



# NSWRL Concussion Policy (Major and Pathway Competitions)

## Head Injury Assessment and Return to Play Procedures

<b>Type of Policy</b>	NSWRL Major and Pathway Competitions – Concussion
<b>Effective Date</b>	1 <sup>st</sup> February 2021
<b>Policy Owner</b>	NSW Rugby League
<b>Policy Contact</b>	Head of Competitions or Major and Pathway Competitions Manager

### Policy Background

This policy encompasses two key components, **A: Match Day Head Injury Assessment Procedures** and **B: Return to Play Procedures** and has been developed to ensure best practice is followed for the treatment and prevention of players suffering or suspected of suffering concussion. All Clubs within the NSW Rugby League Major and Pathway Competitions must adhere to these policies and procedures, complying with both this policy and the outlined steps and processes set out in the NRL Guidelines for Management of Concussion in Rugby League, [CLICK HERE](#) to view. To ignore these may result in a breach in the form of a penalty not limited to but may include fines, bonds, competition point deductions and suspensions.

The Concussion Policy can be broken down into the following categories:

- 1. CSX Headguard and Baseline Cognitive Testing Requirements**
- 2. Concussion On-field Assessment Procedures - Head Sports Trainers (Orange Shirt) and Doctor Roles**
- 3. Head Injury Assessment Procedures (Doctor, Clubs and Players)**
- 4. Exclusion Periods, Graduated Return to Play Steps, Multiple Concussions, Key Points, Immediate Post-Match Requirements and Delayed Concussion**

The following is to be the protocols of management of Concussion in NSW Rugby League Major and Pathway Competitions:

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## Category 1: CSX Headguard and Baseline Cognitive Testing Requirements

1. For the NSW Cup, Jersey Flegg Cup, Harvey Norman Women's Premiership NSW, SG Ball Cup, Harold Matthews Cup, Tarsha Gale Cup, Laurie Daley Cup and Andrew Johns Cup competitions (referred to as Pathway Competitions) each player must undertake a CSX Headguard cognitive baseline test in order for the match day SCAT5 comparison tests to be performed. Players must have a baseline test prior to participation in any match.
2. The SCAT 5 tool (Sport Concussion Assessment Tool 5) must be used by the Doctor in the clinical assessment of the players concussion to determine if the player returns to the field of play or not on match day. For Pathway Competition the Doctor must use the CSX Headguard online tool and follow the procedures set out and establish a baseline of the player. The baseline is to be used in conjunction with a Doctors clinical review and assessment of the player.
3. In the insistence a player cannot undertake a baseline test prior to participating in a match, due to unavailability, the player will be allocated an average baseline in the online tool in the event a concussion occurs during the match, however this player must undertake a CSX baseline SCAT 5 test as soon as possible post-match (after 48hrs rest) or once any concussion symptoms subside.
4. For Presidents Cup (Ron Massey Cup, Illawarra First Grade and Denton Engineering Cup), Sydney Shield, Open Age Men and Women's Country Championships (referred to as Major Competitions), it is recommended clubs still use the SCAT 5 tool (Sport Concussion Assessment Tool 5) and establish a baseline for all players prior to the start of the season. This can be done in the form of a paper-based SCAT 5 tool where all players complete a manual based SCAT 5 as best practice to compare a player's cognitive state. This will aid the Doctor to have a better guide on match day to assist with their clinical assessment, ensuring the players has no signs and symptoms of concussion.
5. Clubs, under the Welfare requirements, must conduct preseason education of players, coaching and training staff to emphasise that concussion is not a trivial injury and repeat concussions can lead to long-term consequences, which can be prevented if concussion is managed appropriately.

