

CONCUSSION GUIDANCE

(RUGBY PUBLIC – STANDARD CARE PATHWAY)

PREAMBLE

The advice within this document is based on the World Rugby Concussion Guidance dated August 2015

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 the Australian Rugby Concussion Procedure to those involved in rugby union in Australia. This document incorporates the recent 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, coaches, and officials 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 the Australian Rugby Concussion Procedure.

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

OVERVIEW

This document supersedes previous Australian Rugby Concussion Guidance and in cases of ambiguity, this document is over-riding for rugby governed by Australian Rugby. This advice may be altered from time to time by the Australian Rugby Union based on the evolution of the scientific evidence about this injury.

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 feature 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, National U20s and who can access Australian Rugby approved advanced care practitioners.

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 concussion 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

THEN

REST
RECOVER
RECORD
RETURN

PROCEDURAL INFORMATION

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)
<ul style="list-style-type: none"> ▪ 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 	<ul style="list-style-type: none"> ▪ 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 	<ul style="list-style-type: none"> ▪ "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?"

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 Australian Rugby 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, Under 20s Junior World Cup playing internationally
- The Head Injury Assessment process is **NOT available** for 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)

RECORD

Any player removed from the field of play with a potential head injury or concussion must be recorded on the team match scorecard. This information is then entered into Rugby Link as an injury as part of post-match tasks.

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 Suspensions/Exclusions Outcome case. 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).

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). This 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.
- ✓ Athlete complains of severe or unusual neck pain

The Australian Rugby Head Injury Form and Australian Rugby Concussion Referral and Return Form must be given to the player or family member/guardian.

The **Australian Rugby Head Injury Form** 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 **Australian Rugby 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 and should have a good working knowledge of this Australian Rugby 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 any abnormal 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.*

REST

REST is crucial to recover from concussion. Most concussions will recover if players rest for long enough.

- **THE PLAYER SHOULD REST UNTIL ALL SYMPTOMS AND SIGNS OF CONCUSSION 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 disappeared **AND** they have stopped all medication required for treatment for their concussion symptoms (e.g. pain killers for headaches).
- The minimum rest time is **24 hours for adults**.
- **Children and adolescents** require a longer rest period.
- The required time of rest varies from player to player so a medical doctor will specify the minimum time of rest for each case.

RECOVER

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 **must not** perform any exercise during school (recess, breaks) or any organised sport during or after school. This includes all sporting activities, not just rugby. If any **symptoms re-occur** during recovery, the player will need more rest time. If symptoms re-occur 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 (G RTP) 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 (G RTP) programme.

Exercise **can only** start after a player has returned to **activities of normal daily living** without signs or symptoms of concussion and **does not require** medication for their symptoms.

RETURN

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 (**G RTP**) programme as per the following:

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

G RTP INFORMATION

Rest and Recovery (G RTP 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 (G RTP Stages 2 – 4)

- Stages 2 to 4 of the G RTP 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 G RTP if they have no 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 of symptoms at any time during the G RTP 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.

Return to contact training (GRTP Stage 5)

- The player must provide a completed Australian Rugby 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
- 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 certificate may be provided by a medical doctor with experience in assessment and management of sports concussion and knowledge of the Australian Rugby 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.

This restriction to return to contact training and playing applies to all players aged 18 years and under including those playing adult rugby.

- 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.

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 Australian Rugby 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 the Australian Rugby 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 concussion. The table illustrates a concussion occurring on a Saturday game:

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

Week	SAT	SUN	MON	TUES	WED	THUR	FRI
0	Concussion or 'head injury' occurrence	Rest	Rest	Recover	Recover	Recover	Recover
1	Recover	Recover	Recover	Recover	Recover	Recover	Recover
2	Recover	GRTP Stage 2	GRTP Stage 3	GRTP Stage 4	GRTP Stage 5	GRTP Stage 6	
3	Return to Play						

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

Week	SAT	SUN	MON	TUES	WED	THUR	FRI
0	Concussion or 'head injury' occurrence	Rest	Recover	Recover	Recover	Recover	Recover
1	Recover	GRTP Stage 2	GRTP Stage 3	GRTP Stage 4	GRTP Stage 5	GRTP Stage 6	
2	Return to Play						

Complex concussion scenarios

A 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.

**As of 24 March 2017*

AUSTRALIAN RUGBY CONCUSSION PROCEDURE (RUGBY PUBLIC – STANDARD CARE PATHWAY)

Background

Our vision is to inspire all Australians to enjoy our great global game. One of the four key pillars of our strategy is to make Rugby a game for all. To achieve this, Rugby must be as safe, inclusive and fair as possible. Rugby, like many other activities, involves an element of risk. This procedure incorporates recent changes adopted by World Rugby and reference to the Australian Rugby Safety Policy, aimed at ensuring that Rugby is as safe as it practically can be for all participants to make the game fun and fulfilling for all.

