



24 February 2023

Committee Secretary  
Senate Standing Committees on Community Affairs  
PO Box 6100  
Parliament House  
Canberra ACT 2600

By electronic lodgement

Dear Madam / Sir

**Inquiry into concussions and repeated head trauma in contact sports – Australian Rugby League Commission / National Rugby League**

Thank you for the opportunity to participate in the consultation process which forms part of the Senate Community Affairs References Committee's Inquiry into concussions and repeated head trauma in contact sports. This submission focuses on aspects of the terms of reference most relevant to the game of Rugby League in Australia. The National Rugby League (NRL) provides this submission on behalf of rugby league's governing body, the Australian Rugby League Commission Limited (ARLC) and the associated state-based bodies, Queensland Rugby League (QRL) and New South Wales Rugby League (NSWRL).

The NRL and ARLC do not profess to be concussion and repeated head trauma experts. Our organisation/s rely on the advice and recommendations of experts, backed by peer-reviewed research and data. As such our submission provides information regarding the 'whole of game' response in preventing and minimising harm in relation to head trauma and concussion. This submission outlines the education, policies and management practices that are in place, spanning across the typical 'lifecycle' of a player from community rugby league to retirement.

**1. Rugby League in Australia in 2023**

The ARLC is the controlling body of the game of rugby league in Australia. In addition to organising and conducting the elite NRL Premiership and State of Origin series, the primary objectives of the ARLC include,

*"...to foster, develop, extend and provide adequate funding for the Game from junior to elite levels and generally to act in the best interests of the Game;*

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*...to promote and encourage either directly or indirectly the physical, cultural and intellectual welfare of young people in the community, in particular the rugby league community... (and)*

*...to promote and encourage either directly or indirectly sport and recreation, particularly rugby league football, in the interests of the social welfare of young persons."*

The ARLC is a not-for profit company limited by guarantee. All revenues generated by the ARLC (from the licensing of media rights and other sources) are directed back into the sport, either by way of distribution to its members (the 17 NRL Clubs, NSW Rugby League, (NSWRL) Queensland Rugby League (QRL)) or other investments in the game including grassroots participation and community programs.

## **2. Player Lifecycle**

The policies and procedures implemented across Rugby League are based on the The Consensus Statement from the 5th International Conference on Concussion in Sport. In developing a 'whole of game' approach towards head trauma and concussion, the following levels of the game are identified as stages in the player lifecycle:

- a. Community and School Rugby League – Also known as grassroots, this is often the starting point along a player pathway. It includes junior and senior club competitions, wheelchair rugby league, development clinics, school-based competitions, and masters' tournaments. It also includes the alternate formats of Touch Football and League Tag. Participants range in age from five years to adults participating in open grades, with rugby league being played in six states and territories by more than 180,000 females and males.
- b. Junior Representative – An elite development pathway for players identified in talented programs throughout the country. These programs are the bridge between community rugby league and the elite environment, for female and male participants between the ages of 15 and 19.
- c. Sub-Elite – These are senior statewide competitions in Queensland and New South Wales for both women and men. These competitions provide a direct opportunity for players to progress to the NRL Women (NRLW) and NRL competitions at the elite level, as well as provide playing opportunities for players released, or returning from elite squads.
- d. Elite – The NRLW and NRL Premierships. These are the highest level of competition in rugby league in Australia. Players have generally developed along the pathway to a performance level warranting a playing contract with a professional club.
- e. Retirement – This occurs when players exit from the elite environment and don't return to play at a sub-elite or community level. The initial five-year period following retirement of an elite player is considered a "transition" period from a high level of competing, with players receiving ongoing support and benefits.

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### 3. **Rugby League's Approach**

The NRL is committed to player safety at all levels of the game, particularly with respect to head trauma and concussion. As such, it prioritises the areas of prevention, detection and return to play protocols as integral to effectively managing risk associated with these types of injuries.

To enhance these priority areas, the NRL seeks to continually develop policy, education, and management practices. The abovementioned Consensus Statement on Concussion on Sport is a widely recognised set of principles that helps guide the NRL with these measures. This inquiry provides an opportunity to share our approach across the player lifecycle, as well as identifying opportunities to explore further safety and wellbeing initiatives.

#### **Community and School Rugby League**

Volunteerism is one of the cornerstones of Community Rugby League. Clubs rely heavily on the contribution of parents and other members of the community to ensure that competitions are successfully run across the country. Policy, education, and management processes enable rugby league to be enjoyed safely.

