

## SOUTH AFRICAN RUGBY UNION

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18 January 2016

**To:** School Principals / Headmasters

Dear School Principal or Headmaster

### **Adherence to SARU Concussion Regulations and the SARU Field Safety standard requirements for rugby to take place**

The safety, health and well-being of all learners who are participating in the game of rugby at School level are of utmost importance for all involved in the sport.

The School and therefore you as the Principal or Headmaster and your involved Heads of Sport, Sports Administrators, Ground-staff, Team Managers, Coaches and Referees, are primarily responsible for ensuring that the applicable SARU Concussion Regulations (**Annexure B, C & D**) and the Field Safety standard requirements for rugby to take place (**Annexure E**) attached hereto, where applicable, have been met prior to a match, during a match or after a match depending on circumstances.

Note that in the event that the School does not have an appropriately qualified and registered Medical Doctor on field-side at matches to confirm diagnosis of concussion, World Rugby regulation 10.1.6 and SARU Concussion Regulation modification 4.1.3 (**Annexure B**) apply. At no time does World Rugby's Head Impact Assessment or HIA protocol apply at this level of the game.

Should a threat which could result in a breach of SARU Concussion Regulations, and/or SARU Field Safety standard requirements ("threat") be brought under the attention of the School before, during or after a match, it is the responsibility of the Principal or Headmaster or his nominee to do everything reasonably possible to correct the threat.

If a threat is identified before that match, the threat must be corrected prior to the start of the match; if identified during the match, the match should immediately be stopped and corrected; if identified after the match, it should be corrected prior to the next practice or match on the field.

Should the School fail to correct the threat as referred to in the previous paragraph, the School assumes all accountability for any serious rugby injury, disability or fatality that may result at their School related to the threat. This shall be documented and reported to the Provincial Union in writing for further action.

SOUTH AFRICAN RUGBY UNION (an incorporated association of persons)

President: OPM Hoskins Deputy President: MA Alexander Vice President: JY Stoffberg Chief Executive Officer: JW Roux



Should the school continuously fail to rectify an identified threat which is correctable, or become aware of a breach of the SARU Concussion Regulations, and/or SARU Field Safety standard requirements, the Principal or Headmaster will be required to sign an Acknowledgement and Undertaking (**Annexure A**) in terms whereof the school will implement remedial steps to deal with the threat and/or breach.

If requested to do so and where possible, the Provincial Union is prepared to give guidance or assistance to the School in order to address the threat(s).

Yours sincerely

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**Provincial Rugby Union: CEO**



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Jurie Roux  
**SARU: CEO**



# **PROCESS FLOW DOCUMENT**

*APPLICABLE TO THE*

**SOUTH AFRICAN RUGBY UNION'S:**

- *CONCUSSION REGULATION*
- *FIELD SAFETY REQUIREMENTS FOR RUGBY*

## **PROCESS FLOW FOR ACKNOWLEDGEMENT AND UNDERTAKING TO UPHOLD AND IMPLEMENT (1) THE *SARU CONCUSSION REGULATIONS* AND (2) THE REQUIRED *FIELD SAFETY STANDARDS* APPLICABLE TO RUGBY IN SOUTH AFRICA:**

- *SARU CONCUSSION REGULATIONS*
- *SARU FIELD SAFETY STANDARD REQUIREMENTS FOR RUGBY*

In the event of potential breaches of the above SARU Concussion Regulations and/or failure to meet the SARU Field Safety standard requirements for rugby, and keeping within the current School rugby environment, human resources and capacity available to the Unions, the following process flow document, provides a guide to the recommended protocol that should be followed.

The protocol is designed to correctly sensitise Schools to potential breaches of the SARU Concussion Regulations and/or Field Safety issues that are occurring under their legal authority, to provide a pragmatic approach in addressing these shortcomings with the Legal Head of the School i.e. the Principal or Headmaster, and for a practical and efficient way of handling these transgressions.

The main driving principle behind this is the safety, health and well-being of all learners who are participating in the game of rugby at School level.

With this in mind, it is worth noting that all involved, out of respect for these developing young learners, their health, safety, continued well-being, and also longevity in the game, should first and foremost, out of their own volition, *choose* to abide by SARU's Concussion Regulations and SARU's Field Safety standard requirements, because it is simply the right thing to do.

