CONCUSSION GUIDANCE
(RUGBY PUBLIC – STANDARD CARE PATHWAY)

PREAMBLE

The advice within this document is based on the World Rugby Concussion Guidance dated April 2017

The advice in this document has been adapted to reflect best practice for the management of concussion for rugby at community levels of the game in Australia.

RESPONSIBILITIES

The purpose of this document is to provide guidance on Rugby Australia's Concussion Procedure to those involved in rugby union in Australia. This document incorporates the changes to the World Rugby Concussion Laws (Regulation 10, Law 3.11 - Implementation August 1, 2015), and World Rugby's Operational Definition of Concussion (British Journal of Sports Medicine, March 2016).

This document is prepared for the rugby public. **This is not a medical document.**

At all times, players, parents, team officials, match officials, first aid attendants and medical staff need to act in the best interest of player safety and welfare by;

i. taking responsibility for the recognition, removal and referral of players to a medical doctor
ii. ensuring concussion is appropriately managed as per Rugby Australia Concussion Procedure.

Rugby Australia's Safety Policy states that "**The primary consideration in all participation decisions must be the safety of all participants as a requirement that overrides all others**."

It is a requirement that all players who suffer a concussion seek the highest level of medical care reasonably available to ensure concussion is managed appropriately.

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

OVERVIEW

THIS DOCUMENT SUPERSEDES PREVIOUS RUGBY AUSTRALIA (and formally the Australian Rugby Union) CONCUSSION GUIDANCE AND IN CASES OF AMBIGUITY, THIS DOCUMENT IS OVER-RIDING FOR RUGBY GOVERNED BY RUGBY AUSTRALIA.

This advice may be altered from time to time by Rugby Australia based on the evolution of the scientific evidence about this injury. Ensure you have the latest version of all concussion management information available at http://rugbyau.com/about/codes-and-policies/safety-and-welfare/concussion-management

In this document the term "potential head injury" refers to an injury that has the potential to cause concussion or a more severe injury to the brain. This can be caused by:

1. a direct blow to the head or
2. indirect force transmitted to the head from a blow to another part of the body that transmits force to the head (e.g. a whiplash injury)

Potential head injury or concussion must be considered possible whenever a player receives an injury to the head, either from a direct blow or indirectly.

Minor bumps and grazes to the head may not necessarily require medical review (unless the player exhibits features of potential head injury or concussion – see signs and symptoms in the "Recognise section" below) but any injury to the head or face that requires medical attention (e.g. a laceration requiring suturing or a fractured facial bone or nose) must also be assessed for possible concussion associated with this injury.

This document outlines the **Standard Care Pathway** applicable to the vast majority of rugby participation in Australia.

World Rugby defines exceptions to the standard care pathway are for adult players only, who can access an advanced level of concussion care. In Australia, an advanced level of concussion care is only available for professional players playing Test Rugby, Super Rugby, National Sevens Rugby, or National U20s, and who can access Rugby Australia approved advanced care practitioners.

BLUE CARD IMPLEMENTATION

Following very successful trials in 2017, the Rugby Australia's National Safety Committee has approved the recommendation for mandatory use of Blue Cards in all club, school and domestic representative rugby **beginning in matches from 1st March 2018**.

In matches of U13 and older, when a player leaves the field due to signs and symptoms of concussion or suspected concussion, the referee will show the player a Blue Card. This card is a visual cue for team support staff, it must be recorded by team officials, and triggers an off-field medical process to begin.

This off-field process (which applies to all rugby, not just U13s and older) is detailed in Rugby Australia's Concussion Procedure 2018.

Rugby Australia has included the following Law change 'a tactically replaced player may return to play to replace a player who has been shown a Blue Card.'

CONCUSSION INFORMATION

- A concussion is a brain injury.
- Concussion causes a disturbance of brain function.
- Children and adolescents are more susceptible to concussion, take longer to recover, have more significant memory and mental processing issues, and are more susceptible to rare and dangerous neurological complications, including death caused by a single or second impact.
- Concussion usually follows a head collision, but can occur with a collision to other parts of the body.
- Symptoms can come on at any time, but usually within 24-48 hours after a collision.
- Concussion can occur without the player being "knocked out" i.e. losing consciousness.
- If a player is "knocked out", they have a concussion.
- Most concussions recover with physical and mental rest.
- Concussion that is ignored or not recognised can be fatal.