The primary consideration in all participation decisions must be the safety of all participants as a requirement that overrides all others.

Responsibilities

Players, parents, team officials and match officials need to act in the best interest of player safety and welfare at all times. Taking responsibility for the recognition, removal, recording and referral of players to a medical doctor and then ensuring concussion is appropriately managed is fundamental to the Australian Rugby Concussion Guidance. It is recommended that all players who suffer a concussion seek the highest level of medical care reasonably available to ensure concussion is managed appropriately.

Step by Step Procedure Summary

STEP	DESCRIPTION OF ACTION	RESPONSIBLE
1	RECOGNISE: 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.	Player / Parent / Club or School Team Official / First Aid/Medical Official / Match Official
2	REMOVE: Any player with signs or symptoms of a potential head injury or concussion must be removed from the rugby field immediately. 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.	Coach / Club or School Team Official / First Aid/Medical Official / Match Official
3	RECORD: Any player removed from the field of play with a potential head injury or concussion must be recorded on the team match scorecard and entered in Rugby Link as part of post-match tasks. For those competitions not using Rugby Link, the Competition Manager must be notified of any player removed from the field of play with a potential head injury or concussion.	Team Manager / Match Day Manager / Club or School Team Official

STEP	DESCRIPTION OF ACTION	RESPONSIBLE
3	<p>RECORD: Competition Managers and Club Rugby Link Admin 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. Competition Managers enter the length of exclusion subject to GRTP protocols associated with advanced and standard care pathways. Where competitions do not use Rugby Link, the Competition Manager must ensure that management procedures are in place for the central recording of concussion incidents.</p>	<p>Competition Manager / Club Rugby Link Admin</p>
4	<p>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). If there are serious concerns about the player or red flags then the player must be referred to an Emergency Department as soon as possible or call an ambulance. The Australian Rugby Head Injury Form and Australian Rugby Concussion Referral and Return Form must be given to the player or family member/guardian. Section 1 and 2 of the Australian Rugby Referral & Return Form must be completed.</p>	<p>Parent / Guardian / Club or School Team Official / Medical Doctor</p>
5	<p>REST: Rest is crucial to recover from concussion. Most concussions will recover if players rest for long enough. Players must rest (that is reduce physical and mental activity) until all post-concussion signs and symptoms have disappeared AND they have stopped all medication required for treatment for their concussion symptoms (e.g. pain killers for headaches). The minimum rest time is 24 hours for adults whilst children and adolescents require a longer rest period.</p>	<p>Player / Parent / Guardian</p>
6	<p>RECOVER: 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 for some players. Exercise can only start after a player has returned to activities of normal daily living without signs or symptoms of concussion and does not require medication for their symptoms.</p>	<p>Player / Parent / Guardian</p>
7	<p>RETURN TO EXERCISE: 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 programme (GRTP).</p>	<p>Player / Parent / Guardian / Club or School Team Official</p>
8	<p>RECORD, RETURN TO CONTACT TRAINING & RETURN TO PLAY: A Player can only return to play when they have fully recovered from concussion and provided confirmation that they have recovered from medical doctor. The Australian Rugby Referral & Return Form section 3 must be completed by the doctor, and then the player or parent guardian will present to the nominated Club or School Team Official. The Club or School Team Official will then present a copy of this form to the Competition Manager. The Player would then be available to return to full-contact training and/or match play after the Competition Manager approving 'release' in Rugby Link.</p>	<p>Player / Parent / Guardian / Club or School Team Official / Medical Doctor / Competition Manager</p>

EXCEPTIONS

None

SANCTION(S)

THIS CONCUSSION PROCEDURE AND~ THE RELATED AUSTRALIAN RUGBY CONCUSSION GUIDANCE ARE 'AUSTRALIAN RUGBY SAFETY POLICIES AND GUIDELINES' FOR THE PURPOSES OF THE AUSTRALIAN RUGBY CODE OF CONDUCT. ALL PARTICIPANTS MUST COMPLY WITH THE PROCEDURE AND GUIDANCE. **INTENTIONAL OR RECKLESS DISREGARD FOR THEM MAY RESULT IN DISCIPLINARY ACTION PURSUANT TO THE AUSTRALIAN RUGBY CODE OF CONDUCT.**

OTHER INFORMATION

Refer to Australian Rugby Concussion Guidance at <http://www.aru.com.au/concussion>

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

Refer to – “It is time to give concussion an operational definition: a 3-step process to diagnose (or rule out) concussion within 48 h of injury: World Rugby guideline”; British Journal of Sports Medicine Online First, published on March 3, 2016 as 10.1136/bjsports-2016-095959

RELATED DOCUMENTS

- Australian Rugby Concussion Guidance (Rugby Public – Standard Care Pathway)
- Australian Rugby Safety Policy
- Australian Rugby Code of Conduct

**As of 24 March 2017*