

NSWRL – COMMUNITY HEAD INJURY FLOWCHART



THE FOLLOWING PROCESS SHOULD BE FOLLOWED ON GAME DAY BY GROUND MANAGERS AND SPORTS TRAINERS

BEFORE GAMES COMMENCE



DURING GAME – SPORTS TRAINER



FORMS TO BE COMPLETED AND GIVEN TO PATIENTS PARENT OR CARER

FORM 1 – HEAD INJURY RECOGNITION AND REFERRAL FORM

Both sides of this form should be completed by the Sports Trainer in charge of patient care and this form should be given to the participant to present to their Doctor for examination

NSWRL – COMMUNITY HEAD INJURY RECOGNITION AND REFERRAL FORM

A. GENERAL INFORMATION

Player Name: _____ Age: _____ Club: _____
 Examiner Name: _____ Examiner Qualifications: _____
 Date: _____ Half: _____ Approx. time in Half: _____ 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:

Observed	YES	NO
1. Loss of consciousness for prolonged loss of awareness of >2 seconds or not responding appropriately to trainers, referees or other players	<input type="checkbox"/>	<input type="checkbox"/>
2. No protective action in fall to ground (not bracing for impact / floppy or stiff)	<input type="checkbox"/>	<input type="checkbox"/>
3. Repeat seizure / convulsion / fit (clenching or shaking of arms and / or legs on impact)	<input type="checkbox"/>	<input type="checkbox"/>
4. Severe or bloody vomit / blood or not their normal saliva / not reacting	<input type="checkbox"/>	<input type="checkbox"/>
5. Seizure disturbance of clarity (loss of control over movements) or slow to get up following a possible head injury (10-15 seconds)	<input type="checkbox"/>	<input type="checkbox"/>
6. Unusual behaviour for the player	<input type="checkbox"/>	<input type="checkbox"/>
7. Confusion or disorientation	<input type="checkbox"/>	<input type="checkbox"/>
8. Memory impairment (e.g. fails Maddocks questions - refer CRT5)	<input type="checkbox"/>	<input type="checkbox"/>
9. Player reports or displays any other concussion symptoms (refer to CRT5)	<input type="checkbox"/>	<input type="checkbox"/>

IMPORTANT TO REMEMBER

- Play after a suspected concussion should be suspended of having a spinal cord injury and treated appropriately. This includes (RABCD) Danger, Response, Airway, Breathing, CPR, Defibrillation and they should not be moved unless appropriately trained personnel are present.
- If the player has weakness or tingling / burning 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 or other head trauma should be assessed for signs and symptoms of concussion.
- Players must be **MONITORED** on reporting how they feel. Uncooperative behaviour by players should be considered a possible sign of concussion and result in their removal from play as a potential head injury.

D. OUTCOME AND ACTION

If YES is selected for Question 1 and ambulance must be called for immediate transfer to hospital

If YES is selected for any of Questions 2-10, immediate removal from play and medical assessment are required

If a player who is removed from play with a suspected concussion MUST NOT return to play until formally cleared by a doctor. If any RED FLAGS listed in the CRT5 are present or there is any other concern - call an AMBULANCE.

A PLAYER SUSPECTED OF HAVING SUSTAINED A CONCUSSION MUST NOT 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

FORM 2 – CONCUSSION ASSESSMENT FORM

This form should be given to the participant, along with their Head Injury Recognition and Referral Form for completion by their Doctor – THIS FORM, ONCE COMPLETED BY THE PARTICIPANTS DOCTOR, MUST BE RETURNED TO THE PLAYERS CLUB ASAP

**Community Rugby League
Concussion Assessment Form**

To the NSWRL, _____ Date _____

1. The player was examined with a suspected head injury/concussion whilst playing Rugby League on (Date) _____ at _____.

2. The Sports Trainer/First Responder on the day has completed an NSWRL – Community Head Injury Recognition and Referral Form which should be attached to this form.

The section above must be completed by the Sports Trainer/First Responder and given to the player/carer prior to the player leaving the ground after the match where the Sports Trainer/First Responder conducted a medical risk.

