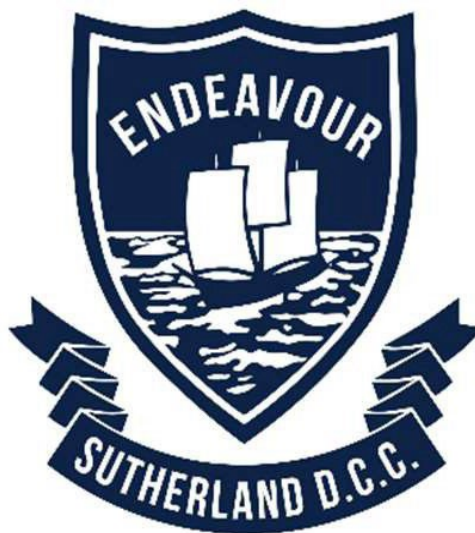


SDCC

Concussion & Injury Policy



[Adopted 13 November, 2025]

Background

- Sutherland DCC is committed to providing a safe environment for our members.
- Cricket Australia (CA), Cricket NSW (CNSW) and the Sydney Cricket Association (SCA) (together the Cricket Organisations) have adopted policies to provide guidance to all relevant cricket participants specific to the reporting and management of concussion. The relevant key documents are (together the “Cricket Policies”):
 - *Australian Cricket – Community Cricket Concussion and Head Impact Guidelines* (“CA Policy”) – which aims to give an overview of a comprehensive approach to concussion management that would apply in Community Cricket and, therefore, SCA matches and Premier Cricket Club activities (see [CA Policy](#)).
 - *SCA Concussion Policy 2024/25* (“SCA Policy”) – which aims to primarily provide guidance to umpires specific to the reporting of concussion and the application of the concussion substitute rule in SCA matches (see [SCA Concussion Policy](#)).
 - SCA Helmet Policy (see [SCA Helmet Policy](#)).
- This Club Policy affirms the above policies and adopts and incorporates them as relevant in applying a procedure around injuries, as relevant to Club members to the extent same arise from or relate to Club activities.
- “Club activities” means any match day related activity between arriving and departing at the ground; any training related activity between the times scheduled by the Club or its coaches for such training; any Club organized, approved or sanctioned event.
- “Club member” for the purposes of this Policy means any Club player, official, coach, volunteer, contractor or other member as envisaged under the Club’s Constitution.
- “Concussion & Injury Officer” means the Club official or representative appointed to that role by the Management Committee, and in the absence of such appointment, the Club Secretary.
- “concussion symptoms” means any of the red flag symptoms or general concussion symptoms outlined in Annexure A hereof.
- “Head Trauma” means where a person 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).

Injuries arising from Club activities

1. In the event:

- (a) any Head Trauma; and/or
- (b) any other injury of any kind whatsoever,

occurs in relation to a Club Member and/or to the extent same occurs at a Club activity (together herein a “Relevant Injury”), irrespective if whether symptoms arise at that time or subsequently, this should be reported to our Concussion & Injury Officer as soon as practicable.

2. In relation to any Relevant Injury:

- (a) Club members should rely on their own private insurances and Medicare (“own insurances”) to the extent possible and that their own insurances may respond.
- (b) Should the Club be covered by relevant insurance cover, the Club will provide assistance to a Club member in making contact with such insurers, but the Club member remains primary responsible for the making of any claim. The Club makes no representation as to the likely success of any claim with those insurers.

3. Whether the Club takes out any insurance cover, and the terms thereof (including as to which Club members are covered or benefit by same) remains at the absolute discretion of the Club and the Club shall not be liable to a Club member in the event it does not take out any such cover or such cover does not extend to the benefit of that member.

General

- 4. An injured player shall keep the Committee and the Chairman of Selectors advised of the status of any rehabilitation and recovery and the likely return to be available for selection.
- 5. The Club and Chairman of Selectors have final decision on whether a player is fit for selection and/or is to be selected upon a return from any injury, taking into account what they determine is in the best interests of the player and the Club.

