



POLICY NAME	Concussion and Head Injury Policy - 2016
POLICY TYPE	
POLICY REF	
BACKGROUND	<p>The purpose of this document is to provide guidance on the identification and management of concussion to those involved in Football in New Zealand. It incorporates the best practice guidelines developed at the 4th International Conference in Concussion in Sport held in Zurich in 2012.</p> <p>This summary is prepared specifically for the New Zealand Football public and is not a medical document.</p> <p>Concussion (and player welfare in general) is everyone's responsibility. Players, parents, coaches and officials need to act in the best interest of player safety and welfare by taking responsibility for the recognition, removal and referral of players to a medical doctor. They should then ensure that concussion is appropriately managed as per these guidelines.</p> <p>It is acknowledged that concussion is not well understood and more research is required to identify both the short and long term consequences of this brain injury. These guidelines are based on the current best practice guidelines and will be reviewed annually.</p> <p>Guideline Summary:</p> <ul style="list-style-type: none">▪ Recognise and Remove. If concussion is suspected, remove the player from play/activity immediately and seek urgent assessment by a medical doctor▪ Concussions often occur without loss of consciousness▪ Extra caution is required for child and adolescent athletes▪ It may take several hours (or even days) post injury for some or all of the symptoms of concussion to emerge▪ Non-medical personnel have an important role to play in recognising the signs and symptoms of concussion▪ Concussion can present in a similar manner to other catastrophic conditions with delayed onset of symptoms▪ A medical doctor must provide assessment and diagnosis of concussion because diagnosis may be difficult and relies on clinical judgement▪ No player should return to sport/activity on the day of a concussive injury
PURPOSE	<p>The purpose of this New Zealand Football (NZF) Concussion Policy is to:</p> <ol style="list-style-type: none">a) Provide guiding principles and general advice regarding the management



of concussion in the competitions; and

- b) Mandate the process by which a player may continue to play in a match or return to play, following involvement in an incident which requires assessment as to whether a suspected concussion has occurred.

New Zealand Football has adopted the Consensus Statement on Concussion in Sport: The 4th International Conference on Concussion in Sport, held in Zurich, November 2012 (refer resources & appendice). This statement was produced in conjunction with Fédération Internationale de Football Association (FIFA), and has also been adopted by FIFA.

“With respect to the assessment of concussion, the advice contained within this Concussion Policy is of a general nature only. Individual treatment will depend on the facts and circumstances specific to each individual case. This Concussion Policy is not intended as a standard of care and should not be interpreted as such.”

This Concussion Policy will be reviewed annually by NZF and will be modified according to the development of new knowledge.

POLICY

The New Zealand Football Concussion & Head Injury Policy

The New Zealand Football Concussion & Head Injury Policy:

- a) Applies to; Clubs, Players and Officials;
- b) Applies to all Matches;
- c) Forms part of the NZF statutes to which all competition participants are bound;
- d) Does not limit or restrict the application of FIFA Statutes or NZF Statutes and, in particular, the code of conduct for behaviour or conduct of a club, player or official; and
- e) May be supplemented or varied from time to time by NZF.

Definition

Concussion is a brain injury and is defined as “a complex pathophysiological process affecting the brain, induced by biomechanical forces”.

(McCrory P, Meeuwisse WH, Aubry M, et al. Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport, Zurich, November 2012).

More simply, a concussion may be defined as an alteration in the mental state of the player for a variable period of time, that may, or may not, result in a loss of consciousness.



There are several features that are important to highlight. These are:

- a) A concussion is not always caused by a blow to the head. It may be caused by a direct blow to the head, face, neck, or elsewhere on the body with an 'impulsive' force transmitted to the head.
- b) A player does not need to be knocked out to have sustained a concussion.
- c) A concussion typically results in the rapid onset of short-lived impairment of neurological function that resolves spontaneously.
- d) Concussion can be difficult to diagnose. Whenever a player has an injury to the head and becomes confused or acts abnormally or they lose consciousness, even for a few seconds, they have been concussed.

SIGNS OF CONCUSSION

Recognise & Remove

When a concussion, or possible concussion, occurs it is important to take action and to get help. The most important steps in the early identification of concussion are to recognise a possible injury and remove the athlete from the sport/activity.

Non-medical personnel have an important role in observing possible concussion and its effects (e.g. behaviour/symptoms), and should take responsibility for removing the injured athlete from the sport/activity.

Immediate Visual Indicators of Concussion Include:

- a) Loss of consciousness or responsiveness;
- b) Lying motionless on the ground/slow to get up;
- c) A dazed, blank or vacant expression;
- d) Appearing unsteady on feet, balance problems or falling over;
- e) Grabbing or clutching of the head; or
- f) Impact seizure or convulsion.

