



NEW ZEALAND
RUGBY LEAGUE™

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CONCUSSION / HEAD INJURY POLICY

June 2018

New Zealand Rugby League Medical panel

The aim of the policy is to provide information on concussion to all those involved in rugby league in New Zealand

Concussion MUST be taken seriously

All people involved in the game of rugby league should be able to RECOGNISE what a concussion is

Any player with a concussion must be REMOVED immediately from training or the match activity and MUST NOT return

All concussions should be medically assessed

Players with a concussion MUST NOT be left alone and MUST NOT drive a vehicle

All suspected concussions MUST be recorded and reported to the General Manager of the Zone where the player is registered AND to New Zealand Rugby League

has an insert detailing the procedures that should be followed in the two days following a suspected trauma to the brain or concussion. The inserts are also available in Māori, Samoan and Tongan



If there is any doubt, use the questions in the sideline concussion check of the following questions based on Maddock's questions^{5,6} can be useful:

1. What ground are we at?
2. What team are we playing today?
3. Who is your opponent at present?
4. What quarter/half is it?
5. How far into the quarter/half is it?
6. Which side scored last?
7. Which team did we play last week?
8. Did we win last week?
9. Count pre-determined numbers backwards
10. Months of the year in reverse

Failure to successfully and accurately answer any of the above questions in conjunction with **ANY** signs or symptoms of an acute concussion (see below) indicates that the player has been concussed and must stop playing and be removed from the field. The player should be accompanied from the field and taken to a doctor or the local emergency department for assessment as soon as possible.

It is recommended that the player should then see appropriate medical professional for their opinion as to the best future management. If the player is obviously unconscious, then the first priority is to evaluate and protect the airway and cervical spine, and to then remove the player from the field. The player must be watched closely and carefully monitored until consciousness returns. Convulsions may sometimes occur.

Signs and Symptoms of a Concussion

Concussion presents with a range of signs and/or symptoms.⁶ This may or **may not** include loss of consciousness. It is important to remember that not every sign and symptom will be present with every concussion and some may have a delayed onset.

Physical signs (what you may see)

- Loss of consciousness or delayed responsiveness.
- Lying on the ground not moving or slow to get up.
- Loss of balance / co-ordination.
- Disorientation / confusion.
- Visible injury to the face or head (especially in combination with any other signs).
- Seizure or convulsion.
- Vomiting

Clinical signs (what they may feel)

- Blurred vision.
- Neck pain
- Headache or "pressure" in head.
- Nausea or vomiting.
- Balance problems or dizziness.
- Double or blurry vision.
- Sensitivity to light.
- Sensitivity to noise.
- Concentration or memory problems.
- Feeling sluggish, hazy, foggy or groggy
- Confusion.
- Does not "feel right."

Some concussions result in persistent symptoms occurring (including those symptoms that reoccur when participating in sporting activity). These types of concussions may result from players who have had consecutive concussions over time, or where the player is repeatedly concussed with less and less impact force. Formal neuropsychological investigations should be considered for concussions with ongoing symptoms.

Management of the unconscious player

If the player is obviously unconscious, the first priority is to evaluate and protect the airway and the cervical spine. The player must be watched closely and carefully monitored until consciousness returns. Should breathing stop, appropriate resuscitation is necessary, following the "Airways, Breathing, Circulation" guidelines. Always remember the possibility of an associated spinal (neck) injury, and if the player must be moved, do so carefully and appropriately. **DO NOT MOVE THE PLAYER FROM THE FIELD WHILE THEY ARE UNCONSCIOUS.** This should be left to appropriate medical or ambulance personnel. When the player has regained consciousness and their breathing is regular and unobstructed, the player should be carried from the field and allowed to recover fully. Such incidents require immediate review by a doctor. The player should then see appropriate medical professional for their opinion as to the best future management.

Post-Concussion Syndrome

It is quite common following concussion, for players to continue to experience problems after their apparent recovery from the initial injury. Should this continue to occur after 28 days then this is collectively referred to as post-concussion syndrome. Coach, parents, family members and team members should look for the following:

Signs and symptoms:

- Sleep disturbance;
- Difficulty in concentrating;
- Difficulty in applying themselves to tasks;
- Lack of attention span;
- Irritability, intolerance in general and to noises in particular;
- Dizziness on turning of the head;
- Recurrent headaches;
- Frustration doing tasks;
- Any symptoms provided by activities such as sprints or sit-ups;
- Anxiety and/or depression

If any of these symptoms are present, then it is **mandatory that the player is assessed by a qualified neurologist, neurosurgeon or sports medicine physician before they recommence any sporting activity.** The player is potentially prone to develop more symptoms if they continue in the sport, or to be concussed again, and they may also need special assistance to aid their recovery and return not only to sport but to their normal life.

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. Children and adolescents are at an increased risk of this occurring and extra precaution is advised.

Child and Adolescent Players

The management and return to play procedures identified in this policy can be applied to players as young as 10 years old. Below that age, the symptoms of concussion are reported differently from adults necessitating a full medical clearance **BEFORE** undertaking the return to play protocol.

Return to play prior to the minimum stand down periods identified can only occur with an appropriate neurological specialist assessment and clearance.

CONCUSSION
IT'S EVERYBODYS RESPOSIBILITY TO
RECOGNISE AND REMOVE
IF IN DOUBT – SIT THEM OUT