



Concussion Management Procedure



2025

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1. Introduction

The advice and procedures within this document are based on World Rugby Concussion Guidance. This document considers the changes to various guidance documents including World Rugby Concussion Guidance (August 2024) for non-elite, adults and children, and the Australian Sports Commission (ASC) Australian Concussion Guidelines for Youth and Community Sport (February 2024). 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.

2. Background

Rugby Australia's vision is to inspire all Australians to enjoy our great global game. One of the four key pillars of RA's strategy is to make Rugby a game for all. To achieve this, Rugby must be safe, inclusive and fair. Rugby, like many other activities, involves an element of risk. This procedure references the Rugby Australia Safety Policy which states that 'The primary consideration in all participation decisions must be the safety of all participants as a requirement that overrides all others.'

3. Glossary of key terms

AHPRA:	Australian Health Practitioner Regulation Agency
AIS:	Australian Institute of Sport
ATHP:	Appropriately Trained Healthcare Practitioner
GRTP:	Graduated Return To Play

4. Executive Summary

Rugby Australia has developed and implemented processes that direct increased vigilance and safety around the recognition and management of concussion or suspected concussion, including this Concussion Management Process.

These processes include:

- All members of the rugby community are responsible for recognising the signs/symptoms of concussion (or suspected concussion) and the appropriate management of concussion.
- Players are removed from play and training for both confirmed and suspected concussion.
- Confirmed and suspected concussion are treated identically by RugbyAU processes.

- Concussion is managed at the competition manager level (i.e., a player is not permitted to participate in competition for the minimum stand down period by the competition manager and the player is not permitted to return to play until appropriate medical review and clearance has been received by the competition manager).
- Relevant documentation must be submitted to the competition manager and Rugby Australia and include the Rugby Australia Referral and Return form.
- The Rugby Australia Referral and Return Form must be completed for every case of confirmed and suspected concussion.
- The Rugby Australia Referral and Return Form must also be presented to and completed by the medical practitioner or Appropriately Trained Healthcare Practitioner who assesses the player.

For clarity, this document defines the default procedure for the management of concussion and suspected concussion in all tournaments and events organised and sanctioned by Rugby Australia. This document overrides all other documents and guidelines that relate to the management of concussion in sport (and specifically rugby) including previous versions of this document.

5. Responsibilities

This document is prepared for the rugby public, it is not a medical document. Please refer to the Rugby Australia Medical Doctor and Appropriately Trained Healthcare Practitioners Information document for specific guidance for medical practitioners and all other health care practitioners.

6. Overview

At all times, players, parents/guardians, team officials, match officials, first aid attendants and medical staff must act in the best interest of player safety and welfare by:

- a. taking responsibility for the recognition, removal and referral of players to an independent medical doctor or appropriate health care practitioner (independent is defined as not being a family relative of the player).
- b. ensuring concussion is appropriately managed as per this procedure.
- c. ensuring that the injured player is reviewed and cleared by a Medical Doctor prior to return to full contact training/playing.

It is a requirement that all players who suffer a concussion (or suspected concussion) seek the highest level of medical care reasonably available to ensure concussion or suspected concussion is managed appropriately.

Rugby Australia defines minimum Return to Play periods following a concussion or suspected concussion in this protocol. Players, teams and competitions who do not follow this Rugby Australia Concussion Management Procedure **IN FULL** (including all Rugby Australia documentation and the use of Rugby Xplorer) are required to follow the return to play time frames outlined in the World Rugby Guideline.

Players, teams and competitions who follow this RA Concussion Management Procedure are following a process that has received an exemption from World Rugby to its standard guidelines.

The following **MINIMUM** Return To Play time frames apply:

ADULTS AGED 19 AND OVER:

the MINIMUM period before RETURN TO PLAY is **12 days**.

CHILDREN AND ADOLESCENTS AGED 18 AND UNDER:

the MINIMUM period before RETURN TO PLAY is **21 days**.

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 but any injury to the head or face that requires medical attention (e.g. a laceration requiring suturing or a fractured facial bone/nose) must also be assessed for possible concussion.

This document outlines the Standard Care Pathway of the Concussion Management Procedure applicable to the vast majority of rugby participation participants in Australia.

World Rugby defines exceptions to their guidelines for adult players only, which includes the World Rugby Head Injury Assessment (HIA) process and access to the World Rugby Individualised Rehabilitation process. In Australia, these exceptions are only available for professional players playing Test Rugby (men’s and women’s), Super Rugby, Super Rugby Women’s, International Sevens Rugby (men’s and women’s), or International U20 (men’s), and who can access Rugby Australia accredited and approved medical practitioners.

