



COMMUNITY RUGBY LEAGUE

CONCUSSION PROTOCOLS

» 2021 COMMUNITY CONCUSSION PROTOCOLS

NSWRL HEAD INJURY ASSESSMENT AND RETURN TO PLAY PROCEDURES



Ground Manager – Pre-Match

1. Check adherence to NRL ON Field Policy

Sports Trainers requirements:

1. Present qualifications to Ground Manager
2. Sign match sheet

Non-compliance, no game.

Ground Managers need to be aware of minimum requirements for First Responders under the NSWRL and NRL Community RL On Field Policy.

Age	Minimum Personnel Required for Contact Rugby League	Minimum Personnel Required for League Tag	Minimum Accreditation Required
U6-7	One (1) x First Responder for up to four (4) matches being played on an International Field.	One (1) x First Responder for up to four (4) matches being played on an International Field.	<ul style="list-style-type: none"> • League First Aid; or • NRL Level 1 Sports Trainer; or • NRL Level 2 Sports Trainer
U8-9	One (1) x First Responder for up to three (3) matches being played on an International Field.	One (1) x First Responder for up to three (3) matches being played on an International Field.	
U10-12	One (1) x First Responder per match	One (1) x First Responder per match	
U13-15	One (1) x First Responder per team for each match.		
U16+	One (1) x First Responder per team for each match.	One (1) x First Responder per team for each match.	

» 2021 COMMUNITY CONCUSSION PROTOCOLS

NSWRL HEAD INJURY ASSESSMENT AND RETURN TO PLAY PROCEDURES



Match Day Head Injury Assessment Procedures

1. **Concussion On-field Assessment Procedures - Head Sports Trainer/First Responder Roles**
2. **Head Injury Assessment Procedures (Clubs and Players)**
3. **Immediate Post-Match Requirements and Delayed Concussion Procedures**

Return to Play Procedures

4. **Return to Play**



Why?

The safety and protection of our children

Secondary Impact Syndrome

Game Custodianship / CTE

POLICY AND PROCESS UPDATES – SNAPSHOT

- 1. Reporting and Documentation**
- 2. Participants MUST see a Doctor as soon as possible following a head knock**
- 3. The Minimum length of time to Return to Play**
- 4. Administrators will mark players suspected or diagnosed with concussion as unavailable on My Sideline until medical clearance has been received by the League**

2021 COMMUNITY HEAD INJURY ASSESSMENT AND RETURN TO PLAY PROCEDURES

Documentation – Community Head Injury and Referral Form

Community Head Injury Recognition and Referral Form (Pages 1 and 2 back to back)

Community Head Injury/Concussion Medical Clearance (page 3)

NRL - COMMUNITY HEAD INJURY RECOGNITION AND REFERRAL FORM

A. GENERAL INFORMATION

Player Name: _____ Age: _____ Club: _____
 Examiner Name: _____ Examiner qualifications: _____
 Date: _____ Time: _____ Approximate Time of Injury: _____ Position of Player: _____

B. STRUCTURAL HEAD OR NECK INJURY

1. Are there clinical features of a potentially serious or structural head and/or neck injury, including prolonged loss of consciousness (>1 minute) requiring urgent and emergency hospital transfer? Yes No

C. REMOVAL FROM PLAY

Players **MUST** be removed permanently from play if any of the following are observed by anyone, including coaches, parents and other players:

1. Loss of consciousness (or prolonged loss of responsiveness of > 1 - 2 seconds) or not responding appropriately to trainers, referees or other players
2. No protective action is taken to prevent (not training) or repeat injury or risk
4. Impact separation/avulsion (tearing or shaking of arms and/or legs on impact)
5. Balance disturbance* or Clonus (loss of control over movement) or slow to get up following a possible head injury (>15 seconds)
6. Dazed or blank-faced signs or not their normal selves/returning inappropriately to surroundings
7. Unusual behaviour for the player
8. Confusion or disorientation
9. Memory impairment (eg. Ask Maddocks questions – refer to CRTS)

Player reports or displays any other concussion symptoms (refer to CRTS)

IMPORTANT to REMEMBER:

- Any player who is unconscious should be suspected of having a spinal cord injury and treated accordingly. This includes DRACCD (Danger, Response, Airway, Breathing, CPR, Deformation) and they should not be moved unless absolutely necessary. Personal care is present.
- If the player has weakness or tingling/numbing in the arms and/or legs, they should be treated as if they have a spinal injury and an ambulance called.
- A player with a **facial injury** after head trauma should be assessed for signs and symptoms of concussion. Players must be **MONITORED** in reporting how they feel. Unresponsive behaviour by players should be considered a possible sign of concussion and result in their removal from play as a potential head injury.