Therefore,

- All concussions should be taken seriously.
- Children and adolescents must be treated more conservatively than adults.
- All players with potential head injury or concussion must be removed from the field immediately.
- Return to play or training on the same day is not permitted for any potential head injury or concussion.

CONCUSSION MANAGEMENT

The management of concussion involves the following steps; each step must be followed and completed before moving to the next step.

ON THE DAY OF THE INJURY

RECOGNISE

REMOVE

RECORD

REFER

ON THE DAYS FOLLOWING THE INJURY

REST

RECOVER

RECORD

RETURN

PROCEDURAL INFORMATION

STEP 1 RECOGNISE

A potential head injury or concussion must be acknowledged if a player has any of the following signs, symptoms, or fails to answer any of the orientation or memory questions after a head or body collision.

Signs (what may be seen)	**Symptoms** (players may report)	**Memory** (questions to ask)
▪ Dazed, blank or vacant look ▪ Lying motionless on ground / Slow to get up ▪ Unsteady on feet / Balance problems or falling over / Uncoordinated ▪ Loss of consciousness or unresponsive ▪ Confused / Not aware of plays or events ▪ Grabbing / Clutching of head ▪ Seizure (fits) ▪ More emotional / Irritable than normal for that person	▪ Headache ▪ Dizziness ▪ Mental clouding, confusion, or feeling slowed down ▪ Visual problems ▪ Nausea or vomiting ▪ Fatigue ▪ Drowsiness / Feeling like 'in a fog'/ Difficulty concentrating ▪ "Pressure in head" ▪ Sensitivity to light or noise	▪ "What venue are we at today?" ▪ "Which half is it now?" ▪ "Who scored last in this game?" ▪ "What team did you play last week / game?" ▪ "Did your team win the last game?"

Behavior that is not 'normal' or expected for the individual is also a sign that should be looked for.

STEP 2 REMOVE

- Any player with signs or symptoms of a potential head injury or concussion **must** be removed from the rugby field immediately.
- The player **must not** take further part in any rugby training or games (including other sports) on this day.
- **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**

  ONCE A PLAYER HAS BEEN REMOVED FROM THE TRAINING OR PLAYING FIELD WITH SIGNS OR SYMPTOMS OF A POTENTIAL HEAD INJURY OR CONCUSSION, NO PERSON (E.G. PHYSIO, COACH, TRAINER, OR DOCTOR) CAN OVER-RIDE THE REQUIREMENT OF A PLAYER TO REMAIN OFF THE FIELD.
- A medical doctor who is experienced in the assessment and management of concussion (see below) can only apply *return to field protocols* under the **Advanced Care Pathway.**
- For the avoidance of doubt, *return to field protocols* are only accessible under the **Advanced Care Pathway** and only apply to a medical doctor who is experienced in the assessment and management of concussion. In Australia, the Advanced Care Pathway is only available for professional players playing Test Rugby, Super Rugby, National Sevens Rugby, National U20s and who can access Rugby Australia approved advanced care practitioners. Return to field protocols **do not** apply to the National Rugby Championships, Australian domestic Under 20s tournament, Club Rugby at any level, representative rugby (apart from those listed above) or any children and adolescents – age 18 years and under (including those playing senior and professional rugby).
- Similarly, the Head Injury Assessment process is **available ONLY for the elite levels of the game**; in Australia, it is limited to Test rugby, Super Rugby, Sevens World Series and Under 20s Junior World Cup playing internationally.
- The Head Injury Assessment process is **NOT available** for Rugby at any level, apart from those listed above.

STEP 3 RECORD

Any player removed from the field of play with 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. To clarify, a head knock suffered by a player during the game where there are no signs or symptoms exhibited is not a concussion. The player should be monitored for signs and symptoms. If any of those signs or symptoms are observed then the player is to be removed from play, and treated as concussed. Similarly, a player with a headache post-game that did not exhibit any signs or symptoms during the game, nor observed to have had a head knock, is not classified as concussed.

The key determinant in acknowledging a player as being concussed or suspected of concussion is the presence of signs and symptoms.

Any concussed player **must** be recorded on the team match scorecard. This information is then entered into Rugby Link (Rugby Australia's National Registration & Competition Management system) as an injury as part of post-match tasks.

NOTE: Where competitions do not use Rugby Link, the Competition Manager/Administrator **must** ensure that management procedures are in place for the central recording of concussion injuries.