The procedures, without having continual disciplinary hearings and sanctions which would disrupt learners from participating in the game, provides a best fit approach in dealing with this issue, and holds those who are potentially transgressing more accountable for their individual actions.

It is impossible for SARU or the relevant Union to be at every match at every level of rugby played around South Africa, and therefore the onus falls on the Schools, Principals or Headmasters, Heads of Sport (where applicable), and more importantly, the participating Coaches and Referees in this instance, to where reasonably possible, abide by the SARU Concussion Regulations and the SARU Field Safety standard requirements for rugby to take place.

The Provincial Union shall send a standard letter to the Principals or Headmasters of all Schools within their Primary School and High School structures making the Schools aware of and providing guidelines in dealing with concussion as prescribed by the SARU Concussion Regulations (**Annexure B, C, & D**) and the SARU Field Safety standard requirements for rugby (**Annexure E**).

*The recommended Stepwise process of handling any potential breaches of SARU Concussion Regulations and/or any Field Safety issues identified:*

1. The Provincial Union shall send a letter to the Principals or Headmasters within their Primary School and High School structures with copies of this Process Flow document and the SARU Concussion Regulations (**Annexure B, C, & D**) and the SARU Field Safety standard requirements for rugby (**Annexure E**) explaining the importance of adherence to the SARU Concussion Regulations and SARU Field Safety standard requirements for rugby.
2. Provincial Unions where possible must set up a meeting with all Principals or Headmasters within their Primary School and High School structures and must communicate this process directly to them.
3. The hosting School and therefore the Principal or Headmaster, Heads of Sport, and/or the involved Coaches are primarily responsible for ensuring that the SARU Concussion Regulations, where applicable for the players involved, and the SARU Field Safety standard requirements for rugby to take place, have been met on match day, prior to the arrival of the match Referee
4. Each Referee, at any level of the game must, within reason, confirm that all SARU Field Safety standard requirements for rugby to take place have been met before kick-off
5. When a threat, which could result in a breach of SARU Concussion Regulations, and/or SARU Field Safety standard requirements is noted by any party (including but not limited to Rugby Safety Auditors, Parents, Teachers, Coaches, or Players) **before a match**, and is brought under the attention of the Principal or Headmaster, Head of Sport, Coaches or match Referee, all relevant parties shall do everything reasonably possible to correct the threat.
6. When a threat, which could result in a breach of SARU Concussion Regulations, and/or SARU Field Safety standard requirements is noted by any party (including but not limited to Rugby Safety Auditors, Parents, Teachers, Coaches, or Players) and is brought under the attention of the Principal or Headmaster, Head of Sport, Coaches or match Referee, **during a match**, the

match should be stopped and all relevant parties shall do everything reasonably possible to correct the threat.

7. When a threat which could result in a breach of SARU Concussion Regulations, and/or SARU Field Safety standard requirements is noted by any party (including but not limited to Rugby Safety Auditors, Parents, Teachers, Coaches, or Players) **after a match or during an audit**, this must be brought to the relevant parties' attention, and where applicable or possible, also to the involved match Referee. Notified parties must, within reason, correct any threat referred to prior to the next practice or match. All relevant parties shall do everything reasonably possible to correct the threat.
8. Failing to correct the threats identified in 5, 6, and 7, could result in accountability for any consequential serious rugby injury, disability or fatality; this then needs to be documented and reported to the Union in writing for further action
9. Should the threat referred to in 5, 6, and 7 above not be corrected, a formal letter, for record purposes, must also be sent from the Provincial Union to the Principal or Headmaster of the relevant School advising them of the seriousness of the transgressions and the risk of being held accountable for any serious rugby injury, disability or fatality that may result from this continued practice at their School.
10. The Provincial Union, if requested by the School, should provide guidance and/or assistance to the School, where possible, in order to correct the threat.
11. Should the School persist in its failure to correct the identified threats, a representative of the Provincial Union should arrange a meeting with the School's Principal or Headmaster and request him to sign a Letter of Acknowledgement and Undertaking (**Annexure A**) that the nature of the threat(s)/transgression(s) has been explained to them, and should they not comply with the SARU Concussion Regulations and/or SARU Field Safety standard requirements in future matches, that they yet again are answerable and accountable for any serious rugby injury, disability or fatality that may result from this continued practice at their School. Should the Principal or Headmaster refuse to sign the form, it shall be duly recorded by the Provincial Union.
12. There should be two original copies, one for the Principal or Headmaster, and one for the Provincial Union's records.