* Refer to the NRL Concussion Management Guidelines on the Play NRL website: <https://www.playnrl.com.au/communities-and-the-concussion-recognition-tool-crts/>

D. OUTCOME AND ACTION

If 'Yes' is selected for question 1, an ambulance **MUST** be called to transport the player to hospital

If 'Yes' is selected for any of questions 2-10, **removal** from play and medical assessment* are required

* A player who is removed from play with a suspected concussion **MUST NOT** return to play until fully cleared by a doctor. If any RED FLAGS listed in the CRTS are present or return to any other concern – call an AMBULANCE.

ALL PLAYERS SUSPECTED OF HAVING SUCCUMBING TO A CONCUSSION MUST BE ALLOWED TO RETURN TO THE FIELD OF PLAY ON THE DAY OF THE INJURY EVEN IF THE SYMPTOMS RESOLVE. HE/SHE MUST BE SENT FOR MEDICAL ASSESSMENT IN THE CARE OF A RESPONSIBLE ADULT.

PLEASE REFER TO NEXT PAGE TO COMPLETE ASSESSMENT FOR PLAYERS REQUIRING MEDICAL REVIEW FOR SUSPECTED CONCUSSION

NRL - COMMUNITY HEAD INJURY RECOGNITION AND REFERRAL FORM

Player Name: _____ Date: _____

E. SYMPTOM RECORD – complete based on how the player feels NOW (helpful for medical follow up)
 A Parent should help answer these questions if the Player is 12 years old or younger

	None	Mild	Moderate	Severe			
Headache	0	1	2	3	4	5	6
Pressure in head*	0	1	2	3	4	5	6
Black spots	0	1	2	3	4	5	6
Nausea or vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Burnt/cold	0	1	2	3	4	5	6
Sensitivity to light	0	1	2	3	4	5	6
Sensitivity to noise	0	1	2	3	4	5	6
Feeling slowed down	0	1	2	3	4	5	6
Feeling like "in a fog"	0	1	2	3	4	5	6
Don't feel right	0	1	2	3	4	5	6
Difficulty concentrating	0	1	2	3	4	5	6
Difficulty remembering	0	1	2	3	4	5	6
Fatigue or low energy	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Irregularities	0	1	2	3	4	5	6
More emotional	0	1	2	3	4	5	6
Irritability	0	1	2	3	4	5	6
Depressed	0	1	2	3	4	5	6
Nervous or anxious	0	1	2	3	4	5	6
Trouble falling asleep	0	1	2	3	4	5	6

If you know the player* (or ask parents/friends), how different is the player acting compared to his/her usual self?

None different | Very different | Unsure | N/A

SIGNATURE OF EXAMINER: _____ Date: _____ Time completed: _____

The NRL requires the injured player to be assessed by a Doctor as soon as possible after a head injury **PRIOR** to returning to a graduated structured training program.

- Recovery time from concussion is variable and signs and symptoms can evolve over minutes or hours
- If the player displays ANY of the following: vomiting, neck pain, severe or worsening headache, double vision, repetitive drowsiness, convulsions, change in behaviour, loss of consciousness or weakness/tingling/numbing in arms or legs, then call an ambulance or contact your doctor or the nearest emergency department immediately
- Don't gyrate and resist; reducing any training until medically cleared (at least 24-48 hrs)
- NO alcohol until medically cleared
- NO driving until medically cleared
- NO medications such as sleeping pills, aspirin, anti-inflammatories or sedating/strong pain killers
- Please take this completed form to your doctor/ GP to assist with the assessment. It is recommended that you book a 15 min consultation with your doctor.

A final consultation by a Doctor, to clear the player medically **MUST** be before full contact training and match play **MUST** be undertaken.

It is preferable that the same doctor performs ALL the assessments, including initial and final clearance, if possible.

NRL COMMUNITY HEAD INJURY/CONCUSSION MEDICAL CLEARANCE

NOTES FOR THE TREATING DOCTOR/ MEDICAL PRACTITIONER

Please refer to the NRL Concussion Management Guidelines available on the website: <https://www.playnrl.com.au/communities-and-the-concussion-recognition-tool-crts/>

A concussion rugby league player **SHOULD** a formal medical clearance to return to training and competition.

The NRL recommends that the injured player be assessed by a medical practitioner (doctor) as soon as possible after a head injury. The following is a graduated assessment program for a player who has sustained a head injury and is not returning to play until fully cleared by a doctor. It is recommended that the same medical practitioner (doctor) performs all the assessments on a player for each concussion episode/episode.

