NZIFSA

Policy Document

NZIFSA Health and Safety Policy

Version 4 (11 June 2024)

1. Policy Aims and Considerations

The NZIFSA recognises that there is an inherent risk in undertaking many sporting activities and ice figure skating is no exception. This policy is not about limiting the activity of skaters, but about managing risks associated with the sport in general.

This policy sets out how the NZIFSA will take all practicable steps to ensure the safety of any club members, officer bearers, contractors, volunteers or other parties, at any events organised by or on behalf of NZIFSA.

The NZIFSA aims to

- Continuously improve current health and safety performance
- take a risk management approach to managing health and safety
- establish and maintain communication on health and safety
- identify needs and provide training on health and safety
- demonstrate a commitment to the accurate reporting and recording of health and safety matters
- comply with legal and organisational obligations, including the Health & Safety at Work Act (2015) and any subsequent amendments.

2. Accountability

As a volunteer association that does not employ anyone in the literal sense, the NZIFSA is not a "person conducting a business or an undertaking" (PCBU) as defined in the Health & Safety at Work Act (2015). That notwithstanding, the Board, CEO and other elected officers of the NZIFSA have a duty of care for any club members, officer bearers, contractors, volunteers or other parties at events that we organise.

The Board has ultimate responsibility for determining high level health and safety strategy and policy and ensuring that it is implemented effectively by holding the CEO to account through processes of policy and planning, delivery, monitoring and review. The CEO is to keep the Board advised of any Health and Safety concerns.

3. Managing Risks to Health and Safety

Most activities organised by the NZIFSA take place in premises owned and operated by other agencies - for example ice rinks. For each activity the CEO will ensure that an individual is nominated as the Event Health & Safety Coordinator. This individual is responsible for liaising with the owners of the venue to:

- complete the hazard management procedure (Appendix 1), including identification and risk analysis,
- work with the venue owners and other parties to complete the risk register (Appendix 2) and eliminate risks as far as is reasonably practical, and if the risks can't be eliminated, to minimise the risk as far as is reasonably practical.

The Event Health & Safety Coordinator is also responsible for:

- informing others (participants / attendees) of any risks to health and safety which are known to be associated with the event and the steps to be taken to control any such risks.
- communicating to the CEO if there are any H&S critical risks that haven't been eliminated or isolated.

All club members, officer bearers, employees, contractors, volunteers or other parties are responsible for:

- taking all practicable steps to ensure that risks identified are eliminated, or managed if they can't be eliminated
- completing a hazard notification form (Appendix 3) if a hazard is identified and providing this to the Event Health & Safety Coordinator
- ensuring unsafe acts and unsafe conditions are appropriately addressed.

4. Accident/Incident reporting investigation

The Event Health & Safety Coordinator is responsible for:

- Maintaining a register of incidents, accidents or near-misses (Appendix 4) and a First Aid Register (Appendix 5) for the event, to be sent to the CEO at the conclusion of the event, with a copy to the venue management as required.
- Liaising with the venue management regarding any accidents and incidents.

In the event of a Notifiable Event or a critical risk being identified that cannot be eliminated, the venue management and CEO must be advised immediately. Refer Appendix 6 for a definition of Notifiable Events

The CEO should:

- Advise the Board
- initiate and carry out an investigation
- ensure any hazard that is identified as the cause of the Notifiable Event is eliminated, isolated or minimised
- ensure all corrective actions that have been identified are carried out within the specified timeframes

5. Concussion Management

Concussion is a serious injury and is a recognised risk for figure skaters. 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 remove the athlete from the sport/activity.

Any skater suspected of sustaining a concussion injury at an NZIFSA organised event (e.g. New Zealand Ice Figure Skating Championships, or Skater Development Camps) will be required to follow the ACC concussion management protocols. While the NZIFSA has limited influence over the activities of skaters and coaches outside of the events it organises, for the health and wellbeing of our members all parties should follow the ACC concussion guidelines in the event of a suspected concussion injury. In particular, the event moderator, coach or event referee, all have a role to play in ensuring that when a concussion or possible concussion occurs, that the ACC concussion management protocols are followed.

