



## CONCUSSION PROTOCOLS (HEAD INJURY ASSESSMENT)

For the safeguarding of players and those involved in NZRL run matches we will be implementing a **GREEN CARD** (return to play) system to include the National Premiership and NZRL Championship Competitions.

If a Player experiences or exhibits any one or more of the following symptoms or signs, the Player must be immediately taken from the field in a medically appropriate way to be assessed by the team doctor and/or dedicated medical personnel:

- a) Clinical features including abnormal neurological signs of a serious or structural head and/or neck injury requiring emergency management and hospital transfer
- b) Loss of consciousness or suspected loss of consciousness
- c) No protective action in fall to ground (tonic or floppy; or cervical hypotonia)
- d) Impact seizure or possible impact seizure e.g. tonic clonic movements or tonic posturing
- e) Confusion or disorientation
- f) Memory impairment (e.g. fails the Maddocks questions)
- g) Motor incoordination (e.g. Balance disturbance or possible balance disturbance, clumsiness with upper limbs or in getting up); (e.g. ataxia)
- h) Player reports significant, new or progressive concussion symptoms
- i) Dazed, blank/vacant stare or not their normal self (e.g. no facial expression, no apparent emotion in response to the environment, reduced conscious state (GCS<15), not responding appropriately to those around him including other Players, referees or trainers/medical staff)
- j) Behavioural change atypical of the Player
- k) Slow to stand following a possible head injury (1st priority is to ensure that there is no neck injury present)
- l) Loss of responsiveness (Player lying motionless for 2-3 seconds or until support staff arrives)
- m) Suspected facial fracture.

In addition, if the team doctor, physiotherapist or assigned medical personnel forms a clinical impression that the Player appears to display other signs that a head injury may have occurred following trauma/impact, the Player must immediately be taken from the field in a medically appropriate way to be assessed by the dedicated medical personnel.

**NOTE:** 'Balance disturbance' is defined as when a Player is unable to stand steadily unassisted or walk normally and steadily without support in the context of a possible head injury.

1. If a Player is required to leave the field of play as a consequence of the identification of one or more of these features to complete a Head Injury Assessment (HIA), this interchange will not be included for the purposes of calculating the number of interchanges listed within the Competition Rules under Interchange Protocols.
2. The period of time in which the HIA is to take place is to be a period of 15 minutes. The time period is to begin from the time at which the Player is in the care of the dedicated medical personnel (this time cannot be delayed for any other non-legitimate reason). If the Player has been cleared by the dedicated medical personnel during the HIA, the Player will be provided with a **GREEN CARD** (return to play) and must report immediately to the interchange official prior to or at the completion of the 15 minute HIA to return to

the field of play but can only return at the completion of the 15 minute period and provided they have an official **GREEN CARD**.

3. The 15 minute period prior will not be assessed against the official match time or clock. The timing of the HIA period will be monitored by the match manager if a designated HIA official is not on duty.
4. If a Player is required to be assessed for a period longer than the specified HIA period, that Player would then be adjudicated as an interchange for the purposes of calculating the number of interchanges listed. The participating team will be required to hand over their next interchange card available in sequential order immediately to the interchange official.
5. Any Player who is required to leave the field of play for a second HIA (including if one or both incidents are the result of the incident being placed on report or a send-off offence) in the same match, will not be allowed to return to play in that Match.
6. In the event of an on-field incident which has required two Players from the same team to be taken from the field of play at the same time for a HIA, the team doctor or dedicated medical personnel may request from the HIA interchange official an additional 10 minute period for one (1) of the HIA Players to complete the necessary assessment. The team doctor or dedicated medical personnel must nominate which Player will be assessed first.
7. In the event of an on-field incident in the first 10 minutes during a HIA for one Player requiring a second Player from the same team to be removed from the field of play for a HIA, the team doctor or dedicated medical personnel may request from the HIA interchange official an additional 10 minute period for the second HIA Player to complete the necessary assessment.
8. If the Player has suffered a head injury in a tackle or incident that was a consequence of foul play which resulted in a send-off, sin bin or the player being penalised, this interchange will take place in accordance with Interchange Protocols which refers to interchange in the event of foul-play. There will be no maximum time limit associated with the Head Injury Assessment but that Player cannot return for a minimum of 15 minutes if deemed not to have suffered a concussion.
9. Once a Player has been substituted as per normal interchange rules, a HIA cannot be initiated from the sideline.
10. In the event that a HIA takes place in the 15 minute period prior to half time, the HIA period will be deemed to have been completed at the end of the half time period, unless 15 minutes has not elapsed. The team must indicate to the HIA interchange official or the match manager if a designated HIA official is not on duty immediately at the completion of half-time whether the Player is to return to the field of play.
11. In the event that a participating team has used all of its allocated interchanges whilst a Player is completing a HIA, and if that Player is unable to return to the field of play at the completion of the HIA, the participating team must immediately remove a Player from the field of play and complete the match with one (1) less Player.
12. At the completion of the match, the match manager is to complete, as part of their report to a Competition Organiser, details of any Player who has completed a HIA during the match. Similarly, a team's medical staff must include details of the HIA in their post match medical report.
13. Following any such match where a player has been deemed unable to return to the field due to incurring a concussion, the return to play process (including stand down periods) will apply as per the NZRL Concussion / Head Injury Policy. More information can be found via the NZRL website: <https://nzrl.co.nz/wp-content/uploads/2020/05/NZRL-Concussion-Policy-2018-1>
14. Participating teams must only use a HIA for the reasons set out within this section of the Competition Rules.

Any team which is proven to have used a HIA for any reason other than that detailed within these protocols will be deemed to have gained an unfair tactical advantage in the Match and be subject to penalty.