



# Scottish Rugby

## Concussion Policy - DRAFT

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## FOREWORD

The benefits from participation in sport are widely recognised, not just in terms of health but in building confidence, teamwork and friendships. Scottish Rugby's Values of **Leadership, Engagement, Achievement, Enjoyment and Respect** apply across all areas of our sport, from minis through to our international teams.

We all have a responsibility to look after the participants in our game, and their wellbeing and safety is at the centre of everything we do. Scottish Rugby's aim is that everyone who is involved with our sport has a positive experience and goes on to achieve their full potential both within the game and in life.

Scottish Rugby takes the issue of concussion extremely seriously. Our Concussion Policy provides advice and guidance for clubs and schools, players and their families and the volunteers who are the heartbeat of our game. The Policy is in line with World Rugby guidance and the Scottish Sport Concussion Guidance.

We will continue to monitor best practice in this area and will, where necessary and appropriate, update our Policy accordingly.

Scottish Rugby is committed to providing a safe and enjoyable sport for all. Please remember - **If in doubt, sit them out!**

### DR JAMES P ROBSON

Chief Medical Officer  
Scottish Rugby

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## POLICY STATEMENT

Scottish Rugby is committed to injury prevention and the welfare of all those participating in our sport. Players are entitled to take part in rugby in a safe and enjoyable environment. Scottish Rugby will adopt policies to minimise the risk of concussion and procedures for the appropriate management of any cases of concussion which may arise. Everyone within Scottish Rugby will be made aware of the policies and procedures in place to promote the safety and wellbeing of those playing the game.

### Key principles:

- Primary responsibility for the health and wellbeing of each player lies with the individual player. In agreeing to participate players must take seriously the risk of injury to themselves and to others.
- The welfare of the player is paramount.
- Scottish Rugby, and all those governed by Scottish Rugby, shall follow best practice in relation to the management of potential incidents of concussion.
- Scottish Rugby believes that current best practice is represented by World Rugby Regulation 10 (Medical) and the Scottish Sports Concussion Guidance.
- All players, coaches and other team management members must follow the terms of World Rugby Regulation 10, the Scottish Sports Concussion Guidance and any other guidance published by Scottish Rugby in relation to the management of suspected cases of concussion.
- The protection of the player is everyone's responsibility.
- IF IN DOUBT, SIT THEM OUT

## DEFINITIONS

### CONCUSSION

Concussion is a brain injury, which is serious. There are many potential symptoms of concussion and these can include headache, dizziness, memory or concentration issues and balance problems. Loss of consciousness is not required to diagnose concussion.

### GRADUATED RETURN TO PLAY (GRTP)

The incremental process which must be followed before a player with suspected concussion can resume playing. The GRTP protocols are more stringent if the player is under the age of 19.

### HEAD IMPACT ASSESSMENT (HIA)

The HIA Protocol is a process which may be followed in elite adult competitions allowing in-match medical assessment of possible concussion incidents. This is not permitted in Scottish domestic club competitions.

### SCOTTISH SPORT CONCUSSION GUIDANCE

The best practice guidelines approved by the Scottish Government, **sportscotland** and Scottish sports governing bodies (including Scottish Rugby).

### WORLD RUGBY

The international governing body for the sport of Rugby Union.

### WORLD RUGBY REGULATION 10 (MEDICAL)

The Regulation issued by World Rugby setting out its guidance in relation to concussion.

## SCOTTISH RUGBY CORE VALUES

Scottish Rugby is the Governing Body of the sport of Rugby Union in Scotland and promotes these core values from our National Teams through to grassroots rugby.

Our core values are:

**LEADERSHIP**

**ENGAGEMENT**

**ACHIEVEMENT**

**ENJOYMENT**

**RESPECT**

## ROLES AND RESPONSIBILITIES

To ensure a safe environment in which all participants can enjoy their rugby, everyone involved in the game must work together. It is **EVERYONE'S** responsibility to contribute to the wellbeing of players.

### SCOTTISH RUGBY WILL:

- Appoint a Chief Medical Officer to oversee best practice in the medical support of players at all levels.
- Develop and publish a Concussion Policy, and ensure that the Policy and any associated guidance is regularly reviewed and updated.
- Require that member clubs comply with the Concussion Policy as part of the Club Minimum Operating Standards.
- Provide training programmes for Scottish Rugby employees and the volunteer workforce within clubs.
- Manage and respond to referrals and/or concerns in an efficient and fair manner.
- Take disciplinary action against those who breach the Concussion Policy.