Competition Managers and Club Rugby Link Administrators 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" and defaults to 'confirmed' (i.e., it will be recorded as a concussion unless it is excluded). Competition Managers enter the length of exclusion subject to GRTP protocols associated with advanced and standard care pathways. Any Player who has confirmed concussion is automatically excluded for the exclusion period and not allowed to be selected on the team list/match scorecard. The length of exclusion is subject to GRTP protocols associated with the standard care pathways (players 18 years and under, and adults 19 years and over).

STEP 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). A minimum of two sleeps (following the incident) **must** be observed before any player can be assessed to exclude concussion, hence **NO** player can be cleared in a time frame less than this. The referral must happen even if symptoms or signs have disappeared. Ideally, the medical doctor who reviews the player should have experience in the assessment and management of sports concussion.

The player **must at all times**:

- ✓ Be in the care of a responsible adult.
- ✓ Must not consume alcohol.
- ✓ Must not drive a motor vehicle.
- ✓ Be cooperative and provide complete and accurate information to the medical practitioner"

If there are serious concerns about the player or **warning signs ("red flags")** of **significant** head injury appear, the player must be taken to the closest Emergency department immediately or a responsible adult must call an ambulance (000):

- ✓ 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 HEAD INJURY FACT SHEET AND RUGBY AUSTRALIA CONCUSSION REFERRAL AND RETURN FORM (WITH SECTION 1 COMPLETED) MUST BE GIVEN TO THE PLAYER OR FAMILY MEMBER/GUARDIAN.

The **Rugby Australia Head Injury Fact Sheet** provides information on concussion including signs and symptoms and management processes (i.e., what to do and what not to do). It also includes information on **red flags**, which may indicate a more serious injury requiring immediate attention.

The Rugby Australia Concussion Referral and Return Form comprises three sections. Each section must be completed;

- (i) signs and symptoms noted by first-aider, referee, coach, managers, players, or medical professional at the time of injury;
- (ii) information for and acknowledgement of the initial consultation with the medical doctor;
- (iii) final clearance from the medical doctor to return to full-contact training.

A medical doctor who assesses a player for concussion should be experienced in the assessment and management of sport-related concussion. They **must** have read Rugby Australia's Concussion Management Medical Doctor document and should have a good working knowledge of the Rugby Australia Concussion Guidance, World Rugby Concussion Guidance (August 2015), and World Rugby's Operational Definition of Concussion (March 2016).

Specifically, a medical doctor assessing a player must be aware that the World Rugby Operational Definition of Concussion:

- *has been developed and adapted for elite rugby but the principles of this definition may be applied to all levels of rugby*
- *includes a three-stage diagnostic process (at the time of injury, 3 hours after injury, and 36-48 hours after injury)*
- *emphasises that a concussion following a head injury cannot be excluded until an assessment is completed at 36–48 hours post injury*
- ***includes the recommendation that <u>any abnormal</u> assessment (either at the time of injury, 3 hours after injury, or 36-48 hours after injury) be considered as being due to concussion***
- *for the avoidance of doubt, any player who has criteria for permanent removal from the field at the first assessment (at the time of injury) is considered to have concussion –* ***this cannot be over-ruled***
- *if a player has no criteria for permanent removal from the field at the time of first assessment (at the time of injury) but has abnormal assessments at 3 hours after injury and/or 36-48 hours after injury, these abnormal assessments are considered to be due to concussion*
- *if the results of subsequent assessments (3 hours after injury and 36-48 hours after injury) the medical doctor making these assessments determines that the abnormal assessment is not related to a concussion and as such is recorded as not confirmed - the doctor must identify and document an* ***alternative diagnosis*** *for the abnormal assessment(s).*

IF ANY PLAYER IS DIAGNOSED AS HAVING CONCUSSION, THE FOLLOWING STEPWISE PROCESS MUST BE FOLLOWED:

There are differences in the process undertaken between adults and children and adolescents.

- *For the purpose of this guidance document, adults are all players aged 19 and over*
- *Children and adolescents are all players aged 18 and under*
- *For the avoidance of doubt, anyone playing schools rugby must follow the guidelines for children and adolescents.*
- *Players aged 18 or under playing adult rugby including "Colts" rugby must follow the guidelines for children and adolescents.*

STEP 5 REST

REST is crucial to recover from concussion.

