

Blue Card Information
Concussion information

BRUMBIES RUGBY



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Concussion Overview

The Primary consideration in all participation decisions must be the safety of all participants

Concussion is a temporary disturbance of neurological function following trauma

In a national stakeholder survey conducted in 2017 it was found that only 57% of players and parents were aware of Rugby Australia's Concussion Management guidance & procedures

Only 36% on average identified correctly the minimum period before return to play for players 18 and under

It is important for stakeholders to be aware of the facts, understand their responsibilities and what they are required to do dependant upon their role

What is it

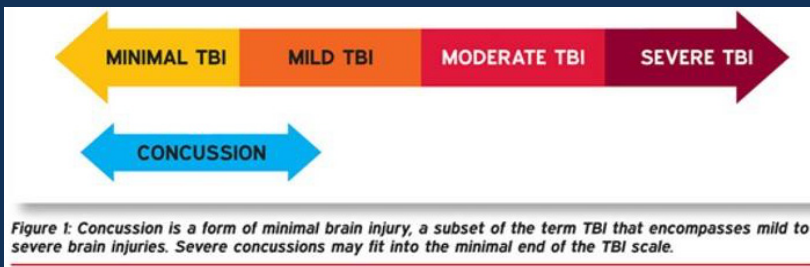
Concussion is a type of brain injury

It can be caused by a knock to the head or anywhere on the body where force is transmitted to the head - it can be direct or indirect

Commonly causes short-lived neurological impairment (impairs functioning of the brain)

You do not need to be knocked out to have a concussion
- Less than 10% of concussion cases see a loss of consciousness

Structural head injuries may be present in someone with a concussion



Structural brain injuries may mimic concussion

Typically standard neuro-imaging such as MRI or CT scan presents as normal in concussion cases

What is it

A medical assessment of a concussion or a head injury is required to exclude a potential structural brain injury

CONCUSSION THAT IS IGNORED OR NOT RECOGNISED CAN
BE FATAL

ALL CONCUSSIONS MUST BE TAKEN SERIOUSLY

Concerns

Immediate concerns

- Concern re structural injury
- Further injury - “Second Impact Syndrome”
- Other injury due to poor decision making
- Post-Concussion Syndrome
- Reduced Performance













Medium Term (weeks to months)


- Increased risk of concussion injury during that season
- Repeat or further injuries
- Post-Concussion Syndrome


Long Term (years)

- Possible Chronic Brain injury/long term neurological deterioration
- Depression/Dementia/Headaches/Migraines/Post-Concussion Syndrome
- Amyotrophic lateral sclerosis (ALS)/Motor Neuron Disease (MND)

Signs and Symptoms

SIGNS OF A CONCUSSION			SYMPTOMS OF A CONCUSSION		
					
Loss of Consciousness	Disorientation	Incoherent Speech	Headache or Dizziness	Difficulty Concentrating	Sensitivity to Light
					
Confusion	Memory Loss	Dazed or Vacant Stare	Ringing in the Ears	Fatigue	Vomiting

 **QBI**
Queensland Brain Institute

 **AUSTRALIAN ATHLETES' ALLIANCE**

#nobrainnogame

FOR MORE INFORMATION VISIT: qbi.uq.edu.au/concussion

Behaviour that is not 'Normal' or 'Expected' for the individual is also a sign

Symptoms can come on at any time but usually within 24 - 48 hours after the incident

The Blue Card



What is it

Rugby Australia takes concussion seriously

The Blue Card is an awareness tool to ensure player safety and welfare is at the forefront of our game

A tactically replaced player can return to the field to replace a player who has been shown a blue card (free substitution)

In Juniors, this can be any other age-appropriate, registered player or uninjured player on the team sheet

How is it decided a Blue Card is needed

The Blue card is a collaborative approach between the referee, water runner, trainer, physio, coach etc

It has not changed the role of the referee being able to remove a player

It does not make our referees doctors

The Blue card is a tool to initiate the off field process

All participants need to respect the authority of the referee, assistant referee, touch judge or other match or team officials according to the Rugby Australia Code of Conduct

You must abide with the referees decision and the process of the blue card or you can be sanctioned under the Rugby Australias Code of Conduct

Code of Conduct

Code of conduct - Player, Coaches, Administrators, Officers fo a Rugby Body, Spectators and Parents

