

# ATLANTIS CITY

WATER POLO & AQUATICS CLUB



**Your Guide to Concussion Signs,  
Safety, and Return to Sport**

[ACWPA.CO.NZ](http://ACWPA.CO.NZ)



# Your Guide to Concussion Signs, Safety, and Return to Sport.

**This brochure provides a simple overview of what to look for, what to do, and how to safely guide a player back to the water after a suspected concussion.**

It brings together the key points from the national guidelines and outlines how Atlantis City Waterpolo and Aquatics Club supports safe practice across all teams and age groups. Coaches, parents, and players can use this as a quick reference, but it does not replace medical assessment or the full national protocol. For full details, progression stages, and medical requirements, please refer to the New Zealand Water Polo Concussion Guidance.



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# The Six R's of Concussion Management

For full details, progression stages, and medical requirements, please refer to the **New Zealand Water Polo Concussion Head Injury Policy**.

01

## RECOGNISE

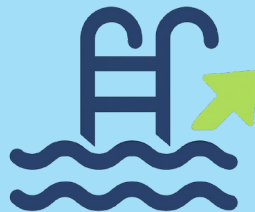
- Look for signs like dizziness, headache, confusion, dazed look, balance issues, or unusual behaviour
- Ask simple memory questions (score, quarter, last game, venue).
- If any symptom appears after a hit to the head or body, suspect concussion.



02

## REMOVE

- Take the player out of the pool immediately.
- No return to training or games on the same day.
- If in doubt, sit them out.



03

## REFER

- All suspected concussions must be checked by a medical doctor.
- Refer even if symptoms fade quickly.
- Get urgent medical help if there are red flags such as:
  - Worsening headache
  - Neck pain
  - Repeated vomiting
  - Confusion
  - Seizures
  - Weakness



04

## REST

- Complete physical AND mental rest until symptom-free.
- No screens, reading, gaming, study or driving in the early recovery phase.
- Minimum 24–48 hours of strict rest.
- Players must not be left alone and must not drive.



05

## RECOVER

- Return to normal daily activities first (school, work, study).
- No sport or exercise until symptom-free.
- If symptoms return, stop and rest again.



06

## RETURN

- Return only through a gradual, step-by-step return to training protocol.
- Must be symptom-free at each stage.
- Third concussion in a single season = player must sit out the rest of the season.



- Reporting is required via the club's standard incident reporting process (incident form and H&S Policy on the website).
- If the injury occurs during a tournament or league, it must also be reported to the governing body (e.g. WPNZ or Auckland Water Polo).



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# Return to Training After Concussion

## A PLAYER CAN ONLY START THIS PROCESS ONCE

- All symptoms are gone
- They have returned to normal school/work
- They no longer require medication for concussion symptoms
- They have medical clearance to begin light exercise

01 RELATIVE REST (DAYS 1-2)	02 LIGHT ACTIVITY (DAYS 2-13)	03 INCREASED TOLERANCE	04 NON-CONTACT TRAINING	05 FULL TRAINING (EARLIEST DAY 14)	06 RETURN TO GAMES (EARLIEST DAY 21)
<ul style="list-style-type: none"> <li>• Physical and cognitive rest.</li> <li>• Very light daily movement only.</li> <li>• No screens, study, training or workouts.</li> </ul> 	<ul style="list-style-type: none"> <li>• Gradual return to daily activities.</li> <li>• Light exercise only (easy walking, gentle swimming, or easy cycling).</li> <li>• No ball work, no contact, no weights.</li> <li>• Minimum 24 hours between stages.</li> <li>• If symptoms worsen, drop back a stage.</li> </ul> 	<ul style="list-style-type: none"> <li>• Increase study/work tasks with rest breaks.</li> <li>• Gradually increase exercise intensity guided by symptoms.</li> <li>• Individual swimming drills, shooting practice, passing in isolation.</li> <li>• No weights, no team drills, no contact.</li> <li>• If symptom-free for 24 hours, move to Stage 4.</li> </ul> 	<ul style="list-style-type: none"> <li>• Part-time return to school/work.</li> <li>• Begin training that has no risk of head impact. Begin training that has no risk of head impact.</li> <li>• More complex team drills, controlled passing, movement patterns.</li> <li>• Light weights may begin.</li> </ul> 	<ul style="list-style-type: none"> <li>• Full team training allowed only after:               <ul style="list-style-type: none"> <li>- Completion of Stages 1-4</li> <li>- Fully reintegrated into work/school</li> <li>- Completely symptom-free</li> </ul> </li> <li>• Minimum of 7 days at this stage before progressing.</li> </ul> 	<ul style="list-style-type: none"> <li>• Full competition only after:               <ul style="list-style-type: none"> <li>- Completion of Stage 5</li> <li>- Symptom-free during full training</li> <li>- Medical clearance from a doctor</li> </ul> </li> <li>• Minimum stand-down period is 21 days for all players.</li> </ul> 
(DAYS 1-2)	(DAYS 2-13)	(DAYS 2-13)		EARLIEST DAY 14	EARLIEST DAY 21

- THE MINIMUM TOTAL STAND-DOWN PERIOD FOR A PLAYER WHO HAS SUFFERED FROM A CONCUSSION IS 21 DAYS.
- NO PLAYERS ARE TO RETURN BEFORE THE MINIMUM STAND-DOWN PERIOD AND WITHOUT MEDICAL CLEARANCE.
- ONCE A PLAYER RECEIVES A THIRD CONCUSSION WITHIN ONE SEASON, THEY MUST SIT OUT THE REMAINDER OF THE YEAR AND CANNOT RETURN TO PLAY



# CONCUSSION RECOGNITION TOOL 5<sup>®</sup>

To help identify concussion in children, adolescents and adults



FIFA<sup>®</sup>

Supported by



FEI

## 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 do so.
- 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.

The CRT5 may be freely copied in its current form for distribution to individuals, teams, groups and organisations. Any revision and any reproduction in a digital form requires approval by the Concussion in Sport Group. It should not be altered in any way, rebranded or sold for commercial gain.

**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**