13. Where the Referee is not formally registered at the Union or at the Union Referee Society as a Referee, but is a Teacher, parent or other, and is nominated or appointed by the School to referee a game, the Principal or Headmaster, again must assume overall responsibility, legal liability and accountability that the SARU Concussion Regulations, and SARU Field Safety standard requirements to take place, have been met. These appointed non-registered referees must be BokSmart Certified as per SARU Regulation.
14. If the Referee has transgressed, a formal letter explaining the transgression must be sent to either the relevant Union Referee Society or the involved School's Principal or Headmaster, whichever may be applicable, for further remedial action. This letter must note the referee's failure to adhere to SARU Concussion Regulations, and/or SARU Field Safety standard requirements for rugby to take place.
15. Should the Schools and involved parties continue to transgress, regardless of the above notifications and signed acknowledgements and undertakings the Provincial Union shall impose a sanction which could include, but is not limited to the following:
  - a. All involved parties will be denied match fixtures by the Union
  - b. All involved parties will be "blacklisted", and opposition Schools will be notified to this fact
    - i. This notification will include Coaches and Referees who continually transgressed or have not complied with their role requirements
16. If none of the above has been successful in changing behaviour of the involved parties, the matter will be referred to SARU in accordance with regulation 5.1 of the SARU Disciplinary and Judicial Matters Regulations.

## SPECIFIC ACKNOWLEDGEMENT AND UNDERTAKING

### 1. ACKNOWLEDGEMENT

I, .....Principal/Headmaster at .....School acknowledges that the School has received a letter from the Provincial Union dated ..... with copies of the SARU Concussion Regulations and the SARU Field Safety standard requirements for Rugby attached.

I confirm that the Provincial Union has notified me of the following breach of the SARU Concussion Regulations, and/or SARU Field Safety standard requirements or a threat which could result in such a breach:

1.1. Match:

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1.2. Incident:

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1.3. Breach/Threat:

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Should the School and involved parties fail to implement remedial action as proposed by the Provincial Rugby Union/SARU as in 2 below and/or continue to transgress, regardless of the above notifications and this undertaking, the Provincial Union shall impose a sanction, which could include the following:

- a. All involved parties will be denied a number of match fixtures determined by the Provincial Union; and
- b. All involved parties will be suspended for a period determined by the Provincial Union.

Should the involved parties continue to transgress despite the above actions, the matter will be referred to SARU in accordance with regulation 5.1 of the SARU Disciplinary and Judicial Matters Regulations.

**2. UNDERTAKING**

2.1. The School undertakes to implement any remedial action proposed by \_\_\_\_\_ Provincial Rugby Union and/or SARU

2.2. Where applicable, the School undertakes to impart appropriate internal disciplinary action with those involved, and furthermore commits to apply internal protocols to prevent such breaches or threats from reoccurring at the School in the future

This done and signed at \_\_\_\_\_ (place), on \_\_\_\_ (day) of \_\_\_\_\_ (month) in the year \_\_\_\_\_

\_\_\_\_\_  
Headmaster/Principal

\_\_\_\_\_  
Chairperson: School Governing Body (SGB)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Provincial Rugby Union or SARU Representative

## **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 neuro-imaging typically appears normal.

### 1. SARU's stance on concussion

SARU views concussion extremely seriously. SARU therefore insists that every role player<sup>1</sup>, 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 aligned with the World Rugby Medical Regulations as set out below in the following Clauses. SARU has also contributed to the development of the World Rugby's concussion protocols.