In accordance with the current Concussion Guidelines, there is no defined mandatory period of time that an NRL player must wait before returning to play following a concussion. **Low** or **high** grade graduated return to play must be undertaken. The duration of absence from play is based on an individual's recovery as managed by a medical practitioner. However, before a player can start a graduated return to sport activities, the player should be considered free of any signs or symptoms of concussion, including and not limited to, headache and vomiting, for 24 hours and subsequently 10 days and a program should be initiated from the next training session to the next day. A greater return to sport should be considered if the player has not returned to their previous level of performance.

A concussion injury is generally considered **prolonged** if it is greater than 3 weeks in adults, and 4 weeks in children/adolescents. Concussion symptoms that do not respond to conventional treatment (cases where there is concern regarding an underlying structural brain, skull or neck injury).

In a worst case scenario, the player should be referred to a specialist for assessment and management. The player should be referred to a specialist if they have any of the following symptoms or signs that are not responding to conventional management:

- 1. Persistent symptoms that do not respond to conventional management
- 2. Significant weight loss
- 3. Significant depression
- 4. Significant anxiety
- 5. Significant personality change
- 6. Significant behavioural change
- 7. Significant cognitive impairment
- 8. Significant memory impairment
- 9. Significant difficulty concentrating
- 10. Significant difficulty remembering
- 11. Significant difficulty with decision making
- 12. Significant difficulty with problem solving
- 13. Significant difficulty with organisation
- 14. Significant difficulty with time management
- 15. Significant difficulty with social interaction
- 16. Significant difficulty with emotional control
- 17. Significant difficulty with impulse control
- 18. Significant difficulty with self-regulation
- 19. Significant difficulty with self-motivation
- 20. Significant difficulty with self-organisation
- 21. Significant difficulty with self-direction
- 22. Significant difficulty with self-control
- 23. Significant difficulty with self-discipline
- 24. Significant difficulty with self-regulation
- 25. Significant difficulty with self-motivation
- 26. Significant difficulty with self-organisation
- 27. Significant difficulty with self-direction
- 28. Significant difficulty with self-control
- 29. Significant difficulty with self-discipline

Graded Return to Sport Protocol – AFTER initial rest (Physical and Mental) of at least 24-48 hours

1. **Rest** – 24-48 hours (Physical and Mental)

2. **Return to normal activities** – 24-48 hours (Physical and Mental)

3. **Return to normal activities** – 24-48 hours (Physical and Mental)

4. **Return to normal activities** – 24-48 hours (Physical and Mental)

5. **Return to normal activities** – 24-48 hours (Physical and Mental)

6. **Return to normal activities** – 24-48 hours (Physical and Mental)

7. **Return to normal activities** – 24-48 hours (Physical and Mental)

8. **Return to normal activities** – 24-48 hours (Physical and Mental)

9. **Return to normal activities** – 24-48 hours (Physical and Mental)

10. **Return to normal activities** – 24-48 hours (Physical and Mental)

11. **Return to normal activities** – 24-48 hours (Physical and Mental)

12. **Return to normal activities** – 24-48 hours (Physical and Mental)

13. **Return to normal activities** – 24-48 hours (Physical and Mental)

14. **Return to normal activities** – 24-48 hours (Physical and Mental)

15. **Return to normal activities** – 24-48 hours (Physical and Mental)

16. **Return to normal activities** – 24-48 hours (Physical and Mental)

17. **Return to normal activities** – 24-48 hours (Physical and Mental)

18. **Return to normal activities** – 24-48 hours (Physical and Mental)

19. **Return to normal activities** – 24-48 hours (Physical and Mental)

20. **Return to normal activities** – 24-48 hours (Physical and Mental)

21. **Return to normal activities** – 24-48 hours (Physical and Mental)

22. **Return to normal activities** – 24-48 hours (Physical and Mental)

23. **Return to normal activities** – 24-48 hours (Physical and Mental)

24. **Return to normal activities** – 24-48 hours (Physical and Mental)

25. **Return to normal activities** – 24-48 hours (Physical and Mental)

26. **Return to normal activities** – 24-48 hours (Physical and Mental)

27. **Return to normal activities** – 24-48 hours (Physical and Mental)

28. **Return to normal activities** – 24-48 hours (Physical and Mental)

29. **Return to normal activities** – 24-48 hours (Physical and Mental)

30. **Return to normal activities** – 24-48 hours (Physical and Mental)

31. **Return to normal activities** – 24-48 hours (Physical and Mental)

32. **Return to normal activities** – 24-48 hours (Physical and Mental)

33. **Return to normal activities** – 24-48 hours (Physical and Mental)