The CEO will ensure, through the Coaching Director, Skater Development Director and Officials Director, that all coaches, officials and event moderators are familiar with the ACC Concussion Recognition Tool (CRT) (Appendix 7).

Where a concussion injury has occurred, there shall be no return to sport/activity on the day that the injury occurs. Clearance by a medical doctor is required before return to sport/activity. Coaches and skaters should refer to the ACC concussion management and graduated return to school/work/sport protocol (Appendix 8)

6. Emergency Management

The Event Health & Safety Coordinator will ensure they are familiar with the emergency procedures (e.g. Fire Evacuation etc.) for the venue, and that these are communicated to the participants/attendees.

Where there are no emergency procedures associated with the venue (e.g. natural ice), then the Event Health & Safety Coordinator shall work with the CEO to ensure that appropriate emergency procedures are developed and communicated.

7. First Aid Management

The Event Health & Safety Coordinator will ensure that appropriate First Aid facilities are available. If the venue does not have these available, the Event Health & Safety Coordinator will work with the CEO to ensure first aid supplies and appropriately trained first aid providers are on hand. The Event Health & Safety Coordinator is to ensure that a First Aid register (Appendix 5) is maintained for the event and sent to the CEO at the conclusion of the event, with a copy to the venue management as required.

Appendix 1 Hazard Management Procedure

Hazard management steps include:

1. Identification – describe the hazard and state the location of the hazard
2. Risk analysis – rate the risk
3. Control – Recommend the control measure (eliminate, isolate or minimise).

Complete details on the hazard management register (appendix 6).

Hazard management needs to be completed:

- systematically for all areas and processes at regular three-monthly intervals
- when an accident occurs; a check is needed to ensure hazards listed and their controls are adequate
- when a new process or equipment is introduced
- if a new hazard is observed or reported.

Step 1 – Identify hazards

Hazard Identification Process			
1.	Use inspection, audits, walk-through surveys and checklists to determine hazards		
	Working Environment Area used and its physical condition Venue layout Location of material/equipment and distances moved Types of equipment used Energy hazards Hazards which could cause injury Characteristics of materials, equipment Hazards which could cause ill health Psycho-social environment Organisation environment	**Human Factors** Knowledge and training Skills and experience Health, disabilities, fitness Age and body size Motivation Risk perception and value systems Protective clothing, equipment, footwear Leisure interests	**Tasks** Task analysis Working postures and positions Actions and movements Duration and frequency of tasks Loads and forces involved Intensity Speed/accuracy Originality Work organisation
2.	Analyse any 'near miss' accidents that may have been recorded in the incident and accident register or documented by the Event Health & Safety Coordinator		

Step 2 – Risk analysis

Risk analysis is the process of estimating the magnitude of the risk and deciding what actions to take. The following considerations are made to establish risk using the likelihood and impact scales below.

Score	Scale	Frequency of accident or illness
1	Rare	May occur only in exceptional circumstances, e.g. less than 5% chance of occurring
2	Unlikely	Could occur at some time, e.g. 5-29% chance of occurring
3	Possible	Should occur at some time, e.g. 30-59% chance of occurring
4	Likely	Will probably occur in most circumstances, e.g. 60-79% chance of occurring
5	Almost certain	Will occur in most circumstances, e.g. 80%+ chance of occurring

Impact scale

Score	Scale	Severity of accident or illness
1	Minimal	Negligible injury or illness
2	Minor	Minor injury or illness requiring minor first aid and/or less than one weeks' recovery
3	Moderate	Injury or illness requiring advanced first aid and medical visit (e.g. GP or hospital visit) and/or 1-6 week's recovery
4	Major	Injury or illness requiring advanced first aid and emergency medical assistance (e.g. hospitalisation) and/or more than six weeks' recovery
5	Extreme	Injury or illness requires immediate emergency medical assistance and may result in permanent or long-term disabling effects or death. Hospitalisation likely to be for more than six weeks

A risk assessment category (critical, high, moderate or low) for each hazard is compiled by using the chart below. Hazards with the highest rating are given priority.