Accept and respect the authority of a referee, assistant referee, touch judge or other match or team officials. Do not abuse, threaten or intimidate, use crude language or gestures, or show unnecessary obvious dissension, displeasure or disapproval towards a referee, touch judge or other match official, whether on or off the field, or a selector, coach, manager or other team official

Code of conduct - administrators & Officers of a Rugby Body

(3.5) Ensure that your Rugby Body complies with (and, where applicable, clubs and other bodies and persons in membership with it or affiliated to it comply with), this code. This includes ensuring that any code of conduct and reporting and disciplining procedure introduced by your Rugby Body are consistent with this code

Code of Conduct (cont)

Note: Rugby bodies are responsible for ensuring that policies are complied with. Sanctions can and will be imposed on rugby bodies if their staff, volunteers or members fail to comply

Code of Conduct - Match Officials

(4.3) Be impartial, consistent and courteous. Always set the example in the way you communicate with players, coaches, officials, parents or spectators.

The off field process



Stage 1 - On the day of the injury

- **Recognise and Remove**

- **If a player has received a Blue Card:**

No person can override the requirement of the player to remain off the field

This includes physios, parents, coaches, and even doctors on the day of the injury

- **The Following documents must be provided to a player, or parent/guardian on the day of the injury**

Rugby Australia head injury fact sheet

Rugby Australia Referral and Return form

Stage 1 - Step 1

- **Record**

- Receive Rugby Australia concussion **Referral and Return form** and Rugby Australia **head injury fact sheet**

- Review section 1 of Rugby Australia **Referral and Return Form** and make sure it is completed

- Read and follow player information on Rugby Australia **head injury fact sheet**

Stage 1 - Step 2

- **Refer**

Present to a medical doctor or emergency department for assessment as soon as practical (within 72 hours) of injury

Provide the medical doctor with the Rugby Australia concussion **Referral and Return Form**

Stage 2 - On the days following the injury

- **Rest, Recover, Record - Return**

For any player diagnosed with concussion, the stepwise graduated return to play process must be followed

The Referral and Return form must be completed

If not completed, the player will be excluded indefinitely from full contact training and match play

Stage 2 - Step 3

Rest, Recover, Return to exercise and training

- Ensure complete rest for 24 hours after injury
- Follow advice provided by medical doctor regarding injury management
- Progress through level 2-4 of the Graduated Return to play Program (G RTP)

Children and Adolescents aged 18 and under - Minimum period before RETURN TO PLAY is 19 days

Graduated Return to Play

Below is an example of a Return to Play program for a Junior who was injured on a Saturday

Please note that EVERYONE IS DIFFERENT and will move through the program at different paces.

Each junior participant will still be required to sit out for the required MINIMUM of 19 days and each senior participant for a MINIMUM of 12 days

- **Week 1**

Sunday - Rest - Stage 1 - Complete Rest

Monday - Rest - Stage 1 - Complete Rest

Tuesday - Recover - Stage 2 - Light Cardio

Wednesday - Recover - Stage 2 - Light Cardio

Thursday - Recover - Stage 2 - Light Cardio

Friday - Recover - Stage 2 - Light Cardio

Saturday - Recover - Stage 2 - Light Cardio

Graduated Return to Play

- **Week 2**

Sunday - Recover - Stage 3 - Running Drills & Skills

Monday - Recover - Stage 3 - Running Drills & Skills

Tuesday - Recover - Stage 3 - Running Drills & Skills

Wednesday - Recover - Stage 4 - Rugby specific - non - contact

Thursday - Recover - Stage 4 - Rugby specific - non - contact

Friday - Recover - Stage 4 - Rugby specific - non - contact

Saturday - Recover - Stage 4 - Rugby specific - non - contact

Graduated Return to Play

- **Week 3**

Sunday - Recover - Stage 4 - Rugby specific - non - contact

Monday - Recover - Stage 4 - Rugby specific - non - contact

Tuesday - Recover - Stage 4 - Rugby specific - non - contact

Wednesday - Return Stage 5 - Full Contact following medical Clearance

Thursday - Return Stage 5 - Full Contact following medical Clearance

If signs and symptoms come back then rest for a minimum of 24 hours or until symptoms are no longer present

Once signs or symptoms are no longer present then the participant can restart the Graduated Return to Play program from the stage before the stage they were currently on
I.e. If John was on stage 3 and symptoms appeared, John rested for 24 hours or until symptoms were no longer present, John then started his Graduated Return to Play on Stage 2 (the previous stage)

