

**BLUE CARD CONCUSSION MANAGEMENT FAQ's****Q: What rugby matches is blue card used in?**

**A:** From 1<sup>st</sup> March 2018, the blue card is applicable to ALL rugby matches involving players from the U13 age group and up. For U12 age groups and below, although the blue card is not shown, the concussion management procedure is the same and players with concussion or suspected concussion must leave the field. Given the relative inexperience of referees at this level, and the variance in expected behaviour of players in the younger age groups, the signs and symptoms of suspected concussion will be more obvious to coaches and parents, who know the child well, rather than the referee. At these age groups, coaches and parents should take more of a lead in identifying players with signs and symptoms, although the referee has the final say as to whether a player needs to be removed from the field.

**Q: As a referee, am I liable if I don't blue card a player and subsequently the player is found to be concussed?**

**A:** No. The blue card Initiative has been introduced to enhance player safety and welfare. Player safety and welfare is the joint responsibility of many, the referee is not held solely responsible or liable.

**Q: Can a player be blue carded retrospectively (post-match)?**

**A:** No. A blue card can only be issued on the field by the referee.

**Q: If a player is blue carded and is subsequently not diagnosed with concussion by a doctor, is the player able to immediately return to train/play? If not, why not?**

**A:** Rugby Australia Concussion Guidance (General Public – Standard Care Pathway) is applicable to concussion or suspected concussion. Rugby Australia Concussion Guidance does not provide an avenue for reducing the stand-down period. A player who has been blue carded has been deemed to have reached the threshold of at least having a suspected concussion.

As there is no gold-standard test that a doctor can do post-match to reliably diagnose or exclude concussion in their rooms, Rugby Australia errs on the side of caution. A person with concussion can appear normal at rest (in the doctor's rooms) but become symptomatic with activity including contact being 'cleared'. Therefore, a doctor can only conclude a concussion over time, hence maintaining the value of the stand-down period. Remember, player safety and welfare are paramount.

**Q: Can a First Aid Responder ask for a player to be blue carded? Can this be done for their own team or the opposition?**

**A:** A blue card can only be issued on the field by a referee. If a First Aid Responder believes the player from their own team has signs or symptoms of a concussion, then it is their Duty of Care to ask the referee to show a blue card.

A First Aid Responder can only request a blue card for players on their team – not the opposition.

**Q: Can a coach or manager ask for a player to be blue carded? Can this be done for their own team or opposition?**

**A:** A blue card can only be issued on the field of play by the referee.

This can only be done for players on their own team.

**Q: Must a player issued with a Blue Card undertake two visits to a Doctor to comply with the Graduated Return to Play protocols?**

**A:** Yes. A player must visit a doctor within 72 hours of sustaining the knock to the head for assessment and to outline their plan of management. They must also see the doctor again after progressing through the Graduated Return to Play (GRTTP) process, but before they commence full contact training, to obtain a clearance to return to full contact training (Stage 5) and play (Stage 6). The minimum requirement is for the player to visit a doctor to obtain a medical clearance documented on **Rugby Australia Concussion Referral & Return Form** to return to full contact training.

**Q: Where can I find more information on concussion?**

**A:** You can go to Rugby Australia concussion management <http://www.rugbyaustralia.com.au/concussion>