



## **Policies**

### **Concussion Policy**

The Waikato Lacrosse Association takes injury prevention seriously and is committed to our player's health and safety.

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

This policy is also in line with the FIL Concussion Policy for tournaments and the New Zealand Lacrosse Association Policy

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 professional is present, then the Pocket Concussion Recognition Tool can be used (Appendix 1), but only a medical professional can assess and diagnose a concussion.

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.

Any single official, (who is allowed to stop play), can declare someone may have concussion and send the player from the field.

The player can only return if a trained medical professional gives the go ahead.

The referee has no further say.

If the player is permitted to return, and again any referee decides the player may have concussion, the player will be sent from the field for further testing.

The responsibility is on the team management to ensure player safety and to abide by this policy.

#### **Graduated Return to Play (GRTP)**

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

<b>GRADUATED RETURN TO PLAY STAGES</b>		<b>Minimum Time</b>	
	<b>Rehab stage</b>	<b>19 + years old</b>	<b>Under 19</b>
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	<b>TOTAL 3 weeks</b>	<b>TOTAL 3.5 weeks</b>

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

Motion passed: 20 July 2017
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Review Date: 20 July 2018
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## References

[http://www.acc.co.nz/PRD\\_EXT\\_CSMP/groups/external\\_communications/documents/reference\\_tools/wpc136118.pdf](http://www.acc.co.nz/PRD_EXT_CSMP/groups/external_communications/documents/reference_tools/wpc136118.pdf)

[http://filacrosse.com/wp-content/themes/sportedge/downloads/FIL\\_Concussion\\_Policy\\_2016.pdf](http://filacrosse.com/wp-content/themes/sportedge/downloads/FIL_Concussion_Policy_2016.pdf)

# Appendix One

## 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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