

Bay of Plenty Cricket Concussion Policy V1.0

NZC and BOPCA recognises the increasing awareness in respect to the management of concussion within the sport and recreation community.

This awareness has occurred in parallel with an increased understanding of the potential for short and long term effects of concussion on player health and performance.

Those involved with the management of concussion in cricket are reminded that concussion can occur in many different scenarios including (but not limited to):

- * Strike by ball
- * Strike by bat
- * Collisions (with players and/or boundary hoardings)
- * Head striking the ground.

In all matches and competitions subject to the Bay of Plenty Cricket Association (“BOPCA”) playing conditions, including all school matches, all Junior and Senior Grade Club and all Age Group and Senior Representative matches, officiated by an official umpire / umpires that are appointed by the BOPCA the following shall apply - Should an incident occur that has the potential to cause concussion during a match, and where no medical staff are present, the primary concern will be for the welfare of the player. As such the mantra ‘if in any doubt, sit them out’ shall apply. The decision to remove a player from the field of play shall ultimately rest with the umpire.

A concussion substitute for that player will only be permitted if the team has a nominated 12th man. The umpires must be advised of the nominated 12th man prior to the start of the match. The concussion substitute will be able to bat and bowl for the injured player if required.

In the absence of a 12th man the team must continue with 10 players. However, the team may find a club member to act as a substitute fielder upon approval from the umpires. This substitute fielder is not permitted to bat or bowl.

In matches where the playing conditions allow teams to select an extra player, and then nominate non-batting and non-bowling players, teams will be able to utilise the extra player as a full concussion substitute. This extra player will be permitted to bat and bowl.

The player suspected of concussion shall not be permitted to return to the field of play until concussion has been excluded by a medical doctor and clearance to return has been confirmed by the assessing doctor.

Should medical assessment confirm a concussion all components of the Graduated Return to Play protocol highlighted below must be followed prior to a return to play.

In all matches and competitions subject to the Bay of Plenty Cricket Association (“BOPCA”) playing conditions, including all school matches, all Junior and Senior Grade Club matches and all Age Group and Senior Representative Matches - officiated by an umpire/umpires who are not officially appointed by the BOPCA (ie. Player umpires) the following shall apply - Should an incident occur that has the potential to cause concussion during a match, and where no medical staff are present, the primary concern will be for the welfare of the player. As such the mantra ‘if in any doubt, sit them out’ shall apply. The decision to remove a player from the field of play shall ultimately rest with the captains of both participating teams. It is strongly recommended that the team captains take a safety first approach and remove the player from the field if concussion is at all suspected. Player welfare is the primary concern.

A concussion substitute for that player will only be permitted if the team has a nominated 12th man. The opposing team captain must be advised of the nominated 12th man prior to the start of the match. The concussion substitute will be able to bat and bowl for the injured player if required.

In the absence of a 12th man the team must continue with 10 players. However, the team may find a registered club member to act as a substitute fielder. This substitute fielder is not permitted to bat or bowl during the game.

The player suspected of concussion shall not be permitted to return to the field of play until concussion has been excluded by a medical doctor and clearance to return has been confirmed by the assessing doctor.

Should medical assessment confirm a concussion all components of the Graduated Return to Play protocol highlighted below must be followed prior to a return to play.

Recovery and Return to Play Guidelines

Recovery and Return to Play Management following concussion should be supervised by a medical doctor in conjunction with the team.

Before a player can return to play the following must be completed:

- Has been asymptomatic for at least 24 hours - The earliest this can start is midnight after the injury has occurred. - It does not start from the moment the injury occurs.
- Has completed all stages of a Graduated Return to Play (GRTP) protocol -See below for detail around this.
- Has had a post-injury SCAT that has returned to baseline levels - This should occur prior to the undertaking of a full training session.
- Has been cleared by the doctor involved once all other requirements have been met. - This clearance must be in person - If travel has occurred, then another doctor may provide this clearance in person

Graduated Return to Play

As part of a complete return to play plan a player must undertake graduated return to play protocol.

This includes six stages as outlined here:

0 – Physical and Mental Rest

1 – Light activity (less than 70% of Max HR)

2 – Moderate activity (less than 85% of HR Max)

3 – Sport specific activity –bowling, batting, fielding

4 – High intensity activity involving both anaerobic activity and sport specific drills

5 – Available to Return to Play as selected

Each stage is expected to last 24 hours.

No progression can occur past stage 0 until the individual has been asymptomatic for at least 24 hours starting at midnight after the injury has occurred.

No progression should occur from one stage to the next can occur until the previous stage has been successfully completed and the player has remained asymptomatic.

If a player becomes symptomatic they should stop and rest for the remainder of the 24-hour period before recommencing at the previous stage once asymptomatic and no sooner than the following day.

Pocket CONCUSSION RECOGNITION TOOL™

★ This tool has been modified for use within domestic cricket in New Zealand.



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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
- Seizure or convulsion
- Balance problems
- Nausea or vomiting
- Drowsiness
- More emotional
- Irritability
- Sadness
- Fatigue or low energy
- Nervous or anxious
- "Don't feel right"
- Difficulty remembering
- Headache
- Dizziness
- Confusion
- Feeling slowed down
- "Pressure in head"
- Blurred vision
- Sensitivity to light
- Amnesia
- Feeling like "in a fog"
- Neck Pain
- Sensitivity to noise
- 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 innings of the game are we in?"
- "Who is bowling at the moment?"
- "What team did you play last week/game?"
- "What was the result of your last game?"

★ ★ The maddocks questions have been modified to better fit with the game of cricket. It is acknowledged that this may affect the validity of this assessment.

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

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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