STAGE 1 - DIAGNOSIS AND MANAGEMENT OF CONCUSSION

Where there IS a Medical Practitioner and/or Healthcare Professional present to diagnose & manage concussion:

- The Player will be examinedand if any of the signs or symptoms of concussion (as per Pocket Scat 2), the Player MUST be removed from the field of play in a safe manner for a comprehensive medical evaluation.
- The Player MUST NOT resume play once removed from the field for suspected concussion.

Where there is NOT a Medical Practitioner and/or Healthcare Professional present to diagnose & manage concussion:

- The Player who is injured may be disorientated and unable to make a judgement about their own condition.
- Fellow Players, coaches, Match Officials, team managers, administrators or parents who observe an injured Player displaying any of the signs or symptoms of concussion MUST do their best to ensure that the Player is removed from the field of play in a safe manner.
- The Player MUST be referred to a medical practitioner for diagnosis and comprehensive assessment, as soon as possible.
- The Player must NOT be left on his or her own and must NOT be allowed to drive a vehicle.

In all instances the Player, must be removed in a safe manner in accordance with emergency management procedures.

Children and Adolescents

Whilst the guidelines apply to all age groups particular care needs to be taken with children and adolescents due to the potential dangers associated with concussion in the developing brain. Children under 10 years may display different concussion symptoms.

Children and adolescents with suspected concussion MUST be referred to a Medical Practitioner immediately as they may need specialist medical assessment:

The Medical Practitioner responsible for the child's or adolescent's treatment will advise on the return to play process. A more conservative GRTP approach is recommended. It is appropriate to extend the amount of time of asymptomatic rest and/or the length of the graded exertion in children/adolescents.

STAGE 2 - GRADUATED RETURN TO PLAY (GRTP)

The management of a GRTP following a concussion or suspected concussion of a Player should be undertaken on a case by case basis and with the full cooperation of the Player.

Where GRTP IS managed by a Medical Practitioner:

- A Player completing each stage successfully (without the reoccurrence of any symptoms) would take **approximately (1) one week** to proceed through the full GRTP rehabilitation protocol.

Where GRTP is NOT managed by a Medical Practitioner:

- The GRTP process may commence after a **14 day stand-down period** from playing sport and/or training for sport and only if there are no symptoms of concussion.
- Where the Player completes each stage of GRTP successfully (without the reoccurrence of any symptoms), the Player would take **approximately (1) one week** to proceed through the full GRTP rehabilitation protocol.
- A Player MUST NOT play until at least the **21st day** after the incident.

All players MUST complete the GRTP protocol, and MUST have clearance from a medical prectitioner before they can return to play.

GRADUATED RETURN TO PLAY (GRTP) PROTOCOL

If any symptoms occur while progressing through the GRTP protocol, the Player MUST return to the previous stage and attempt to progress again after a minimum 24-hour period.

REHABILITATION STAGE	FUNCTIONAL EXERCISE AT EACH STAGE OF REHABILITATION	RECOVERY
1. No activity, minimum 24 hours following the injury where managed by a medical practitioner, otherwise minimum 14 days following the injury	Complete physical and cognitive rest without symptoms	Recovery
2. Light aerobic exercise during 24-hour period	Walking, swimming or stationary cycling keeping intensity, <70% maximum predicted heart rate. No resistance training. Symptom free during full 24-hour period.	Increase heart rate
3. Rugby-specific exercise during 24- hour period	Running drills. No head impact activities. Symptom free during full 24-hour period.	Add movement
4. Non-contact training drills during 24-hour period	Progression to more complex training drills, e.g. passing drills. May start progressive resistance training. Symptom free during full 24-hour period.	Exercise, coordination, and cognitive load
5. Full Contact Practice	Following medical clearance participate in normal training activities.	Restore confidence and Assess functional skills by coaching staff
6. After 24 hours return to play	Player rehabilitated	Recovered

CONCUSSION MANAGEMENT FACTSHEET

CONCUSSION MUST BE TAKEN EXTREMELY SERIOUSLY

Try Rugby

Everyone plays a part.

This Factsheet provides a summary of the major points of the IRB Concussion Guidelines.

It is designed for use by medical practitioners and/or healthcare professionals, as well as, clubs/schools, coaches/teachers, team management/support staff, match officials & players/parents.

1 CONCUSSION MUST BE TAKEN EXTREMELY SERIOUSLY TO SAFEGUARD THE LONG TERM WELFARE OF PLAYERS

2 PLAYERS SUSPECTED OF HAVING CONCUSSION MUST BE REMOVED FROM PLAY AND MUST NOT RESUME PLAY IN THE MATCH OR TRAINING.

3 PLAYERS SUSPECTED OF HAVING CONCUSSION MUST BE MEDICALLY ASSESSED

4 PLAYERS SUSPECTED OF HAVING CONCUSSION OR DIAGNOSED WITH CONCUSSION MUST GO THROUGH A GRADUATED RETURN TO PLAY PROTOCOL (GRTP)

5 PLAYERS MUST RECEIVE MEDICAL CLEARANCE BEFORE RETURNING TO PLAY

For more information on concussion management visit www.tryrugby.com.au/policies

Everyone plays a part.

WHAT IS CONCUSSION

Concussion is a complex process caused by trauma that transmits force to the brain either directly or indirectly and results in temporary impairment of brain function.

A Player can sustain a concussion without losing consciousness. Concussion is associated with a graded set of clinical signs and symptoms that resolve sequentially. It is functional rather than structural injury that results in neuro-imaging, such as CT and MRIs, returning normal scans.

The short and long term consequences of ignoring concussion can be very serious.

SIGNS OF CONCUSSION

The common early signs and symptoms indicating that a Player may have concussion are listed in table below.

INDICATOR	EVIDENCE
SYMPTOMS	Headache, dizziness, “feeling in a fog”
PHYSICAL SIGNS	Loss of consciousness, vacant expression, vomiting, inappropriate playing behaviour, unsteady on legs, slowed reactions
BEHAVIOURAL CHANGES	Inappropriate emotions, irritability, feeling nervous or anxious
COGNITIVE IMPAIRMENT	Slowed reaction times, confusion/disorientation, poor attention and concentration, loss of memory for events up to and/or after the concussion
SLEEP DISTURBANCE	Drowsiness

DIAGNOSIS OF CONCUSSION

Diagram 1 below indicates what should happen if a Player has suspected concussion both when a Medical Practitioner and/or Healthcare Professional IS present and NOT present.