7. What is Concussion?

Concussion is a brain injury that 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.

All concussions or suspected concussions must be taken seriously but children and adolescents must be treated more conservatively than adults.

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 occur usually within 24-48 hours following a collision.

Concussion can occur without the player being “knocked out” i.e. losing consciousness. However, if a player is “knocked out” they have suffered a concussion.

Most concussions recover with both physical and mental rest followed by a graduated process of return to activities of daily life before returning to sporting activities. However, concussion that is ignored or not recognised can be fatal.

All players with potential head injury or concussion or suspected concussion must be removed from the field and are not permitted to return to play or any training on the same day.

8. Blue Card

In matches of U13 and older, when a player leaves the field due to signs and symptoms of concussion or suspected concussion, the referee should show the player a Blue Card. This card is a visual cue for team support staff, it must be recorded by team officials and triggers an off-field medical management process.

This off-field process (which applies to all rugby, not just U13s and older) is detailed in this document.

Rugby Australia has instituted the following Law change ‘a tactically replaced player may return to play to replace a player who has been shown a Blue Card.’

9. Team/Club Concussion Manager

Rugby Australia strongly recommends that each club or team has an identified Concussion Manager. This person may be a coach, a team manager or any other club volunteer. They do not need to have any medical expertise.

This person is responsible for the administrative requirements of the RA Concussion Management Procedure including:

- ensuring all required Rugby Australia Concussion Management Procedure documentation is fully completed (including the Rugby Xplorer App and the Rugby Australia Referral and Return form).
- ensuring that any player who is issued with a Blue Card (or having been identified with signs/symptoms of concussion or suspected concussion) has been entered into and recorded accurately in Rugby Xplorer.
- liaison with the Competition Manager as required.
- liaison with the affected player(s) and their family (if the player is under 18) as required.

This position does not change the need for all members of the rugby community to act to manage concussion appropriately.

10. Concussion Management

The management of concussion involves the following steps, with each step being completed before moving to the next step. This document includes key information about each of the concussion management steps, a summary of these steps can be found in the Rugby Australia Concussion Management Procedure Summary.

On the Day of the Injury

1. RECOGNISE

2. REMOVE

3. RECORD

4. REFER

On the Day Following the Injury

5. REST

6. RECOVER

7. RECORD

8. RETURN

11. Step by Step Procedure

Step 1: 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?"

Behaviour that is abnormal, unusual or unexpected for the individual is also a sign that should be looked for. The key determinant in acknowledging a player as being concussed or suspected of concussion is the presence of signs and symptoms.

Please note a player who suffers a 'head knock' and exhibits no signs and symptoms of concussion, should be monitored for the development of any potential signs and symptoms.

It is recommended that community coaches, staff and managers have access to the Concussion Recognition Tool 6 and Child Concussion Recognition Tool 6 on site to assist in the recognition of concussion, as well as the Rugby Australia Head Injury Fact Sheet.

Step 2: Remove

Any player with signs or symptoms of a potential head injury, concussion or suspected concussion **must be immediately removed** from the rugby training or playing field. The player **must not** take further part in any rugby training or games (including other sports or physically demanding activities) on this day.

Any player with a potential head injury, concussion or suspected 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, CONCUSSION OR SUSPECTED CONCUSSION, NO PERSON (E.G. PHYSIO, COACH, TRAINER, OR DOCTOR) CAN OVERRIDE THE REQUIREMENT OF A PLAYER TO REMAIN OFF THE FIELD.

Step 3: Record

Any player observed with signs/symptoms of concussion or suspected concussion must be recorded in Rugby Xplorer. This can be done in one of two ways:

1. If injury identified during a match, record the injury as a “Blue Card” in the Rugby Xplorer Match Day App (irrespective of whether the player was shown a blue card by the referee or not).
2. If injury identified outside of a match (e.g. post-match or at training), a Club Administrator can record the injury in Rugby Xplorer Admin “Case Management”.

