



# NRL - COMMUNITY HEAD INJURY RECOGNITION AND REFERRAL FORM

## A. GENERAL INFORMATION

Player Name:  Age:  Club:

Examiner Name:  Examiner qualifications:

Date:  Half:  Approximate Time in Half:  Position of Player:

## B. STRUCTURAL HEAD OR NECK INJURY

1. Are there clinical features of a potentially serious or structural head and/or neck injury, including prolonged loss of consciousness (>1 minute) requiring urgent and emergency hospital transfer?<sup>1</sup>  Yes  No

## C. REMOVAL FROM PLAY

**Players MUST be removed permanently from play if any of the following are observed by anyone; including coaches, parents and other players**

	YES Observed Directly	YES Reported	NO
2. Loss of consciousness (or prolonged loss of movement of > 1 – 2 seconds) or not responding appropriately to trainers, referees or other players	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. No protective action in fall to ground (not bracing for impact/ floppy or stiff)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Impact seizure/convulsion/fit (stiffening or shaking of arms and/or legs on impact)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Balance disturbance <sup>2</sup> or Clumsy (loss of control over movements) or slow to get up following a possible head injury (10-15 seconds)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Dazed or blank/vacant stare or not their normal selves/not reacting appropriately to surroundings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Unusual behaviour for the player	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Confusion or disorientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Memory impairment (e.g. fails Maddocks questions – refer to CRT5 <sup>1</sup> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Player reports or displays any other concussion symptoms (refer to CRT5 <sup>1</sup> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### IMPORTANT TO REMEMBER

- Any player who is unconscious should be suspected of having a spinal cord injury and treated appropriately. This includes DRABCD (Danger, Response, Airway, Breathing, CPR, Defibrillation) and they should not be moved unless appropriately trained personnel are present.
- If the player has weakness or tingling/burning in the arms and/or legs, they should be treated as if they have a spinal injury and an ambulance called.
- A player with a **facial injury** after head trauma should be assessed for signs and symptoms of concussion.
- Players must be **HONEST** in reporting how they feel. Uncooperative behaviour by players should be considered a possible sign of concussion and result in their removal from play as a potential head injury.

<sup>1</sup> Refer to the NRL Concussion Management Guidelines on the Play NRL website: [playrugbyleague.com/concussion](http://playrugbyleague.com/concussion) and use the **Concussion Recognition Tool 5 (CRT5)** [bjsports-2017-097508CRT5](http://bjsports-2017-097508CRT5)

<sup>2</sup> 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.

## D. OUTCOME AND ACTION

If 'Yes' is selected for question 1, an ambulance must be called for immediate transfer to hospital

If 'Yes' is selected for any of questions 2-10, **immediate** removal from play and medical assessment<sup>3</sup> are required

**<sup>3</sup> A player who is removed from play with a suspected concussion MUST NOT return to play until formally cleared by a doctor. If any RED FLAGS listed in the CRT5 are present or there is any other concern – call an AMBULANCE.**

**A PLAYER SUSPECTED OF HAVING SUSTAINED A CONCUSSION MUST NOT BE ALLOWED TO RETURN TO THE FIELD OF PLAY ON THE DAY OF THE INJURY EVEN IF THE SYMPTOMS RESOLVE. HE/SHE MUST BE SENT FOR MEDICAL ASSESSMENT IN THE CARE OF A RESPONSIBLE ADULT.**

**PLEASE REFER TO NEXT PAGE TO COMPLETE ASSESSMENT FOR PLAYERS REQUIRING MEDICAL REVIEW FOR SUSPECTED CONCUSSION**

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Player Name:

Date:

**E. SYMPTOM RECORD** – complete based on how the player feels **now**. (Helpful for medical follow up.)  
A Parent should help answer these questions if the Player is 12 years old or younger

	None	Mild		Moderate		Severe	
Headache	0	1	2	3	4	5	6
“Pressure in head”	0	1	2	3	4	5	6
Neck pain	0	1	2	3	4	5	6
Nausea or vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Blurred vision	0	1	2	3	4	5	6
Balance problems	0	1	2	3	4	5	6
Sensitivity to light	0	1	2	3	4	5	6
Sensitivity to noise	0	1	2	3	4	5	6
Feeling slowed down	0	1	2	3	4	5	6
Feeling like “in a fog”	0	1	2	3	4	5	6
“Don’t feel right”	0	1	2	3	4	5	6
Difficulty concentrating	0	1	2	3	4	5	6
Difficulty remembering	0	1	2	3	4	5	6
Fatigue or low energy	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
More emotional	0	1	2	3	4	5	6
Irritability	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6
Nervous or anxious	0	1	2	3	4	5	6
Trouble Falling Asleep (if applicable)	0	1	2	3	4	5	6

If you know the player (or ask parents/friends), how different is the player acting compared to his/her usual self?

No different	Very different	Unsure	N/A
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**SIGNATURE OF EXAMINER**

Signed:

Date:

Time completed:

The NRL require the injured player to be assessed by a **Doctor** as soon as possible after a head injury **PRIOR** to returning to a graduated structured training program.

**POST CONCUSSION INJURY ADVICE – for person monitoring the injured player**

- Recovery time from concussion is variable and signs and symptoms can evolve over minutes or hours
- If the player displays ANY of the following: vomiting, neck pain, severe or worsening headache, double vision, excessive drowsiness, convulsions, change in behaviour, loss of consciousness or weakness/tingling/burning in arms or legs; then call an ambulance or contact your doctor or the nearest emergency department **immediately**
- Rest (physical and mental) - including any training until medically cleared (at least 24-48 hrs)
- **NO** alcohol until medically cleared
- **NO** driving until medically cleared
- **NO** medications such as sleeping pills, aspirin, anti-inflammatories or sedating/strong pain killers
- **Please take this completed form to your doctor to assist with the assessment – it is recommended that you book a long consultation with your doctor**

A **final** consultation by a Doctor, to clear the player medically fit **before** full contact training and match play, **MUST** be undertaken.

It is preferable that the same doctor performs all the assessments (including initial and final clearance) if possible.