- **THE PLAYER MUST COMPLETELY REST FOR A MINIMUM OF 24 HOURS AFTER INJURY**
- **THE AIM OF THIS COMPLETE REST IS TO REDUCE SIGNS AND SYMPTOMS TO A LEVEL WHERE ALL MEDICATIONS HAVE STOPPED (e.g. pain killers for headache).**
- **IDEALLY ALL SIGNS AND SYMPTOMS HAVE DISAPPEARED**

What does rest mean?

- Reducing physical and mental activity to the level that symptoms can settle
- World Rugby defines that the first 24 hours following a concussion must be complete physical and cognitive rest but a longer period of modified activity (i.e. relative rest) may be required to allow symptoms to settle
- This means avoiding any physical and mental activity that worsens symptoms
- Examples of rest include:
  - Resting quietly at home
  - Missing a day or two from school, study or work.
  - Going for a walk outside / around the block
  - Limit any tasks that require prolonged focus, memory or concentration
  - Avoid excessive TV, use of mobile devices, gaming, computers and phones as these can aggravate symptoms.

How long should the player reduce physical and mental activity?

- Players must rest (that is reduce physical and mental activity) until all their signs and symptoms have ideally disappeared **AND** they have stopped all medication required for treatment for their concussion symptoms (e.g. pain killers for headaches).
- The minimum complete rest time is **24 hours for adults, children and adolescents**.
- Adults minimum rest time (complete and relative) is **7 days**.
- **Children and adolescents** require a longer rest period as sometimes it can take a long time for symptoms to settle, hence their minimum rest time (complete and relative) is **14 days**. **THE REQUIRED TIME OF REST VARIES FROM PLAYER TO PLAYER SO A MEDICAL DOCTOR WILL SPECIFY THE MINIMUM TIME OF REST FOR EACH INDIVIDUAL PLAYER.**

STEP 6 RECOVER & RETURN TO EXERCISE (GRTP Stages 2-4)

The focus in the recovery phase is about getting back to normal life, school, study or work, but NOT hard physical exercise. Once symptoms and signs are settled and medications are stopped, the player then returns to **activities of normal daily living** (school, study or work). The player **may** perform light exercise that does not aggravate symptoms. If any **symptoms re-occur or worsen** during recovery, the player will need more rest time and the player should be **reviewed** by their medical doctor.

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.

Regulation 10.1.1.

*10.1.1 Any **ADULT Player** with concussion or suspected concussion:*

(d) must have complete physical and cognitive rest for 24 hours; and

(e) must have relative physical rest (activity that does not induce or aggravate symptoms) for at least one-week (including the initial 24-hour period of complete physical and cognitive rest) before commencing a graduated return to play (GRTP) programme.

Regulation 10.1.6.

*10.1.6 Any **CHILD or ADOLESCENT Player** (aged 18 years or less) with concussion or suspected concussion:*

(d) must have complete physical and cognitive rest for 24 hours; and

(e) must have relative physical rest (activity that does not induce or aggravate symptoms) for at least two weeks (including an initial 24-hour period of complete physical and cognitive rest) before commencing the graduated return to play (GRTP) programme.

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.

GRTP INFORMATION

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 as per the following:

Concussion Procedure Step	GRTP Stage	Exercise Mode	Example of Exercise Activity	Progression
5	**1**	Rest	Complete rest followed by relative rest of the brain and body	Minimum rest period mandatory. Medical doctor decides on any additional amount of time needed.
6	**2**	Light cardiovascular exercise	Light jogging for 10-15 minutes, swimming or stationary cycling at low to moderate intensity. No weights training	If no increased symptoms, start Stage 3 after minimum of 24 hours. If symptoms occur, rest 24 hours & repeat Stage 2.
6	**3**	Rugby specific exercise	Individual running drills and skills without contact No weights training	If no increased symptoms, start Stage 4 after minimum of 24 hours. If symptoms reoccur or worsen, rest 24 hours & repeat Stage 2, then progress
6	**4**	Rugby specific non-contact training	More complex training drills e.g. passing drills May start progressive (low level) weights training	If no increased symptoms, review by a medical doctor and presentation of a completed Rugby Australia Concussion Referral & Return Form required before Stage 5. If symptoms reoccur or worsen, rest 24 hours & repeat Stage 3, then progress
7	**5**	Rugby practice	Full contact practice following completed Rugby Australia Concussion Referral & Return Form being provided to the club or school sport master	Player, coach, parent to report any symptoms to medical doctor. If symptoms reoccur or worsen, then medical doctor to review
8	**6**	Rugby game	Full contact game	Monitor for recurring symptoms or signs

The management (i.e., clinical decision-making) of a concussion is the responsibility of the medical doctor who ideally has experience in the management of concussion. Only the medical doctor can sign off on the commencement and conclusion of the GRTP process. The day-to-day oversight of the player during the GRTP may be conducted by a sports physiotherapist, parent/guardian, team trainer, or any other responsible adult. It is essential that the individual taking responsibility checks whether the athlete has experienced any return of signs and/or symptoms before progressing through the GRTP. It is recommended that the responsible individual document the progress and activities of the athlete at each step along the GRTP, for the purpose of providing objective information to the medical doctor for the sign off at the conclusion of the GRTP.