The team manager, coach or Team/club Concussion Manager must complete the Rugby Australia Referral and Return Form, which will include the following steps:

1. Completion of the player information on page 1.
2. Confirmation by the person completing the form with the team medical staff and/or the referee as to the signs and symptoms witnessed to warrant the blue card being issued.
3. A signature by the Team Manager, Coach or Concussion Manager that the relevant information has been provided to the player and/or parent/guardian.
4. The original form is provided to the player or parent/guardian to take with them for further medical appointments.
5. The Team Manager, Coach or Concussion Manager should keep a copy of the first page of the Rugby Australia Referral and Return Form for their reference (a photo of page 1 of the form is adequate).

Relevant Rugby Xplorer Administrators are notified of any concussion injury entered into the system.

Step 4: Refer

All players with potential head injury, concussion or suspected concussion must be referred for appropriate assessment and management of their injury.

All players with potential head injury, concussion or suspected concussion must be referred to an appropriately trained healthcare practitioner (e.g., medical doctor, physiotherapist, nurse, nurse practitioner) or emergency department as soon as practical (within 72 hours of the injury) for an initial assessment.

The urgency of this assessment is guided by many factors including the presence or absence of “red flags”. Red flags (see below) as identified on the CRT6, or the Rugby Australia Head Injury Fact Sheet are indicators of potentially more serious or sinister head injuries and require urgent assessment at a hospital emergency department.

Who is an appropriately trained health practitioner (ATPH)?

An appropriately trained health practitioner must be:

1. Currently registered with AHPRA without restriction
2. If the appropriately trained health practitioner is NOT a medical doctor i.e., a physiotherapist, a nurse, a nurse practitioner etc, the ATPH should have completed at least one of the following online courses within the last 12 months:
 - a. [Concussion in Sport for Healthcare Practitioners](#)
 - b. [World Rugby Concussion Management for Medical Practitioners and Healthcare Professionals](#)Rugby Australia recommends medical doctors to also complete at least one of these modules.
3. Ideal training for medical doctors and ATPH includes:
 - a. having undertaken an Immediate Care in Rugby (ICIR) or Advanced Immediate Care in Rugby (AICIR) course in the last 3 years.
 - b. Being current in their ICIR/AICIR accreditation.
 - c. Up to date in ICIR/AICIR and concussion modules i.e. completed in the same calendar year.
4. The initial evaluation should include a SCAT6 assessment both initially (ideally same day) and subsequently (48-72 post injury) and review of the Rugby Australia Referral and Return Form.

A player **MUST** see a medical doctor in the first few days after a concussion if the player has:

1. A second concussion within a 12-month period.
2. Complex concussion symptoms and signs.
3. An alternative diagnosis to overturn a blue card.

A minimum of two sleeps (following the incident) must be observed before any player can be assessed to exclude concussion, hence NO player can be cleared in a time frame less than this. The referral must happen even if symptoms or signs have disappeared.

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 behaviour
- 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.
- Severe or unusual neck pain

RUGBY AUSTRALIA HEAD INJURY FACT SHEET AND RUGBY AUSTRALIA CONCUSSION REFERRAL AND RETURN FORM (WITH SECTION 1 COMPLETED) MUST BE GIVEN TO THE PLAYER OR FAMILY MEMBER/GUARDIAN.

The **Rugby Australia Head Injury Fact Sheet** 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 **Rugby Australia Concussion Referral and Return Form** comprises three sections. Each section must be completed:

1. signs and symptoms noted by first-aider, referee, coach, managers, players, team/club concussion manager or medical professional at the time of injury;
2. information for and acknowledgement of the initial consultation with the appropriately trained health practitioner;
3. final clearance from a medical doctor to return to full-contact training.

A medical doctor or appropriately trained health care practitioner who assesses a player for concussion should be experienced in the assessment and management of

sport-related concussion. They must have read Rugby Australia's Concussion Management Medical Doctor and Health Care Practitioner document (including World Rugby's Operational Definition of Concussion) and should have a good working knowledge of World Rugby Concussion Guidance.

If any player is diagnosed as having concussion, the "Graduated Return to Play" process in the remaining steps must be followed.

For the purpose of this 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.

Step 5: Rest and Return to Usual Life (Return to Work, Learn and Study)

G RTP Stage 1

Rest is crucial to recover from concussion. The player must engage in relative rest (i.e., only participate in activities that do not make symptoms worse) for the first 24-48 hours after injury. The aim of this 'relative rest' period is to reduce sign and symptoms and maximise recovery.

What does rest mean?

- Reducing physical and mental activity as guided by symptoms.
- Avoiding any physical and mental activity that significantly worsens symptoms
- Examples of relative 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 screen time e.g. TV, use of mobile devices, gaming and computers as excessive use can aggravate symptoms.