### MEMBER/AFFILIATED CLUBS WILL:

- Ensure that their players, coaches, medics and other club officials are aware of Scottish Rugby's Concussion Policy.
- Ensure that players and club officials comply with the terms of the Policy and any associated guidance.
- Report any concussion or suspect concussion via the Injury Reporting function on SCRUMS.
- Report any suspected breaches of the Policy.

### PLAYERS, COACHES AND TEAM MEDICS WILL:

- Play the game in accordance with Scottish Rugby's Core Values.
- Take responsibility for their own safety and that of other players.
- Abide by the terms of Scottish Rugby's Concussion Policy and any associated guidance.

# MANAGEMENT OF SUSPECTED CONCUSSION

## RECOGNISE AND REMOVE PROTOCOL

Any player with concussion or suspected concussion must be immediately removed from the field of play, and may only return to play/training in accordance with the Graduated Return to Play (G RTP) process outlined below. The key message - **IF IN DOUBT, SIT THEM OUT** - applies to all players.

## HIA PROTOCOL

Where permitted by World Rugby Regulation 10, and in accordance with the Scottish Rugby game stratification table below, the World Rugby Head Impact Assessment Protocol (HIA Protocol) may be used in the assessment of elite adult players with suspected concussion.

## GAME STRATIFICATION TABLE

Team	Applicable Protocol
Scotland (XVs, 7s & U20)	World Rugby HIA Protocol (but if U19 Recognise & Remove)
Pro Team (Edinburgh Rugby / Glasgow Warriors)	World Rugby HIA Protocol
National Age Grade (U19 and below)	Recognise & Remove Protocol
Super 6	Recognise & Remove Protocol
Community Rugby (all Leagues/teams)	Recognise & Remove Protocol

Where an assessment is undertaken in accordance with the HIA Protocol and the player is deemed to have passed (i.e. there is no evidence of concussion), or where a player is temporarily removed on a precautionary basis but it is determined that no assessment was required, this should be recorded in the player's medical records.

## CHILDREN AND ADOLESCENTS

In accordance with World Rugby Regulation 10 and the Scottish Sport Concussion Guidance, additional considerations apply where concussion is suspected in children / adolescents. All players under the age of 19 (including those playing elite level rugby) must be managed in accordance with the Recognise and Remove and U19 Graduated Return to Play Protocols.

## MULTIPLE CONCUSSIONS

There is no definitive guidance as to how players who suffer more than one concussive episode should be managed. Any such player must be clinically managed as an individual and within the framework of the applicable concussion management guidelines.

Scottish Rugby will review on a quarterly basis all injury data via the Scottish Rugby Injury Tracker and where a player suffers two or more concussive episodes in a season will raise these player's cases with the following:

- Medical staff at the club/school
- Chief Medical Officer and the
- Scottish Rugby Player Welfare Officer

These incidents will be assessed individually in addition to the relevant Graduated Return to Play protocol and will be asked to seek additional guidance from a health care provider with experience in sports-related concussions.

## GRADUATED RETURN TO PLAY (GRTP)

### INTERNATIONAL SQUADS AND PROFESSIONAL CLUBS (ELITE ADULT PLAYERS)

Where a Doctor or other health care professional is present on a daily basis to manage the process, it is permissible for a player to return to play after a minimum of six days provided they have successfully followed and completed each stage of the following Elite Adult GRTP protocol:

Stage	Rehabilitation Stage	Exercise Allowed	Objective
1	Initial Rest. (Physical and Cognitive)	No driving or exercise. Minimise screen time. Consider time off or adaptation of work or study.	Recovery.
2a Symptoms persist at 24 hours	Symptom-limited activities.	This includes activities of daily living that do not provoke symptoms. Consider time off or adaptation of work or study.	Return to normal activities (as symptoms permit).
2b No Symptoms at 24 hours	Light aerobic exercise.	Light jogging for 10-15 minutes, swimming or stationary cycling at low to moderate intensity. No resistance training. Symptom free during full 24-hour period.	Increase heart rate.
3	Sport-specific exercise.	Running drills. No head impact activities.	Add movement.
4	Non-contact training drills.	Progression to more complex training drills, e.g., passing drills. May start progressive resistance training.	Exercise, coordination, and cognitive load.
5	Full contact practice.	Following medical clearance, participate in normal training activities.	Restore confidence and assess functional skills by coaching staff.
6	Return to sport.	Normal game play.	

