

CONCUSSION POLICY

CONCUSSION

The New Zealand Lacrosse Association will follow the agreed guidelines around concussion management. The ACC document (ACC Concussion) will form the basis for this policy.

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

This policy is also in line with the World Lacrosse Concussion policy for tournaments (Appendix 30) and the Australian Lacrosse Association policy.

<https://worldlacrosse.sport/wp-content/uploads/2022/04/WL-Event-Hosting-Competition-Manual.pdf>

Concussion Identification

Any person **suspected** of having a concussion **must** be removed from the field of play or training. If a medical professional is on hand that person can assess if there is concussion. If no medical person is present, then the Pocket Concussion Recognition Tool can be used, but only a qualified medical professional can assess and **diagnose** a concussion.

Pocket CONCUSSION RECOGNITION TOOL™

To help identify concussion in children, youth and adults



RECOGNIZE & REMOVE

Concussion should be suspected **if one or more** of the following visible clues, signs, symptoms or errors in memory questions are present.

1. Visible clues of suspected concussion

Any one or more of the following visual clues can indicate a possible concussion:

- Loss of consciousness or responsiveness
- Lying motionless on ground/Slow to get up
- Unsteady on feet / Balance problems or falling over/Incoordination
- Grabbing/Clutching of head
- Dazed, blank or vacant look
- Confused/Not aware of plays or events

2. Signs and symptoms of suspected concussion

Presence of any one or more of the following signs & symptoms may suggest a concussion:

- Loss of consciousness	- Headache
- Seizure or convulsion	- Dizziness
- Balance problems	- Confusion
- Nausea or vomiting	- Feeling slowed down
- Drowsiness	- "Pressure in head"
- More emotional	- Blurred vision
- Irritability	- Sensitivity to light
- Sadness	- Amnesia
- Fatigue or low energy	- Feeling like "in a fog"
- Nervous or anxious	- Neck Pain
- "Don't feel right"	- Sensitivity to noise
- Difficulty remembering	- Difficulty concentrating

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3. Memory function

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

"What venue are we at today?"
"Which half is it now?"
"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 PLAY, and should not be returned to activity until they are assessed medically. Athletes with a suspected concussion should not be left alone and should not drive a motor vehicle.

It is recommended that, in all cases of suspected concussion, the player is referred to a medical professional for diagnosis and guidance as well as return to play decisions, even if the symptoms resolve.

RED FLAGS

If ANY of the following are reported then the player should be safely and immediately removed from the field. If no qualified medical professional is available, consider transporting by ambulance for urgent medical assessment:

- Athlete complains of neck pain	- Deteriorating conscious state
- Increasing confusion or irritability	- Severe or increasing headache
- Repeated vomiting	- Unusual behaviour change
- Seizure or convulsion	- Double vision
- Weakness or tingling/burning in arms or legs	

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the player (other than required for airway support) unless trained to do so
- Do not remove helmet (if present) unless trained to do so.

from McCrory et. al, Consensus Statement on Concussion in Sport. Br J Sports Med 47 (5), 2013

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If there is any doubt the person must be removed from the activity. The person must then see a medical professional as soon as possible.

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Any single official who is allowed to stop play, can declare that, **in their opinion**, someone may have concussion, and shall send the player from the field. The official has jurisdiction on any player on the field of play, not on the side line.

The player is not allowed to return to play the same day.

The responsibility is on the team management to ensure player safety.

Graduated Return to Play (G RTP)

All players diagnosed with a concussion or suspected concussion must go through the G RTP described below.

Medical clearance must be provided to the association before a player is allowed to return to play.

GRADUATED RETURN TO PLAY STAGES		Minimum Time	
	Rehab stage	19 + years old	Under 19
1	Complete mental and physical rest until symptoms have cleared	14 days	14 days
2	Once symptom- free, light aerobic exercise, such as walking or stationary cycling.	2 days	2 days
3	Lacrosse specific exercise, such as running or ball drills, only if symptom- free. No impact activities	1 day	2 days
4	Non- contact training until medical clearance given and only if symptom- free	1 day	2 days
5	Once medical clearance has been given, full training	2 days	2 days
6	Return to play	TOTAL 3 weeks	TOTAL 3.5 weeks

Any exception to the above will require medical proof that the player can return early.