Concussion Specific Provisions

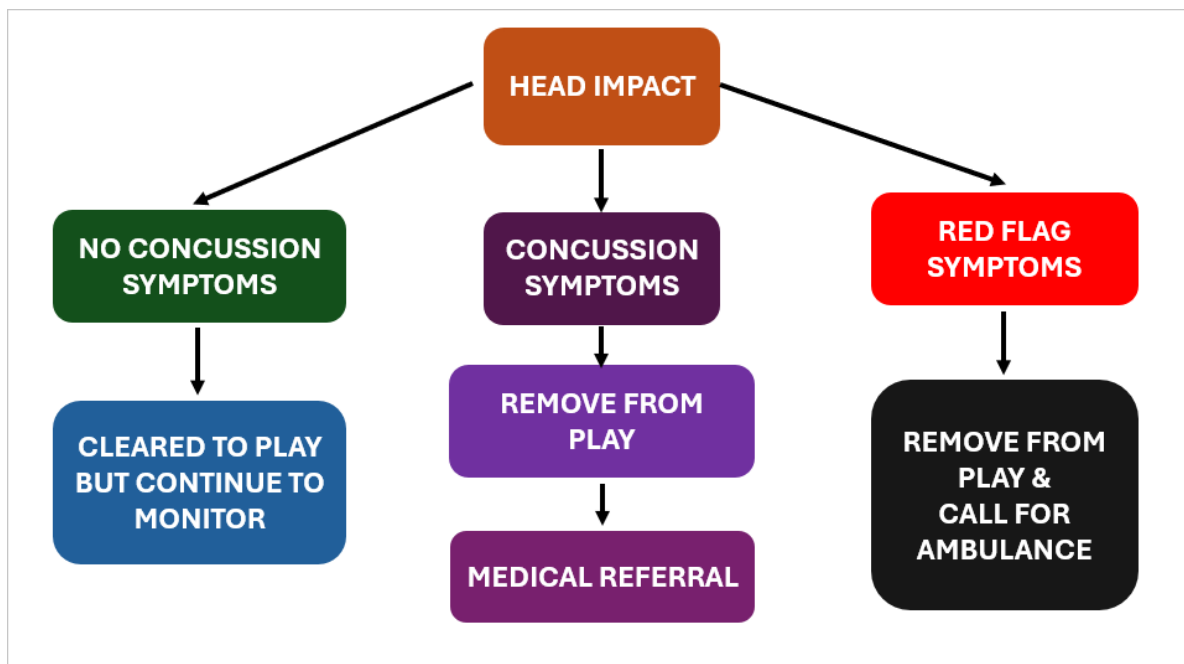
6. It is Club policy that **all** players should wear the protective equipment specified in the Cricket Policies which meet any specified standards at all times when:
 - (a) batting at Club training against all bowlers;
 - (b) batting in a match against fast or medium paced bowling (in accordance with the SCA Helmet Policy);
 - (c) fielding within seven meters of a batter (except for off side slips and gully fielders) or of someone using a bat to hit catches or fielding drills at training or in pre-match warm ups;
 - (d) wicket-keeping up to the stumps, whether at training or in matches;
 - (e) when otherwise required by the Cricket Policies; and
 - (f) when required by any Cricket Organisation policy or guideline.
7. Notwithstanding clause 6(b) above, the Club encourages all players to wear an appropriate helmet at all times when batting in a match.
8. The Club assumes no liability if a Club member fails to wear an appropriate helmet when required. In addition, such failure may impact coverage under any relevant Club member or Club insurance policies (subject to the terms and conditions of same) as a failure to mitigate risk (whether by failing to comply with any required policy or otherwise).
9. In addition to and notwithstanding the above:
 - (a) If a Head Trauma occurs to a Club member ('subject member') at a Club training session ('training event') a Club coach, Committee Member or other supervisor (or another Club member in the event none of the foregoing at present) shall follow the concussion assessment protocol in Annexure A hereto.
 - (b) If a Head Trauma occurs to a Club member ('subject member') while playing a match as part of a Club team ('match event'), any appointed official umpire shall have primary responsibility to assess whether any concussion symptoms are evident. However, if at any time after the relevant match event any other Club member suspects a concussion assessment has not been conducted by an umpire or that concussion symptoms are presented then they should then also follow the concussion assessment protocol in Annexure A hereto
 - (c) If any relevant concussion symptoms develop after a relevant training event or match event (and in particular within seventy-two (72) hours thereof), the relevant subject member should assume concussion is likely and proceed to follow the requirements of clause 9(d).
 - (d) If a Head Trauma occurs to, and a concussion is suspected in relation to, a Club member whether following the requirements of clause 7(a) or 7(b) above:
 - i. this should be reported to our Club Secretary and our Concussion & Injury Officer as soon as practicable;
 - ii. the Club Secretary shall then advise CNSW via the manager responsible for CNSW concussion policies and protocols (currently Pat Farhart, CNSW Performance Director); and
 - iii. the relevant Club member shall not return to play – whether training or matches – until clearance has been confirmed by CNSW.