Concussion Can Include One or More of the Following Symptoms:

- a) Symptoms; Headache, dizziness, 'feeling in a fog'.
- b) Behavioural changes; Inappropriate emotions, irritability, feeling nervous or anxious.
- c) Cognitive impairment; Slowed reaction times, confusion/disorientation - not aware of location or score, poor attention and concentration, loss of memory for events up to and/or after the concussion.

The Pocket Concussion Recognition Tool or the ACC SportSmart Concussion Card may be used to help identify a suspected concussion. Refer appendix two.



The Unconscious Athlete

If the player is injured and / or unconscious apply first aid principles.

- DR-ABC (Danger, Response, Airway, Breathing, Circulation).
- Treat all unconscious players as though they have a spinal injury
- An unconscious player must **ONLY** be moved by personnel trained in spinal immobilisation techniques.
- Urgent hospital care is necessary if there is concern regarding the risk of structural head or neck injury – call 111.

Immediate Referral

An athlete with any of the following should be referred to hospital **URGENTLY**.

- Loss of consciousness or seizures
- Persistent confusion
- Deterioration after being injured – increased drowsiness, headache or vomiting
- Report of neck pain or spinal cord symptoms – numbness, tingling, muscle weakness.

If at any time there is any doubt the player should be referred to hospital for an immediate assessment.

Remove From Play

A player should never return to play on the day of a concussive injury.

A player with a suspected concussion should be immediately removed from the match, and should not be returned to activity until they are assessed by a qualified medical doctor.

Players with a suspected concussion should not be left alone, should not drive a motor vehicle and should not consume alcohol. The player **MUST** also be in the care of a responsible person who is aware of the concussion.

Only qualified medical practitioners (doctors) should diagnose whether a concussion has occurred, or provide advice as to whether the player can return to play. All players should be referred for a medical assessment.

It is suggested that all teams/clubs have a list of local medical doctors, concussion clinics and emergency departments close to where the sport/activity is being played.



A pre-activity checklist of the appropriate services could include:

- Local doctors or medical centre.
- Local hospital emergency department.
- Ambulance services (111)

Medical Assessment

Any player who is suspected of having sustained a concussion should have an assessment from a medical doctor.

A qualified medical practitioner should:

- a) Diagnose whether a concussion has occurred – based on clinical judgement;
- b) Evaluate the injured player for concussion using SCAT3 (or SCAT3 Child for those under the age of 12 years) or similar tool;
- c) Advise the player as to medical management;
- d) Advise the player as to when it is appropriate to begin a Graduated Return to Play Program (refer Appendix 1 of the this Concussion Policy for Graduated Return to Play Guidelines);
- e) Clear the player to return to play following the Graduated Return to Play Program, as detailed in this Concussion Policy.

NZF endorses the Sport Concussion Assessment Tool version 3 (SCAT3) and the Child-SCAT3 as a validated means of assessing concussion by a medical doctor. Refer appendix four.

We recommend players, coaches and officials become familiar with the symptoms evaluated in SCAT3.

The SCAT3 is NOT to be used for diagnosis of concussion alone. It provides a standardised assessment to aid diagnosis by a medical doctor.

Recovery

The majority (80-90%) of concussions resolve in a short (7-10 day) period. Some players will have more long-lasting symptoms. The recovery frame may be longer in children and adolescents. As a result the return to play process should be more conservative for children and adolescents. It should be stressed that there is no arbitrary time for recovery and that decisions regarding a return to play need to be individualised.

Prior to embarking on a return to play an athlete must have no symptoms at rest and must have had a clearance from a medical doctor.



It is suggested that any player who has sustained multiple concussions, or who has symptoms which persist for more than four weeks, have a review from a clinician with expertise in managing sports-related concussion (for example a Sport and Exercise Medicine Physician, Neurologist, or Neurosurgeon) before returning to play.

Return to Play

Following clearance from a qualified medical practitioner, the Player should commence and progress through a **Graduated Return To Play Program**.

Rehabilitation stage	Functional exercise at each stage of rehabilitation	Objective of each stage
No activity	Physical and cognitive rest	Recovery
Light aerobic exercise	Walking, swimming or stationary cycling keeping intensity, 70 % maximum predicted heart rate. No resistance training	Increase heart rate
Sport-specific exercise	Skating drills in ice hockey, running drills in soccer. No head impact activities	Add movement
Non-contact training drills	Progression to more complex training drills, eg passing drills in football and ice hockey. May start progressive resistance training	Exercise, coordination, cognitive load
Full contact practice	Following medical clearance participate in normal training activities	Restore confidence, functional skill
Return to play	Normal game play	

In all cases, the **Graduated Return To Play Program** provides for a minimum of 6 days before the Player can play a competitive game.

Clearance by a medical doctor is required before return to football.

