



# **ANNEX ONE**

## **Regulation 10 – Medical**

**Implementation date: August 1, 2015**

## **REGULATION 10 – MEDICAL**

Concussion is a brain injury, which is serious and can be suffered by a Player of any age.

Concussion and suspected concussion must be taken extremely seriously by all those involved in the Game in order to protect the safety, health and welfare of Players.

Extra caution must also be taken with children and adolescents who have a greater risk of concussion and associated complications.

### **10.1 Concussion**

#### **ADULTS**

10.1.1 Any ADULT Player with concussion or suspected concussion:

- (a) must be immediately and permanently removed from training or the field of play; and
- (b) should be assessed by a medical practitioner or an approved healthcare professional (as approved in the relevant jurisdiction); and
- (c) must not return to training or to play in a Match on the same day and until symptom free; and
- (d) must have complete physical and cognitive rest for 24 hours; and
- (e) must have relative physical rest (activity that does not induce or aggravate symptoms) for at least *one week* (including the initial 24 hour period of complete physical and cognitive rest) before commencing a graduated return to play (GRTP) programme referred to at 10.1.1(f)-(g) below. The Player must be symptom free before commencing the GRTP; and
- (f) must successfully follow and complete a GRTP programme which must be consistent with World Rugby's GRTP Protocol contained in the World Rugby Concussion Guidance which is available [here](#).; and
- (g) should receive clearance from a medical practitioner or approved healthcare professional prior to commencing the full contact training stage of the GRTP programme.

10.1.2 The following exceptions may apply:

- (a) The one week rest period (in 10.1.1(e)) is obligatory regardless of whether the Player has become symptom free unless the Player has successfully accessed an 'advanced level of concussion care' (as defined in the World Rugby Concussion Protocol) In any event, there is no exception to the initial 24 hour period of complete physical and cognitive rest;
- (b) the completion of a GRTP programme stipulated in 10.1.1(f) is obligatory except in cases of suspected concussion where the Player has accessed an 'advanced level of concussion care' (as defined in the World Rugby Concussion Protocol) AND has been medically cleared to return to training or to play on the grounds that the Player had not in fact been concussed.

10.1.3 The temporary replacement procedure for head injury assessment set out in Law 3.11 is only applicable in elite adult Matches, Series of Matches or Tournaments, which have been approved in advance by World Rugby.

10.1.4 If a Union, Association or Tournament Organiser wishes to obtain access to temporary replacement for head injury assessment in approved elite adult rugby Matches, an application for approval must be made to World Rugby. Application procedures are set out

in the World Rugby Head Injury Assessment Protocol (“HIA Protocol”) available [here for elite level match day medical staff](#).

10.1.5 Approval will only be given by World Rugby for access to the temporary replacement procedure in the elite adult game if the relevant approval criteria identified in the HIA Protocol are met, which include confirmation by the applicant that:

- (a) The Tournament or matches are elite adult Tournaments or Matches;
- (b) The Core (mandatory) Concussion Player Welfare Standards set out in the HIA Protocol will be adopted and complied with;
- (c) There will be an Untoward Incident Review system in place.
- (d) They have facilitated access to video to assist with the management of head impact events occurring during games.

### **CHILDREN AND ADOLESCENTS**

10.1.6 Any CHILD or ADOLESCENT Player (aged 18 years or less) with concussion or suspected concussion:

- (a) must be immediately and permanently removed from training or the field of play; and
- (b) should be medically assessed by a medical practitioner or an approved healthcare professional (as approved in the relevant jurisdiction); and
- (c) must not return to training or to play in a Match on the same day and until symptom free; and
- (d) must have complete physical and cognitive rest for 24 hours; and
- (e) must have relative physical rest (activity that does not induce or aggravate symptoms) for at least *two weeks* (including an initial 24 hour period of complete physical and cognitive rest) before commencing the graduated return to play (GRTP) programme referred to at 10.1.6(f)-(g) below. The Player must be symptom free before commencing the GRTP; and
- (f) must successfully follow and complete a GRTP programme, which must be consistent with World Rugby’s GRTP programme contained in the World Rugby Concussion Guidance which is available [here](#); and
- (g) should receive clearance from a medical practitioner or approved healthcare professional prior to commencing the full contact training stage of the GRTP programme.

Regulation 1 – Consequential Amendments: New definitions

**GRTP Programme:** means the Graduated Return To Play programme of World Rugby (contained in the World Rugby Concussion Guidance), which incorporates a progressive exercise programme that introduces a player safely back to the sport in a step-wise fashion. The programme is available [here](#).

**HIA Protocol:** means the Head Injury Assessment Protocol of World Rugby developed to support Law 3.11 (Temporary Replacement for Head Injury Assessment in elite adult matches, which have been approved in advance by World Rugby) and Regulation 10.1 (Concussion). The Protocol is available [here for elite level match day medical staff](#)

**Core (mandatory) Concussion Player Welfare Standards:** means the standards that apply to the access to temporary replacement to undertake a HIA which are contained in the HIA Protocol. The Protocol is available [here for elite level match day medical staff](#).