### 3. WORLD RUGBY CONCUSSION REGULATIONS

#### **REGULATION 10 – MEDICAL**

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

#### **10.1 Concussion**

##### **ADULTS**

*10.1.1 Any ADULT Player with concussion or suspected concussion:*

*(a) must be immediately and permanently removed from training or the field of play; and*

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

*(b) should be assessed by a medical practitioner or an approved healthcare professional (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 have complete physical and cognitive rest for 24 hours; and*

*(e) must have relative physical rest (activity that does not induce or aggravate symptoms) for at least one week (including the initial 24 hour period of complete physical and cognitive rest) before commencing a graduated return to play (GRTP) programme referred to at 10.1.1(f)-(g) below. The Player must be symptom free before commencing the GRTP; and*

*(f) must successfully follow and complete a GRTP programme which must be consistent with World Rugby's GRTP Protocol contained in the World Rugby Concussion Guidance which is available [here](#); and*

*(g) should receive clearance from a medical practitioner or approved healthcare professional prior to commencing the full contact training stage of the GRTP programme.*

*10.1.2 The following exceptions may apply:*

*(a) The one week rest period (in 10.1.1(e)) 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 Protocol). In any event, there is no exception to the initial 24 hour period of complete physical and cognitive rest;*

*(b) the completion of a GRTP programme stipulated in 10.1.1(f) 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 Protocol) AND has been medically cleared to return to training or to play on the grounds that the Player had not in fact been concussed.*

*10.1.3 The temporary replacement procedure for head injury assessment set out in Law 3.11 is only applicable in elite adult Matches, Series of Matches or Tournaments, which have been approved in advance by World Rugby.*

*10.1.4 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*

*10.1.5 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 Untoward Incident Review system in place.*

*(d) They have facilitated access to video to assist with the management of head impact events occurring during games.*

## **CHILDREN AND ADOLESCENTS**

10.1.6 Any CHILD or ADOLESCENT Player (aged 18 years or less) with concussion or suspected concussion:

(a) must be immediately and permanently removed from training or the field of play; and

(b) should be medically assessed by a medical practitioner or an approved healthcare professional (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 have complete physical and cognitive rest for 24 hours; and

(e) must have relative physical rest (activity that does not induce or aggravate symptoms) for at least two weeks (including an initial 24 hour period of complete physical and cognitive rest) before commencing the graduated return to play (GRTP) programme referred to at 10.1.6(f)-(g) below. The Player must be symptom free before commencing the GRTP; and

(f) must successfully follow and complete a GRTP programme, which must be consistent with World Rugby's GRTP programme contained in the World Rugby Concussion Guidance which is available [here](#); and

(g) should receive clearance from a medical practitioner or approved healthcare professional prior to commencing the full contact training stage of the GRTP programme.

### **Regulation 1 – Consequential Amendments: New definitions**

**GRTP Programme:** means the Graduated Return To Play programme of World Rugby (contained in the World Rugby Concussion Guidance), which incorporates a progressive exercise programme that introduces a player safely back to the sport in a step-wise fashion. The programme is available [here](#).

**HIA Protocol:** means the Head Injury Assessment Protocol of World Rugby developed to support Law 3.11 (Temporary Replacement for Head Injury Assessment in elite adult matches, which have been approved in advance by World Rugby) and Regulation 10.1 (Concussion). The Protocol is available [here](#) for elite level match day medical staff

**Core (mandatory) Concussion Player Welfare Standards:** means the standards that apply to the access to temporary replacement to undertake a HIA which are contained in the HIA Protocol. The Protocol is available [here](#) for elite level match day medical staff.

## **4. SARU CONCUSSION REGULATIONS**

### **4.1 Concussion**

4.1.1 SARU hereby adopts World Rugby Regulation 10 in its entirety as its own Concussion regulations (as amended from time to time) with the additional regulations and modifications set out herein below.

#### 4.1.2 Modification of World Rugby Regulation 10.1.1 (b) and (g)

##### ADULTS

#### 10.1.1 Any ADULT Player with concussion or suspected concussion:

- (b) must be medically assessed by an appropriately qualified person<sup>2</sup> (as applicable in the relevant jurisdiction); and
- (g) must receive clearance by an appropriately qualified person<sup>2</sup> prior to commencing the full contact training stage of the GRTP Protocol.

#### 4.1.3 Modification of World Rugby Regulation 10.1.6 (b) and (g)

##### CHILDREN AND ADOLESCENTS

#### 10.1.6 Any CHILD or ADOLESCENT Player (aged 18 years or less) with concussion or suspected concussion:

- (b) must be medically assessed by an appropriately qualified person<sup>2</sup> (as applicable in the relevant jurisdiction); and
- (g) must receive clearance by an appropriately qualified person<sup>2</sup> prior to commencing the full contact training stage of the GRTP Protocol.