Risk assessment chart

Likelihood	Impact				
	Minimal	Minor	Moderate	Major	Extreme
Almost certain	H	H	C	C	C
Likely	M	H	H	C	C
Possible	L	M	H	C	C
Unlikely	L	L	M	H	C
Rare	L	L	M	H	H

Legend:

C	Critical risk; immediate action required
H	High risk; senior management attention is needed
M	Moderate risk; management responsibility must be specified
L	Low risk; manage by routine procedures

The risk assessment category is entered into the Risk Score column beside the hazard on the Hazard Management form. 'Significant Hazards' are identified according to the definition above.

Step 3 – Control

Where a significant hazard is to be controlled, this must, if practicable, be by elimination. Where elimination is not practicable then the hazard must be isolated. Only where both elimination and isolation are not practicable are methods of minimisation to be applied.

Appendix 2: Risk register

Hazard Identification and Analysis							Action		
Hazard and potential harm	Risk Category	Critical Risk? Yes/No	Practicable to			Controls required (including existing)	Person responsible	Date of action	Completed by
			Eliminate? Yes/No	Isolate? Yes/No	Minimise? Yes/No				

Appendix 3: Hazard notification form

Any individual who identifies a hazard should complete this form, for example a new hazard that is not entered into the hazard register or an existing hazard that has been entered into the hazard register that has not been correctly managed to eliminate or mitigate risk.

<table>
<tr><td colspan="4">Hazard Notification Form</td></tr>
<tr><td>Your name:</td><td>Date:</td><td>Location:</td><td>Notification to:</td></tr>
<tr><td rowspan="3"></td><td></td><td rowspan="3"></td><td rowspan="3"></td></tr>
<tr><td>Date observed:</td></tr>
<tr><td></td></tr>
<tr><td colspan="2">Description of hazard including significance in your opinion:</td><td>Any immediate action taken to mitigate: (please describe)</td><td>Your recommendations to control or eliminate the hazard:</td></tr>
<tr><td colspan="2"></td><td></td><td></td></tr>
<tr><td colspan="2">Signature of person notifying this hazard:</td><td colspan="2"></td></tr>
<tr><td colspan="4">Event Health and Safety Coordinator report including analysis and action taken:</td></tr>
<tr><td colspan="4"></td></tr>
<tr><td colspan="4">Date entered into the hazard register:</td></tr>
<tr><td>Signature of CEO</td><td colspan="3"></td></tr>
</table>

Appendix 4: Incident and accident reporting form/register

Record of Accident /Incident/ Serious Harm

To be completed by the Event Health and Safety Coordinator and injured person, where practicable, and sent to CEO within 48 hours of the event, along with a copy of the First Aid Register (Appendix 5).

Is it an ☐ Accident ☐ Incident/Near Miss

Injured person's Surname: ..... First name(s): .....

Residential address: .....

.....

.....

Email address: ..... Phone: .....

Gender: ☐ Male ☐ Female ☐ non-binary

Date of event: ..... Time:..... am/pm

Date reported:.....

Location where event occurred: .....

Name of contact person at rink / venue.....

Type of treatment given:

☐ Nil
☐ First aid
☐ Doctor
☐ Hospital

Nature of injury:

☐ No injury
☐ Superficial
☐ Sprain or strain
☐ Open wound
☐ Head injury
☐ Poisoning/toxic effect
☐ Fracture, spine
☐ Other fractures
☐ Multiple injuries
☐ Foreign body
☐ Puncture wound
☐ Internal injury, trunk
☐ Chemical reaction
☐ Occupational hearing loss
☐ Burns
☐ Bruising/crushing
☐ Mental disorder
☐ Amputation, including eye loss
☐ Nerves/spinal cord
☐ Dislocation
☐ Damage artificial aid
☐ Fatal

Injured part of body:

☐ Trunk
☐ Neck
☐ Head
☐ Internal organs
☐ Upper limb(s)
☐ Lower limb(s)
☐ Multiple locations

Mechanism of event:

☐ Fall, trip or slip
☐ Sound or pressure
☐ Biological factors
☐ Body stressing
☐ Mental stress
☐ Being hit by moving objects
☐ Heat, radiation or energy
☐ Chemicals or other substances
☐ Hitting objects with part of the body

Was a '"Critical Risk" involved?