34. **Return to normal activities** – 24-48 hours (Physical and Mental)

35. **Return to normal activities** – 24-48 hours (Physical and Mental)

36. **Return to normal activities** – 24-48 hours (Physical and Mental)

37. **Return to normal activities** – 24-48 hours (Physical and Mental)

38. **Return to normal activities** – 24-48 hours (Physical and Mental)

39. **Return to normal activities** – 24-48 hours (Physical and Mental)

40. **Return to normal activities** – 24-48 hours (Physical and Mental)

41. **Return to normal activities** – 24-48 hours (Physical and Mental)

42. **Return to normal activities** – 24-48 hours (Physical and Mental)

43. **Return to normal activities** – 24-48 hours (Physical and Mental)

44. **Return to normal activities** – 24-48 hours (Physical and Mental)

45. **Return to normal activities** – 24-48 hours (Physical and Mental)

46. **Return to normal activities** – 24-48 hours (Physical and Mental)

47. **Return to normal activities** – 24-48 hours (Physical and Mental)

48. **Return to normal activities** – 24-48 hours (Physical and Mental)

49. **Return to normal activities** – 24-48 hours (Physical and Mental)

50. **Return to normal activities** – 24-48 hours (Physical and Mental)

51. **Return to normal activities** – 24-48 hours (Physical and Mental)

52. **Return to normal activities** – 24-48 hours (Physical and Mental)

53. **Return to normal activities** – 24-48 hours (Physical and Mental)

54. **Return to normal activities** – 24-48 hours (Physical and Mental)

55. **Return to normal activities** – 24-48 hours (Physical and Mental)

56. **Return to normal activities** – 24-48 hours (Physical and Mental)

57. **Return to normal activities** – 24-48 hours (Physical and Mental)

58. **Return to normal activities** – 24-48 hours (Physical and Mental)

59. **Return to normal activities** – 24-48 hours (Physical and Mental)

60. **Return to normal activities** – 24-48 hours (Physical and Mental)

61. **Return to normal activities** – 24-48 hours (Physical and Mental)

62. **Return to normal activities** – 24-48 hours (Physical and Mental)

63. **Return to normal activities** – 24-48 hours (Physical and Mental)

64. **Return to normal activities** – 24-48 hours (Physical and Mental)

65. **Return to normal activities** – 24-48 hours (Physical and Mental)

66. **Return to normal activities** – 24-48 hours (Physical and Mental)

67. **Return to normal activities** – 24-48 hours (Physical and Mental)

68. **Return to normal activities** – 24-48 hours (Physical and Mental)

69. **Return to normal activities** – 24-48 hours (Physical and Mental)

70. **Return to normal activities** – 24-48 hours (Physical and Mental)

71. **Return to normal activities** – 24-48 hours (Physical and Mental)

72. **Return to normal activities** – 24-48 hours (Physical and Mental)

73. **Return to normal activities** – 24-48 hours (Physical and Mental)

74. **Return to normal activities** – 24-48 hours (Physical and Mental)

75. **Return to normal activities** – 24-48 hours (Physical and Mental)

76. **Return to normal activities** – 24-48 hours (Physical and Mental)

77. **Return to normal activities** – 24-48 hours (Physical and Mental)

78. **Return to normal activities** – 24-48 hours (Physical and Mental)

79. **Return to normal activities** – 24-48 hours (Physical and Mental)

80. **Return to normal activities** – 24-48 hours (Physical and Mental)

81. **Return to normal activities** – 24-48 hours (Physical and Mental)

82. **Return to normal activities** – 24-48 hours (Physical and Mental)

83. **Return to normal activities** – 24-48 hours (Physical and Mental)

84. **Return to normal activities** – 24-48 hours (Physical and Mental)

85. **Return to normal activities** – 24-48 hours (Physical and Mental)

86. **Return to normal activities** – 24-48 hours (Physical and Mental)

87. **Return to normal activities** – 24-48 hours (Physical and Mental)

88. **Return to normal activities** – 24-48 hours (Physical and Mental)

89. **Return to normal activities** – 24-48 hours (Physical and Mental)

90. **Return to normal activities** – 24-48 hours (Physical and Mental)

91. **Return to normal activities** – 24-48 hours (Physical and Mental)

92. **Return to normal activities** – 24-48 hours (Physical and Mental)

93. **Return to normal activities** – 24-48 hours (Physical and Mental)

94. **Return to normal activities** – 24-48 hours (Physical and Mental)

95. **Return to normal activities** – 24-48 hours (Physical and Mental)

96. **Return to normal activities** – 24-48 hours (Physical and Mental)