Rest and Recovery (GRTP Stage 1)

- Stage 1 is the rest and recovery period.
- The amount of rest will be determined by the medical doctor who assesses the player initially.
- Depending on the player's progression, a follow up consultation with a medical doctor to decide when the player can progress to level 2 may be required but does not need to be in person, e.g. it may be done in liaison with the player's family, or team physiotherapist.

Return to exercise (GRTP Stages 2 – 4)

- Stages 2 to 4 of the GRTP are the stages where the player returns to light general exercise initially then increases the volume, intensity and specificity of exercise.
- A player can only proceed to the next stage of the GRTP if they have no increase in signs or symptoms of concussion at the time of exercise, later that day (after exercise) and on waking the following day.
- The minimum time between stages is **24 hours**, although children and adolescents may require a longer period of time between stages.
- If there is a recurrence or increase of symptoms at any time during the GRTP the player must:
  - ✓ Rest for a minimum of 24 hours until all symptoms and signs have settled.
  - ✓ Return to the previous stage at which they had no symptoms.
  - ✓ Recommence the progression of the GRTP.
  - ✓ If a player has a recurrence of severe symptoms (e.g. requiring them to miss school, study, or work) or repeatedly (more than once) during the GRTP, or if the recurrent symptoms are prolonged (more than 24 hours), the player should be reviewed by their medical doctor.

STEP 7 RECORD & RETURN TO CONTACT TRAINING (GRTP Stage 5)

- The 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 (Stage 5) and/or match play.
  FAILURE TO COMPLETE ANY SECTION OF THIS FORM WILL RESULT IN THE PLAYER BEING EXCLUDED INDEFINITELY FROM FULL CONTACT TRAINING AND MATCH PLAY
- Ideally the same medical doctor who consulted the player after the initial injury will review the player and decide on their fitness to return to contact training.
- Alternatively, this form may be provided by a medical doctor with experience in assessment and management of sports concussion and knowledge of Rugby Australia concussion guidance.
- It is not ideal to seek medical clearance from inexperienced medical doctors who do not know the medical history of the player (e.g., junior hospital emergency room doctors).
- Players 18* years and under **cannot** return to **contact** training (Stage 5) for **at least 18 days** after all symptoms and signs have disappeared.
- Adult players, 19 years and over, **cannot** return to **contact** training (Stage 5) for **at least 11 days** after all symptoms and signs have disappeared.

***THIS RESTRICTION TO RETURN TO CONTACT TRAINING AND PLAYING APPLIES TO ALL PLAYERS AGED 18 YEARS AND UNDER INCLUDING THOSE PLAYING ADULT RUGBY.**

STEP 8 RETURN TO PLAY (GRTP Stage 6)

A player should only return to play when they have fully recovered from concussion. This means the player **must**:

- Not have any signs or symptoms of concussion at rest or in normal daily activities (school, study, or work).
- Have followed the mandatory required rest time away from contact training.
- Have successfully completed the GRTP without any symptoms or signs of concussion (during or after training and contact training).
- Have provided a completed Rugby Australia Concussion Referral & Return form to their team manager for presentation/submission to the competition manager to approve 'release' in Rugby Link prior to returning to full-contact training (Stage 5) and/or match play
- Players 18 years and under **cannot** return to **play** (Stage 6) for **at least 19 days** after all symptoms and signs have disappeared.
- Adult players, 19 years and over, **cannot** return to **play** (Stage 6) for **at least 12 days** after all symptoms and signs have disappeared.

Under Rugby Australia Concussion Guidance (Rugby Public) and World Rugby Regulation 10, the following tables outline the minimum and expected graduated return to play processes after a diagnosed uncomplicated concussion injury occurring on a Saturday game. This is where the player has recovered and has NO symptoms at stage 5 during the GRTP programme. The tables below are examples only.

