



# **Waikato Water Polo Club**

## **P011 - Concussion Awareness Policy**

Document Status	Released by	Sign
Final	Dayne Hawkes	signed on original

## **Commitment to Te Tiriti o Waitangi**

Waikato Water Polo Club Inc. recognises Te Tiriti o Waitangi as Aotearoa New Zealand's founding document. Waikato Water Polo Club Inc is committed to upholding the mana of Te Tiriti o Waitangi and the principles of Partnership, Protection and Participation.

## **Terms**

**“Member”** shall include any member as defined by the Waikato Water Polo Club Inc Constitution

**“Administrator”** shall include any person who is in an elected or appointed administrative capacity, whether paid or a volunteer.

**“Friend of the committee”** shall include any person so determined by the club committee.

**“Officer”** includes all persons who volunteered to be on the club committee.

**“Elected Officer”** includes the three roles which are elected at the Annual General Meeting: **Chairperson, Treasurer, and Club Secretary.**

**“WWP”** means Waikato Water Polo Club Inc

## **Constitution statement**

Nothing in this document should be in contravention of the Waikato Water Polo Club Inc Club Constitution, however when a conflict of instructions arises, the constitution shall be followed over this document.

## **Introduction**

Concussion is a well-recognised injury that may affect athletes involved in collision and contact sports. It is important that players, parents, coaches and other officials are aware of this condition. They should be on the look-out for symptoms and signs that could indicate concussion; and be practised in the way it should be managed.

Fortunately, concussion is not nearly as common in water polo as it is in other sports. Nevertheless, cases have occurred and, no doubt, will continue to happen, due to the nature of the sport. When they do occur, cases need to be recognised and the player must be appropriately looked after.

This policy helps to provide guidance on concussion for all those involved in water polo in New Zealand.

This document is prepared specifically for the water polo public and is not a medical document.

## Concussion Facts

Concussion is a brain injury:

- All concussions or suspected concussions should be considered serious
- Concussion can be fatal
- Concussion results in a brain function disturbance
- Children and adolescents should be treated differently to adults, as they:
  - are more prone to concussion;
  - take longer time to recover
  - have more significant memory and mental processing problems
  - are at greater risk of rare and dangerous neurological complications, caused by a single or second impact
- Children and adolescents should therefore be treated more conservatively than adults
- Concussion usually follows a head collision
- Concussion can also occur with a collision not involving the head
- Symptoms usually develop quickly, often within 1-2 hours. Sometimes there is a delay, 24-48 hours after a collision
- Most concussions occur without the player being “knocked out” i.e. losing consciousness
- However, if a player is “knocked out”, they will be concussed
- Players with suspected or recognised concussion must immediately be removed from the pool and checked out as soon as possible
- A player suspected of concussion cannot return to play or training on the same day
- Only a medical doctor can certify a player fit to return and not concussed, in suspected cases
- Most concussions recover with the recommended physical and mental rest

## The Six “R” Management Plan

The management of concussion involves sequentially following steps. Each must be followed and completed before moving to the next step.

1. **RECOGNISE**
2. **REMOVE**
3. **REFER**
4. **REST**
5. **RECOVER**
6. **RETURN**

### 1. **RECOGNISE**

Concussion must be suspected or recognised if a player has any of the following signs, symptoms or fails to answer any of the memory questions after a head or body collision

Signs (what you may see)	Symptoms (player may report)	Memory (questions to ask)
<ul style="list-style-type: none"> <li>• Loss of consciousness</li> <li>• Dazed, blank or vacant look</li> <li>• Slower responses than normal</li> <li>• Unsteady on feet / balance problems</li> <li>• Confused / Not aware of plays or events</li> <li>• Grabbing / clutching of head</li> <li>• Seizure (fits)</li> <li>• More emotional / irritable</li> </ul>	<ul style="list-style-type: none"> <li>• Headache</li> <li>• Dizziness</li> <li>• Mental clouding, confusion, or feeling slowed down</li> <li>• Visual problems</li> <li>• Nausea or vomiting</li> <li>• Severe Neck Pain</li> <li>• Drowsiness / feeling like “in a fog”</li> <li>• Difficulty concentrating</li> <li>• “Pressure in head”</li> <li>• Sensitivity to light or noise</li> <li>• Weakness, tingling or burning sensation in limbs.</li> </ul>	<ul style="list-style-type: none"> <li>• “What venue are we at today?”</li> <li>• “What is the score?”</li> <li>• “Which half is it now?”</li> <li>• “Who scored last in this game?”</li> <li>• “What team did you play last week / game?”</li> <li>• “Did your team win the last game?”</li> </ul>

## 2. REMOVE

- a. Any player with a suspected or recognised concussion must be removed from the pool immediately.
- b. The player must not take further part in any training or games (including other sports) on this day.
- c. Any player with a head injury may also have a neck injury.

### **RECOGNISE AND REMOVE - IF IN DOUBT, SIT THEM OUT**

## 3. REFER

- a. All players with suspected or recognised concussion must be referred to a medical doctor or emergency department as soon as possible.
- b. This referral must happen even if symptoms or signs have disappeared.
- c. Ideally, the medical doctor who reviews the player should have experience in the diagnosis and management of sports concussion.
- d. The player must at all times:
  - i. be in the care of a responsible adult
  - ii. not consume alcohol
  - iii. not drive a motor vehicle

Change Log		
Date	Changes made	By
17/04/25	Initial Draft	Dayne Hawkes