97. **Return to normal activities** – 24-48 hours (Physical and Mental)

98. **Return to normal activities** – 24-48 hours (Physical and Mental)

99. **Return to normal activities** – 24-48 hours (Physical and Mental)

100. **Return to normal activities** – 24-48 hours (Physical and Mental)

101. **Return to normal activities** – 24-48 hours (Physical and Mental)

102. **Return to normal activities** – 24-48 hours (Physical and Mental)

103. **Return to normal activities** – 24-48 hours (Physical and Mental)

104. **Return to normal activities** – 24-48 hours (Physical and Mental)

105. **Return to normal activities** – 24-48 hours (Physical and Mental)

106. **Return to normal activities** – 24-48 hours (Physical and Mental)

107. **Return to normal activities** – 24-48 hours (Physical and Mental)

108. **Return to normal activities** – 24-48 hours (Physical and Mental)

109. **Return to normal activities** – 24-48 hours (Physical and Mental)

110. **Return to normal activities** – 24-48 hours (Physical and Mental)

111. **Return to normal activities** – 24-48 hours (Physical and Mental)

112. **Return to normal activities** – 24-48 hours (Physical and Mental)

113. **Return to normal activities** – 24-48 hours (Physical and Mental)

114. **Return to normal activities** – 24-48 hours (Physical and Mental)

115. **Return to normal activities** – 24-48 hours (Physical and Mental)

116. **Return to normal activities** – 24-48 hours (Physical and Mental)

117. **Return to normal activities** – 24-48 hours (Physical and Mental)

118. **Return to normal activities** – 24-48 hours (Physical and Mental)

119. **Return to normal activities** – 24-48 hours (Physical and Mental)

120. **Return to normal activities** – 24-48 hours (Physical and Mental)

121. **Return to normal activities** – 24-48 hours (Physical and Mental)

122. **Return to normal activities** – 24-48 hours (Physical and Mental)

123. **Return to normal activities** – 24-48 hours (Physical and Mental)

124. **Return to normal activities** – 24-48 hours (Physical and Mental)

125. **Return to normal activities** – 24-48 hours (Physical and Mental)

126. **Return to normal activities** – 24-48 hours (Physical and Mental)

127. **Return to normal activities** – 24-48 hours (Physical and Mental)

128. **Return to normal activities** – 24-48 hours (Physical and Mental)

129. **Return to normal activities** – 24-48 hours (Physical and Mental)

130. **Return to normal activities** – 24-48 hours (Physical and Mental)

131. **Return to normal activities** – 24-48 hours (Physical and Mental)

132. **Return to normal activities** – 24-48 hours (Physical and Mental)

133. **Return to normal activities** – 24-48 hours (Physical and Mental)

134. **Return to normal activities** – 24-48 hours (Physical and Mental)

135. **Return to normal activities** – 24-48 hours (Physical and Mental)

136. **Return to normal activities** – 24-48 hours (Physical and Mental)

137. **Return to normal activities** – 24-48 hours (Physical and Mental)

138. **Return to normal activities** – 24-48 hours (Physical and Mental)

139. **Return to normal activities** – 24-48 hours (Physical and Mental)

140. **Return to normal activities** – 24-48 hours (Physical and Mental)

141. **Return to normal activities** – 24-48 hours (Physical and Mental)

142. **Return to normal activities** – 24-48 hours (Physical and Mental)

143. **Return to normal activities** – 24-48 hours (Physical and Mental)

144. **Return to normal activities** – 24-48 hours (Physical and Mental)

145. **Return to normal activities** – 24-48 hours (Physical and Mental)

146. **Return to normal activities** – 24-48 hours (Physical and Mental)

147. **Return to normal activities** – 24-48 hours (Physical and Mental)

148. **Return to normal activities** – 24-48 hours (Physical and Mental)

149. **Return to normal activities** – 24-48 hours (Physical and Mental)

150. **Return to normal activities** – 24-48 hours (Physical and Mental)

151. **Return to normal activities** – 24-48 hours (Physical and Mental)

152. **Return to normal activities** – 24-48 hours (Physical and Mental)

153. **Return to normal activities** – 24-48 hours (Physical and Mental)

154. **Return to normal activities** – 24-48 hours (Physical and Mental)

155. **Return to normal activities** – 24-48 hours (Physical and Mental)

156. **Return to normal activities** – 24-48 hours (Physical and Mental)

157. **Return to normal activities** – 24-48 hours (Physical and Mental)

158. **Return to normal activities** – 24-48 hours (Physical and Mental)

159. **Return to normal activities** – 24-48 hours (Physical and Mental)