☐ Yes ☐ No

Agency of injury:

☐ Machinery or (mainly) fixed plant
☐ Mobile plant or transport
☐ Tools, appliances, equipment (powered)
☐ Tools, appliances, equipment (non-powered)
☐ Chemical or chemical products
☐ Material or substance
☐ Environmental agency
☐ Animal, human or biological agency (not bacterial/virus)
☐ Bacterial or virus

Appendix 4 Continued

THE INVESTIGATION: Describe what happened.
ANALYSIS: What caused the event?
PREVENTION: What action has or will be taken to prevent a recurrence? By whom? ..... By when? .....
FOLLOW-UP: What follow up is required with the injured person or venue?
Event Health & Safety Coordinator (Name)..... Signature ..... Date ..... Injured Person (Name): ..... Signature (if practicable) ..... Date.....

Appendix 5: First aid register

Injured person's name:	
What role did they have at NZIFSA event? (e.g participant, moderator, volunteer, audience)	

Date of treatment:	
Time of treatment:	
Person giving first aid:	
Accident register completed by:	
Nature of injury:	
Treatment provided:	

Note: Rink or venue first aid register can be used provided it captures the above information and a copy is sent to NZIFSA CEO at the conclusion of the event.

Appendix 6: Definition of Notifiable Event

The Health & Safety at Work Act (2015) defines Notifiable Events as they apply to events that happen in the workplace. While, as a volunteer association, we are not required to report these events, as we are not a PCBU, they serve as a useful benchmark for notification to the CEO of an accident or incident when they occur during an activity organised by the NZIFSA.

What is a Notifiable Event?
A Notifiable Event is a:

- death
- notifiable illness or injury, or
- notifiable incident

Only serious events are intended to be notified.

Deaths, injuries or illnesses that are unrelated to the activity organised by the NZIFSA are not Notifiable Events. For example:

- a diabetic person slipping into a coma at a competition
- a person being injured driving to a coaching course, when that driving is not part of the course
- a person fainting from a cause not related to the activity organised by the NZIFSA.

For the purposes of the table below:

- 'Medical treatment' is considered to be treatment by a registered medical practitioner e.g. a doctor.
- 'Immediate treatment' is urgent treatment, and includes treatment by a registered medical practitioner, registered nurse or paramedic.
- If immediate treatment is not readily available (e.g. because the person became seriously ill at a remote site), the notification must still be made.
-

TRIGGER	EXAMPLES
An injury that requires or would usually require someone to be admitted to hospital for immediate treatment	'Admitted to hospital' means being admitted to hospital as an in-patient for any length of time. Being admitted to hospital doesn't include being taken to hospital for out-patient treatment by the hospital's A&E department, or for corrective surgery at a later time, such as straightening a broken nose.
The **amputation of any part of the body** that requires immediate treatment other than first aid	This would include amputation of: ▪ a limb (eg an arm or leg) ▪ other parts of the body (eg hand, foot, finger, toe, nose, ear)
A **serious head injury** that requires immediate treatment, other than first aid	▪ fractured skull ▪ head injury that results in losing consciousness ▪ blood clot or brain bleed ▪ damage to the skull that may affect organ or facial function ▪ temporary or permanent memory loss from a head injury.
A **serious eye injury** that requires immediate treatment, other than first aid	▪ injury that results in, or is likely to result in, the loss of an eye or vision - total or partial ▪ injury caused by an object entering the eye (eg metal fragment or wood chip) ▪ contact with any substance that could cause serious eye damage. Does not include: ▪ exposure to a substance or object that only causes discomfort to the eye.
A **serious burn** that requires immediate treatment, other than first aid	A burn that needs intensive or critical care such as a compression garment or skin graft. Does not include: ▪ a burn treatable by washing the wound and applying a dressing.
A **spinal injury** that requires immediate treatment, other than first aid	▪ injury to the cervical, thoracic, lumbar or sacral vertebrae, including discs and spinal cord. Does not include: ▪ back strain or bruising.
Loss of a bodily function that requires immediate treatment, other	Loss of:

than first aid (eg, through electric shock or acute reaction to a substance used at work)	▪ consciousness (includes fainting due to a work-related cause eg from exposure to a harmful substance or heat) ▪ speech ▪ movement of a limb (e.g. long bone fractures) ▪ function of an internal organ ▪ senses (e.g. smell, touch, taste, sight or hearing). Does not include: ▪ fainting not due to a work-related cause ▪ a sprain, strain or fracture that does not require hospitalisation (except for skull and spinal fractures).
Serious lacerations that require immediate treatment, other than first aid	▪ serious deep cuts that cause muscle, tendon, nerve or blood vessel damage, or permanent impairment ▪ tears to flesh or tissue - this may include stitching or other treatment to prevent loss of blood or bodily function and/or the wound getting infected. Does not include: ▪ superficial cuts treatable by cleaning the wound and applying a dressing ▪ lacerations that only require a few stitches a GP ▪ minor tears to flesh or tissue.
Skin separating from an underlying tissue (degloving or scalping) that requires immediate treatment, other than first aid	▪ Skin separating from underlying tissue where the tendons, bones, or muscles are exposed.
An illness or injury declared in regulations to be a notifiable injury or illness	▪ Any illness or injury listed in Schedule 5 of the Health and Safety at Work (Mining Operations and Quarrying Operations) Regulations 2016.

A notifiable incident, as defined by the Health & Safety at Work Act (2015) is an unplanned or uncontrolled incident in relation to a work place an activity that exposes the health and safety of workers participants or others to a serious risk arising from immediate or imminent exposure to any of the following:

- a substance escaping, spilling, or leaking
- an implosion, explosion or fire
- gas or steam escaping
- a pressurised substance escaping
- electric shock (from anything that could cause a lethal shock, for example it would not include shocks due to static electricity, from extra low voltage equipment or from defibrillators used for medical reasons)
- the fall or release from height of any plant, substance, or thing
- damage to or collapse, overturning, failing or malfunctioning of any plant that is required to be authorised for use under regulations
- the collapse or partial collapse of a structure

Appendix 7: ACC Concussion Recognition Tool

Source: Sport Concussion in New Zealand ACC National Guidelines

CONCUSSION RECOGNITION TOOL 5©

To help identify concussion in children, adolescents and adults

Supported by

RECOGNISE & REMOVE

Head impacts can be associated with serious and potentially fatal brain injuries. The Concussion Recognition Tool 5 (CRT5) is to be used for the identification of suspected concussion. It is not designed to diagnose concussion.

STEP 1: RED FLAGS – CALL AN AMBULANCE

If there is concern after an injury including whether ANY of the following signs are observed or complaints are reported then the player should be safely and immediately removed from play/game/activity. If no licensed healthcare professional is available, call an ambulance for urgent medical assessment:

- **Neck pain or tenderness**
- **Double vision**
- **Weakness or tingling/ burning in arms or legs**
- **Severe or increasing headache**
- **Seizure or convulsion**
- **Loss of consciousness**
- **Deteriorating conscious state**
- **Vomiting**
- **Increasingly restless, agitated or combative**

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Assessment for a spinal cord injury is critical.
- Do not attempt to move the player (other than required for airway support) unless trained to so do.
- Do not remove a helmet or any other equipment unless trained to do so safely.

