

NZC Community Cricket Concussion Policy

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Background

NZC 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. It also coincides with a heightened focus on the management of medical and player welfare issues pertaining to professional cricket participants in general. NZC has prepared a policy document in respect of concussion to provide guidance to all those who participate in cricket - from player to administrator.

Definitions of concussion

Many complex definitions exist in relation to the term concussion. These are typically theoretical in nature and do not provide an operational definition by which concussion can be ruled in or out.

Definitions of concussion are further complicated by the interchangeable use of a variety of terms that include mild Traumatic Brain Injury (mTBI).

Rather than seeking to define the term concussion this policy makes the following observations regarding the condition of concussion. These observations also incorporate the pre-diagnosis situation of 'suspected concussion'.

- Concussion is a brain injury.
- Disturbances in neurological function are most often transient
- Symptoms and signs can be highly variable and affect multiple functional domains
- Onset of symptoms and signs can be delayed
- No definitive test is available to make a diagnosis
- Standard neurological imaging is typically normal
- Prognosis concerning return to play is unpredictable

NZC Approach

NZC supports practices that promote and maintain the health and well-being of its players. Consistent with this are the accepted management principles which are adhered to in the management of concussion. These are:

- **Prevent** – utilise practices that may prevent a concussion injury from occurring
- **Recognise** – consider the possibility that a participant may have had a concussive event
- **Remove** – remove the player from the danger for further assessment
- **Refer** – utilise experts in concussion where possible
- **Recover** – ensure that appropriate management practices are adhered to
- **Return** – return to play when fully recovered

These principles are consistent with the approach to concussion management employed in many sporting organisations around the world.

Recognition

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.

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.

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.

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.

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 below:

- 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.