



**SOUTH AFRICAN RUGBY UNION
("SARU")**

**SARU MEDICAL REGULATIONS
CONCUSSION REGULATIONS**

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SARU REGULATION ON CONCUSSION

Concussion is a brain injury caused by trauma that transmits force to the brain either directly or indirectly and results in impairment of brain function. A player can sustain a concussion without losing consciousness. Concussion is associated with a wide spectrum of signs and symptoms that resolve sequentially. Concussion reflects a functional rather than a gross structural injury and standard neuroimaging typically appears normal.

1. SARU's stance on concussion

SARU views concussion extremely seriously. SARU therefore insists that every role player¹, involved in all rugby played within South Africa, gives the highest level of attention to the most current **evidence-based, internationally accepted, best practice standards** of prevention, identification, treatment and management of players suspected of having a concussion, or those who have been diagnosed with a concussion.

2. Role of the SARU

SARU is a Member Union of World Rugby. As such, SARU is required to implement Concussion Regulations that are either aligned with or are stricter than the World Rugby Medical Regulations and **concussion guidance**.

3. SARU CONCUSSION REGULATIONS

Concussion is a brain injury, which is serious and can be sustained 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 be taken with children and adolescents who have a greater risk of concussion and associated complications.

¹ 'Role players' include but are not limited to coaches, referees, medical staff, parents, team management, players and match officials.

3.1 Concussion

3.1.1 All Players – With a suspected concussion or confirmed diagnosis of concussion, the injured player must take time off from **contact-rugby** for a **minimum** of 2 weeks, followed by a period of ‘Individualised Rehabilitation’. Players may only return to match play at **21 days** after the concussive event.

3.1.2 Any Player with a concussion or suspected concussion:

(a) must be immediately and permanently removed from training or the field of play (this is known as ‘Recognise and Remove’); and

(b) must be assessed by a medical practitioner or an approved healthcare professional² (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 be monitored for signs of deterioration which warrant transfer to a medical facility (**see “Red Flags” in APPENDIX 2**); and

(e) must have physical and cognitive rest limited to routine daily activities (no exercises or ‘thinking activities’) for 24-48 hours; and

(f) must be encouraged to participate in light exercise (activity that does not significantly aggravate symptoms) after the initial 24-48 hours relative rest, and before commencing a graduated return to play (GRTP or ‘Individualised Rehabilitation’) programme. SARU’s graduated return to play (GRTP) or ‘Individualised Rehabilitation’ protocol can be found here: <https://my.boksmart.com/Documents/BokSmart#ConcussionManagement>.

The Player must be symptom free before commencing the high intensity components of the GRTP or ‘Individualised Rehabilitation’ programme (Stages 4, 5 and 6); and

(g) must successfully follow and complete a GRTP or ‘Individualised Rehabilitation’ programme which must be consistent with SARU, and World Rugby’s GRTP or ‘Individualised Rehabilitation’ Protocol contained in the World Rugby Concussion Guidance, which is available [here](#); and

(h) must receive clearance from a medical practitioner or **approved healthcare professional**² prior to commencing the full contact training stage of the GRTP or 'Individualised Rehabilitation' programme; and

(i) unless a player has accessed a World Rugby and SARU acknowledged Advanced Concussion Care Doctor and Pathway and has been managed directly under their care, players may only return to match play at the earliest, **21 days** after the concussive event.

3.1.3 The following exceptions may apply:

(a) The two-week period away from any form of **contact-rugby** (in **3.1.1**) 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 Guidance and agreed on an individual basis by the World Rugby Chief Medical Officer – See **APPENDIX 3: Advanced Level of Concussion Care**). In any event, there is no exception to the initial 24-48-hour period of physical and cognitive rest;

(b) the completion of a GRTP or 'Individualised Rehabilitation' programme 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 Guidance and agreed on an individual basis by the World Rugby Chief Medical Officer – See **APPENDIX 3: Advanced Level of Concussion Care**) AND the player has been medically cleared to return to training or to play on the grounds that the Player had in fact not been concussed;

(c) these exceptions to SARU's and World Rugby's Concussion protocols are only allowed where a player has access to an enhanced care clinical setting as stipulated in World Rugby Regulation 10 and in SARU's Concussion Regulations.