NB – Club members should assume that CNSW will require the player to seek medical attention from an independent qualified medical doctor within forty-eight (48) hours of the relevant training event or match event and seek same accordingly. Failure to obtain that medical attentions within that period may contribute to the imposition of a mandatory twenty-one (21) day stand down prior to being cleared to return to play or train.

ANNEXURE A

Concussion Assessment Protocol

The below flowchart outlines the process.



Red Flag Symptoms

If ANY of the following symptoms are evident, the subject Club member MUST be removed from play (matches or training) and an ambulance should be called immediately:

- neck pain or tenderness
- seizure, 'fits' or convulsion
- loss of vision or double vision
- loss of consciousness or increased drowsiness
- weakness, numbness or tingling in the arms or legs
- repeated vomiting
- severe or increasing headache
- increasingly confused, restless, agitated or combative
- visible deformity of the skull

General Concussion Symptoms

If ANY of the following symptoms are present, assume concussion HAS been sustained and the subject Club member MUST be removed from play (match or training) and not return to cricket on that day:

- | | |
|--|--|
| • nausea | • lying motionless on ground |
| • difficulty concentrating | • dazed, blank / vacant stare |
| • headache | • confusion / disorientation |
| • fatigue | • behaviour / emotional change, not 'themselves' |
| • feeling slow or 'not right' | • memory impairment |
| • sensitivity to light / noise | • balance problems, 'rubbery legs' |
| • no protective action taken if fell to ground | |

Q&A

If no concussion symptoms are evident, the following questions **MUST** be asked:

- What happened?
- What day is it?
- What month is it?
- What venue are we at today?
- What is the current innings score (if in a match)?
- What was the opposition at the last match you played/
- Who bowled the ball to you?

Pass these questions and subject Club member can return to play.

Fail these questions and assume concussion has been sustained and the subject Club member **MUST** be removed from play (match or training) and not return to cricket on that day.

Process If Concussion Sustained

If any red flag Symptoms are evident, any general concussion symptoms are evident, or the subject Club member fails to answer the Q&A questions then concussion is to be assumed.

In addition to removing the subject Club member from play (match or training) and then not returning to cricket on that day, they will be subject to CNSW oversight of appropriate concussion medical treatment and protocols and cannot return to play until cleared by CNSW (see clause 9(d) of this Club policy above).

In some circumstances (eg see the SCA Concussion Policy), CNSW may impose a twenty-one (21) day stand down period before a subject Club member can return to play. While CNSW may provide guidance of appropriate protocols to be followed during that period, and subject to any medical supervision and direction that may be relevant, the following the return to play framework provides a guide on progression through this period.