##### a. **Policies**

- i. **National SafePlay Code** – The SafePlay code was developed to promote safety via a set of rule modifications for competitions involving players aged 6-15 years. The rule modifications enhance player safety through the banning of tackling techniques that pose an unacceptable risk, as well as other techniques, such as palming (fending off with outstretched arm) an opposition player in the head or neck and slinging tackles.
- ii. **NRL On-Field Policy** – The intent of this policy is for all Community, School, and Performance on-field safety personnel to possess the theoretical and practical knowledge required to complete their role of keeping players safe during a game of Rugby League. The policy is designed to ensure that all Community and Performance on-field safety personnel have appropriate training to provide first aid for the matches in which they are involved. This policy is applicable to all persons fulfilling any on-field safety role for Rugby League and League Tag matches within an affiliated club/competition.
- iii. **NRL Community Rugby League Policy and Guidelines for the Management of Concussion** – Guidelines developed based on the Consensus Statement produced from the 5th International Conference on Concussion in Sport to ensure that First Responders, Medical Practitioners, Coaches, Referees, and Parents/Guardians have an awareness of how to appropriately manage concussion in Rugby League. The guidelines provide the opportunity for First Responders and Medical Practitioners to have an awareness of recognising the signs and symptoms of concussion, the appropriate management of a suspected concussion and the graduated return to sport process once a concussion has been diagnosed. The policy is applicable to District, Division, Group or Leagues that participate in Rugby League under the NRL On-field Policy. (See Appendix 1 for complete guidelines).

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- iv. League Tag – An alternative format of rugby league that removes tackling, which is replaced with the act of removing a tag. This format encourages participants to try rugby league with the opportunity to develop the basic skills, whilst further reducing safety concerns.
- v. Return to Play Policy – This policy has been developed to ensure that players return to training and competition games at the appropriate time following an injury and/or illness, including concussion. The policy provides for appropriate assessments to be made by sports trainers, and medical practitioners on the capacity of players to return to the field of play following an injury and/or illness, including concussion. This policy is applicable to all players, sports trainers, coaches and administrators.
- vi. Digital Injury and Concussion Reporting and Data Capture – Rugby League’s online registration and competition management platform, MySideline, has the ability to report and record injuries that occur during a match or at training. This allows participants the opportunity to seek medical advice as well as providing clubs a further resource to monitor the welfare of their members.

A major part of the injury reporting is the suspected concussion workflow. If a First Responder indicates in the injury report ‘suspected concussion’ this participant will automatically be marked unavailable in any team until such time as the League Administrator sights a doctor’s clearance and makes them available for selection again.

- vii. Laws of the Game - The Laws of the game applied in the younger age groups are modified and are relevant to Junior Rugby League from 6 years to 12 years, inclusive. These are a modified form of the game from the International Laws (for ages 13 years and above). The law modifications include field sizes, number of players per team, kicking restrictions, passing requirements and have been developed to provide age and stage appropriate game environments. These matches are also played under the National Safeplay Code (for all players 15 years and younger) which prioritises safety and good conduct within the game.

## b. Education

- i. Coaching Manuals and Coaching eLearning Modules – These are resources and coursework materials included in Coaching Accreditation Courses in Community Rugby League, for participants from Under 6’s to 18’s. Education includes defining concussion and understanding the steps in the management of concussion, identified as the 3 R’s: Recognise, Remove, Refer. Coaches are also informed of the Return to Play Protocols, as defined by the NRL Community Rugby League Policy and Guidelines for the Management of Concussion.
- ii. Foundation 1 Referee Accreditation eLearning Module – An online learning module for aspiring referees that defines concussion and outlines steps to manage head injuries during a match from an officiating point of view. This learning module also adopts the 3 R’s of concussion management, however with a different course of action. Recognise remains the same in identifying the signs of a possible head injury. However, the second R refers to React. A match official must stop the game immediately if they are concerned that they have “recognised” the potential signs of concussion. Following that they are to “Refer” to the first responders that take to the field.
- iii. Safety Education Framework – League First Aid / Level 1 Sports Trainer / Level 2 Sports Trainer courses – These courses provide an individual with the necessary skills to act as a First Responder during a rugby league match. Learning modules include concussion

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management, detailing the 3 R's approach: Recognise, Remove and Refer, with additional education on Return to Play Protocols. This content is included in both the online and face to face components.