² World Rugby Concussion Guidelines: World Rugby recognises that there is considerable diversity in health care support across and within each Member Union. Because of this diversity each Union is encouraged to identify the roles and responsibilities of medical and healthcare practitioners and to establish a definition of approved healthcare professionals relevant to their respective jurisdictions. Each Member Union within World Rugby will be responsible for confirming who is approved to diagnose concussion, provide a clearance to start a GRTP ('Individualised Rehabilitation'), monitor a GRTP ('Individualised Rehabilitation') and provide a clearance to return to match play. Refer to **Appendix 1** for the South African Rugby Union's nominated "Appropriately qualified person".

3.1.4. Advanced care clinical settings are defined in World Rugby and SARU's Concussion Guideline documents:

- (a) World Rugby Concussion Guidelines are accessible from [here](#).
- (b) SARU's Concussion Guideline documents (When can a player safely return to play following a concussion - can be found here: <https://my.boksmart.com/Documents/BokSmart#ConcussionManagement>)
- (c) For ease of access, SARU's Advanced Level of Concussion Care setting is also described in [APPENDIX 3: Advanced Level of Concussion Care](#).

3.1.5. Due to the heightened risk of concussion and its complications in players younger than 19 years of age:

- (a) Extra caution must be taken to prevent such players returning to play or continuing playing or training if any suspicion of concussion exists; and
- (b) All players who have sustained a concussion, or a suspected concussion need to adhere to World Rugby and SARU Concussion guidelines and apply the SARU Graduated Return to Play or 'Individualised Rehabilitation' Protocols for different levels of the game; and
- (c) All players, including U19 players participating in elite adult Tournaments, where the use of the Head Injury Assessment (HIA) HAS NOT been approved must be managed with 'Recognise and Remove', as described above and must not be managed using the Head Injury Assessment or HIA 1 off-field screen; and
 - i. Criteria 1 players must be immediately and permanently removed from the game and are considered to have a confirmed concussion.
 - ii. Players who fit this category and who have Criteria 2 signs or symptoms cannot be removed for an off-field HIA1 assessment.
 - iii. They must be removed from further participation in that game - 'Recognise and Remove'.
 - iv. Players who are confirmed with a concussion should follow their Union's GRTP or 'Individualised Rehabilitation' protocols.

- (d) At elite ADULT tournaments, and only where World Rugby HAVE APPROVED the use of the HIA (including under-20 elite competitions), all players who have qualified to play will be eligible for the HIA1 off-field assessment and individualised rehabilitation in the HIA protocol. This includes under-19 players who qualify and are cleared to play at these World Rugby approved tournaments.

4. Head Injury Assessment (HIA) Protocol

4.1 The temporary replacement procedure for head injury assessment set out in Law 3.26 is only applicable in elite adult rugby Matches, Series of Matches or Tournaments, which have been approved in advance by World Rugby.

4.2 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

4.3 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 HIA Review Process in place.
 - (d) They have facilitated access to video to assist with the management of head impact events occurring during matches.
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APPENDIX 1:

Appropriately qualified person as defined within South African Rugby structures

Access to the Appropriately Qualified Person, is not easily achieved in all areas within South Africa, and to control and monitor for this for every match played across South Africa, is an unreasonable expectation, and is logistically impossible.

However, due to the seriousness of Concussion in sport, and especially a collision sport such as rugby, every attempt must be made to ensure that one meets the best practice standards as set out in this document.

Any deviation from these processes, is against Regulations and done entirely at own risk.

