4.17 Head Injury and Concussion Guidelines

The NSWRL has adopted and fully endorses the NRL Community Rugby League Policy and Guidelines for the Management of Concussion (effective date 9 March 2021). Link to the full Guidelines are below.

https://www.playrugbyleague.com/media/10905/2021-concussion-management-guidelines_2021.pdf

GAME DAY PROCESS AND RETURN TO PLAY ADMINISTRATION PROCEDURE (NSWRL)

Once a player has been removed the field of play during a match by a Sports Trainer because of a suspected Head Injury / Concussion the following processes need to be followed:

- Player is marked on the sign on sheet as **HIA by the Ground Manager**
- Player **CANNOT** retake the field under any circumstances
- Sports Trainer to complete the Head Injury Recognition and Referral Form (HIRRF) and give to players parent / carer to take to Doctor for a professional assessment
- Parent / carer / player to be advised to attend Doctor immediately for assessment
- On receipt of sign on sheet **League Administrator** to mark player as UNAVIALABLE
- Once player has medical clearance from a Doctor on HIRRF Form, form should be returned to players Club and then to League Administrator
- League Administrator marks player as AVAILABLE on receipt of HIRRF form
- League Administrator submits completed HIRRF Form to NSWRL for data collection

NRL POLICY INFORMATION

Please find following important excerpts from the NRL Community Rugby League Policy and Guidelines for the Management of Concussion as they relate to Game Day Management of concussion or suspected concussion. These are excerpts only and all Sports Trainers, Ground Managers and Team Officials should ensure that they are aware of and understand the Guidelines in their entirety.

7.0 GAME DAY MANAGEMENT

The most important steps in the early management of concussion include:

A. ***RECOGNISING*** the injury
B. ***REMOVING*** the player from the game or training, and
C. ***REFERRING*** the player to a medical practitioner (doctor) for assessment.

A. Recognising the Injury (Suspecting Concussion)

(i) Visible clues – when to suspect concussion:

- Loss of consciousness or non-responsive
- Lying on the ground – not moving or slow to stand
- Unsteady on feet / balance problems / poor coordination
- Grabbing / clutching at head
- Dazed, blank or vacant look
- Confused / not aware of play or events

(ii) Loss of consciousness, confusion and disturbance of memory are classical features of concussion, but it is important to remember that they are not present in every case.

(iii) There are several non-specific symptoms that may be present, and which should raise the suspicion of concussion: headache, blurred vision, balance problems, dizziness, feeling "dazed" or "lightheaded", "don't feel right", drowsiness, fatigue and difficulty concentrating.

(iv) Tools such as the pock Concussion Recognition Tool 5 (CRT5) (link below) can be used to help in the identification of a suspected concussion along with the Head Injury Recognition and Referral Form (HIRRF) (link below).

CRT5 - https://bjsm.bmj.com/content/51/11/872
HIRRF - https://www.playrugbyleague.com/media/10904/nrl-community-hia-form-_-2021.pdf

It is important to understand that brief sideline evaluation tools (such as Concussion Recognition Tool 5 CRT5 and SCAT5*) are designed to help in the identification of a suspected concussion. It is still imperative to arrange a more comprehensive medical assessment by an appropriately experienced medical practitioner (doctor).

* Note: the SCAT5 is a medical practitioner (doctor) only assessment tool.

B. Removing the Player from the Activity Including Training, Warm-Up or Game

(i) Initial management of a head injury or suspected concussion must always follow first aid rules, including airway, breathing, CPR and spinal immobilisation.

(ii) **Any player who is removed from the activity with a suspected concussion must be referred to a Doctor for assessment with their Head Injury Recognition & Referral Form as soon as possible (preferably the same day).**

(iii) A player who has suffered a suspected concussion or exhibits the symptoms of concussion should not return to play in the same game (or any game until medically cleared to play by a doctor), even if they appear to have recovered.

The assessor should not be swayed by the opinion of the player, coaching staff, parents or anyone else suggesting premature return to play. Concussion is an evolving condition and symptoms and signs can vary over minutes to hours and days. The incident must be recorded on the Head Injury Recognition & Referral Form.