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6. Return to play after a concussion should only take place after a thorough review and clinical determination is made by the Doctor on match day. For Pathway Competitions this is recorded and done through the CSX Headguard online tool, no paper-based emails will be accepted. The CSX tool is to be used as a guide for the Doctor to determine the players baseline and assist in both their clinical assessment, and ensuring the player is free of all signs and symptoms.
7. If a player is diagnosed as having a concussion, the player must not be allowed to return to play or contact training until being medically reviewed and cleared by the Doctor via the relevant CSX Headguard procedures and Graduated Return to Play/Train Steps. Clubs and Doctors must ensure all Graduated Return to Play/Train Steps are completed and the players are symptom free, prior to being cleared to return to play. (see category 4).
8. All Major Competition players requiring a return to play clearance are required to follow the Graduated Return to Play/Train Steps, as stipulated below, and obtain a NSWRL Head Injury Form signed and approved by a Doctor, clearly stating they are free from concussion symptoms and able to return to play a contact sport. Players are not permitted to return to play until this occurs.
9. The diagnosis of concussion remains a clinical decision by the Doctor on match day, with consideration of many factors including symptoms, signs, cognitive impairment and behavioural changes.

## Category 2: Concussion On-field Assessment Procedures – Head Sports Trainers (Orange Shirt) and Doctor Roles

1. Any player with a suspected concussion should immediately be removed from the field of play by the Head Sports Trainer (Orange Shirt). Please refer to the NRL on Field Policy for the qualifications required to act in this role [CLICK HERE](#). All HIA procedures must be followed and the player is not permitted to return to play the same day unless the Doctor attending to the player allows him to continue in the match once the player has been assessed and passes the symptoms checks and baseline comparison.
2. Identifying a concussion as early as possible is paramount and Head Sports Trainers should be competent in doing so. All Sports Trainers must complete the online NRL Elite Head Injury / Concussion Protocols Module as per the NRL On Field Policy before they can act in a Sports Trainers role. The assessment by the Head Sports Trainer should include the use of Maddocks Score modified



questions (see below). For further information to assess a player please [CLICK HERE](#)

**Maddocks Score:**

*"I am going to ask you a few questions, please listen carefully and give me your best answer;*

- *What ground are we at today?*
- *Which half is it now?*
- *Who scored last in this match?*
- *What team did you play last week?*
- *Did your team win the last match?*

*Incorrect response indicates that the player should be removed from the field.*

3. In addition, the player should be immediately removed from the field of play if any of the following signs are present after a direct or indirect blow to the head. The Doctor in attendance will be responsible for ensuring the player is properly assessed if they are removed from the field for concussion and also has the authority to remove a player from the field if they believe the player has been concussed. The signs include:
  - a. Any obvious loss of consciousness (LOC) or prolonged immobility of <2 seconds
  - b. Player lying motionless on the ground or slow to get up
  - c. Player exhibits balance or motor coordination problems (player stumbles, has slow / laboured movements or unsteady gate)
  - d. Player is disoriented or confused (inability to respond appropriately to questions; not aware of plays or scores)
  - e. Player exhibits a loss of memory (fails Maddocks test)
  - f. Player has dazed, blank or vacant look on face or has behavioural changes
  - g. Player has visible facial injury in combination with any of the other signs

**WHEN IN DOUBT THE DOCTOR HAS ULTIMATE DISCRETION AND THEIR INSTRUCTIONS MUST BE FOLLOWED.**

**Note:** If the Player is unconscious or has neck pain, the player should be immobilised and treated as a spinal injury. Please follow the Doctors instructions. Smelling salts (ammonium carbonate) or similar substances must never be used following a head injury.

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## Category 3: Head Injury Assessment Procedures (Doctor, Club and Players)

### Players and Clubs Procedure

- a. If a player is required to leave the field of play as a consequence of the identification of one or more of the above features to complete a Head Injury Assessment (HIA), this interchange will not be included for the purposes of calculating the number of interchanges.
- b. The period of time for an HIA is 15 minutes and no player is allowed to return to the field of play until the 15-minute period has been served. The time cannot be less.
- c. The time period for an HIA is to begin from the time at which the player is in the care of the Club Medical Officer. If the player has been cleared by the Doctor during the HIA timeframe, the player must report immediately to the HIA Interchange official at the completion of the 15 minutes HIA time to return to the field of play. This cannot be done before or after, must be right on 15minutes.
- d. The HIA 15-minute time period will not be assessed against the official match time or clock. The timing of the HIA period will be monitored by the appointed HIA Interchange official.
- e. If a player is required to be assessed for a period longer than the specified HIA period, that player would then be adjudicated as an interchange for the purposes of calculating the number of interchanges. The club is required to hand over their next interchange card available, in sequential order, immediately to the HIA Interchange official.
- f. Any player who is required to leave the field of play for any further HIA, in the same match, will not be allowed to return to play in that match.
- g. In the event of an on-field incident which has required two players from the same club to be taken from the field of play for a HIA, the 15 minute period for the second player will not begin until the Doctor has finished assessing the first player. The HIA Interchange Official will not start timing the second HIA until the Doctor is ready to begin their assessment. This also applies to two players, one from each club, who require an HIA and there is only one Doctor in attendance for this fixture.

