



WABL

PLAYER WELL-BEING GUIDELINES



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MANAGED BY: **BINAR BASKETBALL ASSOCIATION (BBA)**

WABL PLAYER WELL-BEING GUIDELINES



Version	Version 1.1	Approved by WABL Executive	August 2025
Effective Date	August 2025	Next Review Date	August 2026

RELATED POLICIES

[Binar Health and Safety Policy](#)

[Binar Incident Reporting Policy](#)

[Binar Privacy Policy](#)

[Binar Risk Management Policy](#)

[Binar Safeguarding Children Policy](#)

[Binar Basketball Association Emergency Action Plan](#)

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PURPOSE

The Binar Basketball Association (BBA) places the highest importance on the safety and well-being of our players. While we maintain a duty of care across all programming, this policy recognises the additional responsibility of ensuring a safe environment for all players selected to represent Binar Maali in the Western Australian Basketball League (WABL).

This document outlines the framework for:

- Reporting and responding to mental health concerns
- Management of injuries (minor and significant)
- Concussion and head knock protocols
- Roles and responsibilities of key stakeholders

These guidelines are not a substitute for first aid or emergency care protocols. Rather, they apply after the immediate response to an injury or incident to ensure an athlete's ongoing safety and readiness to return to sport.

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SCOPE

This policy applies to:

- All WABL athletes engaged in a Binar Maali program
- Coaches, team managers, and approved support staff
- Parents/guardians of WABL athletes
- The BBA WABL Director and Club Administrators

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POLICY PRINCIPLES

- All WABL athletes must be provided a safe and supportive environment.
- The Binar Basketball Association (BBA) will comply with all relevant child safety, injury, and return-to-play legislation.
- Clear and documented procedures must be followed in the management of health and well-being.
- All injuries and concerns are to be handled in consultation with qualified professionals where appropriate.

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ATHLETE MANAGEMENT PROCEDURES

4.1 MENTAL HEALTH CONCERNS

The Binar Basketball Association (BBA) encourages open and respectful conversations around mental health. If a coach or team official becomes aware of an issue affecting an athlete's ability to function safely:

They must either:

- Notify the parent/guardian and the WABL Director.
- If not comfortable informing the parent/guardian directly, escalate only to the WABL Director.

Team officials must not attempt to treat or counsel unless appropriately qualified. Their role is to ensure concerns are reported responsibly.

4.2 MINOR INJURIES

Definition:

Injuries that do not require surgery, casting, or formal rehabilitation and resolve within 14 days.

Return-to-play process:

1. Parent or guardian may consult a healthcare professional.
2. Athlete must train without pain or visible hindrance.
3. Coach, athlete, and parent or guardian must agree that the player is fit to compete.

If recovery takes longer than 14 days, the injury must be reclassified as significant.

4.3 SIGNIFICANT INJURIES

Definition:

- Fractures, tears, surgeries, immobilisation, or >14 days recovery.
- Any injury a coach flags as severe, even if not meeting the above criteria.

Return-to-play process:

1. Written clearance from a medical practitioner.
2. If functional concerns remain, a return-to-play plan (e.g., physio/S&C) may be requested.
3. Athlete must be symptom-free and demonstrate full function in training.

4.4 HEAD KNOCKS & CONCUSSION MANAGEMENT

The BBA follows the AIS Concussion in Sport and Australian Concussion Guidelines for Youth and Community Sport.

Step 1: Identification

- Use the Concussion Recognition Tool 6 (CRT6).
- If signs are present, player is removed immediately and must not return to play that day.

Step 2: Medical Clearance

- Athlete must be reviewed by a healthcare practitioner.
- Clearance must be documented.

Step 3: Return-to-Play Protocol

- Minimum 14 days symptom-free before contact training.
- Minimum 21 days post-injury before return to competition.
- Must complete a graded return to sport plan with medical supervision.

Step 4: Multiple Concussions

- 2 concussions in 3 months or 3 in 12 months require a conservative return plan.
- Medical specialists may advise pausing or ceasing contact sport for a period.



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REPORTING REQUIREMENTS

All injuries and head knocks (regardless of severity) must be reported via the: **Binar Basketball Association WABL Injury & Incident Report Form within 24 hours.**

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

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ROLES & RESPONSIBILITIES

Stakeholder

Responsibility

Parents/ Guardians

Report health issues; support recovery and clearance process.

Athletes

Communicate symptoms; participate in recovery honestly.

Coaches

Identify, report, and enforce return-to-play protocols.

Team Managers

Document incidents; use CRT6; complete injury reports.

