



# NEW ZEALAND FOOTBALL



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FOOTBALL

## CONCUSSION

NZF CONCUSSION & HEAD INJURY POLICY

FEBRUARY 2018

# PART 1 INTRODUCTION

## NZF CONCUSSION & HEAD INJURY POLICY

### BACKGROUND

**Concussion (and player welfare in general) is EVERYONE'S RESPONSIBILITY. Coaches, players, parents, clubs and officials need to act in the best interest of player safety and welfare by taking responsibility for the RECOGNITION, REMOVAL and REFERRAL of all players with a suspected concussion or injury, to a medical doctor. They should then ensure that concussion is appropriately managed as per these guidelines.**

**This policy has been specifically prepared for New Zealand Football and football in New Zealand.**

### PURPOSE

The purpose of this New Zealand Football (NZF) Concussion and Head Injury Policy is to provide guidance on the identification and management of concussion to ALL those involved in football and futsal in New Zealand and incorporates best practice guidelines.

Specifically the purpose of this policy is to:

- Establish protocols for managing suspected concussive events in all Football and Futsal in New Zealand
- Provide best practice guiding principles for managing suspected concussion in Football and Futsal in NZ – RECOGNISE, REMOVE, REFER, REST, RECOVER & RETURN
- Provide guiding principles and general advice regarding the management of concussion in football and futsal competitions; and
- 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 5th International Conference on Concussion in Sport, held in Berlin, November 2016. 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.*

### GUIDELINE SUMMARY

- **Recognise and Remove.** If concussion is suspected, remove the player from play/activity immediately and seek an urgent assessment by a medical doctor. If in doubt a concussion has occurred then sit the player out anyway and follow the protocol set out
- 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
- Only a medical doctor can provide assessment and diagnosis of concussion, diagnosis can be difficult
- No player should return to any sport/training/activity on the day of a concussive injury.
- Players should only return to training or play when symptom free and cleared by a medical doctor

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

### The New Zealand Football Concussion & Head Injury Policy:

- Applies to; Clubs, Coaches, Players and Officials
- Applies to all Football and Futsal Matches
- Forms part of the NZF statutes to which all competition coaches and participants are bound
- 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, coach, player or official; and
- May be supplemented or varied from time to time by NZF

### CONCUSSION DEFINITION

Concussion is a brain injury and is defined as “a traumatic brain injury induced by biomechanical forces.”

*(McCrory P, Meeuwisse WH, Dvorak J, et al. Consensus statement on concussion in sport: the 5th International Conference on Concussion in Sport, Berlin, November 2016).*

#### Important to Highlight:

- 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
- A player does not need to be knocked out (unconscious) to have sustained a concussion
- A concussion typically results in the rapid onset of short-lived impairment of neurological function that resolves spontaneously
- 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



### RECOGNISE

When a concussion, or possible concussion, occurs it is important to take action immediately and seek diagnosis from a medical doctor. The most important steps in the early identification of concussion are to recognise a possible concussive injury and remove the player/athlete from the sport/activity immediately.

Non-medical personnel, such as coaches, team mates/players, parents and officials have an important role in observing possible concussion and the effects (e.g. behaviour/symptoms), and should take responsibility for removing the injured player/athlete from the sport/activity immediately.

#### Immediate Visual Indicators of Concussion Include:

- Loss of consciousness or responsiveness
- Lying motionless on the ground/slow to get up
- A dazed, blank or vacant expression
- Appearing unsteady on feet, balance problems or falling over
- Grabbing or clutching of the head or
- Impact seizure or convulsion

#### Concussion Can Include One or More of the Following:

- Symptoms; Headache, dizziness, 'feeling in a fog'
- Behavioural changes; Inappropriate emotions, irritability, feeling nervous or anxious
- 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.

#### THE UNCONSCIOUS ATHLETE

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

- DR-ABC-S (Danger, Response, Airway, Breathing, Circulation, Send for help)
- 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

### REMOVE FROM PLAY

**A player should be removed from play immediately if a concussion is suspected. 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 play/activity until they are assessed by a qualified medical doctor.

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

Only qualified medical practitioners (medical 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.

NZF suggests all clubs and teams have a list of local medical doctors, concussion clinics and emergency departments close to where the match is being played, as part of their emergency action plans or health and safety plans.

### REFER FOR 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:

- Diagnose whether a concussion has occurred – based on clinical judgement
- Evaluate the injured player for concussion using SCAT5 (or Child SCAT5 for those under the age of 12 years) or similar tool;
- Advise the player as to medical management
- Advise the player as to when it is appropriate to begin a Graduated Return to Play Program (refer table 1 for Graduated Return to Play Guidelines)
- Clear the player to return to play following the Graduated Return to Training Program, as detailed in this Concussion Policy

NZF endorses the Sport Concussion Assessment Tool version 5 (SCAT5) and the Child-SCAT5 as a validated means of assessing concussion by a medical doctor. The SCAT5 is NOT to be used for diagnosis of concussion alone. It provides a standardised assessment to aid diagnosis by a medical doctor.

### REST & RECOVERY

The majority (80-90%) of concussions resolve in a short (7-10 day) period. Some players will have more long-lasting symptoms. Players diagnosed with a concussion need to rest and adhere to all guidelines provided by their medical doctor. Recovery 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 training and play need to be individualised.







Players/athletes MUST be symptom free and must have had clearance from a medical doctor prior to embarking on the return to play process.



### RETURN TO PLAY

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

#### GRADUATED RETURN TO PLAY GUIDELINES

REHAB STAGE	STAGE 1	STAGE 2	STAGE 3	STAGE 4	STAGE 5	STAGE 6
REHAB STAGE	No activity	Light aerobic exercise	Sport-specific exercise	Non-contact training drills	Full contact practice	Return to play
FUNCTIONAL EXERCISE ALLOWED	Physical and cognitive rest  (complete rest until cleared by a medical professional to begin stage 2)	Walking, swimming or stationary cycling keeping intensity, No resistance training   	Running drills. No head impact activities   	Progression to more complex training drills, eg. passing drills. May start progressive resistance training   	Following medical clearance participate in normal training activities	Normal game play
OBJECTIVE	Recovery	Increase heart rate	Add movement	Exercise, coordination, and cognitive load	Restore confidence and assess functional skills by coaching staff	

Note: Prior to a player commencing the exercise elements (stage 2) of the Return to Play Guidelines they must be symptom free for a minimum of 24 hours. A player can then progress through each stage as long as no symptoms or signs of concussion return, spending a minimum of 24 hours at each stage. If at any time the player develops symptoms, they should be advised to rest for at least 24 hours before returning to the stage prior, that they were able to complete symptom free. Players experiencing any ongoing symptoms, should stop exercising and see their medical doctor.

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

**Clearance by a medical doctor is required before returning to all football and futsal training and games.**

Refer to full NZF Concussion and Head Injury Policy document for **FIFA Concussion Regulations**. These regulations only apply if a medical doctor is available to assess the injured player and does not apply to other health professionals (physiotherapists, paramedics, nurses and the likes).

#### ENFORCEMENT

These guidelines reflect best practice in the management of concussion in a football and futsal context. It is everyone's responsibility to ensure that they are applied. Coaches, clubs, players/team mates, parents and officials are encouraged to enforce and promote these guidelines and to ensure that they are applied appropriately at all times.

For more information on concussion go to:  
[www.ft4football.co.nz](http://www.ft4football.co.nz),  
[www.accsportsmart.co.nz/concussion](http://www.accsportsmart.co.nz/concussion) and  
[www.accsportsmart.co.nz/home/resources](http://www.accsportsmart.co.nz/home/resources)





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