160. **Return to normal activities** – 24-48 hours (Physical and Mental)

161. **Return to normal activities** – 24-48 hours (Physical and Mental)

162. **Return to normal activities** – 24-48 hours (Physical and Mental)

163. **Return to normal activities** – 24-48 hours (Physical and Mental)

164. **Return to normal activities** – 24-48 hours (Physical and Mental)

165. **Return to normal activities** – 24-48 hours (Physical and Mental)

166. **Return to normal activities** – 24-48 hours (Physical and Mental)

167. **Return to normal activities** – 24-48 hours (Physical and Mental)

168. **Return to normal activities** – 24-48 hours (Physical and Mental)

169. **Return to normal activities** – 24-48 hours (Physical and Mental)

170. **Return to normal activities** – 24-48 hours (Physical and Mental)

171. **Return to normal activities** – 24-48 hours (Physical and Mental)

172. **Return to normal activities** – 24-48 hours (Physical and Mental)

173. **Return to normal activities** – 24-48 hours (Physical and Mental)

174. **Return to normal activities** – 24-48 hours (Physical and Mental)

175. **Return to normal activities** – 24-48 hours (Physical and Mental)

176. **Return to normal activities** – 24-48 hours (Physical and Mental)

177. **Return to normal activities** – 24-48 hours (Physical and Mental)

178. **Return to normal activities** – 24-48 hours (Physical and Mental)

179. **Return to normal activities** – 24-48 hours (Physical and Mental)

180. **Return to normal activities** – 24-48 hours (Physical and Mental)

181. **Return to normal activities** – 24-48 hours (Physical and Mental)

182. **Return to normal activities** – 24-48 hours (Physical and Mental)

183. **Return to normal activities** – 24-48 hours (Physical and Mental)

184. **Return to normal activities** – 24-48 hours (Physical and Mental)

185. **Return to normal activities** – 24-48 hours (Physical and Mental)

186. **Return to normal activities** – 24-48 hours (Physical and Mental)

187. **Return to normal activities** – 24-48 hours (Physical and Mental)

188. **Return to normal activities** – 24-48 hours (Physical and Mental)

189. **Return to normal activities** – 24-48 hours (Physical and Mental)

190. **Return to normal activities** – 24-48 hours (Physical and Mental)

191. **Return to normal activities** – 24-48 hours (Physical and Mental)

192. **Return to normal activities** – 24-48 hours (Physical and Mental)

193. **Return to normal activities** – 24-48 hours (Physical and Mental)

194. **Return to normal activities** – 24-48 hours (Physical and Mental)

195. **Return to normal activities** – 24-48 hours (Physical and Mental)

196. **Return to normal activities** – 24-48 hours (Physical and Mental)

197. **Return to normal activities** – 24-48 hours (Physical and Mental)

198. **Return to normal activities** – 24-48 hours (Physical and Mental)

199. **Return to normal activities** – 24-48 hours (Physical and Mental)

200. **Return to normal activities** – 24-48 hours (Physical and Mental)

201. **Return to normal activities** – 24-48 hours (Physical and Mental)

202. **Return to normal activities** – 24-48 hours (Physical and Mental)

203. **Return to normal activities** – 24-48 hours (Physical and Mental)

204. **Return to normal activities** – 24-48 hours (Physical and Mental)

205. **Return to normal activities** – 24-48 hours (Physical and Mental)

206. **Return to normal activities** – 24-48 hours (Physical and Mental)

207. **Return to normal activities** – 24-48 hours (Physical and Mental)

208. **Return to normal activities** – 24-48 hours (Physical and Mental)

209. **Return to normal activities** – 24-48 hours (Physical and Mental)

210. **Return to normal activities** – 24-48 hours (Physical and Mental)

211. **Return to normal activities** – 24-48 hours (Physical and Mental)

212. **Return to normal activities** – 24-48 hours (Physical and Mental)

213. **Return to normal activities** – 24-48 hours (Physical and Mental)

214. **Return to normal activities** – 24-48 hours (Physical and Mental)

215. **Return to normal activities** – 24-48 hours (Physical and Mental)

216. **Return to normal activities** – 24-48 hours (Physical and Mental)

217. **Return to normal activities** – 24-48 hours (Physical and Mental)

218. **Return to normal activities** – 24-48 hours (Physical and Mental)

219. **Return to normal activities** – 24-48 hours (Physical and Mental)

220. **Return to normal activities** – 24-48 hours (Physical and Mental)

221. **Return to normal activities** – 24-48 hours (Physical and Mental)

222. **Return to normal activities** – 24-48 hours (Physical and Mental)

