



New Zealand Rugby League Concussion Policy

Summary Reviewed April 2010

INTRODUCTION:

The potential for concussions / head injuries to occur in rugby league is fully recognised. As a result of this recognition, due consideration must be undertaken by all who participate, administer or manage rugby league activities in both the training and match environments.

There has long been a perception that a concussion occurs only when there is a loss of consciousness. This perception is incorrect as concussions can occur without loss of consciousness and range in severity from brief periods of confusion through to a significant loss of consciousness.

The purpose of this policy is to ensure player safety and to reduce the risk of repeated concussion and the development of second impact syndrome.¹

CONCUSSION DEFINITION:

A concussion may be caused by a direct blow to the head, face, neck, or elsewhere on the body with an “impulsive” force transmitted to the head.

ASSESSMENT OF THE CONCUSSED PLAYER

When assessing an injured player on the sports field, it is important that a quick and accurate assessment is made. The appropriate questions and the signs and symptoms of concussion can be found in the sideline concussion check list provided by your local district, the NZRL or the ACC. All coaches, managers, trainers and referees should carry one of these.



MANAGEMENT OF A CONCUSSION

Acute injury

When a player shows any symptoms or signs of a concussion, the following should be applied.

- (1) The player should not be allowed to return to play in the current game or practice.
- (2) The player should not be left alone, and regular monitoring for deterioration is essential over the initial few hours after injury.
- (3) The player should be medically evaluated after the injury.
- (4) Return to play must follow a medically supervised stepwise process.

A player should never return to play while symptomatic.

“When in doubt, sit them out!”

Compulsory Stand down periods following a suspected concussion

It is the mandatory policy of the New Zealand Rugby League that where a concussion is suspected for players over the age of 16, a 21 day stand down period is observed by the player concerned following the return to play guidelines detailed below.

Players at the age of 16 or under shall observe a 28 day stand down period as in adolescent and youth players the developing brain takes longer to recover from the damage and symptoms of a brain injury.

Players at or under 16 years of age need to take an even more precautionous return to play, starting with a full week of rest before commencing the return to play protocol as detailed below.

Return to play protocol¹ from the internationally approved guidelines:

Level	Activity undertaken	Time post concussion (approximate)
		Guidelines
1	No activity, complete rest. Once symptom free and cognitive recovery is demonstrated, proceed to level 2	2 – 3 days
2	Light aerobic exercise such as walking or stationary cycling	4 – 10 days
3	Sport specific training (e.g. running drills, ball handling skills)	11 – 15 days
4	Non-contact training drills	16 – 20 days
5	Full contact training after medical clearance	21 days
6	Game play	21+ days

A player should be able to progress through each step towards the next level without any symptom occurring. If any post concussion symptoms occur, the player should drop back to the previous symptom free level and try to progress again in the next 24 hrs.

Return to play prior to this minimum stand down period can only occur with an appropriate neurological specialist assessment and clearance is given. ⁱⁱ

ⁱ Second Impact Syndrome: If a player receives a second injury to the head before the injury has completely recovered, the chances of the player suffering brain swelling, heavy bleeding and increased pressure within the head dramatically increases that can result in permanent brain damage or death.

ⁱⁱ Appropriate Neurological specialist: A neurosurgeon or neurologist clearance or a sports physician who has completed an appropriate battery of testing, A General Practitioner is not considered an appropriate neurological specialist.

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