How long should the player reduce physical and mental activity?

- Players must rest (that is reduced physical and mental activity) until all their signs and symptoms have reduced to a level of tolerance **AND** they have stopped all medication required for treatment for their concussion symptoms (e.g. pain killers for headaches).

- Return to a graduated program of exercise will be guided by their appropriately trained health care practitioner.
- The required time of rest will vary from player to player, so an appropriately trained health care practitioner will specify the minimum time of relative rest for each player.

Return to Learn and Study

The student rugby player is often faced with unique challenges when returning to the classroom and learning environment following a concussion. Rugby Australia offer the following recommendations around return to learn:

- Complete rest and isolation, even for an initial 24–48 hours is no longer considered the best approach, but rather a period of relative rest is recommended.
- Children/adolescents may require and should receive temporary academic accommodations managed by their school/educational institute (e.g. modifications to schedule, classroom environment, and workload) to support a return to the education environment in some capacity as soon as possible.
- A child or adolescent should return to their school environment as soon as they are able to tolerate engaging in cognitive activities without overly exacerbating their symptoms, even if they are still experiencing symptoms.
- Return-to-school protocols should be customised based on the severity of post-concussion symptoms as determined jointly by medical and school-based teams and be modified based on ongoing assessment of symptoms.
- Complete absence from the school / education environment for more than one week is not generally recommended.

Step 6: Recover and Return to Exercise

G RTP Stages 2-4

Light exercise **can only** start after a player has returned to **activities of normal daily living including work, school and study** without increased signs or symptoms of concussion and **does not require** medication for their symptoms.

The focus in the recovery phase is about getting completely back to normal life, school, study or work, but NOT hard physical exercise.

If any **symptoms re-occur or worsen** during recovery, the player will need more relative rest time, and the player should be reviewed by their medical doctor.

Step 7: Record and Return to Contact Training

G RTP stage 5

The player and/or their parents/guardian must ensure completion of the Rugby Australia Concussion Referral & Return Form by a medical doctor and provide the

completed form to their team manager or Team/Club Concussion Manager before returning to contact training. It is then sent to the Competition Manager. Failure to complete any section of the form will result in the player being excluded indefinitely from full contact training and match play.

Ideally the player is assessed, and the Rugby Australia Referral and Return Form is completed by a medical doctor with experience in assessment and management of sports concussion and knowledge of Rugby Australia's Concussion Management Procedure. It is not ideal to seek medical clearance from inexperienced medical doctors who do not know the medical history of the player.

Players 18 years and under (regardless of the competition they are playing in) **cannot**:

- return to **graduated contact** training until they have completed **14 continuous days** symptom free.
- return to full, **unrestricted contact** training for **at least 18 days** after all symptoms and signs have disappeared.

Adult players, 19 years and over, **cannot**:

- return to **graduated contact** training until they have completed **7 continuous days** symptom free.
- return to full, **unrestricted contact** training for **at least 11 days** after all symptoms and signs have disappeared.

Step 8: 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** have successfully completed the GRTP without any signs or symptoms of concussion (during or after training and contact training).

- Players 18 years and under **cannot** return to **play** (GRTP Stage 6) for **at least 21 days** after all symptoms and signs have disappeared.
- Adult players, 19 years and over, **cannot** return to **play** (GRTP Stage 6) for **at least 12 days** after all symptoms and signs have disappeared.

A player must see a medical doctor at the end of the concussion management process to confirm;

1. Appropriate management of the athlete.
 - a. This will include evidence that they have been managed by an appropriately trained health practitioner through their recovery of symptoms and commencement of the GRTP (stages 1-4).
2. Recovery of the athlete
 - a. This will include a statement by the doctor that the player has had a symptom free period prior to returning to any (modified) contact training of 14 days for children and adolescents, 7 days for adults

3. The medical doctor's evaluation should be comprehensive and ideally undertaken by a medical doctor experienced in the management of concussion.