BBA WABL Director

Monitor compliance; follow up with families; liaise with medical professionals.

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POLICY REVIEW

This policy will be reviewed annually, or earlier if required due to changes in legislation, Basketball WA or AIS guidelines.

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APPENDICES

- Appendix A – Concussion Recognition Tool 6 (CRT6)
- Appendix B – AIS Return-to-Sport Protocol

For questions regarding this policy, please contact:
BBA WABL Director – wabl@binar.org.au



APPENDIX A - CONCUSSION RECOGNITION TOOL 6 (CRT6)

CRT6™



Concussion Recognition Tool

To Help Identify Concussion in Children, Adolescents and Adults

What is the Concussion Recognition Tool?

A concussion is a brain injury. The Concussion Recognition Tool 6 (CRT6) is to be used by non-medically trained individuals for the identification and immediate management of suspected concussion. It is not designed to diagnose concussion.

Recognise and Remove

Red Flags: CALL AN AMBULANCE

If **ANY** of the following signs are observed or complaints are reported after an impact to the head or body the athlete should be immediately removed from play/game/activity and transported for urgent medical care by a healthcare professional (HCP):

- Neck pain or tenderness
- Seizure, 'fits', or convulsion
- Loss of vision or double vision
- Loss of consciousness
- Increased confusion or deteriorating conscious state (becoming less responsive, drowsy)
- Weakness or numbness/tingling in more than one arm or leg
- Repeated Vomiting
- Severe or increasing headache
- Increasingly restless, agitated or combative
- Visible deformity of the skull

Remember

- In all cases, the basic principles of first aid should be followed: assess danger at the scene, check airway, breathing, circulation; look for reduced awareness of surroundings or slowness or difficulty answering questions.
- Do not attempt to move the athlete (other than required for airway support) unless trained to do so.
- Do not remove helmet (if present) or other equipment.
- Assume a possible spinal cord injury in all cases of head injury.
- Athletes with known physical or developmental disabilities should have a lower threshold for removal from play.

If there are no Red Flags, identification of possible concussion should proceed as follows:

Concussion should be suspected after an impact to the head or body when the athlete seems different than usual. Such changes include the presence of **any one or more** of the following: visible clues of concussion, signs and symptoms (such as headache or unsteadiness), impaired brain function (e.g. confusion), or unusual behaviour.

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CRT6™

Developed by: The Concussion in Sport Group (CISG)

Supported by:



APPENDIX A - CONCUSSION RECOGNITION TOOL 6 (CRT6)

Concussion Recognition Tool 6 - CRT6™

CRT6

Concussion Recognition Tool

To Help Identify Concussion in Children, Adolescents and Adults

1: Visible Clues of Suspected Concussion

Visible clues that suggest concussion include:

- Loss of consciousness or responsiveness
- Lying motionless on the playing surface
- Falling unprotected to the playing surface
- Disorientation or confusion, staring or limited responsiveness, or an inability to respond appropriately to questions
- Dazed, blank, or vacant look
- Seizure, fits, or convulsions
- Slow to get up after a direct or indirect hit to the head
- Unsteady on feet / balance problems or falling over / poor coordination / wobbly
- Facial injury

2: Symptoms of Suspected Concussion

Physical Symptoms	Changes in Emotions
Headache	More emotional
"Pressure in head"	More Irritable
Balance problems	Sadness
Nausea or vomiting	Nervous or anxious
Drowsiness	
Dizziness	
Blurred vision	
More sensitive to light	
More sensitive to noise	
Fatigue or low energy	
"Don't feel right"	
Neck Pain	

Changes in Thinking

- Difficulty concentrating
- Difficulty remembering
- Feeling slowed down
- Feeling like "in a fog"

Remember, symptoms may develop over minutes or hours following a head injury.

3: Awareness

(Modify each question appropriately for each sport and age of athlete)

Failure to answer any of these questions correctly may suggest a concussion:

- "Where are we today?"
- "What event were you doing?"
- "Who scored last in this game?"
- "What team did you play last week/game?"
- "Did your team win the last game?"

