



**Canada Rugby League Association
(CRLA)**

**Concussion Management & Return to Play Policy
By-law Adopted November 24, 2019**



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1. OVERVIEW

These guidelines provide general information only and are not intended to, and do not, constitute any medical advice, medical diagnoses, symptom assessments or medical opinions. The guidelines are based, in part, on information published by Brain Injury Canada and are based on the status of scientific knowledge available at the time that this information was prepared. As noted in a Cautionary Note to Users issued by Brain Injury Canada “Choices reflected in these guidelines do not preclude the possibility of other approaches or practices also being valid and relevant. Healthcare professionals must at all times use their clinical judgment and consider other factors such as patient preferences, contextual factors and resource availability in applying these recommendations. Moreover, healthcare professionals must at all times respect the legal and normative regulations of the regulatory bodies, in particular with regards to scopes of practice and restricted/protected activities, as these may differ by jurisdiction.”

The health and well-being of all its participants is of primary importance to the CRLA, whether they are training, in competition or engaged in related events.

The CRLA is committed to increasing awareness, amongst its members, on head injury prevention and concussion identification and management however under no circumstances should information / guidance provided in this document be used for any self-diagnosis or treatment.

2. APPLICATION

- (a) These guidelines bring attention to the issue of concussions, highlight best practices and provide resources for clubs, coaches, athletes, and parents for dealing with a concussion.
- (b) It is the responsibility of CRLA volunteers, employees, and participants to be aware of their obligations under legislation applicable under the applicable jurisdiction (e.g. Rowan’s Law (Concussion Safety), 2018 and associated regulation(s); Ontario).
- (c) During CRLA sanctioned matches and competitions, CRLA officials will follow best practice for managing events where an athlete is suspected of suffering a head injury.
- (d) CRLA requires all Members, leagues, clubs and their members, including parents, to adhere to these guidelines and enact Member protocols (or CRLA if Members do not have written protocols) for dealing with athlete concussions at training, competition and related events.

3. DEFINITION

1. “Concussion” is a traumatic acquired brain injury, which happens when the brain is shaken back and forth inside the skull, injuring the brain.



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2. “Member” - All categories of membership defined in Section 5 of the Constitution of the Canada Rugby League Association.
3. “Play” – for the purposes of this By-law, “play” encompasses all forms of physical activity including participation in games / matches, training, and any other form of exercise.
4. “Registered Constituent” – Any natural person accepted as a “member” or “constituent” of a CRLA Member.
5. “Unaffiliated Constituent” – Any natural person who is resident of a geographical area that is not governed by a Provincial Association as defined in section 8 of the Constitution of the Canada Rugby League Association and who is a volunteer, contractor, or employee who undertakes activities on behalf of and/or in support of the Canada Rugby League Association.

4. CONCUSSION GUIDELINES

A concussion is a brain injury that cannot be seen and which typically results in the rapid onset of short-lived impairment of neurologic function. Acute clinical symptoms usually reflect a functional disturbance as opposed to a structural injury. It affects the way a person may think and remember things, and can produce a variety of symptoms. Any blow to the head, face or neck, or a blow to the body which causes a sudden jarring of the head may cause a concussion and may or may not involve a loss of consciousness.

Clinical and cognitive symptoms typically abate following a sequential course however, in some cases concussion symptoms last for weeks, months – even years and repeat concussions can result in brain swelling or permanent brain damage. As a result, concussions should be treated on a case by case basis.

(a) Awareness

A concussion can happen at home, school, practice or competition. Everyone from parents, coaches, sport and recreation leaders, school professionals, athletes, and officials has an important role in learning how to identify signs and symptoms of concussion; and understanding what to do if they think a participant is concussed. NOTE: coaches should be aware that concussions may occur outside of CRLA sanction events and that concussion protocols must be applied irrespective of where the concussion occurred.

