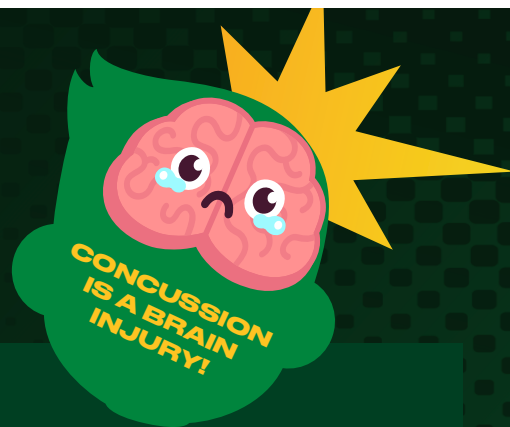


CONCUSSION MANAGEMENT



PREVENTION

5Es

- 1. EDUCATE** your team, club or school on concussions
- 2. ENFORCE** the laws, protocols and policies in your players
- 3. ENHANCE** your players' protection against concussion by preparing them properly for rugby
- 4. EQUIP** your players with the right information about what works and what does not
- 5. EVALUATE** your concussion prevention process and policies yearly to ensure that you remain up to date with what is expected at the time

IDENTIFICATION

6Rs

- 1. RECOGNISE** concussions
- 2. REMOVE** the player
- 3. REFER** them to a medical doctor to clear them of any complications, NOT for going back to rugby
- 4. REST** them completely for the first 24-48 hours
- 5. RECOVER** until sign and symptom free
- 6. RETURN** them to play, once they have gone through the rugby specific return to sport or 'individualised rehabilitation' process without any hiccups

MANAGEMENT

MEDICAL CLEARANCE STEPS:

1. Medical doctor clearance of complications straight after event.
2. Clearance to start the GRTS or 'individualised rehabilitation' Stages 4-6 and only once all symptoms have cleared.
3. Clearance to progress to full contact after completion of Stage 4 of GRTS or 'individualised rehabilitation'.

MADDOCKS' QUESTIONS

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?

QUESTIONS YOU NEED TO ASK 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.

SIGNS AND SYMPTOMS



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
- Poor coordination
- Loss of consciousness or lack of responsiveness
- Confused or not aware of plays or events
- Grabbing or clutching the head
- Convulsions
- More emotional or irritable

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
- Memory loss for events before, during or after the game or practice

MONITORING: CONCUSSION REGISTER

1. Must be done by a responsible person at School or Club
2. Step by Step monitoring of progression through the rugby-specific GRTS or 'Individualised Rehabilitation' process
3. Recordal of medical steps and processes

NAME OF PLAYER	SURNAME OF PLAYER	TEAM PLAYED FOR	DIVISION	AGE	DATE OF BIRTH	COACH	DATE OF CONCUSSION/SUSPECTED CONCUSSION	DATE OF MEDICAL ASSESSMENT TO RULE OUT COMPLICATIONS	NAME OF MEDICAL DOCTOR	COMPULSORY RECOVERY STAND-DOWN PERIOD AWAY FROM CONTACT-RUGBY	MEDICAL CLEARANCE RECEIVED TO ENTER STAGES 4-6 OF 'INDIVIDUALISED REHABILITATION'	DATE OF MEDICAL ASSESSMENT CLEARANCE RECEIVED	DATE OF COMPLETION OF GRTS OR 'INDIVIDUALISED REHABILITATION' PROCESS	PROCESS SIGNED OFF & ACKNOWLEDGED BY COACH	DATE RETURNED TO FULL MATCH PLAY (MINIMUM OF 21 DAYS)
Yster	Nkosi	Senior Adult	B	24	May 14, 2000	A.F. Rigtger	August 1, 2024	August 2, 2024	Dr Con Cussion	2 weeks	Yes	August 15, 2024	August 20, 2024	Yes	August 22, 2024



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