Health-Safety-Welfare
Concussion Policy Guidelines

Surf Life Saving New Zealand (SLSNZ) recognises that concussion has the potential to seriously affect a person's physical and psychological health and wellbeing. SLSNZ encourages all members, staff and volunteers to promote the early **recognition**, **removal** and **referral** of those with a suspected or confirmed concussion to a medical practitioner. Early assessment, diagnosis and treatment are necessary to minimise the impact that a concussion may have on the health and wellbeing of a person.

1.0 SCOPE

This policy applies to all members, staff and volunteers engaged in the work, activities or events led, managed or operated by SLSNZ.

2.0 PURPOSE

This policy recognises SLSNZ's responsibility to promote safe practices and member wellbeing at all times, when faced with a suspected or confirmed concussion. The purpose of this policy is to:

2.1 Increase awareness of concussion for those involved in all surf lifesaving work, activities and events, particularly amongst lifeguards, coaches, managers, competitors, officials, supporters and their families involved in lifeguard sport training and events.

2.2 Provide guiding principles and general advice regarding the management of concussion, particularly in lifeguard sport training and competition environments.

2.3 Mandate the process by which a person may continue to participate or return to their lifesaving duties, or competition, following involvement in an incident which requires assessment of a suspected or confirmed concussion.

3.0 INTRODUCTION

Surf lifesaving inherently involves interaction with surf, which by its very nature can be hazardous. SLSNZ members, particularly lifeguards and lifeguard sport competitors, regularly choose to practice and develop their skills in conditions in which they may be expected to perform a rescue. Surf, particularly large challenging surf, has the potential to cause harm. Care must be taken to prevent harm at all times. However, the hazardous environment in which lifesaving operates, coupled with the rescue equipment used, has the potential to occasionally cause injury. Therefore care must be taken to recognise, remove and refer suspected or confirmed concussion to a medical practitioner as soon as practicable to help mitigate any lasting harm.

4.0 DEFINITIONS AND SIGNS OF CONCUSSION

The following definitions apply to this policy:

Concussion - is a brain injury and is defined as "a traumatic brain injury induced by biomechanical forces acting either directly or indirectly upon the head".

(McCrory P, Meeuwisse WH, Dvorak J, et al. Consensus statement on concussion in sport: the 5th International Conference on Concussion in Sport, Berlin, November 2016).

More simply, a concussion may be defined as a transient alteration in the mental state of a person due to trauma that may, or may not, result in a loss of consciousness.

There are several features that are important to highlight. These are:

a) 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.

b) A person does not need to be knocked out to have sustained a concussion. **Only approximately 10% of concussions present with a loss of consciousness.**

c) A concussion typically results in the rapid onset of short-lived impairment of neurological function that resolves spontaneously.

d) Concussion can be difficult to diagnose. Whenever a person has an injury to the head and becomes confused or acts abnormally or they lose consciousness, even for a few seconds, they have had a concussion.

5.0 RELATED DOCUMENT, POLICIES AND PROCEDURES

Health and Safety at Work Act 2015

SLSNZ Health and Safety Manual

SLSNZ National Standard Operating Procedures (NSOPs)

Club/Service Operating Procedures (CSOPs) – refer to specific club for access

6.0 POLICY

6.1 Any member, staff or volunteer who suspect that another member, staff or volunteer has a suspected or confirmed concussive injury, is expected to take all reasonably practicable actions to **recognise**, **remove** and **refer** the person in accordance with the Guidelines below.

7.0 GUIDELINES

7.1 Recognise, Remove & Refer

When a concussion, or possible concussion, occurs it is important to take action and to get help. The most important steps in the early identification of concussion are to recognise a possible injury and immediately remove the participant from the work, activity or event.

Non-medical personnel have an important role in observing possible concussion and its effects (e.g. behaviour/symptoms), and should take responsibility for removing the injured person from the work, activity or event as soon as possible.

Immediate visual indicators of concussion include:

a) Loss of consciousness or responsiveness;
b) Lying motionless on the ground/slow to get up;
c) A dazed, stunned, blank or vacant expression;
d) Appears confused or disorientated
e) Appearing unsteady on feet, balance problems or falling over;
f) Grabbing or clutching of the head; or
g) Impact seizure.

Concussion can include one or more of the following symptoms:

a) Symptoms; headache, dizziness, 'feeling in a fog'.
b) Behavioural changes; inappropriate emotions, irritability, feeling nervous or anxious.
c) Cognitive impairment; slowed reaction times, confusion/disorientation - not aware of location or event, poor attention and concentration, loss of memory for events up to and/or after the concussion.
d) Balance problems including dizziness, light headedness or vertigo.
e) Blurred or double vision.