(b) Evaluation

In the event that a concussion is suspected, an evaluation shall be conducted. Dependent on the circumstances, the following actions shall be taken:

- First aid evaluation to determine risk of cervical spine injury;
- In the event of a loss of consciousness, call for assistance from emergency services (911);
- Immediately remove the participant from play / training;



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- Assess for symptoms e.g. by use of Sport Concussion Assessment Tool 2 (SCAT2) or Pocket SCAT. NOTE SCAT2 is recommended for athletes aged 10 years and older.
- Scoring data from SCAT2 should not be used as a stand-alone method to diagnose concussion.
- The participant should not be left alone and should be closely monitored for deterioration of symptoms for at least a few hours after the event suspected of causing a concussion.

Symptoms:

The following are potential symptoms of concussion. NOTE: this list is not exclusive and not all symptoms are likely to present:

- Headache;
- “Pressure in head”;
- Neck Pain;
- Nausea or vomiting;
- Dizziness;
- Blurred vision;
- Balance problems;
- Sensitivity to light;
- Sensitivity to noise;
- Feeling slowed down;
- Feeling like “in a fog”;
- Difficulty concentrating;
- Difficulty remembering;
- Fatigue or low energy;
- Confusion;
- Drowsiness;
- More emotional;
- Irritable;
- Sadness; and
- Nervous or anxious

c) Removal from Play Protocols

When a concussion is confirmed or suspected based on observations of one or more concussion symptoms, or failure of SCAT2:

- The participant shall NOT be allowed to return to play, the coach of the team or in the absence of a coach the team manager / most senior player is responsible for ensuring that the participant is immediately removed from play, and not allowed to return;



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- In the event that the participant is under 18 years of age it is the responsibility of the coach, or in the absence of a coach the team manager / most senior player shall ensure that a parent or guardian is advised of the participant's removal from play and procedures to be completed prior to Return to Play;
 - The participant should not be left alone and should be closely monitored for deterioration of symptoms for at least a few hours after the event suspected of causing a concussion;
 - In the event where a loss of consciousness is suspected the participant shall be taken to hospital for further evaluation;
 - In the event that a concussion is suspected but where there has been no suspected loss of consciousness medical evaluation is required prior to allowing the participant to return to play;
 - In no circumstances shall a suspected concussed person be allowed to drive;
 - Participants with suspected concussions shall not drink alcohol, take sleeping tablets or other drugs unless expressly permitted by an appropriate medical professional;
 - No aspirin or anti-inflammatory medication shall be used to treat headache, paracetamol or codeine medication may be considered; and,
 - In the event that the concussion or suspected concussion occurred during a game, the coach or team manager shall record details of the concussion on the completed team sheet which shall be submitted to the CRLA Director of Rugby.
 - In the event that the concussion or suspected concussion occurred during a training, practice or other non-game CRLA event then the coach, team manager, or event organizer shall report details of the concussion to the CRLA Director of Rugby by "read-receipt" email.
- d) Second Impact Syndrome (SIS)
- SIS may occur where a participant returns to a sport or activity prior to recovery from an initial concussion. Children are recognized as being more susceptible to SIS and therefore particular care should be taken in managing concussions suffered by younger persons. SIS can cause rapid and severe brain swelling which can lead to death or permanent disability.
- e) Post Concussive Syndrome (PCS)
- PCS includes an array of symptoms that persist in the days/weeks following a concussion including, but not limited to:
- Dizziness;
 - Fatigue;
 - Irritability;
 - Loss of concentration;
 - Difficulty performing mental tasks; • Memory impairment; and,
 - Intolerance to stress, emotional excitement or alcohol.
- PCS can be difficult to diagnose in children due to developmental stages as well as co-existing conditions such as ADHD and learning disabilities.



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f) Concussion Management

The main focus for management of concussions is “Rest”.

With proper care and attention most concussions resolve themselves in 7-10 days.

Rest includes physical rest and cognitive rest. Physical rest includes rest from all physical activity including sport. Cognitive rest includes rest from mental activity – this can include a break from school/work, testing, computer use, video games, television, and loud music.