Regardless of circumstance, the most Appropriately Qualified Person to effectively diagnose concussion, provide a clearance to start a GRTP or 'Individualised Rehabilitation', monitor a GRTP or 'Individualised Rehabilitation', and provide a clearance to return to match play in South Africa is detailed below.

a) Diagnose a concussion

A qualified and registered medical doctor who is sufficiently versed in the current evidence-based and internationally accepted best practice standards on prevention, identification, treatment and management of players who are suspected of having a concussion or have been diagnosed with a concussion.

b) Provide Clearance to start the Graduated Return To Play (GRTP) or 'Individualised Rehabilitation'

A qualified and registered medical doctor who is sufficiently versed in the current evidence-based and internationally accepted best practice standards on prevention, identification, treatment and management of players who are suspected of having a concussion or have been diagnosed with a concussion.

c) Monitor the Graduated Return To Play (G RTP) or ‘Individualised Rehabilitation’

*When a qualified and registered medical doctor who is sufficiently versed in the current evidence-based and internationally accepted best practice standards on prevention, identification, treatment and management of players who are suspected of having a concussion or have been diagnosed with a concussion, is **not available** to manage and review the G RTP or ‘Individualised Rehabilitation’, the process should be observed and managed by someone familiar with the player who could identify any abnormal signs displayed by the player, preferably a healthcare professional such as an HPCSA registered Physiotherapist, Biokineticist, or Nursing Sister.*

d) Provide Clearance to Return to Full contact and Return to match Play

A qualified and registered medical doctor who is sufficiently versed in the current evidence-based and internationally accepted best practice standards on prevention, identification, treatment and management of players who are suspected of having a concussion or have been diagnosed with a concussion.

e) Matches that have received WORLD RUGBY dispensation to implement the World Rugby HIA tool and protocol

*For elite adult competitions, approved by World Rugby’s Chief Medical Officer and Head of Technical Services, players with a head injury where the diagnosis is not immediately apparent must be removed from play and be assessed by an approved medical doctor. The Medical Doctor must have successfully completed World Rugby online education programmes: **Medical protocols for Match Day Medical Staff** and **Concussion Management for Elite Match Day Medical Staff**.*

Only a qualified and registered medical doctor who is sufficiently versed in the current evidence-based and internationally accepted best practice standards on prevention, identification, treatment and management of players who are suspected of having a concussion or have been diagnosed with a concussion, and who have undergone the additional WORLD RUGBY mandated training, can implement the World Rugby HIA protocol.

APPENDIX 2:

Red Flags - for immediate referral to a Medical Care facility

Important signs which may indicate an even more serious life-threatening or deteriorating head injury:

- *Headaches that worsen*
- *Increasing drowsiness*
- *Inability to recognise people or places*
- *Deteriorating consciousness*
- *Increasing confusion or irritability*
- *Repeated vomiting*
- *Seizures or slurred speech*
- *Enlargement of one or both pupils*
- *Unusual behavioural changes*
- *Severe neck pain*
- *Weakness or numbness in the limbs*

APPENDIX 3:

Advanced Level of Concussion Care

The following, World Rugby-approved protocol, allows players who are removed from play with a suspected concussion to be evaluated by an SA Rugby or World Rugby recognised **Advanced Care Concussion Doctor (ACCD)***, following a robust and multimodal evaluation consistent with that offered at the highest level of the game. This may allow for return to full contact rugby/match play before 21 days, but no sooner than 14 days.

Medical Centres and Healthcare Professionals qualifying to oversee Advanced Concussion Care must provide or have access to:

- A medical doctor who has experience in concussion management, has completed the World Rugby online module: **Concussion Management for Medical Practitioners and Healthcare Professionals** (it is important to do the latest version as it has been updated to reflect the newest SCAT), and who is approved by the Chief Medical Officer of World Rugby and the SA Rugby: General Manager – Medical as an **Advanced Care Concussion Doctor (ACCD)***; and
- Scientifically validated computerised technology such as neurocognitive testing (e.g. Impact or Neuroflex); and
- Brain imaging including CT and MRI scans; and
- A wider support network of clinicians who may assist in the diagnosis of concussion, other neurological and mental health disorders including but not limited to, a neurologist, neurosurgeon, psychologist, physiotherapist, and optometrist.

* An SA Rugby or World Rugby recognised **ACCD**: Are medical doctors, with experience and expertise in managing concussion, and are listed on the **Sports Concussion South Africa** website.

All Advanced Care facilities should provide support to SA Rugby's **Blue Card system and will be listed under their specific provincial region on the **Sports Concussion SA (SCSA)** website. They will also have the support of the international **Your Brain Health** network.**