4.1.4 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.

4.1.5 Advanced care clinical settings are defined in World Rugby and SARU's Concussion Guideline document links which can be found here:

- (a) [World Rugby Concussion Guideline document](#)
- (b) SARU's Concussion Guideline documents ([When can a player safely return to play following a concussion](#))

4.1.6 Due to the heightened risk of concussion and its complications in players 18 years old or younger, extra caution must be taken to prevent such players returning to play or continuing playing or training if any suspicion of concussion exists. All players 18 years old or younger 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 Protocols for different levels of the game.

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<sup>2</sup> 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 professional 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, monitor a GRTP and provide a clearance to return to play. Refer to Appendix 1 for the South African Rugby Union's nominated "Appropriately qualified person".

## 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, monitor a GRTP 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)

*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 (GRTP)

*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 GRTP, 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 a Biokineticist, Physiotherapist 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 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 on line 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 have undergone the additional WORLD RUGBY mandated training can implement World Rugby HIA protocol.*



[www.BokSmart.com](http://www.BokSmart.com)



### Concussion Advice Sheet

#### **What is a concussion?**

A concussion is an **injury to the brain** caused by a direct or indirect blow to the head or caused by the head striking something else such as the ground or a bony hip. A concussion can occur **whether or not a person is “knocked out.”** A concussion typically causes the rapid onset of short lived impairment of brain function that resolves spontaneously with time. However, occasionally there can be a more significant or longer lasting problem, and it is important that the symptoms from every concussion be monitored by team medics and doctors who understand concussion management protocol. When you suffer a concussion, you may suffer from:

- Physical symptoms e.g. headaches, nausea, dizziness, tiredness, intolerance of bright light
- Concentration difficulties, memory loss, difficulty reading or using a computer
- Emotional changes such as mood swings, irritability and aggression
- Sleeping pattern changes – sleeping more or difficulty falling asleep

#### **What should I watch for? (“Red Flags”)**

After evaluation by a sideline medic, it may be determined that you are safe to go home. If you are sent home, you should not be left alone. A responsible adult must accompany you. Symptoms from your concussion may persist when you are sent home but should not worsen, nor should new symptoms develop.

Important symptoms to monitor over the next 48 hours include:

- Headaches that worsen
- Severe neck pain
- Loss of feeling or use of an arm or leg
- Confusion
- Slurred speech
- Deteriorating consciousness
- Seizures (fits)
- Repeated vomiting



The presence of **ANY** of these requires **urgent medical attention** and usually a **brain scan**. Report to a hospital casualty, preferably one with a neurosurgeon and brain scanning facilities.

### **Is it okay to go to sleep?**

Concussion often makes a player feel drowsy or tired. Once you have been medically assessed, as long as you are not getting worse, as noted above, it is alright for you to sleep. We do however want the responsible adult to be at home with you in case any problems arise.

### **May I take something for pain?**

Do not take any medication unless a doctor has told you to do so. Normally, we do not advise anything stronger than paracetamol (e.g. Panado). **Avoid anti-inflammatories** e.g. Voltaren, Cataflam, Brufen etc. and anything containing codeine e.g. Myprodol

### **What should I avoid doing?**

**Avoid** actions that may worsen your symptoms, slow down recovery or place you at risk

- Do not consume **caffeine** (including coffee) or any other stimulants
- Stop taking any **supplements** that you may be using
- Do not consume **alcohol** for at least 48 hours after a concussion and until cleared by a medical doctor
- Do not **drive** a motor vehicle or motorcycle or ride a bicycle until cleared by a medical doctor
- Do not **exercise** at all until medically cleared to do so
- Do not spend long periods behind a **computer**, playing video games, watching TV or reading

### **May I eat after the practice or game?**

It is fine for you to eat if you are hungry. Remember, some athletes do have a sense of nausea and fatigue, and often find that their appetite is decreased immediately after a concussion. Do not force yourself to eat.

