

## COMMUNITY RUGBY CONCUSSION MANAGEMENT PROTOCOL

Player welfare is a key priority for New Zealand Rugby (NZR). As such, NZR has established protocols to ensure optimal recovery and longevity in rugby and life for community players who have a suspected concussion.

A suspected concussion occurs when a player:

- Experiences an event that has the possibility of causing a concussion; and
- Presents with acute or delayed signs or symptoms that may be indicative of a concussion: [Signs and Symptoms | NZ Rugby](#); and
- May or may not have been removed from play or training; and/or
- Consults a medical doctor for a concussion assessment.

The minimum stand-down period for a suspected concussion is 21 days and applies when:

- A player is diagnosed with a concussion by a medical doctor.
- A player who meets the definition of suspected concussion but is diagnosed as not concussed by a medical doctor.
  - If the medical doctor provides evidence that definitively rules out a concussion diagnosis (i.e., diagnoses something else or provides another explanation for the player's symptoms), please contact your PU or NZR at [concussion@nzrugby.co.nz](mailto:concussion@nzrugby.co.nz).

The rationale for the minimum stand-down period, regardless of whether the player is diagnosed with a concussion or not, is because the advanced level of concussion care that occurs in the professional game is not available in the community environment. Further, NZR, the provincial union and the club/school do not have visibility of the medical doctor's awareness of NZR's graduated return-to-play protocols that are governed by the game (NZ Rugby DSLV Law 22.d and 24). That is, for clearance to return-to-play, a player must provide evidence to the medical doctor of:

- Completed the minimum stand-down period from playing; and
- Undertaken the Graduated Return to Play Protocol, using a symptom-guided approach to progress through the protocol (i.e., if symptoms return, return to the previous stage): [Recover and Return | NZ Rugby](#)

At the professional level, there is a comprehensive process for the assessment and management of players with a suspected concussion including:

- Baseline SCAT-5, neurocognitive tests, and concussion risk stratification analysis.
- Head Injury Assessment (HIA) 1, 2 and 3.
- Video review.
- Independent match day doctors.
- Medical team manage the player and their return-to-play process daily.
- Specialist review with an independent concussion consultant accredited by World Rugby.

We note that even with this process in place, most professional players with a suspected concussion do not return-to-play within 12 days.

Specific to the Blue Card, if a player, coach, school/club believes a Blue Card has been issued in error, information on the rescinding process is available from your provincial union.

We realise some of this information may sound frustrating. However, player welfare remains our priority and if we are not 100% sure that a player with a suspected concussion has met all the requirements for return to-play, we will always err on the side of caution so that players can continue to enjoy the game for many years to come.