



CONCUSSION MANAGEMENT – DOMESTIC CRICKET

The management of concussion is our collective responsibility. The incorrect management of concussion can have serious consequences for player health and for the wider game.

It is important that we all -

Umpires, Medical Staff, Players and Coaches

play our part to keep the game safe.

UMPIRES

If a player has an incident that might result in a concussion (or what we also call a mTBI – mild Traumatic Brain Injury) we must **stop** the game and get a medical assessment done.

These incidents can occur in a variety of ways:

- Ball to the helmet whilst batting, bowling or fielding (or umpiring)
- Bat to the head whilst wicket-keeping or fielding in close
- Head versus ground whilst diving making your ground
- Collision with another player or with the ground or with the ground surrounds

If any of these happen, no matter how innocuous it seems please **stop the game** and **call for a medical person** to assess the player. This will most likely be the physio.

MEDICAL STAFF

If called onto the ground please assess the injured player thoroughly. You will have time to do so. Please consider the following:

- Is there a life threatening situation – call for assistance and dial **111** immediately
- Remember your trauma course training
- What does the Concussion Recognition Tool tell me?

If the player needs to be removed from the field continue on to a fuller assessment including SCAT3 and consider seeking external expert medical advice.

PLAYERS

Please be honest in your response to those trying to help you.

You may be required to leave the field for a period of time and in some cases you may not be permitted to return due to your head injury irrespective of the situation of the match.

These precautions exist for your safety and long-term well-being. Players need to put confidence in the medical professional's direction as they have the well-being of the athlete as their first priority. Therefore if you are instructed to leave the field for further medical assessment, this will be enforced by game officials.

COACHES

New Zealand Cricket and the NZCPA take the potential for concussion extremely seriously. It is paramount that we all support our players and ensure they are our number one priority.

If a player has sustained a concussion injury they will be assessed by medical professionals and may be instructed to leave the field for further medical assessment. This will be enforced by game officials. They will only be able to return once they have completed all return to play requirements to the acceptance of attending team medical staff and external experts as consulted.

PLEASE NOTE: This form should be displayed in both team dressing rooms.

In the case of **EMERGENCY** please dial **111**

Pocket CONCUSSION RECOGNITION TOOL™

To help identify concussion in children, youth and adults



FIFA®



FEI

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
- 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 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
- 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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