### **How long will I be observed?**

You must follow up with a medical doctor after your suspected or confirmed concussion. You must be monitored regularly and your symptoms observed until they have completely cleared. You must refrain from any physical exertion including strength conditioning until released to do so by the medical staff. Return-to-practice and return-to-play decisions are made at the appropriate time by the team physicians and these may differ from player to player.

Additional testing will be considered (e.g. computerized brain function testing) and this should be explained to you during your follow up visits. Determining if school activities (e.g. class, exams) need to be modified can also be evaluated by your doctor.

There are however mandatory stand-down periods, and different stage durations based on your age at the time of injury. This information can also be found on [www.BokSmart.com](http://www.BokSmart.com) at the following link: <http://boksmart.sarugby.co.za/content/concussion>

**If symptoms persist, what other support is available to me?**

Your concussion may make it difficult to **concentrate, study, and/or attend class**. In such a situation, it’s important for you to discuss with your medical team and teachers, different options for receiving academic support during this time including:

- (1) short-term adjustments such as a shorter school day, working in an isolated & quiet environment and limited reading and computer work
- (2) extended accommodations to be made regarding your academic assessments including deferring or allowing for additional time.

These options usually involve disclosing some information about your medical condition to other School or University offices and/or personnel

**Important Contacts:**

Designation	Name	Tel no.	After hours no.	Email / Website
Doctor				
Hospital				
School/Club nurse				
BokSmart SpineLine operated by ER24		0800 678 678	0800 678 678	<a href="http://www.boksmart.com">www.boksmart.com</a>
Sports Concussion SA		011-8839000	0825746918	<a href="http://www.sportsconcussion.co.za">www.sportsconcussion.co.za</a> sportsconcussion@mweb.co.za

*Document Compiled by Dr Jon Patricios*



[www.BokSmart.com](http://www.BokSmart.com)



## When can a player safely return to play following a concussion?

### Why is it so important to return to play at the appropriate time?

Returning too soon following a concussion may have serious short and long term consequences including:

- More serious brain injury and even death
- Prolonged symptoms lasting weeks or months
- Greater risk of further concussions
- Interference with studies (school and university) and work
- Poor performance on the Rugby field
- Long term, permanent brain effects including memory loss and emotional disturbances.

### Mandatory rest periods

Unless advised by a medical doctor with expertise in concussion management that there is no suspicion of concussion in the player, the following **minimum** rest periods are prescribed for players suspected of sustaining a concussion in Rugby:

**Players 18 years old or younger** – rest from all exercise for a **minimum** of 2 weeks, followed by a minimum 4 day period of graduated return to play (GRTP, see protocol below)

**Players 19 years old or older** – rest from all exercise for a **minimum** of 1 week followed by a minimum 4 day GRTP.

These **minimum** periods only apply if the player no longer has **ANY** symptoms of concussion remaining.

**Note: It is recommended that, in all cases of suspected concussion, the player is referred to a medical doctor**

## The Graduated Return to Play (GRTP) Protocol




GRTP Protocol – each Stage progression AFTER the stand-down period is a **minimum of 24 hours**

Stage	Rehabilitation	Objective	Exercise Allowed
1	Minimum age- Appropriate rest Period	Recovery	<ul style="list-style-type: none"> <li>Complete physical rest without symptoms</li> </ul>
2	Light aerobic exercise	Increase heart rate	<ul style="list-style-type: none"> <li>Light jogging for 10-15 minutes, swimming or stationary cycling at low to moderate intensity.</li> <li>No resistance training.</li> <li>Symptom free during the full 24-hour period.</li> </ul>
3	Sport-specific exercise	Add movement	<ul style="list-style-type: none"> <li>Running drills.</li> <li>No head impact activities</li> </ul>
4	Non-contact training Drills	Exercise, coordination, and cognitive load	<ul style="list-style-type: none"> <li>Progression to more complex training drills, e.g. passing drills.</li> <li>May start progressive resistance training.</li> <li>Player MUST be medically cleared at the end of this Stage before going to Full-contact training or Stage 5</li> </ul>
5	Full Contact Practice	Restore confidence and assess functional skills by coaching staff	<ul style="list-style-type: none"> <li>Normal rugby training activities</li> <li>If player remains sign and symptom-free for the full 24 hours, they then move onto Stage 6</li> </ul>
6	Return to Play	Recover	<ul style="list-style-type: none"> <li>Player rehabilitated and can be progressively re-introduced into full match play</li> </ul>