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- h. If the player has suffered a concussive injury in an incident that was a consequence of foul play, which resulted in the incident being placed on report or player being sent off, the interchange will take place in accordance with the process and the time limit associated with the HIA will not apply.
- i. In the event that a HIA takes place in the 15-minute period prior to half time, the HIA period will be deemed to have been completed at the end of the half time period. The club must indicate to the HIA interchange official immediately at the completion of half time whether the player is to return to the field of play or not.
- j. In the event that a club has used all of its allocated interchanges, while a player is completing a HIA and that player is unable to return to the field of play at the completion of the HIA, the club must immediately remove a player from the field of play and complete the match with 12 players.
- k. If the Player is deemed to not have a concussion, the player may be allowed to return to the field of play but must be regularly re-evaluated by the Head Sports Trainer throughout the remainder of the match.
- l. All teams will now have a concussion substitution available for selection. This player can only enter a match if the concussed player is ruled out of the match. In summary teams are permitted to carry a concussion substitute on the players bench, this player will be identified with a vest, and can replace a player that suffers and is ruled out of the match from concussion only. The NSWRL Match Operations official will assist and ensure this occurs correctly. The concussed player removed from the match and the concussion substitute now becomes an active player on the bench. There is only one concussion substitute per match.

## **NSWRL HIA official and Clubs Procedure**

- a. The NSWRL will appoint a HIA interchange official for each match, who will be responsible for the concussion procedure, monitoring the CSX Headguard online tool and interchange process across all NSWRL Major and Pathway competition matches.
- b. At the completion of the match, the HIA interchange official is to ensure that the doctor has completed the CSX Headguard online tool SCAT 5 assessment for players participating in Pathway Competitions for each suspected head or neck injury that has been sustained by a player or players during the match. The Doctor and HIA official must use CSX Headguard for this process and to assess a player's baseline. If the player is not in the system the AVG baseline

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- c. will be used and the HIA official will notify NSWRL in the post-match reporting of any player not in the system.
- d. Players participating in Major Competitions, are required to complete a NSWRL Head Injury Assessment form. All head sports trainers must complete the top section of the Required Referral Form (questions 1 to 6) and print their name and sign before handing to the player who was removed from the field with a concussive injury, the doctor will need to sign off on this form and the HIA official will submit this form to NSWRL post-match.
- e. The HIA interchange official must ensure that the Head Injury Assessment forms for any player who suffered a concussive injury that required an assessment is submitted to the NSWRL by 10.00 am on the first business day following the match.
- f. Clubs must only use the HIA for the reasons detailed in the NSWRL Head Injury Assessment Policy, not other injuries.
- g. Any club which is proven to have used a HIA for any reason other than that detailed in the NSWRL HIA Policy will be deemed to have gained an unfair tactical advantage in the match and be subject to penalty and rules breach under the NSWRL guidelines. A show cause notice will be issued.

## **Category 4: Exclusion Periods, Graduated Return to Play Steps, Multiple Concussions, Key Points, Immediate Post-Match Requirements and Delayed Concussion**

### **Exclusion Periods**

In accordance with the current Concussion Guidelines, there is no defined mandatory period of time that a player must be withheld from play following a concussion, although an adult (19 years old or older) seeking to participate in the following rounds' matches (or any available games in less than an 11 day period) requires a written clearance from a specialist concussion Doctor. A 6-stage graduated return to play/train must be undertaken (in those that are 18 years old or younger, a more conservative approach is recommended such that generally twice the time to complete the return to play/train is taken and a return to school/learning/work should be completed before a return to play/train protocol is started). The duration of exclusion from play is based on an individual's recovery as managed by a medical practitioner (doctor).