12. Important Considerations

1. A player suffering a second confirmed concussion within a 12-month period MUST:
 - a. See a medical doctor as early as possible after the injury.
 - b. Have a minimum stand down period consistent with World Rugby guidelines i.e. 21 days minimum, irrespective of whether the player is an adult or child/adolescent
2. Players who progress slowly through their GRTP and particularly are slow to return to learning or work should be reviewed by a medical doctor experienced in the management of concussion. For clarity, any player (adult or child) who has not commenced a return to work or return to learn process 2 weeks following an injury should be referred.
3. Management of concussion in a competition will remain with competition managers. Difficult cases, especially around over-turning blue cards, must be referred to RA for assessment.
4. Rugby Australia recommends all players complete a pre-season baseline assessment (when healthy) e.g., SCAT6. for the purpose of having a comparison, if a confirmed and suspected concussion occurs.
5. Adherence to the RA protocol is the highest standard for decision making. The use of other (commercial or experimental) technology or processes will not overturn the RA protocols.

13. Graduated Return to Play (GRTP)

The best way to return to sport is to follow a gradual re-introduction of exercise in a stepwise progression known as a GRTP programme as per the following:

RA Concussion Procedure Step	GRTP Stage	Exercise Mode	Example of Exercise Activity	Progression
5 - Rest	1	Rest and return to usual life	Relative rest of the brain and body until symptoms subside. Return to work, school or study.	Relative rest period mandatory, in most cases at least 24 hours. ATHP decides on any additional amount of rest time needed.
6 - Recover	2	Light cardiovascular exercise	Light jogging for 10-15 minutes, swimming or stationary cycling at low to moderate intensity. No weights training	If no increased symptoms, start Stage 3 after minimum of 24 hours. If symptoms occur, rest 24 hours & repeat Stage 2.
6 - Recover	3	Rugby specific exercise	Individual running drills and skills without contact. No weights training	If no increased symptoms, start Stage 4 after minimum of 24 hours. If symptoms reoccur or worsen, rest 24 hours & repeat Stage 2, then progress
6 - Recover	4	Rugby specific non-contact training	More complex training drills e.g. passing drills. May start progressive (low level) weights training	If no increased symptoms, review by a medical doctor and presentation of a completed Rugby Australia Concussion Referral & Return Form required before Stage 5. If symptoms reoccur or worsen, rest 24 hours & repeat Stage 3, then progress.
7 - Record	5	Rugby practice	Full contact practice following completed Rugby Australia Concussion Referral & Return Form being provided to the club or school sport master.	Player, coach, parent to report any symptoms to medical doctor. If symptoms reoccur or worsen, then medical doctor to review.
8 - Return	6	Rugby game	Full contact game	Monitor for recurring symptoms or signs.

The day-to-day oversight of the player during the GRTP may be conducted by a sports physiotherapist, parent/guardian, team trainer, or any other responsible adult. The overseeing person must have documentation to support the progression of the player as well as the absence of symptoms.

The commencement of the GRTP may be signed off by an appropriately trained healthcare practitioner (ATHP). However, the completion of the GRTP process including return to full contact training and return to play must be signed off by a medical doctor.

The player must be monitored to ensure no return of signs or symptoms before and whilst progressing through the GRTP. It is recommended that the GRTP process is documented for the purpose of providing objective information to the medical doctor for the sign off at the conclusion of the GRTP.

The following tables outline the minimum and expected graduated return to play processes after a diagnosed uncomplicated concussion injury occurring on a Saturday game with no progressing signs or symptoms, these tables are examples only.

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

SAT MATCH - PLAYER shows Signs and Symptoms of Concussion							
Week	SUN	MON	TUES	WED	THUR	FRI	SAT
1	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
	Rest GRTP Stage 1	Rest GRTP Stage 1	Recover GRTP Stage 2	Recover GRTP Stage 2	Recover GRTP Stage 2	Recover GRTP Stage 2	Recover GRTP Stage 2
2	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
	Recover GRTP Stage 3	Recover GRTP Stage 3	Recover GRTP Stage 3	Recover GRTP Stage 4	Recover GRTP Stage 4	Recover GRTP Stage 4	Recover GRTP Stage 4
3	Day 15	Day 16	Day 17	Day 18	Day 19	Day 20	Day 21
	Recover GRTP Stage 4	Recover GRTP Stage 4	Recover GRTP Stage 4	RETURN GRTP Stage 5	RETURN GRTP Stage 5	RETURN GRTP Stage 5	PLAY MATCH

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

SAT MATCH - PLAYER shows Signs and Symptoms of Concussion							
Week	SUN	MON	TUES	WED	THUR	FRI	SAT
1	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
	Rest GRTP Stage 1	Recover GRTP Stage 2	Recover GRTP Stage 2	Recover GRTP Stage 2	Recover GRTP Stage 3	Recover GRTP Stage 3	Recover GRTP Stage 3
	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
2	Recover GRTP Stage 4	Recover GRTP Stage 4	Recover GRTP Stage 4	RETURN GRTP Stage 5	RETURN GRTP Stage 6		PLAY MATCH

14. Complex Concussion Scenarios

This Concussion Management Procedure only applies to players who have suffered their first concussion in a 12-month period.