- iv. Tackle Ready Program – A six-session program that provides a systematic introduction to tackling and being tackled. It aims to enhance players' competence and confidence, and provides instruction to players on both how to tackle, and be tackled safely and effectively. The program includes physical development through the Mascot Moves (movement patterns designed around the NRL club mascots e.g., Panther Prowl) along with 'Safe Landing', 'Making a Tackle', and 'Running Into a Tackle' components. Each component includes 'buzz-words' that provide the players with verbal cues. The program is also used as an educational opportunity for the game's entry level coaches on how to teach new participants the necessary skills involved with tackling. This program is delivered by accredited NRL Tackle Ready facilitators. (See Appendix 2 for the complete Tackle Ready Program).
- v. Other NRL eLearning Modules for Community Rugby League – Concussion Management for Community Rugby League, a free course available for anyone involved in Rugby League such as players, parents, volunteers; The Role of the First Responder, a module that provides first responders with knowledge of NRL policies, procedures, and guidelines related to keeping players safe; and Online Injury Reporting – Community Rugby League, a short course detailing how to correctly complete an Injury Report in MySideline Manager.

c. **Management and Support**

- i. NRL Community Rugby League Policy and Guidelines for the Management of Concussion – This policy document outlines the steps in the management of concussion. This includes game day management steps incorporating the 3 R's: Recognise, Remove, Refer. Under this policy, there is a specific return to play protocol provided.

This policy details follow up management and includes Return To Play guidelines and required clearances. Any player who has sustained a concussion must be medically cleared to return to play. If an adult (19 years and above) wishes to return in less than an 11-day period, they require clearance from a specialist concussion Doctor. Any child or adolescent (18 years and younger) wishing to return before 14 days must be cleared in writing by a specialist concussion Doctor. In the case of multiple concussions and concerning concussions, the NRL requires that the player be formally sent for assessment by a specialist with a recognised interest in sport related concussion.

Multiple concussions are when a player has had two diagnosed concussions within one season (including preseason training and games). Concerning concussions are if the player has:

- prolonged concussion symptoms of more than 14 days;
- an unusual presentation of concussion;
- over time (not just within a season), is developing concussion symptoms with less force, is experiencing increasing duration of concussion symptoms, has an increasing concussion symptom load or has a decreasing time period between successive actual or possible concussive events); or

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- significant mental health issues (e.g. anxiety or depression) potentially related to head injuries.

Return to Play follows a six stage Graduated Return to Sport (GRTS) Program. This should only commence after the initial rest period of 24 to 48 hours and successful return to learning or work. The NRL requires a minimum of 24 hours duration for each of the following stages.

*Stage 1: Symptom-limited activity*

*Stage 2: Light Aerobic Exercise*

*Stage 3: Sport Specific Exercise*

*Stage 4: Non-contact training and begin resistance training*

*Stage 5: Full contact training – **ONLY** after medical clearance by a doctor using NRL Head Injury Recognition and Referral Form*

*Stage 6: Return to play/games*

*Children and adolescents should be treated more conservatively, with generally double the time of adults for each stage in the GRTS program.*

- ii. Concussion Recognition Tool 5 – Developed by the Concussion in Sport Group, to assist non-medically trained individuals to recognise the signs and symptoms of possible sport-related concussion. The NRL endorses the use of this tool in aiding the identification of a suspected concussion in children, adolescents, and adults.
- iii. NRL Community Head Injury Recognition and Referral Form – The NRL has developed a form for use in assessing, and referring to a medical practitioner, any player who is suspected to have suffered from a concussive injury. The form requires the ‘examiner’ at the match to identify and record any observable signs or reported symptoms (including those observed by the examiner or reported by other observers). Information contained within this form detail specifics of the player and any observable signs or reported symptoms. The form provides guidance around any significant symptoms where immediate medical attention should be sought by ambulance. Following the completion of the form, the player is required to be assessed by a doctor as soon as possible after the injury and prior to commencing a GRTS Program. The form also provides guidance to carers of the injured person, should their condition deteriorate.
- iv. NRL Community Head Injury / Concussion Medical Clearance Form – Prior to stage five of a GRTS program (which will involve full contact training), the player must be re-assessed by a doctor. That assessing doctor is required to complete this form to confirm that the player has medical clearance to return to play.