The Pocket Concussion Recognition Tool or the ACC SportSmart Concussion Card may be used to help identify a suspected concussion. These tools are for non-medical personnel to assist with recognition of a suspected concussion and should not be used to 'clear' people to return to work/play that day. Refer Appendix 2.

7.2 **The Unconscious Person**

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

- DRSABCD (Danger, Response, Send for Help, Airway, Breathing, Circulation, Defibrillation).
- Treat all unconscious persons as though they have a spinal injury.
- An unconscious person must ONLY be moved by personnel trained in spinal immobilisation techniques.
- Do not remove a person's helmet, if applicable until trained personnel are present.
- Urgent hospital care is necessary if there is concern regarding the risk of structural head or neck injury – call 111.

7.3 **Immediate Referral (Red Flags)**

A person with any of the following should be referred to hospital URGENTLY.

- Loss of consciousness or seizures

- Vomiting
- Persistent confusion
- Double vision
- Deterioration after being injured – increased drowsiness or headache
- Report of neck pain or spinal cord symptoms – numbness, tingling, arm or leg weakness
- Personal medical history of bleeding disorder / clotting disorder
- Personal history of medication use that could result in prolonged bleeding (e.g. Warfarin, Aspirin).

If at any time there is any doubt the person should be referred to hospital for an immediate assessment.

All other persons who have been withdrawn from competition due to a suspected concussion are advised to seek medical review by a qualified medical practitioner as soon as possible to confirm diagnosis.

7.4 **Remove From Further Activity**

A person should never return to work or play on the day of a suspected or confirmed concussion.

A person with a suspected or confirmed concussion should be immediately removed from their work, activity or event, and should not return until they are assessed by a qualified medical practitioner. Anybody with a suspected concussion should not be left alone, should not drive a motor vehicle and should not consume alcohol. The person must also be in the care of a responsible adult who is aware of the concussion.

Only qualified medical practitioners should diagnose whether a concussion has occurred, or provide advice as to whether the person can return to work or competition. Any person with a suspected or confirmed concussion must be referred for a medical assessment.

A list of local medical practitioners, concussion clinics and emergency should be maintained for SLSNZ activities and/or events and also by Clubs for their activities and events.

A pre-activity checklist of the appropriate services could include:

- Local practitioners or medical centre
- Local hospital emergency department
- Ambulance services (111).

7.5 **Medical Assessment**

Any person who is suspected of having sustained a concussion should be initially reviewed by the designated on-site First Aider at the workplace, activity or event. The person will then be referred for

immediate medical review (as per the Red Flags above) or have an assessment from a medical practitioner post-event.

A qualified medical practitioner should:

a) Diagnose whether a concussion has occurred – based on clinical judgement;
b) Evaluate the injured person for concussion using SCAT5 (or SCAT5 Child for those under the age of 12 years) or similar tool;
c) Advise the person as to medical management;
d) Advise the person as to when it is appropriate to begin a Graduated Return to Work/Play Program (refer Appendix 1 of the this Concussion Policy for Graduated Return to Work/Play Guidelines);
e) Clear the person to return to work, the activity or event following the Graduated Return to Work/Play Program, as detailed in this Concussion Policy.

SLSNZ endorses the Sport Concussion Assessment Tool version 5 (SCAT5) and the Child-SCAT5 as a validated means of assessing concussion by a medical practitioner. Refer Appendix 4.

SLSNZ recommends members, staff, and volunteers, whom are responsible for the H&S of others, become familiar with the symptoms evaluated in SCAT5.

The SCAT5 is NOT to be used for diagnosis of concussion alone. It provides a standardised assessment to aid diagnosis by a medical practitioner.

7.6 Recovery

The majority (80-90%) of concussions resolve in a short (7-10 day) period. Some people will have more long-lasting symptoms. The recovery frame may be longer in children and adolescents. As a result the return to work/play process should be more conservative for children and adolescents. It should be stressed that there is no arbitrary time for recovery and that decisions regarding a return to work/play need to be individualised.

Prior to embarking on a return to work/play programme, the person must have no symptoms at rest and must have had a **clearance from a medical practitioner**.