C. Referring the Player to a Medical Practitioner for Assessment

(i) The management of a head injury is difficult for non-medical personnel. Following an injury, it is often unclear if you are dealing with a concussion or with a more severe underlying structural head injury.

(ii) **ALL players with a suspected concussion should seek medical assessment by a medical practitioner (doctor) as soon as possible even if the signs and symptoms resolve. If any Red Flags are present (refer to the CRT5) or if you have any other concerns the individual should be sent urgently to an Emergency Department (ED), preferable by ambulance. An urgent General Practitioner (GP) assessment is acceptable if an ED is not practically possible for concerns other than the CRT5 Red Flags.**

(iii) It is recommended that clubs prepare a pre-game checklist of the appropriate services, including:

- Local doctors or medical centres
- Local Hospital Emergency Departments, and
- Ambulance services (000)

8.0 FOLLOW UP MANAGEMENT

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 seeking to participate in the following rounds' matches (or any available game that is less than an 11 day period) requires 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, 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).

- A player who has sustained a concussion MUST NOT be allowed to return to school or play before obtaining the appropriate medical clearance form a doctor.
- Return to work, learning and school should take precedence over return to sport.
- The decision regarding the timing of return to training should always be made by a medical practitioner – Doctor, or Neurologist, Neurosurgeon or Sport and Exercise Physician with a documented strong interest in concussion management.
- In cases of uncertainty about the players' recovery, always adopt a more conservative approach, "if in doubt sit them out".

10.0RETURN TO PLAY/SPORT

- Players should not attempt a return to play until they have returned to work or school / learning without resolution of their symptoms.
- Return to work, learning and school should take precedence over return to sport.
- Rehabilitation after a concussion should be supervised by a medical practitioner and should follow the stepwise symptom limited progression outlined below.
- Initially, complete rest for the first 24 to 48 hours – including mental and physical rest (recovery). Children and adolescents should be treated more conservatively, so an initial 48 hours rest is recommended.
- A 6 stage Graduated Return to Sport (GRTS) Program can look like the following. This return to sport program should only be commenced after the initial rest period of 24 to 48 hours and successful return to learning / school.

Each stage should be a minimum of 24 hours duration. Longer return to sport timeframes are generally recommended in community sport settings. Also, longer time frames (twice as long) are suggested in children and adolescents 18 years old and not yet attained the age of 19 years old. Contact training should only be attempted at the end of the GRTS Program and only after a final doctor's assessment and clearance using NRL Head Injury Recognition and Referral Form.

If symptoms return at any stage of the Graduated Return to Sport Program, then the player should move back to the previous symptom-free stage once all symptoms have been resolved.

1. **Symptom-limited activity** – daily activities that do not provoke or worsen symptoms;
2. **Light Aerobic Exercise** – for example, walking, exercise bike with heart rate less than ~70% max (no resistance / weight training);
3. **Sport Specific Exercise** – for example, running drills without risk of head contact;
4. **Non-contact training** – and start resistance (weight) training;
5. **Full contact training** – **ONLY** after medical clearance by a doctor using the NRL Head Injury Recognition and Referral Form – coaching staff should assess tackling and other skills for correct technique;
6. **Return to play / games**

Adults – if a player wishes to return to play in the **following rounds' match** (or any available match within less than an 11-day period following the injury) they must be cleared in writing by a specialist concussion Doctor

Children and Adolescents – if a player wishes to return to play is 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.

A specialist concussion doctor has to be one of the following with a documented strong interest in concussion management:

1. **Neurologist**
2. **Neurosurgeon**
3. **Sports and Exercise Physician (Sports Physician)**

Player honesty is important when questioning about symptoms. Remember that playing or training with symptoms of concussion can increase the risk of injury, result inn complications and prolonged symptoms,

result in reduced performance, increase the risk of other injuries (musculoskeletal) and could potentially be catastrophic. Each case of concussion is unique, so management should be individualised by the treating doctor.

Reference Documents

Appendix 10.2 – Links to NRL Policies & Guidelines (NRL Community Rugby League Policy and Guidelines for the Management of Concussion)

Appendix 10.2 – Links to NRL Policies & Guidelines (NRL Community Head Injury Recognition and Referral Form)