### Notes:

- ***a player may only start the GRTP process once cleared by a medical doctor and all symptoms have cleared***
- ***a player may only progress to the next stage if no symptoms occur during or after exercise in each stage***
- ***a player must again be cleared by medical doctor before starting full-contact training***

Summary of Return to Play Criteria for Rugby

AGE GROUP	COMPULSORY REST PERIOD POST CONCUSSION		GRTP		NUMBER OF MISSED FULL WEEKS
<b>Players 18 years old or younger</b>	2 weeks and symptom free	<b>Caution!</b> Return to play protocol should be started only if the player is symptom free and off medication that modifies symptoms of concussion	4 Stage GRTP with progression every <b>24 hours</b> if no symptoms. <b>Total GRTP days = 4 days.</b> <i>(A <u>minimum</u> of 24 hours per Stage progression; this can be made longer!)</i>	<b>Caution!</b> Contact Sport should be authorized only if the player is symptom free and off medication MEDICAL CLEARANCE REQUIRED	<p align="center"><u>Earliest Return to play</u>                      = 2 weeks rest post injury + 4 days GRTP                      (Earliest Play - <b>Day 19</b> post injury)</p>
<b>Players 19 years old or older</b>	1 Week and symptom free				<p align="center"><u>Earliest Return to play</u>                      = 1 week rest post injury + 4 day GRTP                      (Earliest Play - <b>Day 12</b> post injury)</p>
<div style="display: flex; align-items: flex-start;">  <p> <b>Any player with a second concussion within 12 months, a history of multiple concussions, players with unusual presentations or prolonged recovery should be assessed and managed by health care providers (multidisciplinary) with experience in sports-related concussions. It is recommended that if this expertise is unavailable then as a <u>minimum</u> the player should be managed using the protocol from the lower age group i.e. 1. 'Players 19 years old or older' then use the 'Players 18 years old or younger' protocol and 2. For 'Players 18 years old or younger', the minimum rest period should be <u>doubled</u> i.e. <u>4 weeks off instead of 2 weeks</u>. However, the medical doctor clearance is non-negotiable and must always be provided before entering the GRTP and before starting full-contact training, regardless of who is available to manage or monitor the GRTP process.</b> </p> </div>					

**NOTE:** Exceptions to SARU's and World Rugby's Concussion protocols are only allowed where an Adult player aged 19 years old or older has access to an enhanced care clinical setting.

*Advanced care settings include all of the following:*

*(1) Medical doctors with training and experience in recognising and managing concussion*

*(2) Access to brain imaging facilities and neuro-radiologists*

*(3) Access to a multidisciplinary team of specialists including neurologists, neurosurgeons, neuropsychologists, neurocognitive testing, and balance and vestibular rehabilitation therapists.*

## **REFERENCES**

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3. McCrory P et al. Consensus Statement on Concussion in Sport 3rd International Conference on Concussion in Sport, Zurich. *Clinical J Sports Med* 2009; 19: 185-200

*Document Compiled by Dr Jon Patricios*



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## FIELD SAFETY STANDARD REQUIREMENTS FOR RUGBY PLAYED IN SA

Should the playing fields and grounds not conform to WORLD RUGBY and SARU safety standards, then referees will be mandated to call these games off. Referees are entitled to decide whether it is safe for a player or safe for the game to continue. The Laws of the Game provide guidelines to referees for ensuring a safe playing environment. Referees should apply a common-sense approach and not rely on Law only to ensure the safety of all players on the field.

The onus, however, is on the hosting rugby body, club or school to provide a safe match environment that conforms to the required WORLD RUGBY standards, and the referees roles, are purely to confirm or negate this fact, and then either start the game, have the identified problem rectified by the hosting rugby body before kick-off, or call the game off.

The following extracts from the relevant documents provide context to the above.

