v

NZC CONCUSSION POLICY

2026-27

CONCUSSION POLICY

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.

1. Purpose

To ensure the prompt recognition and appropriate management of concussion in people participating in cricket in New Zealand.

2. Scope

The first part of the policy covers matches when medical personnel are present at a domestic match, specifically:

- Domestic 4 Day Competition
- Domestic 50 over Competitions
- Domestic T20 Competitions

The second part of the policy (clause 9) covers matches when medical personnel are not present at a domestic match, including but not limited to:

- National Tournaments
- Hawke Cup Challenge
- Community Tournaments

International matches are governed by ICC regulations and therefore will not be covered by this policy.

3. Related Documents

The following related documents have been considered in the preparation of this document:

- Consensus Statement on Concussion in Sport – Berlin, 2016
- England Cricket Board – Head Injury and Concussion Guidelines 2015
- Cricket Australia – Concussion and Head Injury Policy 2014
- NZ Rugby - Community Rugby Concussion Guidelines 2017

4. Definitions of Concussion and Suspected 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

5. NZC's 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.

The remainder of this document builds on these principles and provides guidance for players, match and team officials and administrators.

6. Concussion Management – when medical personnel are present at the match (including team physios).

6.1 Prevention

a. Safety equipment

NZC has adopted a policy concerning the use of helmets that must be followed. It is expected that all professional players and domestic women's players will comply with the contents of this policy.

(Note: Reference documents: **NZC HELMET POLICY** and **GUIDELINES TO ACCOMPANY HELMET POLICY**)

b. Screening

All players should have a baseline SCAT undertaken in the pre-season period by their team medical staff. This will assist with any potential post-injury assessment that a participant is required to undertake with a medical professional. Repeat baseline SCAT tests should be undertaken on a yearly basis.

It is preferred that this is stored in an online electronic format.

c. Education

All participants should receive education around the instigation of relevant parts of this policy. This includes:

- Players
- Team Management
- Umpires
- Match Referees

The form of this may vary from group to group. The minimum requirement is that participants are familiar with this policy document. This may be supplemented by a presentation from team medical staff.

d. Medical Meeting

Prior to the commencement of play if a Match Referee is present, they will convene a medical meeting that involves the umpires, team medical staff and St Johns staff (if present). This will take place 70 minutes prior to play starting.

This will cover at least the following topics:

- Introductions of all assembled match/ team staff
- Concussion
- Ambulance/ paramedics location including ground access
- AED location

6.2 Recognition

This refers to the immediate on-field and subsequent off-field management.

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

- Struck by ball
- Struck by bat
- Collision (with players and/or hoardings)
- Head striking the ground
- Off field head strike
- Delayed symptoms from previous incident 48-72 hours prior to symptom presentation

Upon recognising that such a scenario has arisen (which has the potential to result in a concussion injury) umpires are instructed to request team medical staff assess the player on the field.

When assessing an injured player, it is expected that other players will maintain a respective distance from the situation to allow an accurate assessment to be take place. Umpires will assist team medical staff undertaking the assessment by removing non-injured players from the immediate vicinity of the assessment.

If required and present at the ground, team medical staff will signal for paramedic assistance with an injured player by holding both arms (extended) above their head in a crossed position.

Team medical staff will assess the player using the Concussion Recognition Tool.

(Note: Reference document: **CONCUSSION RECOGNITION TOOL**)

6.3 Removal

If, in the opinion of the team medical staff, having regard to the results of the CRT, a player requires further assessment they are to be removed from the field of play having been deemed retired hurt.

If no reason for removal is identified the player may continue. Team medical staff are expected to undertake regular review and assessment of the player for at least the subsequent four hours. It is recognised that in some cases a concussion may evolve over time and not be apparent on initial assessment. This should take place in scheduled breaks in the match including change of innings and drinks breaks.

6.4 Referral

Once removed, a more complete assessment should be undertaken including a SCAT assessment. A comparison should then be made with baseline data if available.

Contact **must** then be made with an appropriately trained doctor for further advice and assistance. In the first instance, it is reasonable that this may be via phone.

Options to contact include:

- An appropriately trained doctor from the team's home MA that the team may have a relationship with (which may or may not be the team local network doctor.

- The network doctor in the MA where the match is being played (the home team medical staff may be able to assist with this)
- The NZC Medical Director

Medical management decisions will depend on the advice provided by the doctor contacted.

A player may not return to the field of play until cleared by the doctor involved. This may take place over the phone or following consultation.

If a doctor cannot be consulted (via phone or in person) the player may not return to play until clearance has been obtained

Alternatively, if at any stage a concussion is confirmed the player must undergo Return to Play management as outlined below.

6.5 Recover and Return to Play

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

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
    -

6.6 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.

For the professional game, where a player has a confirmed concussion diagnosis there is a compulsory 7-12 day stand down before a player can return to play which has to have medical supervision and medical clearance before returning to play.

7. Long Term Effects

NZC recognise the increasing concern about the long-term effects of concussion injuries. At present considerable uncertainty remains regarding the links between single and repeated events and long-term neuro-degenerative conditions such as Chronic Traumatic Encephalopathy (CTE).

Given this uncertainty NZC supports the position of ensuring that all participants are fully recovered before returning to play.

At this time, it does not place any prescribed limits on the number or character of concussions after which time a player will be excluded from play. It may from time to time seek external medical opinion regarding the clinical situation of an individual player and whether it is advisable for them to continue playing.

8. On-Going Review

Additionally, NZC will continue to monitor the body of scientific literature regarding the long-term effects and management of concussion in general.

Accordingly, NZC will undertake from time to time to amend its position regarding this policy on concussion as the scientific literature evolves and dictates.

9. Concussion Management – when medical personnel are <u>not</u> present at the match.

9.1 Safety equipment

NZC has adopted a policy concerning the use of helmets that must be followed. It is expected that all players in Major Association (MA) representative teams competing in NZC national tournaments from under 17 and above and all MA representative teams competing in NZC

national competitions will comply with the contents of this policy.

(Note: Reference documents: **NZC HELMET POLICY** and **GUIDELINES TO ACCOMPANY HELMET POLICY**)

9.2 Assessment

Should an incident occur such as those described in Clause 6.2 that has the potential to cause concussion (as described in Clause ***4***) during a match where no medical staff are present, the primary concern shall be for the welfare of the player. As such the mantra 'if in any doubt, sit them out' shall apply in the broadest sense.

The decision to remove a player from the field shall ultimately rest with the umpires and it is expected that they will have a threshold for such a removal to occur. No on-field testing should be undertaken[1].

In such a setting, the player concerned 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 a medical doctor.

Should medical assessment confirm a concussion all components of the Graduated Return to Play protocol (Clause ***6.6***) must be followed prior to a return to play.

In the community game where a player has a confirmed concussion diagnosis there is a compulsory 21 day stand period before a player can return to play.

[1] Umpires are not expected to perform the task(s) of a health professional but are expected to exercise appropriate diligence at all times to ensure a player's welfare is maximised. It is recognised that, from time to time, this approach may result in a player being removed unnecessarily – NZC are cognisant of this and are fully supportive of this approach occurring in the setting of matches where no medical personnel are present.