Table 1: Children and Adolescents (aged 18 years and under)

SAT MATCH – PLAYER shows Signs and Symptoms of Concussion							
Week	**SUN**	**MON**	**TUES**	**WED**	**THUR**	**FRI**	**SAT**
1	Rest GRTP Stage 1	Rest GRTP Stage 1	Recover GRTP Stage 2	Recover GRTP Stage 2	Recover GRTP Stage 2	Recover GRTP Stage 2	Recover GRTP Stage 2
2	Recover GRTP Stage 3	Recover GRTP Stage 3	Recover GRTP Stage 3	Recover GRTP Stage 4	Recover GRTP Stage 4	Recover GRTP Stage 4	Recover GRTP Stage 4
3	Recover GRTP Stage 4	Recover GRTP Stage 4	Recover GRTP Stage 4	**RETURN GRTP Stage 5**	**RETURN GRTP Stage 6**		**PLAY MATCH**

Table 2: Adult Participants (aged 19 years and over)

SAT MATCH – PLAYER shows Signs and Symptoms of Concussion							
Week	**SUN**	**MON**	**TUES**	**WED**	**THUR**	**FRI**	**SAT**
1	Rest GRTP Stage 1	Recover GRTP Stage 2	Recover GRTP Stage 2	Recover GRTP Stage 2	Recover GRTP Stage 3	Recover GRTP Stage 3	Recover GRTP Stage 3
2	Recover GRTP Stage 4	Recover GRTP Stage 4	Recover GRTP Stage 4	**RETURN GRTP Stage 5**	**RETURN GRTP Stage 6**		**PLAY MATCH**

Complex concussion scenarios

The standard care pathway only applies to players who have suffered their first concussion in a 12 - month period.

Certain players may have the potential for more complex injuries. Players must see a medical doctor experienced in sports concussion management to follow an individualised management plan if they have:

- ✓ ≥ 2 concussions in 12 months.
- ✓ Multiple concussions over their playing career.
- ✓ Concussions occurring with less collision force.
- ✓ Concussion symptoms lasting longer than expected i.e. a few days.

The management of every concussion case should be individualised, but the occurrence of a second, or more concussions in a 12-month period infers that a greater duration of recovery may be needed.

It is a requirement that all players suffering two or more concussions in a season be assessed by a medical doctor experienced in sports concussion management and confirmed that they have fully recovered from concussion prior to returning to contact sport participation. The appropriate Competition Manager or Member Union should be contacted for advice on the designated Concussion consultant to see in such cases.

If a player suffers three concussions in any season or 12-month period, they should strongly consider not playing contact sport for the remainder of that season, and should receive appropriate clearance to return in future seasons by a doctor experienced in the management of concussion.

Review

In very rare occurrences it is possible that concussion or suspected concussion was incorrectly reported. This can be either from an alternative diagnosis or a reporting error. In such circumstances, the concussion case can be reviewed.

- Alternative diagnosis - if a player shows signs and symptoms of concussion and if the results of subsequent assessments (3 hours after injury and 36-48 hours after injury) the medical doctor making these assessments determines that the abnormal assessment is not related to a concussion, the following procedure MUST be followed;
    - Doctor must identify and document an alternative diagnosis for the abnormal assessment(s).

- This documentation is provided to the appropriate Competition Manager or Member Union.
- The Competition or Member Unions appointed Concussion consultant will then review and either uphold or overturn the concussion decision.
- Upon satisfaction that there is no evidence to suggest the players signs and symptoms were not associated with concussion the case is updated to 'not confirmed' and the player may return to contact training and match play.

- Reporting error
  - The Match Official, Medical/First Aid Staff, Team Manager/Coach are contacted by the Competition Manager to verify that the player did not show any signs or symptoms of concussion.
  - Upon satisfaction that there is no evidence to suggest the player suffered a concussion the case is updated to 'not confirmed' and the player may return to contact training and match play.

SANCTION(S)

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

OTHER INFORMATION

Refer to Rugby Australia Concussion Management at http://rugbyau.com/about/codes-and-policies/safety-and-welfare/concussion-management

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

RELATED DOCUMENTS

- Rugby Australia Concussion Procedure
- Rugby Australia Head Injury Fact Sheet
- Rugby Australia Concussion Referral and Return Form
- Rugby Australia Concussion Management Medical Doctor Information
- Rugby Australia Safety Policy
- Rugby Australia Code of Conduct

**As of 31 January 2018*