### Extract from "WORLD RUGBY Law book":

*The Playing Environment includes the field of play as well as the immediate surrounding area.*

*The Playing Enclosure is the playing area and a space around it, not less than 5 metres where practicable, which is known as the perimeter area.*

#### *Law 1.1 SURFACE OF THE PLAYING ENCLOSURE*

*(a) Requirement. The surface must be safe to play on at all times.*

*(b) Type of surface. The surface should be grass but may also be sand, clay, snow or artificial grass. The game may be played on snow, provided the snow and underlying surface are safe to play on. It shall not be a permanently hard surface such as concrete or asphalt. In the case of artificial grass surfaces, they must conform to WORLD RUGBY Regulation 22.*

**NOTE: Law 1.1 (a) states the obvious i.e. that the surface must be safe to play on at all times!**

#### *Law 1.2 REQUIRED DIMENSIONS FOR THE PLAYING ENCLOSURE*

*(a) Dimensions. The field of play does not exceed 100 metres in length and 70 metres in width. Each in-goal does not exceed 22 metres in length and 70 metres in width.*

**NOTE: Law 1.2 (a) allows you therefore to adjust your field width or length accordingly to meet the safety criteria required; it specifies “does not exceed”, but does not mention anything further about not being able to adjust field length or width accordingly. So if needs be, for example, you could potentially shift the touchline slightly inwards to meet the requirements.**

*(b) The length and breadth of the playing area are to be as near as possible to the dimensions indicated. All the areas are rectangular.*

**NOTE: In keeping with the above suggestion regarding Law 1.2 (a), Law 1.2 (b) stipulates that one should try and keep these adjustments practical and minimal, and as close as possible to WORLD RUGBY Law dimensions.**

*(c) The distance from the goal line to the dead ball line should be not less than 10 metres where practicable.*

#### **1.6 OBJECTIONS TO THE GROUND**

*(a) If either team has objections about the ground or the way it is marked out they must tell the referee before the match starts.*

*(b) The referee will attempt to resolve the issues but must not start a match if any part of the ground is considered to be dangerous.*

**NOTE: Law 1.6 (a) and (b) where either one or both teams object to the safety of the ground, or the referee calls off a match if any part of the ground is considered to be unsafe or dangerous, is perfectly within the Laws of the game**

#### **Extract from “Referee’s role in controlling the game”:**

*When inspecting the playing enclosure, it is important to study the pitch itself and look for any obviously dangerous aspects that may be prevalent. The pitch may, for example, be too hard, i.e. stone or gravel; or there may be potholes, which could pose a risk to players’ ankles and feet.*

*Pitches that are immersed in water should also be investigated and the referee should decide whether a possible danger may exist, in particular when it comes to collapsed rucks, mauls and scrums. Any loose debris should also be removed from the field, especially if the debris is sharp and/or hard*

#### **Extract from “Safety in the Playing Environment”:**

*Advertising hoardings, poles, pylons and barriers must ideally be 5m from the touchline. If one or more of the abovementioned obstacles cannot be removed they must be suitably covered up to provide maximum protection to the players. If areas of the playing surface comprise an asphalt / tartan track it should be suitably covered as well.*

*The playing surface should be grass, artificial grass (conforming to WORLD RUGBY regulation 22), sand or clay. It must be firm and free of hazards, including stones and glass. In cold environments, the surface must be free from ground ice. If there is surface water sufficient to realistically raise the risk of drowning, the game should not commence. The decision to start a game where ground water is present is at the sole discretion of the referee and common sense should prevail.*



## In summary

Some key checks to consider include but are not limited to the following:

### **CHECK THE GROUND AND PLAYING SURFACES**

- The ground is level and free of holes
- There are no exposed sprinkler heads, or hard plastic/metal ground spikes or flag supports
- There is no broken glass, rubbish or stones
- There are no cement barriers, shot put rings, drains, protruding steel pipes or structures, ditches, walls, buildings, fences, rails, stands, pylons, overhead lights or the like within the WORLD RUGBY stipulated *playing enclosure*
- There are no other movable objects such as dust bins, scrum machines, steel rollers, tyres, school bags, gazebos, chairs or the like within the WORLD RUGBY stipulated *playing enclosure*
- Goal posts are appropriately padded
- Marker flags will flex on impact with no sharp edges
- No advertising hoardings within the WORLD RUGBY stipulated *playing enclosure*
- Equipment is stable and will not collapse
- Spectators and vehicles' proximity to the WORLD RUGBY stipulated *playing enclosure* must be managed appropriately

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SOUTH AFRICAN RUGBY UNION (an incorporated association of persons)

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