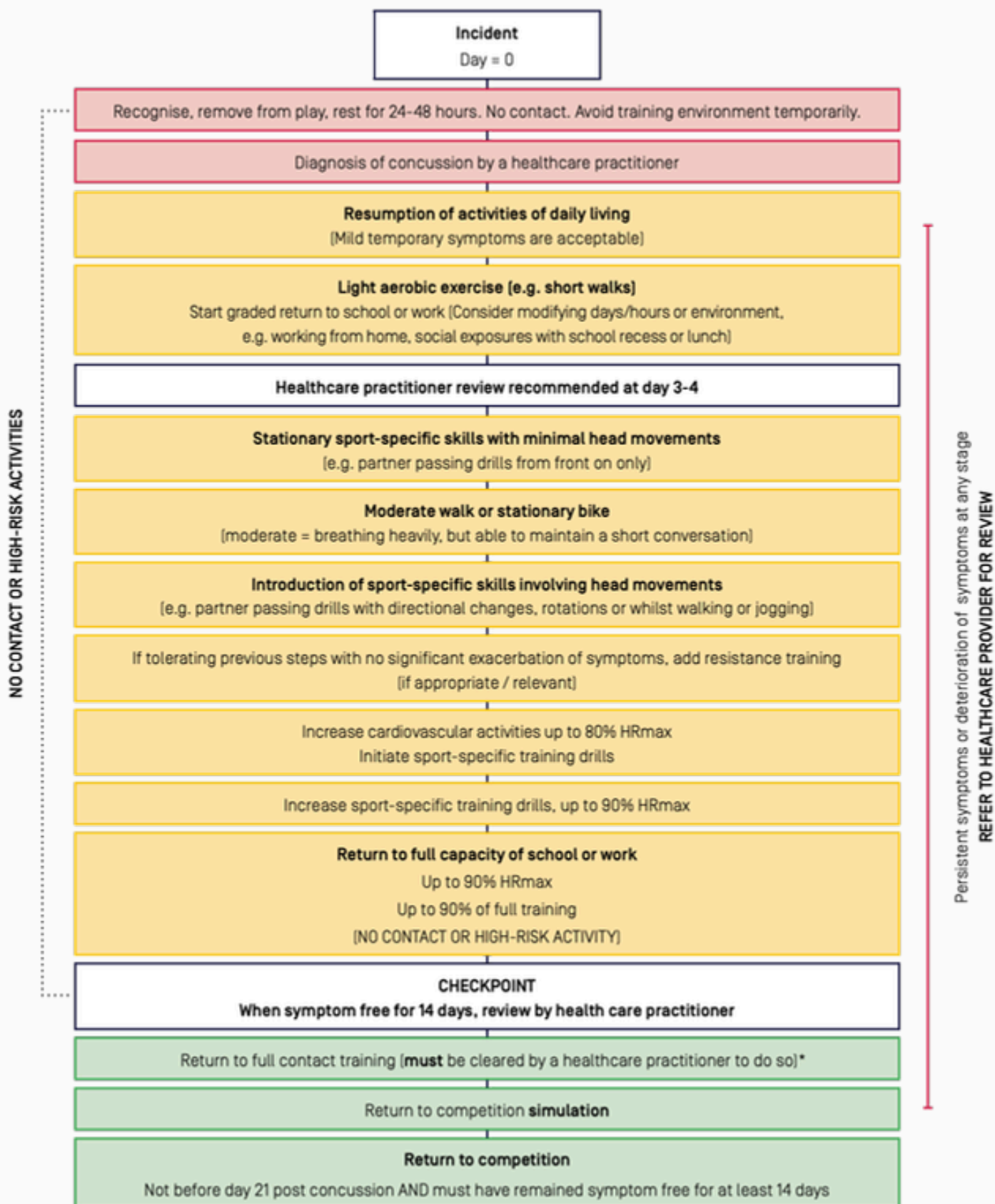
Any athlete with a suspected concussion should be - IMMEDIATELY REMOVED FROM PRACTICE OR PLAY and should NOT RETURN TO ANY ACTIVITY WITH RISK OF HEAD CONTACT, FALL OR COLLISION, including SPORT ACTIVITY until ASSESSED MEDICALLY, even if the symptoms resolve.

Athletes with suspected concussion should **NOT**:

- Be left alone initially (at least for the first 3 hours). Worsening of symptoms should lead to immediate medical attention.
- Be sent home by themselves. They need to be with a responsible adult.
- Drink alcohol, use recreational drugs or drugs not prescribed by their HCP
- Drive a motor vehicle until cleared to do so by a healthcare professional

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APPENDIX B - AIS RETURN-TO-SPORT PROTOCOL



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APPROVAL OF POLICY DOCUMENTS

Amended by **Boston Fitch** (BBA, Competitions Manager & WABL Director), in consultation with **Tammy Anderson** (Industrial Paramedic at Ascot and Belmont Racecourses, Registered Nurse SJOG), and **Lisa Lilleyman** (BBA General Manager) on 11 August 2025.

CONTACT DETAILS

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