Players must see an independent medical doctor experienced in sports concussion management to follow an individualised management plan if they have:

- ≥ 2 concussions in 12 months.
- Multiple concussions (more than 5) over their playing career.
- Concussions occurring with less collision force.
- Concussion symptoms lasting longer than expected i.e. a few days.

The management of every concussion case should be individualised, but the occurrence of a second, or more concussions in a 12-month period infers that a greater duration of recovery may be needed.

It is a requirement that all players suffering two or more concussions in a season be assessed by an independent medical doctor experienced in sports concussion management and confirmed that they have fully recovered from concussion prior to returning to contact sport participation. The appropriate Competition Manager or Member Union should be contacted for advice on an appropriate Concussion consultant to see in such cases.

If a player suffers three concussions in any season or 12-month period, they should strongly consider not playing contact sport for the remainder of that season and must receive appropriate clearance to return in future seasons by an independent medical doctor experienced in the management of concussion.

15. Case Reviews

It is uncommon but possible that concussion or suspected concussion was incorrectly reported. This can be either from an alternative diagnosis or a reporting error. In such circumstances, the concussion case can be reviewed.

Alternative diagnosis

If a player shows signs and symptoms of concussion and in subsequent assessments (both same day of injury and 36-48 hours after injury) an independent medical doctor making these assessments determines that the abnormal assessment is not related to a concussion, the following procedure **MUST** be followed:

1. Doctor must identify and document an alternative diagnosis for the abnormal assessment(s).
2. This documentation is provided to the appropriate Competition Manager or Member Union.
3. The Competition or Member Unions appointed Concussion consultant (who is approved by the Rugby Australia CMO) will then review and either uphold or overturn the concussion decision.
 - a. This review may involve discussion with any or all of the following individuals: player, team manager, coach, parents, first aid provider, referee, match officials, team/club concussion manager
4. Upon satisfaction that there is evidence to suggest the players signs and symptoms were not associated with concussion, and there is an “alternative diagnosis” to explain the patients signs and symptoms, the case is updated to ‘not confirmed’ and the player may return to contact training and match play.
5. If there is dispute of the outcome of the review, the case may be referred to Rugby Australia for assessment (if original decision not already made at Rugby Australia level):
 - a. This assessment may involve written evidence or discussions with any or all of the people noted above and any other relevant persons including medical specialists as deemed appropriate by Rugby Australia
 - b. The decision of Rugby Australia will be final and there will be no correspondence entered into following the decision by Rugby Australia

Reporting error

The Match Official, Medical/First Aid Staff, Team Manager/Coach are contacted by the Competition Manager to verify that the player did not show any signs or symptoms of concussion.

Upon satisfaction that there is no evidence to suggest the player suffered a concussion the case is updated to ‘not confirmed’ and the player may return to contact training and match play.

Return to Play between 19 and 21 Days (players 18 years or under)

In the opinion, and at the discretion of the medical doctor granting final clearance for a player 18 years or under to return to full-contact training at 18 days, a player may be permitted to return to play prior to the 21-day period. In making this determination, the medical doctor should give consideration to the welfare and safety of the player, acknowledging their progression through the GRTP including adherence to the 14-day symptom-free period, and to the next genuine playing opportunity available to the player. This provision seeks to reduce the impact of competition scheduling, and instances where a player who has successfully completed the GRTP, may miss more than three matches.

A medical doctor may grant this provision as part of completing the Rugby Australia Referral and Return Form.

16. Sanctions

This Rugby Australia Concussion Procedure is considered a Rugby Australia Safety Policy and/or Guideline for the purpose of Rugby Australia's Code of Conduct. Intentional or reckless disregard for this may result in disciplinary action pursuant to Rugby Australia's Code of Conduct.

17. Related Documents

- Rugby Australia Head Injury Fact Sheet
- Rugby Australia Concussion Referral and Return Form
- Rugby Australia Concussion Management Medical Doctor Information
- Rugby Australia Safety Policy
- Rugby Australia Code of Conduct
- World Rugby Documents - <http://playerwelfare.worldrugby.org/concussion>