



APES Games 2023 – Concussion & Head Injury Policy

Background

Concussion (and player / competitor welfare in general) is EVERYONE'S RESPONSIBILITY. Games Staff, Sports Co-ordinators, players / competitors, managers, volunteers and officials need to act in the best interest of player / competitor 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 prepared for APES Games 2023 taking place in Rotorua, New Zealand.

Purpose

The purpose of the APES Games 2023 Concussion and Head Injury Policy is to provide guidance on the identification and management of concussion to all those involved in the APES Games 2023 and incorporate best practice guidelines.

Specifically, the purpose of this policy is to:

- i. Establish protocols for managing suspected concussive events in all activities included as part of APES Games 2023
- ii. Provide best practice guiding principles for managing suspected concussion in APES Games 2023 – RECOGNISE, REFER, REST, RECOVER & RETURN
- iii. Provide guiding principles and general advice regarding the management of concussion in the APES Games 2023; and
- iv. Mandate the process by which a player / competitor 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.

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.

Concussion Definition

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

Important to highlight:

- i. 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.

- ii. A player / competitor does not need to be knocked out (unconscious) to have sustained a concussion.
- iii. A concussion typically results in the rapid onset of short-lived impairment of neurological function that resolves spontaneously.
- iv. Concussion can be difficult to diagnose. Whenever a player / competitor 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 act 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 / competitor from the sport / activity immediately.

Non-medical personnel, such as Games Staff, Sports Co-ordinators, players / competitors, managers, volunteers 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 / competitor from the sport / activity immediately.

Immediate Visual Indicators of Concussion include:

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

Concussion Can Include One or More of the Following:

- i. Symptoms; headache, dizziness, 'feeling in a fog'
- ii. Behavioural changes; inappropriate emotions, irritability, feeling nervous or anxious
- iii. 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 Player / Competitor

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

- DR-ABC-S (Danger, Response, Airway, Breathing, Circulation, Send for help)
- Treat all unconscious players / competitors as though they have a spinal injury
- An unconscious player / competitor 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 / competitor should be removed from play immediately if a concussion is suspected. A player competitor should never return to play on the day of the concussive injury.

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

Players / Competitors with suspected concussion should not; be left alone, drive a motor vehicle or consume alcohol. The player / competitor 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 / competitor can return to play. All players / competitors should be referred for a medical assessment.

APES Games 2023 will have a list of local medical doctors and emergency departments close to where matches / games are being played as part of our emergency action plans / health and safety plans.

REFER FOR MEDICAL ASSESSMENT

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

A qualified medical practitioner should:

- i. Diagnose whether a concussion has occurred – based on clinical judgement
- ii. Evaluate the injured player / competitor for concussion using the SCAT5 or similar tool;
- iii. Advise the player / competitor as to medical management
- iv. Advise the player / competitor as to when it is appropriate to begin a Graduated Return to Play Program (see table 1 for Graduated Return to Play Guidance)
- v. Clear the player / competitor to return to play following the Graduated Return to Training, as detailed in this concussion policy

APES Games 2023 endorses the Sport Concussion Assessment Tool version 5 (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 (7-10day) period. Some players / competitors will have more long-lasting symptoms. Players / competitors diagnosed with a concussion need to rest and adhere to all guidelines provided by their medical doctor. It should be stressed that there is no arbitrary time for recovery and that decisions regarding a return to training and play should be individualised.

Players / competitors MUST be symptom free and must have had clearance from 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

STAGE 1 NO ACTIVITY	STAGE 2 LIGHT AEROBIC EXERCISE	STAGE 3 SHORT SPECIFIC EXERCISE	STAGE 4 NON- CONTACT TRAINING DRILLS	STAGE 5 FULL CONTACT PRACTICE	STAGE 6 RETURN TO PLAY
RECOVERY	INCREASE HEART RATE	ADD MOVEMENT	EXERCISE, CO- ORDINATION, & COGNITIVE LOAD	RESTORE CONFIDENCE & ASSESS FUNCTIONS SKILLS	NORMAL GAME PLAY
Physical and cognitive rest (complete rest until cleared by a medical professional to begin stage 2)	Walking, swimming or stationary cycling. Keeping intensity low. No resistance training HR <70% normal HR <15min maximum exercise time	Running drills, No head impact activities HR <80% Maximum HR <45min maximum exercise time	Progression to more complex training, drills (e.g. passing drills) May start progressive resistance training HR <90% maximum HR <60min maximum exercise time	Following medical clearance participate in normal training activities	

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 24hrs. A player / competitor can then progress through each stage as long as no symptoms or signs of concussion return, spending a minimum of 24hrs at each stage. If at anytime the player develops symptoms, they should be advised to rest for at least 24 hrs 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 a minimum of 6 days before the Player / Competitor can return to play.

Clearance by a medical doctor is required before returning to any APES Games 2023 matches or competitions.

ENFORCEMENT

These guidelines reflect best practice in the management of concussion in a sporting context. It is everyone's responsibility to ensure that they are applied. APES Games Staff, Sports Co-ordinators, players / competitors, managers, volunteers and officials are encouraged to enforce and promote these guidelines and to ensure they are applied appropriately at all times.

For more information on concussion go to:

www.accsportsmart.co.nz/concussion and

www.accsportsmart.co.nz/home/resources

AUTHORITY

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Review History

Date	Action	Signed
12/11/2022	Final	Graham Perks