223. **Return to normal activities** – 24-48 hours (Physical and Mental)

224. **Return to normal activities** – 24-48 hours (Physical and Mental)

225. **Return to normal activities** – 24-48 hours (Physical and Mental)

226. **Return to normal activities** – 24-48 hours (Physical and Mental)

227. **Return to normal activities** – 24-48 hours (Physical and Mental)

228. **Return to normal activities** – 24-48 hours (Physical and Mental)

229. **Return to normal activities** – 24-48 hours (Physical and Mental)

230. **Return to normal activities** – 24-48 hours (Physical and Mental)

231. **Return to normal activities** – 24-48 hours (Physical and Mental)

232. **Return to normal activities** – 24-48 hours (Physical and Mental)

233. **Return to normal activities** – 24-48 hours (Physical and Mental)

234. **Return to normal activities** – 24-48 hours (Physical and Mental)

235. **Return to normal activities** – 24-48 hours (Physical and Mental)

236. **Return to normal activities** – 24-48 hours (Physical and Mental)

237. **Return to normal activities** – 24-48 hours (Physical and Mental)

238. **Return to normal activities** – 24-48 hours (Physical and Mental)

239. **Return to normal activities** – 24-48 hours (Physical and Mental)

240. **Return to normal activities** – 24-48 hours (Physical and Mental)

241. **Return to normal activities** – 24-48 hours (Physical and Mental)

242. **Return to normal activities** – 24-48 hours (Physical and Mental)

243. **Return to normal activities** – 24-48 hours (Physical and Mental)

244. **Return to normal activities** – 24-48 hours (Physical and Mental)

245. **Return to normal activities** – 24-48 hours (Physical and Mental)

246. **Return to normal activities** – 24-48 hours (Physical and Mental)

247. **Return to normal activities** – 24-48 hours (Physical and Mental)

248. **Return to normal activities** – 24-48 hours (Physical and Mental)

249. **Return to normal activities** – 24-48 hours (Physical and Mental)

250. **Return to normal activities** – 24-48 hours (Physical and Mental)

251. **Return to normal activities** – 24-48 hours (Physical and Mental)

252. **Return to normal activities** – 24-48 hours (Physical and Mental)

253. **Return to normal activities** – 24-48 hours (Physical and Mental)

254. **Return to normal activities** – 24-48 hours (Physical and Mental)

255. **Return to normal activities** – 24-48 hours (Physical and Mental)

256. **Return to normal activities** – 24-48 hours (Physical and Mental)

257. **Return to normal activities** – 24-48 hours (Physical and Mental)

258. **Return to normal activities** – 24-48 hours (Physical and Mental)

259. **Return to normal activities** – 24-48 hours (Physical and Mental)

260. **Return to normal activities** – 24-48 hours (Physical and Mental)

261. **Return to normal activities** – 24-48 hours (Physical and Mental)

262. **Return to normal activities** – 24-48 hours (Physical and Mental)

263. **Return to normal activities** – 24-48 hours (Physical and Mental)

264. **Return to normal activities** – 24-48 hours (Physical and Mental)

265. **Return to normal activities** – 24-48 hours (Physical and Mental)

266. **Return to normal activities** – 24-48 hours (Physical and Mental)

267. **Return to normal activities</**



Concussion On-field Assessment Procedures - Head Sports Trainer / First Responder Roles

ALL FIRST RESPONDERS ARE TRAINED ON THEIR OBLIGATIONS UNDER THE NRL ON FIELD POLICY and RESPECTIVE CONCUSSION POLICIES.

They are trained to recognise and respond to potential instances of concussion.

» 2021 COMMUNITY CONCUSSION PROTOCOLS

NSWRL HEAD INJURY ASSESSMENT AND RETURN TO PLAY PROCEDURES



Ground Managers must not allow any matches to commence unless these requirements have been met, and they have checked the qualifications of First Responder present for teams.

Any player with a suspected concussion should be immediately, and safely, removed from the field of play, and **MUST NOT RETURN to play.**

WHEN IN DOUBT THE PLAYER SHOULD BE REMOVED FROM THE FIELD AND REFERRED TO A DOCTOR FOR ASSESSMENT WITH THEIR HEAD INJURY RECOGNITION & REFERRAL FORM AS SOON AS POSSIBLE (PREFERABLY THE SAME DAY). IF THE PLAYER NEEDS IMMEDIATE MEDICAL TREATMENT AN AMBULANCE SHOULD BE CALLED URGENTLY.