### **Junior Representative and Sub-Elite**

As players enter the elite pathway, they are exposed to a high-performance environment that furthers their development. Training loads are increased, and skills are further refined which often results in higher intensity matches. Player safety measures begin to converge with those of Elite level competitions, with dedicated resources, such as team doctors, available from identification of concussion, to return to play.

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Both Queensland Rugby League and New South Wales Rugby League have adopted and fully endorse the NRL Community Rugby League Policy and Guidelines for the Management of Concussion. This applies to all statewide competitions, including Junior Representative Competitions through to the Sub-Elite Competitions for females and males.

a. Policies

There are a range of policies that apply in the Junior Representative and Sub-Elite stages of the player career pathway. Whilst some are the same as those applied in community rugby league, there are additional documents that support greater assessment of player neurological health prior to play and following injuries. The policies include:

i. NRL Community Rugby League Policy and Guidelines for the Management of Concussion – As detailed in Community Rugby League policies.

ii. QRL Statewide Competitions Operations Manual – Players in all QRL Statewide Competitions are required to undergo Baseline Cognitive and Concussion Tests (Cognigram and SCAT5) prior to taking the field in any trials or competition matches.

Players must also complete concussion education, including a face to face workshop and online learning modules. Players will not be considered for selection if these modules do not appear as completed on their MySideline profile.

(See Appendix 3 for the head injury and concussion related sections in the QRL Operations Manual).

iii. NSWRL Major Competitions Manual – Players in all NSW Statewide Competitions are required to undergo Baseline Cognitive (Cognigram) and Concussion Tests (SCAT5) prior to taking the field in any trials or competition matches.

Players must also complete concussion education, including a face to face workshop and online learning modules. Players will not be considered for selection if these modules do not appear as completed on their MySideline profile.

(See Appendix 4 for the head injury and concussion related sections in the NSW Operations Manual).

b. Education

i. Junior and Senior Medical Anti-Doping and Concussion Workshop – All participants in Junior Representative Competitions are required to participate in mandatory face to face education developed by the NRL Wellbeing and Education Department in consultation with the NRL Chief Medical Officer and Medical Advisory Panel. The training's key learning outcomes are that players gain an understanding of what concussion is, and the what the signs and symptoms are. Players are encouraged to use this knowledge to be honest with themselves and to create a culture of caring for other players. Should any signs or symptoms of concussion be present, then players should seek medical advice and follow a gradual return to play when medically cleared.

ii. Junior and Senior Conduct and Concussion Learning Module – All players must enrol and complete the online module that reinforces the learning outcomes from the face-to-face workshop.



- iii. **Junior and Senior Compliance Quiz** – Following completion of the face-to-face and online modules, all players must complete the Junior Compliance Quiz with a score of 100%. A completion certificate is issued to the players MySideline profile.
  - iv. **Concussion Information Posters** – Clubs are provided information summary posters to place on display at their training facility.
- c. **Management and Support**
- i. As above, both QRL AND NSWRL have adopted and fully endorsed the **NRL Community Rugby League Policy and Guidelines for the Management of Concussion** as detailed in the Community Rugby League section in relation to their Junior Representative and Sub-Elite competitions. Each state implements policies and protocols that inform the process of in match Head Injury Assessments (HIA). The presence of team Medical Officers in these competitions enables players to be clinically assessed when removed from play for a suspected concussion. The outcome of this assessment dictates whether a player is permitted to re-enter the match

## **Elite**

The elite competitions of the NRL and NRLW have the benefit of additional resources for the detection and management of potential concussions. This includes team medical staff on the sidelines, the NRL Injury Surveillance Bunker, and concussion specialists nominated by Clubs. These added layers of support with respect to head trauma and concussions are a collaborative effort that has player care front of mind.

- a. **Policies**
- i. **NRL Operations Manual** – The Operations Manual is intended to help regulate the conduct of Clubs, Club Officials, Match Officials and Players to organise, manage and administer the NRL Competition and Related Competitions. Section 6 of the Operation Manual outlines the NRL Injury Surveillance Bunker (ISB) and its purpose of aiding Clubs in the identification of possible head injuries to Players during matches.

Policy Statement 3, in the Medical Officer's Handbook, details the Management Of Head Injuries and Concussion in the NRL and its related competitions. (See Appendix 5 for the head injury and concussion related sections in the NRL Operations Manual).

