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Referee's/Coaches' On-field

CONCUSSION GUIDE



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CONCUSSION IS A BRAIN INJURY!

Concussion is a **brain** injury causing a disturbance to **brain function**.

Concussed players may have a **range** of signs & symptoms.

A player does **NOT** have to lose consciousness to have sustained a brain injury.

A referee or coach is often the first person to come into contact with a head or neck injured player; **decisive action** may prevent further serious injury.

THE 6 R'S OF CONCUSSION:

1

RECOGNISE

You need to be able to recognise the signs and symptoms of a potential concussion in your players. Learn them and know them!

2

REMOVE

When you recognise any signs and symptoms, and suspect a concussion, remove the player immediately.

3

REFER

Once you have permanently removed the player from the field, refer them to a medical doctor who understands concussions for a thorough clinical assessment.

4

REST

Rest the player for the first 24-48 hours. Continue with daily activities that do not exacerbate symptoms (e.g., walking).

Use the minimum stand-down period away from contact rugby, before entering Stages 4-6 of the graduated return to sport or 'individualised rehabilitation' process.

5

RECOVER

Full recovery of signs and symptoms is mandated before entering into the age-appropriate graduated return to sport or 'individualised rehabilitation' process Stages 4-6. Stages 1-3 of the 'individualised rehabilitation' process are allowed within the 2-week stand-down period away from contact rugby.

6

RETURN

To return to sport safely following a concussion or suspected concussion, the players must:

1. be sign and symptom-free,
2. be medically cleared by a doctor to do so, and
3. complete the age-appropriate return to sport or 'individualised rehabilitation' protocol.

For the purpose of concussion, full contact practice equals return to sport.

WHEN THE PLAYER IS ON THE **DECK**, THINK ABOUT THE **NECK!**

- + All head injuries should be approached and handled with a potential neck injury in mind until cleared by the attending medical staff or proven otherwise.
- + In particular, **do NOT roll an unconscious player over** without first stabilising the neck.
- + If the player has lost consciousness, looks unsteady on their feet, looks confused or has injured their neck...

Stabilise the player correctly on-field, and stretcher them off as per spinal injury protocols

WHAT YOU NEED TO LOOK FOR:

- + Dazed, vacant or blank expression
- + Lying motionless on the ground or very slow to get up
- + Unsteady on feet
- + Balance problems or falling over
- + Incoordination
- + Loss of consciousness or lack of responsiveness
- + Confused or not aware of plays or events
- + Grabbing or clutching of the head
- + Convulsions
- + More emotional or irritable

If any of the above are present, or you still suspect a concussion, permanently remove the player from the field!

WHAT THE PLAYER MIGHT TELL YOU:

- + Headache
- + Dizziness
- + Confusion or feeling slowed down
- + Struggling with or blurred vision
- + Nausea or vomiting
- + Fatigue
- + Drowsy, feeling in a fog or difficulty concentrating
- + A feeling of pressure in the head
- + Sensitivity to light or noise

If any of the above are present, or you still suspect a concussion, permanently remove the player from the field!

WHAT QUESTIONS YOU NEED TO ASK TO PLAYERS 13 YEARS OF AGE AND OLDER:

- + What venue are we at?
- + What team are you playing?
- + What half is it?
- + Who scored last in this game?
- + Who did you play last week/game?
- + Did your team win the last game?

WHAT QUESTIONS YOU NEED TO ASK TO CHILDREN AGED 5–12:

- + Where are we now?
- + Is it before or after lunch?
- + What did you have last lesson/class? or Who scored last in this game?
- + What is your teacher's/coach's name?

Where there is any hesitation, uncertainty or one cannot verify the information, have the player permanently removed from the game or training session, and suspect a concussion.

AUTOMATICALLY ASSUME CONCUSSION IN THE FOLLOWING SITUATIONS:

- + Players who present with convulsions (seizures)
- + Players who present with abnormal muscle contractions or stiffening
- + Players with confirmed or even suspected loss of consciousness
- + Players who lose balance or look unsteady on their feet
- + Players who are clearly disorientated OR confused
- + Players who show definite changes in behaviour
- + Players who are clearly dazed, dinged or can't remember plays

If any of the above are present, permanently remove the player from the field!

REMEMBER:



Write down important contact information, such as **names, contact numbers, and email addresses for your doctor, hospital, school, club, and nurse.**

BokSmart SpineLine,
operated by



0800 678 678 www.boksmart.com

'BLUE CARD' CONCUSSION PROCESS:

- 1** Referee or medical professional recognises a potential concussion event
- 2** Referee then signals the Blue Card to the player
- 3** Visual cue to all watching → concussion or suspected concussion
- 4** Player is permanently removed from the field of play
- 5** Player is logged onto the Club or School's submitted Team Sheet as a concussion
- 6** Referee to submit Blue Card report to the Provincial Rugby Union
- 7** Referee, Coach, Team management, Player, Parent or Family member logs the Blue Card onto the SA Rugby Online software <https://bluecard.footprintapp.net/>
- 8** All contact persons listed when logging the Blue Card on the App will receive emailed advice on the required GRTS or 'Individualised Rehabilitation' processes to follow with the player
- 9** All Blue Card concussion events recorded on the App will be stored on a national database
- 10** Sport Concussion SA's information:
011-3047724 | 0825746918 | sportsconcussion@mweb.co.za
will also be emailed to them should they wish to access medical Doctors who are sufficiently knowledgeable in concussion management for rugby union

URGENT RED FLAGS:

These may indicate an even more serious life-threatening injury

- + Neck pain
- + Increasing confusion, irritability or aggressiveness
- + Repeated vomiting
- + Seizures or convulsions
- + Weakness or tingling/ burning in the arms or legs
- + Deteriorating levels of consciousness
- + Severe or increasing headaches
- + Unusual behaviour changes
- + Deteriorating or double vision
- + Increasing sensitivity to noise or light



If any of these are present either on the field or in the hours and days after the incident, then get this player to the hospital or a suitably experienced medical doctor for urgent medical attention.