GROUND MANAGERS SHOULD HAVE ADDRESS AND CONTACT DETAILS OF LOCAL HOSPITAL EMERGENCY DEPARTMENTS, LOCAL DOCTORS AND MEDICAL CENTRES AVAILABLE TO ASSESS INJURED PLAYERS

Head Injury Assessment Procedures (Clubs and Players)

Once removed from the field with a suspected concussion, the First Responder must complete a **Community Head Injury Recognition and Referral Form** for the player.

This document provides information for the follow up assessment with a doctor, and a clearance to return to the game, should a Doctor determine NO concussive event has taken place.

Players removed from the field with a suspected concussion are exempt from interchange quotas.

Team Managers, Sports Trainers and Ground Managers must ensure all players removed from the field are marked on Team Sheets with “HIA” which indicates a follow up assessment is required by the player.

Head Sports Trainers and Ground Managers are to ensure a copy of the players

Community Head Injury Recognition and Referral Form is sent to the Leagues Administrator.

» 2021 COMMUNITY CONCUSSION PROTOCOLS

NSWRL HEAD INJURY ASSESSMENT AND RETURN TO PLAY PROCEDURES



POST MATCH

- a) **First Responder review regarding ongoing symptoms;**
- b) **Assign the Player to the care of a responsible adult;**
- c) **Give the care giver the completed Community Head Injury Recognition and Referral Form and advise the care giver to take the player directly to a Doctor or Hospital and monitor the Player until he or she has been assessed by a Doctor;**
- d) **Advise the carer of the warning signs and symptoms of deterioration;**
- e) **Advise the carer (and the participant) that the player must avoid alcohol and non-steroidal anti-inflammatory medication for at least 24 hours;**
- f) **Following a concussive episode, the Player should not be allowed to drive that day. Alternate transport needs to be arranged.**

THESE ARE ALL THINGS THE FIRST RESPONDER'S ARE TRAINED TO DO

» 2021 COMMUNITY CONCUSSION PROTOCOLS

NSWRL HEAD INJURY ASSESSMENT AND RETURN TO PLAY PROCEDURES



The Guidelines for Management of Concussion in Rugby League are available at www.playrugbyleague.com/concussion.

Any player deemed to have suffered a concussive injury will not be allowed to participate in any contact training until the end of Return to Play procedure is completed successfully. A two day contact training period MUST then be completed symptom free before returning to matches.

It is the club's responsibility to ensure that the player takes the Community Head Injury Recognition and Referral Form to the doctor and the player/carer must return the form back to the club. After receiving the medical clearance the player must return to contact training first and remain symptom free for 24 hours before they can return to the game. Once completed, the local League administrator will remove the SUSPENDED CONCUSSION icon from a players record.

Follow up

- The player must see a doctor as soon as possible (preferably the same day) once they are referred by the First Responder.
- If the player receives a medical clearance that they did not suffer a concussion, then the **Community Head injury/Concussion Medical Clearance must be returned to their local League Administrator on a business day, before the player can return to play.**
- Players who do not return the paperwork will not be permitted to participate.
- Only a Doctor can clear a player to return to training and play after a concussion.
- Numerous failed HIA's may result in the NSWRL Chief Medical Officer requesting further analysis.

Return to Play Protocols

First Concussion: Return to Play Protocols

- a. **Adults (19 years and older):** If a concussion is confirmed by a doctor, the Graduated Return to Sport (GRTS) program should be followed as per Community Head Injury Recognition and Referral Form . If an **Adult player** wishes to return to play in less time than the GRTS stipulates **(in less than 11 days)** from time of injury, they must be cleared in writing by a specialist concussion doctor.
- b. **Children and Adolescent's (18 years old and younger):** If a concussion is confirmed by a doctor, the Graduated Return to Sport (GRTS) program should be followed as per Community Head Injury Recognition and Referral Form . If a **Child/Adolescent player** wishes to return to play in less time than the GRTS stipulates **(less than 14 days)** from the time of injury, they must be cleared in writing by a specialist concussion doctor e.g. neurosurgeon.
- c. **To proceed to contact training the player must have obtained a medical clearance from a Doctor via the** Community Head Injury Recognition and Referral Form. **If the medical clearance is not obtained the player cannot proceed to contact training stage or matches until received.**
- d. **If the return to play protocols are complete and verified and the player is symptom free for the 24hrs post contact training, then the player can return and participate in a match (subject to forms being returned and approved by the Local League on a business day before the match .**

Each club must have a minimum of one member complete the free concussion education module.

Concussion Management - Community and Participants (2020)

https://learn.playrugbyleague.com/ilp/pages/coursedescription.jsf?courseId=3800900&catalogId=11254&_ga=2.123277515.1513134466.1615431639-1942786543.1565762721