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- Players that are under 19 years (18 and under) of age must follow the GRTPS and cannot participate in a match in **under 14 days** (return day 14)
- Players that are 19 years of age or over (19 and over) must follow the GRTPS and cannot participate in a match in **under 12 days** (return day 12)

### **Graduated Return to Play Steps (GRTPS) (based on a players age):**

#### **Players that are under 19 years of age (under 19)**

**Gradual Return to Play Process:** all steps must be symptom-free before moving to the next step and be monitored by a club medical staff member accordingly, for more detailed information please refer to the Guidelines for Management of Concussion in Rugby League.

- **Concussion Incident (determined by game day Doctor):** The player is deemed to be concussed at the match and did not return to play
- **Initial Rest Period: 48 hours minimum** from the time of the Head Injury Assessment (HIA) incident, unless advised more time is required by the Doctor accessing the player at the game
- **Step 1:** Symptom-limited activity  
**48 hours minimum**
- **Step 2:** Light Aerobic Exercise  
**48 hours minimum**
- **Step 3:** Rugby League Specific Exercise  
**48 hours minimum**
- **Step 4:** Non-Contact Training with Resistance / Weight Training  
**48 hours minimum**

**For Pathway Competitions a doctor MUST sign-off, using the CSX Headguard tool, on the player's Return to Play (RTP Sign Off), in order to move to Step 5.**





**For Major Competition the same applies however a clearance MUST be done on the required NSWRL Concussion Medical Clearance.**

**If the RTP sign-off is not completed in the required time frame, as per the Steps, then Step 5 will be delayed impacting when they can return to play (step 6). RTP sign off will only be accepted after step 4 and the rest period, this MUST be done or the player cannot play in the 14 days.**

- **Step 5:** Full Contact Training  
**48 hours minimum**
- **Step 6:** Return to Play
- **Player can only play on day 14**

## **Players that are 19 years of age or over (19+)**

**Gradual Return to Play Process:** all steps must be symptom-free before moving to the next step and be monitored by a club medical staff member accordingly, for more detailed information please refer to the Guidelines for Management of Concussion in Rugby League.

- **Concussion Incident (determined by game day Doctor):** The player is deemed to be concussed at the match and did not return to play
- **Initial Rest Period: 24 hours minimum** from the time of the Head Injury Assessment (HIA) incident, unless advised more time is required by the Doctor accessing the player at the game
- **Step 1:** Symptom-limited activity  
**24 hours minimum**
- **Step 2:** Light Aerobic Exercise  
**24 hours minimum**
- **Step 3:** Rugby League Specific Exercise  
**24 hours minimum**
- **Step 4:** Non-Contact Training with Resistance / Weight Training  
**24 hours minimum**

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**For Pathway Competitions a doctor MUST sign-off, using the CSX Headguard tool, on the player's Return to Play (RTP Sign Off), in order to move to Step 5.**

**For Major Competition the same applies however a clearance MUST be done on the required Referral Form.**

**If the RTP sign-off is not completed in the required time frame, as per the Steps, then Step 5 will be delayed impacting when they can return to play (step 6). RTP sign off will only be accepted after step 4 and the rest period, this MUST be done or the player cannot play in the 12 days.**

- **Step 5:** Full Contact Training  
**24 hours minimum**
- **Step 6:** Return to Play
- **Player MUST then wait till day 12 to be able to play in a match**

## **Multiple Concussions**

If a player has sustained two (2) diagnosed concussions within the one (1) Season (including preseason training and games) then, the NSWRL requires that the player be formally sent for assessment with a specialist with a recognised interest in sport related concussion management (Neurologist, Neurosurgeon or Sport and Exercise Physician) as part of a multi- disciplinary Team approach.

The assessment should also include formal neuropsychological testing if recommended by the Concussion Specialist providing the opinion. This should occur to ensure the player has fully recovered from their concussions, to assess the risks of further concussions and to determine whether the player is currently fit to participate in training and/or matches. A copy of the Concussion specialist's opinion should also be made available on request to clear the player.