FOLLOWING A SUSPECTED CONCUSSION, THE PLAYER:

- + Must be **permanently** removed from the field of Play
- + Must be **monitored** by a responsible adult
- + Must be **examined** by a medical Doctor, as soon as possible
- + Must have their symptoms, brain function and balance **return to normal**
- + Must be **given clearance** by a medical Doctor before returning to any forms of learning, high-intensity sport-specific exercise or rugby related activities
- + Must undergo the age-appropriate graduated return to sport or '**Individualised Rehabilitation**' protocol
- + Must again be **cleared by a medical Doctor** to return to full contact practice or match play



BRAIN FUNCTION TESTING

Computerised brain function tests help determine a concussed player's readiness to return to rugby, but should be used together with symptom and balance assessments to assist in the **medical Doctor's decision making** on the matter.

IMPORTANT ADVICE FOR THE PLAYER:



ALCOHOL INTAKE

No alcohol should be consumed, until symptoms have cleared and a medical doctor has provided the go ahead.



DRIVING

The concussed player may have delayed reaction times and concentration, so do not allow them to drive until they have been medically cleared.



REST

The brain requires as much rest as possible, within the first 24-48 hours after a concussion, so avoid exercise, studying, computer work, bright lights and loud noise.



SLEEP

Tiredness and drowsiness are common following concussion. Once they have been medically assessed and their condition has stabilised, allow the player to sleep as required. If they are unable to wake up normally after sleep, then get them to hospital.



MEDICATION

Do not give them anti-inflammatories or codeine-containing medication, e.g., Myprodol, and do not let them take sleeping tablets or aspirin. Once the player has been assessed and monitored, for at least two hours, and they are stable, then a mild pain killer such as Panado may be given for headaches.

GRADUATED RETURN TO SPORT (INDIVIDUALISED REHABILITATION) STRATEGY:

STAGE 1

Relative rest for the first 24-48 hours followed by symptom-limited activity (walking, slow, stationary cycling).

Time away from **CONTACT-RUGBY** for a minimum of **2 weeks**, followed by a period of 'Individualised Rehabilitation'.

STAGE 2

is light aerobic exercise for 20 minutes:

2A—Light (up to approximately 55% max Heart Rate) then

2B—Moderate (up to approximately 70% max Heart Rate)

Stationary cycling or walking at a slow to medium pace.

May start light resistance training that does not result in more than mild and brief exacerbation of concussion symptoms.

STAGE 3

becomes more sport-specific and pushes the intensity up a BIT (25-30 minutes):

Sport-specific training away from the team environment (e.g., running, change of direction and/or individual training drills away from the team environment). No activities at risk of head impact. Running drills.



A player may only start the individualised rehabilitation **Stages 4–6** once **cleared by a medical doctor** and all **symptoms have cleared** before, during and after exercise in **all three Stages 1-3**.

STAGE 4

Progresses the player to more complex non-contact training drills where passing can be included. The player can also incorporate progressive resistance/gym training into their day and integrate back into the team environment:

The purpose here is to combine non-contact exercise, coordination and decision-making, which increases the load on the brain.

STAGE 5

Represents normal training activities such as full contact practice:

- + **Before entering Stage 5** it is critical that the player is **cleared by a medical Doctor**, and is completely sign and symptom free after progressing through the previous three exercise Stages.
- + Once cleared by the medical Doctor, the player can progress to full contact training to restore their confidence in contact situations, and also for the coaching staff to assess their functional ability and level of readiness.
- + They should also show no signs or symptoms during this Stage and the full minimum 24 hour period.

Only after successfully completing this Stage will they be given the final go ahead to return to full match play or Stage 6.

GRADUATED RETURN TO SPORT (INDIVIDUALISED REHABILITATION) STRATEGY:

- + **The day the player sustained the suspected or confirmed concussion is considered 'Day 0'.**
- + Each Stage of the Graduated Return To Sport (**GRTS**) also known as the 'Individualised Rehabilitation' process is allocated a specific time period.
- + Each Stage progression is a minimum of 24 hours.
- + Operationally, Stages 1-3 of the individualised rehabilitation, forms part of the two-week stand-down period away from contact-rugby. During these Stages, the player may still experience some symptoms.
- + Stages 4-6 begins after completion of Stages 1-3 and the 2-week contact-rugby stand-down period.
- + Stages 4-6 prepare the player gradually for contact fitness and to get them ready to play again.
- + To start Stages 4-6, the player must have no signs or symptoms remaining.
- + Athletes experiencing concussion-related symptoms during Stages 4-6 should return to Stage 3 to establish full resolution of symptoms with exertion before engaging in at-risk activities.
- + The earliest that a player can return to rugby following concussion after the compulsory stand-down period away from **CONTACT-RUGBY** and following the **GRTS** or '**Individualised Rehabilitation**' process without any recurring signs and symptoms is: **2 weeks** (14 days) stand-down period away from **CONTACT-RUGBY** post injury + individualised rehabilitation.
- + **Player may only be cleared for play earliest on Day 21 post injury.**



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Providing coaches, referees, players and administrators with the knowledge, skills, and leadership abilities to ensure that safety and best practice principles are incorporated into all aspects of contact rugby.



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