

# CONCUSSION RECOGNITION TOOL 5

To help identify concussion in children, adolescents and adults



Supported by



## RECOGNISE & REMOVE

Head impacts can be associated with serious and potentially fatal brain injuries. The Concussion Recognition Tool 5 (CRT5) is to be used for the identification of suspected concussion. It is not designed to diagnose concussion.

### STEP 1: RED FLAGS — CALL AN AMBULANCE

If there is concern after an injury including whether ANY of the following signs are observed or complaints are reported then the player should be safely and immediately removed from play/game/activity. If no licensed healthcare professional is available, call an ambulance for urgent medical assessment.

- Neck pain or tenderness
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness
- Deteriorating conscious state
- Vomiting
- Increasingly restless, agitated or combative

### Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Assessment for a spinal cord injury is critical.
- Do not attempt to move the player (other than required for airway support) unless trained to do so.
- Do not remove a helmet or any other equipment unless trained to do so safely.

If there are no Red Flags, identification of possible concussion should proceed to the following steps:

## STEP 2: OBSERVABLE SIGNS

Visual clues that suggest possible concussion include:

- Lying motionless on the playing surface
- Slow to get up after a direct or indirect hit to the head
- Disorientation or confusion, or an inability to respond appropriately to questions
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Blank or vacant look
- Facial injury after head trauma

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## STEP 3: SYMPTOMS

- Headache
- "Pressure in head"
- Balance problems
- Nausea or vomiting
- Drowsiness
- Dizziness
- Blurred vision
- Sensitivity to light
- Sensitivity to noise
- Fatigue or low energy
- "Don't feel right"
- More emotional
- More irritable
- Sadness
- Nervous or anxious
- Neck Pain
- Difficulty concentrating
- Difficulty remembering
- Feeling slowed down
- Feeling like "in a fog"

## STEP 4: MEMORY ASSESSMENT

(IN ATHLETES OLDER THAN 12 YEARS)

Failure to answer any of these questions (modified appropriately for each sport) correctly may suggest a concussion:

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

## Athletes with suspected concussion should:

- Not be left alone initially (at least for the first 1-2 hours).
- Not drink alcohol.
- Not use recreational/ prescription drugs.
- Not be sent home by themselves. They need to be with a responsible adult.
- Not drive a motor vehicle until cleared to do so by a healthcare professional.

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ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY, EVEN IF THE SYMPTOMS RESOLVE

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# REFEREE/ASSISTANT REFEREE BLUE CARD REPORT

Local Competition:			
Provincial Rugby Union			
Home Team		Visiting Team	
Player's Full Name:		Team/Division:	
Playing Position:		Playing Number:	
Player's Age:		Date of birth:	
Venue:		Date of Match:	
Contact person(s) from family, school or club:	1. 2. 3.	Email address(es)	1. 2. 3.

Period of Game when incident occurred:  
(Please circle)

 1<sup>st</sup> Half

 2<sup>nd</sup> Half

Elapsed Time in Match:

Match Kick-off Time:

## THE BLUE CARD EVENT WAS DETECTED BY:

Official ** <i>(Please circle)</i>	Name	Contact Number	Email Address	Signature
Referee				
Assistant Referee				

**DESCRIPTION OF INCIDENT:** *(Please continue overleaf if necessary)*

<b>Injury causing event:</b> <i>(Tick the appropriate event observed)</i>					
Tackling	<input type="checkbox"/>	Ruck	<input type="checkbox"/>	Scrum	<input type="checkbox"/>
Collision	<input type="checkbox"/>	Lineout	<input type="checkbox"/>	Open play	<input type="checkbox"/>
Ball carry	<input type="checkbox"/>			Hitting head on the ground	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>				

<b>Signs/Symptoms:</b> <i>(Tick the appropriate signs/symptom's observed)</i>	<b>BRIEFLY DESCRIBE WHAT HAPPENED:</b>
Unsteady on Feet <input type="checkbox"/>	Confused <input type="checkbox"/>
Nauseous <input type="checkbox"/>	Vomiting <input type="checkbox"/>
Headache <input type="checkbox"/>	Dazed <input type="checkbox"/>
Dizzy <input type="checkbox"/>	Blurred Vision <input type="checkbox"/>
Unconscious <input type="checkbox"/>	Other (specify) <input type="checkbox"/>

Submit a copy to the local Provincial Rugby Union BokSmart Coordinator: Hennie van Vuuren [henniev@bluebull.co.za](mailto:henniev@bluebull.co.za), the local Referee Manager: Jan Venter [janv@bluebull.co.za](mailto:janv@bluebull.co.za), and the chairman of the Medical Association: Dr. Olivier van der Spuy [ovanderspuy@icloud.com](mailto:ovanderspuy@icloud.com) within 1 working day after the match.  
The Match Referee must also capture this report onto Footprint at [www.sarugby.online/bluecard](http://www.sarugby.online/bluecard).