It is suggested that any person who has sustained multiple concussions, or who has symptoms which persist for more than two weeks for adults and adolescents (>12yrs age) or more than four weeks for children (<12yrs age), have a review from a clinician with expertise in managing concussion (for example a Fellow of the Australasian College of Sport and Exercise Physicians (FACSEP), Neurologist, or Neurosurgeon) before returning to work or play.

7.7 Return to surf lifesaving work, activities or events

Following clearance from a qualified medical practitioner, the person should commence and progress through a **Graduated Return to Work/Play Program (Appendix 5)**.

In all cases, the Graduated Return to Work/Play Program provides for a minimum of 6 days before the person can participate to their previous level or work/participation. Advance to the next stage no more quickly than every 24 hours and only if symptoms of concussion are not reproduced with each level of increasing activity.

7.8 **The following considerations are important:**

- If concussion symptoms return at any stage of the persons graduated return to work/play plan, the person must inform the managing medical professional of their symptoms and rest a minimum of 24 hours before resuming the level of activity where symptoms recurred.
- Return to activity should be particularly cautious where children and adolescents are concerned.
- The safety of the person is the priority and must NOT be compromised.
- The decision regarding the timing of return to school, work or play and clearance to return to restricted activity should always be made by a medical practitioner.

In some cases, symptoms may be prolonged or graded activity may not be tolerated. If recovery is prolonged, evaluation by a concussion specialist or clinic may be warranted to determine if there are other aspects of the concussion that could respond to rehabilitation.

7.9 **Enforcement**

These guidelines reflect best practice in the management of concussion in any context. It is everyone's responsibility to ensure that they are applied. Members, staff and volunteers, particularly lifeguards, coaches, managers, officials, competitors, clubs, parents and caregivers are encouraged to promote these guidelines and to ensure that they are applied appropriately.

7.10 **Legal Disclaimer**

The information presented in this Policy Guideline is of a general nature and is not a substitute for professional, medical or legal advice. SLSNZ, Clubs, their employees, members, agents and other associates disclaim all liability or responsibility for any actions undertaken by any person on reliance on any information provided herein.

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8.0 DOCUMENT MANAGEMENT AND CONTROL

Policy owner	Chief Executive	**Date issued**	Oct 2020
Content Manager	National Safety, Welfare and Risk Manager	**Revision date**	July 2022
Approved By	Chief Executive		

SLSNZ acknowledges ACC SportSmart as the original source for much of the information contained in this document.

Appendix One

Consensus Statement on Concussion in Sport:

The 5th International Conference on Concussion in Sport held in Berlin, November 2016 (McCrory et al), found here: http://bjsm.bmj.com/content/51/11/838

Appendix Two

1. The Pocket Concussion Recognition Tool (CRT): http://bjsm.bmj.com/content/51/11/872
2. The ACC SportSmart Concussion Wallet Card : https://accsportsmart.co.nz/assets/Uploads/files/Sportsmart-Concussion-card.pdf

Appendix Three

Sport Concusssion in New Zealand. ACC National Guidelines, found here: https://www.healthnavigator.org.nz/media/1001/acc-sportsmart-sport-concussion-in-new-zealand-acc-national-guidelines.pdf

Appendix Four

1. SCAT 5 – Sport Concussion Assessment Tool – 5th Edition, found here: http://bjsm.bmj.com/content/bjsports/early/2017/04/26/bjsports-2017-097506SCAT5.full.pdf
2. Child-SCAT5- Sport Concussion Assessment Tool (for children ages 5-12 years), found here: http://bjsm.bmj.com/content/bjsports/early/2017/04/26/bjsports-2017-097492childscat5.full.pdf

Appendix Five

Return to Surf Lifesaving Stage	Functional Exercise at each stage of rehabilitation	Objective
No activity	Physical and cognitive rest	Recovery
Light aerobic exercise	Walking, swimming or stationary cycling keeping intensity 70% of maximum predicted heart rate. No resistance (weights) training.	Increase heart rate
Surf Lifesaving specific exercise	Running, jumping or bounding type aerobic exercise that replicates the higher activity/competition.	Add movement

Low impact training drills	Low risk play/action, preferably under parental or coach supervision. Helmet use should be considered.	Heart rate, movement, co-ordination and cognitive load
Higher impact training drills	Higher risk play/action, preferably under parental or coach supervision. Increase duration & intensity of play/action slowly during this period. Helmet use should be considered. Movement, coordination and cognitive load with more difficult tasks.	Restore player confidence.
Normal pre-injury work, activity, events	Return to previous level of work, activity, events.	Full return to surf lifesaving work, activity, events