- b. **Education**
- i. **NRL and NRLW Medical – Anti-Doping and Concussion** – This mandatory face-to-face workshop is to be delivered by the Club Chief Medical Officer (CMO) for each NRLW and NRL squad. Learning outcomes include developing an understanding of what concussion is and being aware of the signs and symptoms. Players are encouraged to be honest with themselves, build a culture of care, seek medical advice, and return to play gradually.
  - ii. **NRL Elite Head Injury/Concussion Protocols** – All NRL Head Injury Spotters, independent Doctors, Club Doctors and on-field trainers, are required to complete the concussion learning module. It is strongly recommended that all coaches also complete the module. It must be re-

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accredited every 12 months. The module provides an overview of the rules and policies surrounding concussion assessment and management, as detailed in the Medical Officer's Handbook.

All staff involved in on field care of concussion as well as in the Injury Surveillance Bunker undergo ongoing education throughout the year and a review of all decision-making processes and outcomes.

- iii. Concussion Information Posters - Clubs are provided information summary posters to place on display at their training facility.
- iv. Wellbeing and Psychologist staff education- Wellbeing and psychological staff that provide support to the playing group are provided updated education on the latest research on concussion and brain health by specialists working in neuro psychology.

c. **Management and Support**

- i. Policy Statement 3 – Management of Head Injuries/Concussion – From the NRL Operations Manual, this policy details the clinical features associated with the identification of possible head injuries and concussion. Like the State competitions, all players in the NRL, NRLW and related competitions, must complete baseline cognitive and concussion tests (Cognigram and SCAT5). These baselines are used as comparative measures for assessing in match and training Head Injury Assessments.
- ii. Injury Surveillance Bunker (ISB) – All NRL sanctioned matches are reviewed live by Head Injury Spotters and Independent Doctors. The aim is to both assist Club CMOs in their management of concussion as well as making autonomous decisions for player removal and assessment following video review. The ISB operates from a central location, in the NRL Bunker, using Hawkeye video review technology to assess events frame-by-frame in high definition.
- iii. Head Injury Tracking and Concussion Management Software (CSX) – An online platform and app that assists the NRL, and Club and NRL CMOs to manage all head injury and concussion related incidents, including player return to play programs
- iv. NRL Concussion Review - There is an ongoing review process of all games including video footage, on field decisions and follow up of documented and potential concussions. The CSX Database is used for all follow up and reporting with yearly review of all injury statistics.
- v. Return to play – refer to Policy Statement 3 in the NRL Operations Manual for the management and return to play of concussion, as well as advice on the management of complex concussions.
- vi. Psychological Support - Players are provided access to independent psychologists that are funded by the NRL and Rugby League Players Association (RLPA). These psychologists can be accessed via Club staff including their medical and wellbeing managers, but also via an agent or family member or direct contact. Players that indicate red flags on any of the psychological tools are immediately referred to these independent psychologists for support.

## **Retirement**

Some but not all players get the opportunity to choose when they retire. It is with this in mind the NRL and RLPA have put together a Transition Framework that deals with the often-confronting aspects of this change in their career. The **NRL and RLPA Transition Program**, (see Appendix 6 for the program), details

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this strategy. It is to be noted that this is a holistic approach, including medical, financial, and education along with guidance from transition mentors who are retired players themselves. It is worthwhile noting the following aspects of this:

- a. A exit medical assessment is completed by the players' Club CMO.
- b. Detailed mental health screening occurs from rookie contract regularly throughout the player's career, including post-concussion, and into transition. This screening provides an opportunity to identify any mental health issues which can present with similar symptoms to post-concussion, (see Appendix 7 for the assessment framework).
- c. Comprehensive neuropsychological assessment and brain MRI available and encouraged along with follow up and review. This assessment also involves a holistic health questionnaire and advice on medical management of what can be a complex picture in the retirement phase in a player's career.
- d. All players are appointed a Transition Mentor who will maintain contact, supplying guidance and advice, and in particular help players remain connected to the game. They are also able to advise on the athlete's experience of transition.
- e. Players have access to independent psychologists for a period of 5 years in retirement. These psychologists may be the same person that provided support during their playing careers and therefore are able to maintain continuity in this service of personal challenges.