In this regard:

- Each stage of the GRTP is for a minimum of 24 hours starting from the time of the injury.
- Players with symptoms present at 24 hours post injury, progress to Stage 2a.
- Players who are symptom free following the Initial Rest (Stage 1) should progress to Stage 2b
- If any concussion-related symptoms occur during the stepwise approach, the player should drop back to the previous asymptomatic level and attempt to progress again after being free of concussion-related symptoms for a further 24-hour period at the lower level.

A clinician must manage each stage of the return to play protocol, but a **Doctor specifically must sign off the final return to full contact training before this happens and before returning to play.**

In order to facilitate the post-concussion GRTP process, Scottish Rugby shall undertake baseline data gathering in relation to elite level adult players:

## GRTP PROCESS FOR AGE GRADE AND COMMUNITY RUGBY PLAYERS

In relation to all players under the age of 19 (including elite level players) and all adult Community Rugby players the following GRTP provisions shall apply:

### ALL PLAYERS AGED U19

Players under the age of 19 diagnosed with concussion (or who have suspected concussion):

- Must undergo a minimum period of 24 hours complete physical and cognitive rest;
- May begin the cautious reintroduction of cognitive (“thinking”) activities after 24 hours rest providing any symptoms related to the concussion are not aggravated;
- May only start a graduated return to play once symptom-free for a minimum of 14 days and have returned to school/study (where applicable). It is recommended that medical clearance is obtained before commencing the graduated return to play;
- The minimum period between each GRTP stage for U19 players shall be 48 hours; and
- The earliest possible return to play for a U19 player shall be the 23rd day post injury.

### ADULT PLAYERS

Adult players (other than elite adult players under daily medical supervision as noted above) diagnosed with concussion (or who have suspected concussion):

- May only start a graduated return to play after being symptom-free for a minimum of 7 days;
- The minimum period between each GRTP stage shall be 24 hours;
- It is recommended that every player seeks medical clearance before returning to play; and
- The earliest possible return to play shall be the 12th day following the injury.

Age Group	Children and Adolescents (Aged 18 and under)	Adults
GRTP Stage 1 Minimum Rest Period	14 Days	7 Days
GRTP Stage 2-5 Minimum Return to Play Interval	4 x 2 Day GRTP = 8 Days	4 x 1 Day GRTP = 4 Days
GRTP Stage 6 Minimum Return to Play Interval	14 Day rest + 8 Day GRTP = Day 23 post injury	7 Day rest + 4 Day GRTP = Day 12 post injury

For further information on the GRTP process refer to the [Scottish Sport Concussion Guidance](#).

### INJURY REPORTING

It is mandatory for all clubs and schools to report any instances of concussion or suspected concussion to Scottish Rugby. The Injury Reporting function on the SCRUMS registration portal may be used for this purpose.

## RAISING A CONCERN

Failure to follow Scottish Rugby's Concussion Policy shall be regarded as an act of Misconduct under Scottish Rugby's Disciplinary Rules.

Where a concern arises in the relation to the management a player who may have sustained a concussion, or where there is concern that best practice regarding concussion management is not being followed, the matter may be referred in confidence to Scottish Rugby Union's Chief Medical Officer (CMO) at:

### CONTACTS

Scottish Rugby: 0131 346 5000 or email [safeguarding@sru.org.uk](mailto:safeguarding@sru.org.uk)

#### Dr James Robson

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The CMO will investigate any reported concerns and, where appropriate, shall refer them to Scottish Rugby's Disciplinary Manager for consideration of Misconduct proceedings.

## USEFUL RESOURCES

World Rugby Regulation 10 <https://www.world.rugby/organisation/governance/regulations/reg-10>

Scottish Sport Concussion Guidance <https://sportscotland.org.uk/clubs/scottish-sports-concussion-guidance/>

## CHANGE APPROVAL PROCESS

Changes to the Concussion Policy shall be approved by the Safeguarding, Wellbeing and Inclusion sub-committee of the Scottish Rugby Board and shall be referred to the sub-committee on the recommendation of the Chief Medical Officer.



**SCOTTISH RUGBY**

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