Stage 2 - Step 4

- **Return to full contact training and play**

Return to medical doctor for clearance approval and ensure section 3 is completed on Rugby Australia **Referral and Return form**

Before returning to contact, present a copy of the completed Rugby Australia Concussion **Referral and Return form** to the club or school team official as evidence to approve a return to full contact training and play

Return to contact cannot occur until the competition manager has signed off on complete Referral and Return Form

Collective Responsibilities

- **Players, Parents, Team officials and medical staff need to act in the best interest of the players safety and welfare by;**

Taking Responsibility for the recognition, removal and referral of players to a medical doctor

Ensuring concussion is appropriately managed as per Rugby Australia's Concussion procedure

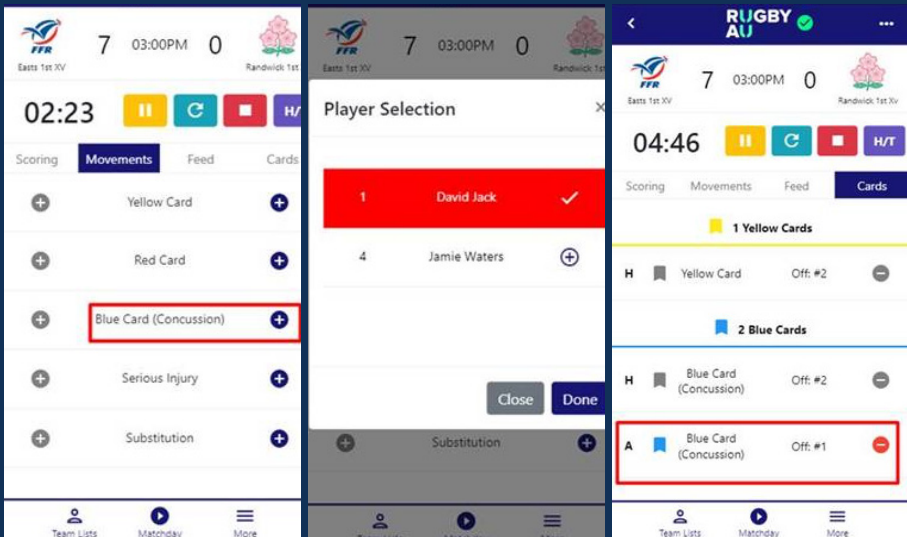
Recognise



The above World Rugby Application is a great resource for parents to help them identify and manage concussion

Record

- Team managers record the blue card or concussion case on the Rugby Xplorer Match Day App
- Once this has been recorded in the Rugby Xplorer Match Day app the competition Manager is notified
- The player will no longer be able to be selected onto the team sheet
- Once all the appropriate documentation has been completed and the competition manager has approved the documentation, the player will then be eligible to once again be selected on the team sheet



Key Messages



Key Messages

Player Safety and Welfare is of paramount importance in our game

Concussion in Children and adolescents:

- May take longer to recover
- Are more susceptible to concussion
- 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

Key Messages

Children and adolescents aged 18 and under - The **MINIMUM** period before **RETURN TO PLAY** is 19 days

Adults aged 19 and over - the **Minimum** period **RETURN TO PLAY** is 12 days

All concussions must be taken seriously

IF IN DOUBT, SIT THEM OUT!

Suggested Doctors in Canberra

- **Dr Greg Macleod**
- **Dr Warren McDonald**
- **Dr Rob Reid**
- **Dr Stephen Freeman**
- **Dr Peter Cole**
- **Dr Jame Ayres**
- **Dr Trevor Law**
- **Dr Karen Bisley**

Recommended Videos

- **Concussion Management and return to learn**
- https://www.youtube.com/watch?v=_55YmbIG9YM

- **Concussion in rugby: Recognise and Remove**
- <https://www.youtube.com/watch?v=JA-Qcfh6gSs>

- **Blue Card information**
- <https://www.youtube.com/watch?v=u4-wKtR5mT8>

- **Concussion in Sport Australia**
- <https://www.youtube.com/watch?v=ulCLvdjSqzk>

Recommended Website

- **Rugby Australia**
- <https://www.rugbyau.com/concussion>

- **Rugby Australia Learning Centre**
- <https://rugby.force.com/rugbyportal>

- **Sports Australia**
- <https://concussioninsport.gov.au>

- **World Rugby**
- <https://playerwelfare.worldrugby.org/concussion>

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