FIFA Concussion Regulations

These regulations only apply if a medical doctor is available to assess the injured player. These regulations do not apply to other allied health professionals (physiotherapists, paramedics, nurses and the likes).

When a doctor or a team doctor is not available to assess the injured player, and a concussion is suspected, the player should be removed from the field and treated as if they have been concussed.



In accordance with the Laws of the Game:

If an incident occurs during a Match and the Referee stops play in accordance with Law 5 of the Laws of the Game:

- a) and as a result of the incident a Team Doctor reasonably considers that an assessment for a suspected concussion is necessary, then the Team Doctor must notify the Referee that an assessment for a suspected concussion is necessary and request that the Match be suspended for up to three (3) minutes to enable the Team Doctor to conduct an initial on-pitch concussion assessment; and
- b) upon a request by the Team Doctor pursuant to paragraph, the Referee must suspend the Match for up to three (3) minutes to enable the Team Doctor to conduct an initial on-pitch concussion assessment of the relevant Player.

If an incident occurs during a Match and the Referee stops play in accordance with Law 5 of the Laws of the Game:

- a) and a Team Physiotherapist initially attends a Player, and the Team Doctor subsequently considers in his or her reasonable opinion that an assessment for a suspected concussion is necessary, then the Team Doctor must notify the fourth official that an assessment for a suspected concussion is necessary and upon such notification, the fourth official must advise the Referee that an assessment for a suspected concussion is necessary; and
- b) upon receipt of notification pursuant to paragraph, the Referee must suspend the Match for up to three (3) minutes to enable the Team Doctor to conduct an initial on-pitch concussion assessment of the relevant Player.

If an incident occurs during a Match and a Team Doctor considers in his or her reasonable opinion that an assessment for a suspected concussion is necessary and the Referee has not stopped play in accordance with Law 5 of the Laws of the Game, then:

- a) the Team Doctor must notify the fourth official that an assessment for a suspected concussion is necessary and upon such notification, the fourth official must advise the Referee that an assessment for a suspected concussion is necessary; and
- b) upon receipt of notification, the Referee, must suspend the Match for



up to three (3) minutes to enable the Team Doctor to conduct an initial on-pitch concussion assessment of the relevant Player.

If at the conclusion of the three (3) minute suspension period prescribed the Team Doctor has not concluded his or her assessment as to whether a player has suffered a suspected concussion, the player must immediately leave the field of play for the assessment to be completed by the Team Doctor.

Following a Team Doctor's assessment, the player can only return to the field of play during a Match if the Team Doctor personally informs the Referee that the player is fit to continue.

If:

- a) the Player is subject to an assessment; and
- b) such Player is deemed by the Team Doctor to be fit to continue; and
- c) the Team Doctor has notified the Referee that the Player is fit to continue,

then, if the assessment occurred solely on the field of play, the player must leave the field of play prior to returning to the match.

If, following the Team Doctor's assessment, a Player is assessed as having a suspected concussion, the player should be removed from play and treated in accordance with these guidelines.

Enforcement

These guidelines reflect best practice in the management of concussion in a football context. It is everyone's responsibility to ensure that they are applied. Players, coaches, officials and clubs are encouraged to promote these guidelines and to ensure that they are applied appropriately.

Legal Disclaimer

The information presented is of a general nature and is not a substitute for professional, medical or legal advice. New Zealand Football and its Federations, Clubs and their employees, agents and other associates (including players and officials) disclaim all liability or responsibility for any actions undertaken by any person on reliance on any information provided herein.

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Appendices

The following resources provide useful further information regarding sports concussion. It is suggested that they are used and referred to.



Appendix One

Consensus Statement on Concussion in Sport:

The 4th International Conference on Concussion in Sport held in Zurich, November 2012 (McCrory et al), found here: <http://bjsm.bmj.com/content/47/5/250.full>

Appendix Two

1. The Pocket Concussion Recognition Tool (CRT):
<http://bjsm.bmj.com/content/47/5/267.full.pdf>
2. The ACC SportSmart Concussion Wallet Card :
<https://accsportsmart.co.nz/assets/Uploads/files/Sportsmart-Concussion-card.pdf>



Appendix Three

Sport Concussion in New Zealand. ACC National Guidelines, found here:

http://www.acc.co.nz/PRD_EXT_CSMP/groups/external_communications/documents/reference_to_ls/wpc136118.pdf



Appendix Four

1. SCAT 3 – Sport Concussion Assessment Tool – 3rd Edition, found here:

<http://bjsm.bmj.com/content/47/5/259.full.pdf>

2. Child-SCAT3- Sport Concussion Assessment Tool (for children ages 5-12 years), found here:

<http://bjsm.bmj.com/content/47/5/263.full.pdf>