#### **4. Research**

The NRL is committed to investing in research to improve its understanding of sports-related concussion and player safety, and to implement programs and initiatives that are based on the latest research and best practices. The NRL recognizes the importance of investing in research to ensure that players are protected and that the game remains safe and accessible for everyone. The NRL invests in research on sports-related concussion and player safety in the following ways:

- a. Partnering with academic institutions, such as universities and research organisations, to fund and conduct research on sports-related concussion and player safety.
- b. Supporting independent research projects and initiatives aimed at improving the understanding of concussion and player safety in rugby league.
- c. The NRL provides funding for research grants to support research projects aimed at improving understanding of concussion and player safety in rugby league.
- d. The NRL implements player safety initiatives and protocols, such as the concussion management protocol, that are based on the latest research and best practices.
- e. The NRL monitors and evaluates player safety programs to ensure that they are effective and in line with the latest research and best practices.
- f. Attendance at local and international research conferences to remain up to date with the latest knowledge and current practice and management of concussion and other injuries.
- g. Medical Advisory Panel comprising qualified medical experts in the area of Sport and Exercise Medicine and Occupational Health and Safety. The panel is engaged quarterly as well as on an ongoing basis to review latest research in concussion, potential research opportunities and evaluation of research in particular on the long-term effects of concussion.
- h. A Sub-Committee of the ARLC has been established to review research opportunities along with reviewing NRL Policy and Operations.

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Examples of the funded research projects that the NRL has partnered with universities include:

- a. A retired and past players longitudinal brain health study with Associate Professor Andrew Gardner and the University of Newcastle (now University of Sydney). This is a multifaceted project that includes a detailed health survey, which examines the physical, psychological, and cognitive health of former NRL players. It also includes a comprehensive study of the brain health of former players involving in-person neuropsychological assessment and multimodal brain imaging. This research also establishes a brain donation program for former NRL players with the Sydney Brain Bank, funded by Neuroscience Research Australia (NeuRA) and UNSW. Funding equalled \$250,000 annually since 2020, (the full study can be found in Appendix 8).
- b. A high-performance research partnership with Dr Cloe Cummins and the University of New England. This was a diverse research agreement that provided the NRL with access to a quality independent researcher with experience in player tracking (GPS) analysis and microtechnology investigating the ability to detect collisions in rugby league. This research partnership worked towards identifying the impact of rule changes on the speed and intensity of the game and identified and analysed the game events or plays within rugby league match-play that precede an injury at the NRL level. Funding equalled \$120,000 over 4 years.

The NRL understands new medical evidence is constantly emerging for the diagnosis, treatment and management of sport-related concussions and the long-term effects of repeated head trauma. As one of the leading collision sports in the world, the NRL has a responsibility to contribute to scientific knowledge and support research to protect and care for its players at all levels from grass-roots to the elite athlete.

## **5. Opportunities**

The NRL recognises that a large number of its participants are active across multiple sports and recreation. This exists in particular, between school sport and community sport.

In 2022 the Department of Education in Queensland approved the use of the NRL MySideline tool in Queensland schools to assist with the NRL concussion management guidelines. The MySideline application will allow the sharing of information between club and school competitions with regard to concussion monitoring and management. In 2023 the MySideline application will be trialled in the NRL Major Competitions (Schoolboy and Schoolgirl Cup, Schoolboy Trophy, Karyn Murphy Cup, State and National Championships and the Confraternity Carnival), with full implementation planned for 2024.

An opportunity exists for the development and/or implementation of a reporting system that crosses sports in both a school and community sport setting, to avoid a lack of awareness in one sport due to an injury sustained in another.

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## **6. Conclusion**

Player safety and welfare are priorities of the NRL and ARLC. We recognise the opportunity of this submission to present all facets of our management and prevention of concussion. Whilst recognising that this will continue to be an evolving area in the short term we continue to develop and maintain a precautionary approach. We applaud the initiative of the Senate inquiry and in particular the opportunity to bring all parties together in the area of traumatic brain injury in a forum that will benefit all contact sports.

## **7. Further information**

Please find other supporting information in the attachment labelled "*NRL Submission Supporting Documentation*". This attachment includes all policy, education and management documentation, (outside of the "*Appendix*") that has been mentioned in this submission if deeper exploration is required.

Thank you for the opportunity to participate in the consultation process. We are happy to provide further information or answer questions regarding any matters raised in this submission. Should you require any further information please contact:

Dr Sharron Flahive – NRL Chief Medical Officer on

or Dene Halatau – Manager – Football Review and Operations on

Yours sincerely,

Andrew Abdo  
Chief Executive Officer  
National Rugby League

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