



national authority for  
**UNION INTERNATIONALE MOTONAUTIQUE**  
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## CODE OF PRACTICE 6

# **INJURY REPORTING AND CONCUSSION MANAGEMENT**

## **Injury Reporting**

Any incident involving injury must be reported to the Member Secretary using the approved Injury Report form. This form is completed by the Medical Officer on the day, the Steward/Race controller and the boat scrutineer. All four parts of this form must be completed and sent to the Member Secretary within 48 hours of the incident.

### **Medical**

Any competitor injured at any sanction event or has received hospital treatment from the event, will be required to produce a medical clearance deeming them fit to resume racing. The Executive can request any competitor to undergo a medical examination from a doctor of their choosing. Cost to be borne by the competitor.

### **Concussion**

When a competitor is diagnosed with concussion by a Doctor or Medical Officer, the stand-down period from racing is 22 days starting from the date of the injury. The Member Secretary must be informed of the competitor's concussion on the approved form. A medical clearance is required from a Doctor prior to the resumption of racing after the 22 days.

Where suspicion of a concussion exists and a competitor refuses or doesn't receive a medical assessment, the Steward/Race Controller can still issue the 22-day stand-down. A competitor diagnosed with concussion can apply to the Member Executive to have the stand-down period reduced to an absolute minimum of 15 days from the date of the injury. They will be required to see a Doctor selected by the Member organisation (at their cost) prior to a decision by the Executive.

Where a Member has competitors with a stand-down period beyond 22 days, they must advise the NZPBF and/or where the process involves a Licence Suspension.



### **NZPBF Members**

NZ Jet Boat River Racing Assc \* NZ Jet Sprint Assc  
NZ Offshore Powerboat Assc \* Jet Ski Racing NZ  
NZ Power Boat Assc \* Thundercat Racing Assc of NZ

# INJURY REPORT



To be completed by Medical Officer, Steward/Race controller and Scrutineer.  
Please also complete the separate concussion form if relevant  
Please return with your meeting paperwork to the Member Office.

Member:
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## PART ONE: INJURY RECORD – Medical Officer to complete

Injured Person's Name: ..... Contact Phone.....

Address: .....

Track: ..... Date: ..... Time: .....

Please tick: Competitor  One day licence holder  Crew  Spectator  Official

Injuries Sustained (state if diagnosis is certain or suspected) and treatment rendered (if any):

.....  
.....  
.....

Transported to Hospital? Yes  No  If so, by ambulance  or other vehicle?

### PATIENT STATUS CODE (Please circle one):

5	4	3	2	1	0
No Injury	Minor	Moderate	Serious	Critical	Deceased

Signed: ..... Name: ..... Contact Ph: .....

Medical Officers Jurisdiction (eg Doctor/Paramedic/First Responder): .....

## PART TWO: MEDICAL CLEARANCE –Steward/Race Controller to complete for all Competitor Injuries

NZPBF Licence No:..... Boat Class:..... Boat No: .....

Is a written medical clearance required before the competitor can return to racing? Yes  No

Note: Medical Clearance is mandatory if concussion/brain injury is suspected and/or patient is transported to hospital

If no above, can the competitor return to racing? Yes  No

Signed: ..... Name: ..... Contact Ph: .....

**PLEASE TURN OVER TO COMPLETE DETAILS ON THE CAUSE OF THE ACCIDENT  
AND THE CONDITION OF THE BOAT AFTER THE ACCIDENT**

# INJURY REPORT CONTINUED

## PART THREE: ACCIDENT DETAILS - To be completed by the Steward/Race controller

### Do any of the following apply? (tick as many as appropriate):-

Hit track edge  Hit tyre barrier  Left course  Lost control  Fire

Boat Overturned  Hit submerged object  Contact with other boat  Hit Marker/Buoy

### Course conditions at the time (tick as many as appropriate):-

Good  Fair  Poor

Were the course conditions a possible contributing factor to the accident? Yes  No

**DESCRIBE THE INCIDENT AS BEST YOU CAN** .....

.....

.....

.....

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## PART FOUR: BOAT DETAILS - To be completed by a Scrutineer

Did any part of the competitor's boat contribute to the injuries suffered? Yes  No   
If yes, please circle and describe how in the space below

Engine  Exhaust  Rollcage  Steering  Jet unit  Hull  Footwell

Seat  Safety Belts  Model of seats or belts if ticked left: .....

Other: .....

Relevant rule numbers that may have been a factor (if applicable): .....

### **HOW DID THE BOAT CONTRIBUTE TO THE INJURIES SUFFERED?**

.....

.....

.....

.....

**Signed:** ..... **Name:** ..... **Contact Ph:** .....

Send completed form to:  
Member Secretary : email : \_\_\_\_\_ CELL : \_\_\_\_\_ Fax: \_\_\_\_\_

# CONCUSSION/MEDICAL STAND-DOWN FORM



Member: \_\_\_\_\_

Use this medical stand-down form for:-

- Any incident that results in a "Suspected" Concussion. **THIS DOES NOT REQUIRE A LOSS OF CONCIIOUSNESS.**
- Any incident that results in a competitor's **loss** of consciousness.
- Any head or neck injury that requires the competitor to be transported to a **hospital or medical centre.**
- Any injury that results in the **admission of a competitor** into hospital.

**Note: The standard NZ Powerboat Federation injury form must also be completed by the Steward/Race controller**

Competitor Name: \_\_\_\_\_

Competition Class: \_\_\_\_\_ NZPBF Licence Number: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone No: \_\_\_\_\_

Date of Concussion: \_\_\_\_\_ Competitor KOed? Y / N

Course Concussion Suffered At: \_\_\_\_\_ Hospitalised? Y / N

**Form Completed By:** *To be completed by Track Doctor or Medical Officer*

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Contact Phone No: \_\_\_\_\_

Designation: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Recommendation:** 22-day stand-down from all competition, starting from the day/night in question

(please circle) YES / NO

If yes, the date of earliest possible return to racing is \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

Other comments: \_\_\_\_\_

## Competitor Information - Procedure for resumption of competition

**22-day stand-down:** You must obtain a certificate of clearance to resume competition from either the track doctor, a doctor nominated by the track doctor, or a doctor of your choice. Present the completed Doctors certificate over the page to the Steward at the first race meeting you wish to attend after your stand-down period has expired.

**15-day stand-down:** To apply for a stand-down reduction please contact the NZPBF Office using the details below. You will be required to see a doctor selected by the Member Organisation (at your cost), prior to a decision by the Executive. The Doctor must complete the form over page.

**Member Secretary :** email : \_\_\_\_\_ CELL \_\_\_\_\_ Fax: \_\_\_\_\_



MEDICAL  
CERTIFICATE OF CLEARANCE

**Doctor's Name:** \_\_\_\_\_ **Doctor's Stamp Below:-**

**Date:** \_\_\_\_\_

**Doctor's Address:** \_\_\_\_\_

To NZ Power Boat Federation Member: Please be advised that

**Competitor's Name:** \_\_\_\_\_

has recovered from Concussion / Injury received on: \_\_\_\_\_

and is fit to resume racing from: \_\_\_\_\_

**Signature of Doctor:** \_\_\_\_\_