In any case where a player has been diagnosed as having suffered a significant head injury, traumatic brain injury or concussive injury, the player's Club must ensure that the player does not participate in a match or engage in training in any form until such a time as properly qualified medical opinion is obtained by the Club which supports the conclusion that the Player has fully recovered from the effects of the injury.



## Key Points

1. Contact training should only be attempted after step 4 of GRTPS program and only after a final doctors' assessment and clearance using the required Referral Form for Major Competitions or CSX Headguard tool for Pathway competitions. **The rest periods MUST be followed in between steps and after step 4, the RTP sign off will only be accepted after step 4 and the rest period.**
2. If symptoms return at any step of the GRTPS, then the player should move back to the previous symptom-free step once all symptoms have resolved. The player must remain at the previous step as stated, and be symptom free, before proceeding to the next step.
3. Any player who suffered a concussive injury and was ruled by the Doctor to be unable to continue in the match will not be allowed to participate in any contact training or matches until the end of the Graduated Return to Play Steps is complete successfully.
4. For Major Competitions, all players returning to matches must complete and submit a signed Head Concussion Injury Form (via [concussion@nswrl.com.au](mailto:concussion@nswrl.com.au)). This signed form is required to participate in a match after a concussion, once the Graduated Return to Play Period has passed. It is the responsibility of each club to ensure that any player that has been concussed during a match receives the Required Referral Form before they leave the ground. All written medical clearances must be on the Head Concussion Injury Form and signed off by a Doctor which provides the doctor with evidence of the injury. It is the club's responsibility to ensure that the player takes the Head Concussion Injury Form to the doctor and either the doctor or player must return the form back to the club, who in turn will send through to the NSWRL prior to player being able to take the field.
5. For Pathway Competitions the same applies however the players baseline and clinical assessment should be compared to their CSX Headguard profile. A player can only return to play once cleared using the CSX Headguard online tool, no hard copy Required Referral Form will be accepted.
6. Any club, or player found to have breached the concussion rules, as defined above, will be issued with a breach notice and penalties may apply.

## Immediate Post-Concussion Requirements:

1. **Post-Match:**
  - a. Medical review regarding ongoing symptoms;

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- b. Assign the Player to the care of a responsible adult i.e. family member, sports trainer or club official and it should be noted that the injured player should be monitored continuously not be left alone for at least the next 24hrs. If the situation arises the doctor may need to determine if or when the player can take a scheduled flight home in the travel examples;
- c. Give the caregiver a head injury sheet and advise them to monitor the Player particularly over the next four hours;
- d. Advise the carer of the warning signs and symptoms of deterioration;
- e. Advise the Player to avoid alcohol and non-steroidal anti-inflammatory medication the day after injury;
- f. Following a concussive episode, the Player should not be allowed to drive that day. Alternate transport needs to be arranged.

## 2. **The next day and the following week:**

- g. Evaluation is conducted by the Doctor within 36-48 hours. For Pathway Competitions this is to be done via the NSWRL provided CSX Headguard online tool and is required for the HIA follow up. Analysis is performed to enquire about ongoing symptoms. For Major Competitions, all players
- h. returning to matches must complete and submit a signed NSWRL Head Concussion Injury Form.
- i. The evaluation to return to play may include a post injury cognitive test as well as other neurological and physical tests, as stated above in Graduated Return to Play Steps.
- j. If cognitive tests have not returned to a normal level within 10 days of the incident consideration must be given to referring the patient to specialist services.
- k. In the recovery period, it is important to emphasise to the player that the player requires physical and cognitive rest.
- l. Only the Doctor can clear a player to return to training and play after a concussion after following the Graduated Return to Play Steps. If other medical opinions and clearances are sought the Doctor must give the final clearance.



m. Numerous failed HIA's may result in the NSWRL Chief Medical Officer requesting further analysis.

### **Players of Any Age and Delayed Concussion**

Any players who are removed from the field on match day to undertake a Head Injury Assessment examination and successfully return to play that match, pass their concussion examination, it is a NSWRL Recommendation that a clinical assessment and cognitive test by their doctor is done within 48 hours following the match to ensure there are no delayed onset concussion symptoms.

A player that fails the clinical assessment done by the Doctor, designed medical staff, will be required to adhere to the Graduated Return to Play Steps.