

RUGBY AUSTRALIA CONCUSSION PROCEDURE (RUGBY PUBLIC – STANDARD CARE PATHWAY)

INTRODUCTION

This document must be read in conjunction with the Rugby Australia Concussions Guidance.

BACKGROUND

Our vision is to **inspire all Australians** to enjoy our great **global game**. One of the four key pillars of our strategy is to make Rugby **a game for all**. To achieve this, Rugby must be as **safe, inclusive and fair** as possible. Rugby, like many other activities, involves an element of risk. This procedure incorporates recent changes adopted by World Rugby and reference to the Rugby Australia Safety Policy, aimed at ensuring that Rugby is as safe as it practically can be for all participants to make the game fun and fulfilling for all.

The primary consideration in all participation decisions must be the safety of all participants as a requirement that overrides all others.

RESPONSIBILITIES

Players, parents, team officials and match officials need to act in the best interest of player safety and welfare at all times. Taking responsibility for the recognition, removal, recording and referral of players to a medical doctor and then ensuring concussion is appropriately managed is fundamental to Rugby Australia Concussion Guidance. It is recommended that all players who suffer a concussion seek the highest level of medical care reasonably available to ensure concussion is managed appropriately.

STEP BY STEP PROCEDURE SUMMARY

| STAGE 1 – ON THE DAY OF THE INJURY | | |
|------------------------------------|--|--|
| STEP | DESCRIPTION OF ACTION | RESPONSIBLE |
| 1 | RECOGNISE: A potential head injury or concussion must be acknowledged if a player has any of the signs, symptoms or fails to answer any of the orientation and memory questions after a head or body collision. | Player / Parent / Club or School Team Official / First Aid/Medical Official / Match Official |
| 2 | REMOVE: Any player with signs or symptoms of a potential head injury or concussion must be removed from the rugby field immediately. Any player with a potential head injury or concussion may also have a neck injury. If a neck injury is suspected, the player must only be removed by experienced health care providers with spinal care training. | Coach / Club or School Team Official / First Aid/Medical Official / Match Official |
| 3 | RECORD: Any player removed from the field of play with a potential head injury or concussion must be recorded on the team match scorecard and entered in Rugby Link as part of post-match tasks. For those competitions not using Rugby Link, the Competition Manager must be notified of any player removed from the field of play with a potential head injury or concussion. | Team Manager / Match Day Manager / Club or School Team Official |
| 3 | RECORD: Competition Managers and Club Rugby Link Admin are notified of any concussion injury entered in Rugby Link. A list of all players with concussion records can be found in the incident detail report. The injury is converted to an injury case. Competition Managers enter the length of exclusion subject to GRTP protocols associated with advanced and standard care pathways. Where competitions do not use Rugby Link, the Competition Manager must ensure that management procedures are in place for the central recording of concussion injuries. | Competition Manager / Club Rugby Link Admin |
| 4 | REFER: All players with potential head injury or concussion must be referred to a medical doctor or emergency department as soon as practical (within 72 hours of the injury). If there are serious concerns about the player or red flags, then the player must be referred to an Emergency Department as soon as possible or call an ambulance. Rugby Australia Head Injury Fact Sheet and Rugby Australia Concussion Referral and Return Form must be given to the player or family member/guardian. Section 1 and 2 of Rugby Australia Referral & Return Form must be completed. | Parent / Guardian / Club or School Team Official / Medical Doctor |