If there are no Red Flags, identification of possible concussion should proceed to the following steps:

STEP 2: OBSERVABLE SIGNS

Visual clues that suggest possible concussion include:

- Lying motionless on the playing surface
- Slow to get up after a direct or indirect hit to the head
- Disorientation or confusion, or an inability to respond appropriately to questions
- Blank or vacant look
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Facial injury after head trauma

STEP 3: SYMPTOMS

- Headache
- "Pressure in head"
- Balance problems
- Nausea or vomiting
- Drowsiness
- Dizziness
- Blurred vision
- Sensitivity to light
- Sensitivity to noise
- Fatigue or low energy
- "Don't feel right"
- More emotional
- More Irritable
- Sadness
- Nervous or anxious
- Neck Pain
- Difficulty concentrating
- Difficulty remembering
- Feeling slowed down
- Feeling like "in a fog"

STEP 4: MEMORY ASSESSMENT

(IN ATHLETES OLDER THAN 12 YEARS)

Failure to answer any of these questions (modified appropriately for each sport) 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?"

Athletes with suspected concussion should:

- Not be left alone initially (at least for the first 1-2 hours).
- Not drink alcohol.
- Not use recreational/ prescription drugs.
- Not be sent home by themselves. They need to be with a responsible adult.
- Not drive a motor vehicle until cleared to do so by a healthcare professional.

ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY, EVEN IF THE SYMPTOMS RESOLVE

Appendix 8 ACC Concussion management and graduated return to school/work/sport protocol

Source: Sport Concussion in New Zealand ACC National Guidelines

KEY MESSAGES

Concussion is a brain injury that affects the function of the brain and the person, and may or may not result in a loss of consciousness.

There are several important features to highlight including:

a. A concussion is not always caused by a direct hit to the head. It may be caused by a direct hit to the head, face, neck, or elsewhere on the body with an 'impulse' force transmitted to the head.

b. Only 10% of concussions result in a loss of consciousness.

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

GENERAL PRINCIPLES

- Early removal and early access to care reduces recovery time.
- Extra caution is required for child, adolescent and female athletes as they take longer to recover.
- *Everyone* has a role to play in supporting the recognition and management of concussion.

RECOGNISE AND REMOVE:

- If a suspected concussion occurs, after checking for neck injury, remove the athlete from play/activity **immediately** and seek assessment by a qualified medical professional (doctor).
- Members of the player's and athlete's whānau and wider community (parents, coaches, team-mates, sporting organisations) have an important role to play in recognising the signs and symptoms of concussion.
- **Individuals must NOT return** to sport/activity on the day of a suspected concussion.

REFER:

- Individuals suspected of suffering a concussion must have an assessment with a qualified medical professional (doctor) for confirmation or exclusion of a concussion and consideration of other diagnoses.
- Those with 'RED FLAGS' must seek urgent medical help (go to an Accident and Emergency clinic or hospital).
- If there is significant concern about the degree of severity of the injury it may be necessary to call an ambulance (111).

RED FLAGS (REQUIRE URGENT REVIEW)

- Complaint of neck pain.
- Increasing confusion or irritability.
- Repeated vomiting.
- Weakness or tingling/burning in arms or legs.
- Deteriorating after being injured – increased drowsiness, headache or vomiting.
- History of bleeding disorder.
- Loss of consciousness or seizures.
- Severe or increasing headache.
- Unusual behaviour (different from normal).
- Double vision.
- Anyone who has inadequate supervision post-injury.
- Visible skull deformity.
- History of regular medication use that could result in prolonged bleeding (e.g Warfarin, Aspirin).

RECOVER

- Treatment is most effective when initiated early.
- The effects of concussion can interfere with an individual's ability to learn or to function well at work.
- Return to education/work needs to be graduated and work activities altered to reflect the level of function. This should be guided by a healthcare professional (e.g. Doctor, Physiotherapist or Occupational Therapist) experienced in ongoing concussion management.
- Typical management includes physical and cognitive rest for 24-48 hours (including reduced electronic screen use), prior to initiating a graduated programme of progressive physical and cognitive activity.
- Strong evidence supports the benefits of aerobic exercise at a level that does not worsen symptoms during the activity as an early intervention treatment within a recovery plan.
- Return to competitive sport must only occur after progressive physical activity (see later stage explanation) and return to education/work and social activities.
- Where symptoms are prolonged (e.g. >4 weeks) or graduated activity has not been tolerated, the person must have further evaluation by a medical professional (doctor) to review the diagnosis. You should ensure the person has registered with ACC for support.
- The medical professional (doctor) may refer the person to ACC concussion services if they meet certain criteria. This is a service that offers comprehensive support (specialist Physiotherapy, Occupational Therapy, Neuropsychologist) to guide symptom management and return to activity.