The symptoms that occur with a concussion can have a direct impact on academic functioning. To effectively learn while recovering from a concussion, an athlete must be supported with academic accommodations that include instructional, assessment, environmental and emotional considerations. For participants who are in the academic system, the below Return to Play protocols should not be initiated until, as a minimum, a qualified medical practitioner has determined that it is appropriate.

WHEN IN DOUBT, SIT THEM OUT!!!

g) Return to Play Protocol

Participants may return to play under the following circumstances:

i) If a qualified medical practitioner determines that, and provides a written note indicating that, a participant did not suffer a concussion (when a concussion was suspected) then that participant can return to play. ii) If a qualified medical practitioner determines that a participant did suffer a concussion, then the following steps shall be taken:

- a. Complete rest with no physical or cognitive activity until, as a minimum, the patient has gone 24-hours free of symptoms without medication. The patient may then request the permission of the qualified medical practitioner to Return to Play;
- b. Light Aerobic Exercise – such as walking, swimming, or stationary cycling, keeping intensity to <70% of maximum heart rate. Ideally, time periods (length of each session and number of days/sessions) to be determined by a qualified medical practitioner. Appropriate time periods will be dependent on the severity of the concussion.
- c. Sport-Specific Exercise – such as running drills (no contact – i.e. no tackling, no use of tackle shields etc.) Ideally, time periods (length of each session and number of days/sessions) to be determined by a qualified medical practitioner. Appropriate time periods will be dependent on the severity of the concussion.
- d. Non-Contact Training Drills – progression to more complex training drills e.g. passing drills, kicking drills. Ideally, time periods (length of each session and number of days/sessions) to be determined by a qualified medical practitioner. Appropriate time periods will be dependent on the severity of the concussion.



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- e. Full Contact Practice – following medical clearance participate in normal training activities.
 - f. Return to Play.
 - g. The coach or team manager is responsible for ensuring that a participant does not return to training or practice until permitted to do so in accordance with the above protocol.
 - h. The coach or team manager shall notify the CRLA Director of Rugby that a participant is ready to Return to Play. The participant shall not Return to Play until and unless above steps have been completed and the CRLA Director of Rugby has been informed that the participant is considered fit to play.
- iii) As noted in subsection 6.g).ii) Ideally, time periods (length of each session and number of days/sessions) would be determined by a qualified medical practitioner. Appropriate time periods will be dependent on the severity of the concussion however, in any event should take a minimum of 24 hours. If any symptom reoccurs, the patient shall drop back to at least the previous asymptomatic level and try to progress after a further period of rest (at least 24hours) has occurred. This progression must be closely supervised by a trained medical professional. Progression through each step is individualized and should be documented and determined on a case by case basis. Factors that may affect the rate of return to play include: previous history of concussion, duration of symptoms, and age of athlete or other type of activity they are returning to (i.e., a collision sport).

5. PLAYER REGISTRATION

The CRLA will not accept any request to register an individual aged between 10 and 25 inclusive unless and until:

- i) The individual attests that they have reviewed this policy and the *Rowan's Law: Concussion Awareness Resources* as published by the Government of Ontario within 3 months before the registration; and,
- ii) If an individual requesting registration is under the age of 18, the individual's parent or guardian must also attest that they have reviewed this policy and the *Rowan's Law: Concussion Awareness Resources* as published by the Government of Ontario within 3 months before the registration.

6. COACHES, TRAINERS, and MATCH OFFICIALS

The CRLA shall not recognize any individual as a coach, trainer, or match official unless the individual attests that they have reviewed this policy and the *Rowan's Law: Concussion Awareness Resources* as published by the Government of Ontario within the preceding 12 months. NOTE: this section does not apply to individual's acting as coach, trainer, or match official in the event that all participants are aged 26 or over.



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7. POLICY AVAILABILITY

This Policy shall be made readily available to CRLA volunteers, employees, coaches, trainers, team managers, registered constituents, affiliated constituents, match officials, parents/guardians of junior constituents and any other appropriate persons.