| STAGE 2 – ON THE DAYS FOLLOWING THE INJURY | | |
|--|--|--|
| STEP | DESCRIPTION OF ACTION | RESPONSIBLE |
| 5 | REST: Rest is crucial to recover from concussion. Players must rest (that is reduce physical and mental activity) until all post-concussion signs and symptoms have disappeared AND they have stopped all medication required for treatment for their concussion symptoms (e.g. pain killers for headaches). The minimum rest time is 24 hours for adults whilst children and adolescents require a longer rest period. | Player / Parent / Guardian |
| 6 | RECOVER & RETURN TO EXERCISE: World Rugby has specified in Regulation 10, minimum time periods for players to rest and recover. These are a minimum and a guide, so the Rest and Recover phases may be longer than specified for some players. Light exercise can only start after a player has returned to activities of normal daily living without increased signs or symptoms of concussion and does not require medication for their symptoms. The best way to return to sport is to follow a gradual re-introduction of exercise in a step-wise progression known as a graduated return to play (GRTP) programme. | Player / Parent / Guardian / Club or School Team Official / |
| 7 | RECORD & RETURN TO CONTACT TRAINING: A Player can only return to contact training when they have fully recovered from concussion and provided confirmation that they have recovered from medical doctor. Rugby Australia Concussion Referral & Return Form section 3 must be completed by the doctor, and then the player or parent guardian will present to the nominated Club or School Team Official. The Club or School Team Official will then present a copy of this form to the Competition Manager. The Player would then be available to return to full contact training after the Competition Manager approving 'release' in Rugby Link. | Player / Parent / Guardian / Club or School Team Official / Competition Manager / Medical Doctor / |
| 8 | RETURN TO PLAY: A Player can only return to play when they have fully recovered from concussion. Players 18 years and under cannot return to play (GRTP Stage 6) for at least 19 days after all symptoms and signs have disappeared. Adult players, 19 years and over, cannot return to play (GRTP Stage 6) for at least 12 days after all symptoms and signs have disappeared. | Player / Parent / Guardian / Club or School Team Official |

RESPONSIBILITIES

This policy applies to all participants, coaches, referees, spectators, parents and all persons associated with Community Rugby in all positions whether paid, unpaid / voluntary.

EXCEPTIONS

None

SANCTION(S)

This concussion procedure and the related Rugby Australia Concussion Guidance are 'Rugby Australia Safety Policies and Guidelines' for the purposes of the Rugby Australia Code of Conduct. All participants must comply with the procedure and guidance. **Intentional or reckless disregard for them may result in disciplinary action pursuant to the Rugby Australia Code of Conduct.**

RELATED POLICIES & PROCEDURES

Rugby Australia Concussion Guidance (Rugby Public – Standard Care Pathway)
Rugby Australia Head Injury Form
Rugby Australia Concussion Referral and Return Form
Rugby Australia Safety Policy
Rugby Australia Code of Conduct

OTHER INFORMATION

Refer to Rugby Australia Concussion Guidance on the [Rugby AU website](#).

Refer to World Rugby Documents - <http://playerwelfare.worldrugby.org/concussion>

Refer to – “It is time to give concussion an operational definition: a 3-step process to diagnose (or rule out) concussion within 48 h of injury: World Rugby guideline”; British Journal of Sports Medicine Online First, published on March 3, 2016 as 10.1136/bjsports-2016-095959

RUGBY AUSTRALIA HEAD INJURY FACT SHEET

PLAYER INFORMATION

You have suffered a concussion or suspected concussion.

The signs and symptoms of concussion may occur immediately or may develop over minutes, hours or days. It is possible that people feel better soon after a head injury, but that does not mean they have not suffered a concussion. The changes in your brain may develop over some time and may persist for days and weeks, even after a relatively minor hit.

Some of the signs of concussion include (but are not limited to);

- Suspected or definite loss of consciousness
- Disorientation
- Incoherent speech
- Confusion
- Memory loss
- Dazed or vacant stare
- Headache
- Dizziness
- Difficulty concentrating
- Sensitivity to light
- Ringing in the ears
- Fatigue
- Vomiting
- Blurred vision
- Loss of balance

Rugby Australia takes concussion very seriously and if there is any doubt, Rugby Australia has instructed all participants to err on the side of caution. Therefore, the message for all players' is

IF IN DOUBT SIT THEM OUT

WHAT TO DO

Having been recognised as having a potential concussion injury, you should next make an appointment to see a medical doctor in the next 1-2 days.

You must now follow Rugby Australia Standard Care Pathway of concussion management

Rugby Australia Concussion Procedure

1. Recognise
2. Remove
3. Record – by team manager on match scorecard & in Rugby Link
4. Refer – to a medical doctor for assessment and guidance on process
5. Rest – mandatory rest periods
6. Recover – return to school, study or work before returning to exercise including rugby
7. Record – by competition manager after receiving clearance from doctor
8. Return – return to play following successful graduated return to play (GRTP) programme

The first three steps have already occurred – you have been recognised as having a potential concussion injury, and have been removed from playing or training. Your team manager will now record your injury on Rugby Link.