RETURN TO SPORT

- Concussion management should be guided by a healthcare professional (e.g. Doctor, Physiotherapist or Occupational Therapist) experienced in ongoing concussion management. This includes the timing of progressions and clearance to return to sport.
- A conservative approach to return to sport is recommended for adoption across sports in New Zealand. Return to sport-related activity should be progressed more slowly with children, adolescents and females. This approach is aligned with international literature that now recognises more time is needed to recover from concussion than earlier statements had indicated. A safe return to sport following a concussion typically occurs within one month of injury in children, adolescents and female adults.
- All athletes diagnosed with concussion should go through a graduated return to education/ work and sport programme **(Appendix 1)**, guided by a healthcare professional experienced in the management of concussion (e.g. Doctor, Physiotherapist or Occupational Therapist) and implemented by those involved with the team/sport (e.g. coaches, physical trainer, teacher, parent/ caregiver etc.). Athletes should have fully returned to school or work and social activities **before** returning to contact-based training or sport-specific competition.
- **Members of the player's and athlete's whānau and wider community (parents/ caregivers, coaches, team-mates, sporting organisations) all have a role in facilitating the comprehensive return to sport process by providing support.**
- It is suggested that any (player) who has sustained multiple concussions (defined as ≥3 in one season or >5 during their sporting career) has a review from a clinician with expertise in managing sport-related concussion (for example a Sport and Exercise Medicine Physician, Neurologist, or Neuropsychologist) before returning to sport.
- **Clearance by a qualified medical professional(from a general practice or primary care team) is strongly recommended before returning to contact-based and sport-specific training (i.e Stage 5), or full competition (Stage 6).**
- The following requirements must be met for an individual to return to *sport-specific training (i.e stage 5)*. The individual:
  a. has returned to and is tolerating full time work or learning.
  b. is symptom free and has completed up to and including **Stage 4**.
  c. is a **minimum of 14 days post-injury** (Day 0 = Day of injury).
- The following factors should be satisfied for a return to competitive sport/play (Stage 6):
  a. The individual remains symptom free at **Stage 5** of the graduated return to education/work and sport protocol.
  b. The individual is at a **minimum of 21 days post-injury**.
  c. The individual has received medical clearance from a qualified medical professional (from a general practice or primary care team).

Day 0 = Day of the injury/concussion

GRADUATED RETURN TO EDUCATION/WORK & SPORT PROTOCOL

STAGE 1	**Day 1-2**		Relative rest for 24-48 hours (i.e light activities of daily living that do not provoke symptoms are ok) • Minimize screen time • Gentle exercise (i.e. walking around the house)
STAGE 2		*Minimum* of 24 hours between stages before progressing	Gradually introduce daily activities • Activities away from school/work (introduce TV, increase reading, games etc) • Exercise – light physical activity (e.g. short walks outside)
STAGE 3	**Day 2-13**	Symptoms should be progressively *improving*.	Increase tolerance for mental & exercise activities • Increase study/work-related activities with rest periods • Increase intensity of exercise guided by symptoms
STAGE 4		If symptoms worsen drop back a stage.	Return to work/study & sport training • Part time return to work/education • Start training activity without risk of head impact
STAGE 5	**Earliest Day 14**		Return to normal work/study & sport-specific training • Completion of Stages 1-4 **AND** • Fully reintegrated into work or school **AND** • **Symptom free** • **And ≥ Day 14 post-injury** → reintegration into full sport-specific training can occur
STAGE 6	**Earliest Day 21**		Return to sports competition • Completion of Stage 5 **AND** • **Symptom free during sports training** • **AND ≥ Day 21 post-injury** • **AND** the (player) has received medical clearance from a qualified medical professional (from a general practice or primary care team).