The player must take this form to a doctor to receive a medical clearance from any symptoms of concussion or delayed concussion before returning to play. This is the only medical clearance form that will be recognised by the NSWRL.

First Responder's name: _____ signed _____

PLEASE NOTE:

- It is the player's responsibility to bring and playing Rugby League a Medical Clearance is required 48 hours post match to return to play.
- View the NSWRL – Community Head Injury Recognition and Referral Form (and SCAT 5 assessment if used) which the player should provide with this form.
- Understand a complete Neurological Examination and document this for your records.
- Organise any tests, investigations, referral or treatment which you deem necessary.
- Complete the Declaration below and keep a copy for your records.
- Give this completed Concussion Clearance Form to the player.

CONCUSSION – IMPORTANT INFORMATION

This document is to be returned by the player to his club secretary and/or team manager. The document is then to be returned to the NSWRL medical department prior to the player being allowed to play within the period allowed under the NSWRL Concussion Clearance (CCO) contained in the NSWRL Policies and Procedures Manual.

The declaration by the doctor must be returned to the NSWRL medical department at least one business day prior to the player taking the field and sent to concussion@nswrl.com.au.

(Must be completed prior to 48 hours post game day)

I have examined _____ (player) on _____ (date) at _____ (location). By signing this document I declare that in my opinion, NO CONCLUSIVE EVENT occurred during the match/training reported and the above player shows no signs of delayed Concussion. This player is now medically fit to return to contact training and participate in NSWRL Community competition matches.

Signature: _____ Date: _____

Doctors Name: _____ Provider Number: _____

(Must be completed prior to 48 hours post game day)

I have examined _____ (player) on _____ (date) at _____ (location). By signing this document I declare that in my opinion, A CONCLUSIVE EVENT occurred during the match/training reported. The player is now subject to the NSWRL mandatory stand down period of 14 days from the date of the match as well as further Return to Play Restrictions.

Signature: _____ Date: _____

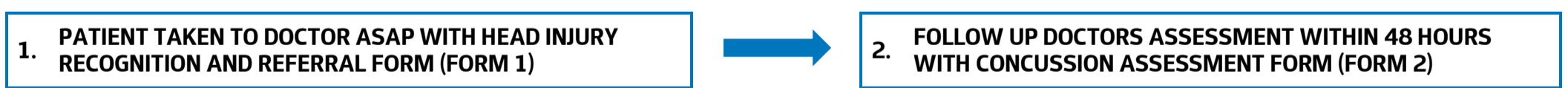
Doctors Name: _____ Provider Number: _____

Note: Participants failing to seek a medical clearance within 48 hours of the match will also be subject to the Mandatory Stand-down period of 14 days and associated Return to Play Procedures.

DURING GAME – GROUND MANAGER / TEAM STAFF



PARENT / CARER



PATIENT IS EITHER

CLEARED OF CONCUSSION

- CONCUSSION ASSESSMENT FORM (FORM 2) RETURNED TO CLUB AND LEAGUE ADMINISTRATOR*
- PLAYER MARKED AVAILABLE FOR SELECTION BY LEAGUE ADMINISTRATOR AND CLEARED TO PLAY NEXT MATCH

DIAGNOSED WITH CONCUSSION

- MANDATORY 14 DAY RETURN TO CONTACT TRAINING PERIOD
- ONCE THE 14 DAY RETURN TO CONTACT PERIOD HAS BEEN SUCCESSFULLY COMPLETED, A RETURN TO PLAY CLEARANCE FORM (FORM 3 – AVAILABLE ON WWW.NSWRL.COM.AU) NEEDS TO BE COMPLETED BY DOCTOR AND RETURNED TO CLUB AND LEAGUE ADMINISTRATOR*
- 2 DAY CONTACT TRAINING PERIOD IS COMPLETED SYMPTOM FREE
- CLEAR TO PLAY NEXT MATCH – MINIMUM 16 DAY STAND DOWN COMPLETE AND RETURN TO PLAY ON DAY 17

* Return to Play and Concussion Assessment forms MUST be returned to participants Club and League Administrator ASAP and during business hours. Failure to do so may result in participants missing further matches