You must now follow the remainder of the pathway starting with referral to a medical doctor. This may be a GP or a specialist Sports and Exercise Physician or another medical doctor. It may not be a physiotherapist, chiropractor, osteopath, trainer, or masseur.

This medical doctor will assess you and guide your progress over the next steps in the process. Whilst waiting to see the medical doctor, you should take things quietly and be in the care of a responsible adult at all times.

WHAT NOT TO DO

- Be left alone
- Drink alcohol
- Drive a car
- Handle heavy machinery
- Swim alone
- Watch TV or play computer games if they irritate your symptoms
- Take anti-inflammatory medications or any pain killer stronger than Panadol unless instructed by your doctor

RED FLAGS

The signs and symptoms of concussion can sometimes be the same as more severe head injuries. If the following signs and symptoms occur, they may be a sign that there is something more serious happening. These are called RED FLAGS and if they occur you should immediately attend the nearest Accident and Emergency Centre, or ring 000 for an ambulance.

- Deteriorating conscious state (i.e. becoming drowsier)
- Increasing confusion or irritability
- Behaving unusually or a change in their normal behavior
- Fit, seizure or convulsions
- Double vision
- Slurred speech
- Continuing unsteadiness on their feet
- Weakness or tingling/burning in arms or legs
- Severe or increasing headache
- Repeated vomiting – more than once etc.
- Severe or unusual neck pain

“Rugby Australia Concussion Guidance” provides information on the process and the obligations on all participants (including you). It is important that you read this document and understand your obligations.

For further information please refer to Rugby Australia Concussion Guidance – Rugby Public Standard Care Pathway and [the Rugby AU website](#).

NOTE: A player must provide a completed Rugby Australia Concussion Referral & Return form to their team manager for presentation/submission to the competition manager prior to returning to full-contact training and/or match play.

**As of 31 January 2018*

SECTION 2 - INITIAL CONSULTATION – MEDICAL DOCTOR

Rugby Australia takes concussion seriously and its default position is that all players who have suffered a concussion or a suspected concussion must be treated as having suffered concussion.

The player has been informed that they must be referred to a medical doctor. **Your role as a medical doctor is to assess the player and guide their progress over the remaining steps in the process.**

Detailed guidance for you, the medical doctor, on how to manage concussion can be found in Rugby Australia's Concussion Management Medical Doctor information at [the Rugby AU website](#).

Please note, any player who has been diagnosed showing signs and symptoms of concussion MUST follow the Graduated Return to Play (GRTP) programme.

ADULTS AGED 19 AND OVER – the MINIMUM period before RETURN TO PLAY is 12 days

CHILDREN AND ADOLESCENTS AGED 18 AND UNDER – the MINIMUM period before RETURN TO PLAY is 19 days

I have assessed the player and I have read and understood the information above and confirm I have read Rugby Australia's Concussion Management Medical Doctor Information.

| | |
|----------------------|--|
| DOCTORS NAME: | |
| SIGNED: | |
| DATE: | |

SECTION 3 - CLEARANCE APPROVAL – MEDICAL DOCTOR

DOCTOR TO COMPLETE (please print clearly)

I (Doctor's Name) _____ have reviewed _____ (players name) today and based upon the evidence presented to me by them and their family / support person, and upon my history and physical examination I can confirm:

- I have reviewed Section 1 of this form and specifically the mechanism of injury and subsequent signs and symptoms
- The Player has undertaken the age specific mandatory rest period
- The Player has completed steps 2, 3 and 4 of Rugby Australia's Graduated Return to Play process without evoking any recurrence of symptoms
- The Player has returned to school, study or work normally and have no symptoms related to this

I also confirm that I have read Rugby Australia's Concussion Management Medical Doctor document - <http://rugbyau.com/about/codes-and-policies/safety-and-welfare/concussion-management>

I therefore approve that this player may return to full contact training (Stage 5 of the Graduated Return To Play) and if they successfully complete this without recurrence of symptoms, the player may return to playing Rugby.

Doctors Name:

Signature:

Date: