, if immediate medical attention is required, BV Staff will call 000.
2. BV Staff removes player from the game / training / session, and the family of the player is advised to seek further medical advice.
BV Staff should utilise the [CRT6**](#) or [HeadCheck App](#) to assist with on-field decision-making where no BV Physio or medical staff is present. .
3. An incident of this nature will be recorded to the BV Pathways Concussion Register as a suspected concussion, and updated if and when an official diagnosis is provided by an appropriate HCP.
4. GM – Pathways will be advised. GM – Pathways will complete a BV Incident Report Form.



Return to Learn Priority

Return to full learning and academic activities must take priority over return to sport.

An athlete must not return to full contact training or competition until they have successfully returned to full learning activities without symptoms.

Return to Play – ‘If in doubt, sit them out’.

BV adopts the Australian Sport Commission’s “If in doubt, sit them out” approach.

Additional further medical support and/or assessment for athletes diagnosed with a suspected-concussion is encouraged, and should be pursued by the athlete and their family.

BV **WILL NOT** allow an athlete to return to play in BV Pathways programs following the diagnosis of a suspected concussion by a BV Physio, regardless of the reflection of an additional HCP, until:

- The athlete has been symptom-free for a minimum 14 consecutive days, and approval from an appropriate HCP has been provided for the athlete to return to contact training.
- The athlete **must not return to contact competition earlier than** 21-days after the concussion incident, and only if approval from an appropriate HCP has been provided for the athlete to return to contact competition.

Multiple Concussions

For the purposes of this Policy:

- Two concussions within a 3-month period, or
- Three concussions within a 12-month period,
will be managed as multiple concussions.

In such cases:

- A minimum of 28 days symptom-free is required before return to contact training following a second concussion within 3 months.
- Where three concussions occur within a 12-month period, consideration should be given to missing a full season of contact sport.

All such cases must be managed by a HCP with expertise in concussion.

A record of player head injury that results in a diagnosis of concussion will be kept by BV’s Pathways Administration team on the BV Pathways Concussion Register.

Responsibilities

The BV nominated Concussion Officer is the GM – Pathways.

The Concussion Officer has responsibility for oversight of:

- Communication with the family of any affected athletes.
- Receiving and recording of all concussion reports
- Compliance with this Policy
- Coordination of medical clearance and Return to Play documentation
- Maintenance of the BV Pathways Concussion Register

The Concussion Officer is supported by the BV Pathways Administration team.



Following the assessment of the athlete by the BV Physio, any additional medical care is the responsibility of the athlete's family, parents / guardians. It is the responsibility of the family of the athlete to ensure that communication is provided to BV prior to the athlete recommencing engagement in BV HP programs.

BV will communicate any head knock, head injury, suspected concussion and/or diagnosis of concussion to the athlete's nominated Association for their awareness, in a timely manner.

Conclusion

Any return to play needs to be approved by an appropriate HCP.

It is recommended that athletes and families follow the CBHPS24 best practice guidelines, including:

- 24-48 hours total rest
- After 48 hours, resumption of light activity
- 14 days symptom free, and clearance from an appropriate HCP before resuming any contact training.
- 21 days symptom free, and clearance from an appropriate HCP before resuming any contact competition.

Notes

* | [Child SCAT6](#) is to be used only for athletes aged 5 to 12 years, within 72 hours of the initial incident.

** | [SCOAT6](#) and [CRT6](#) are to be used only for athletes aged 13 years or older, within 72 hours of the initial incident.

Key Reference Documents

[Australian Sports Commission: Concussion in Sport](#)

- Concussion and Brain Health Position Statement 2024 [CBHPS24]
- Australian Concussion Guidelines for Youth and Community Sport

[VJBL Concussion Policy](#)

Key Tools

[Child SCAT6](#)

[SCOAT6](#)

[Concussion Recognition Tool 6](#)

[BV Incident Report Form](#)

[HeadCheck App](#)

State Basketball Centre:
291 George St, Wantirna South
PO Box 4140, Knox City Centre, VIC 3152

Bendigo Basketball Stadium:
91 Ingliss Street, West Bendigo
PO Box 463, Bendigo, VIC 3552

+61 3 9837 8000
enquiries@basketballvictoria.com.au
basketballvictoria.com.au

ABN 92 328 079 452