



Referee's/Coaches' On-field
CONCUSSION
GUIDE



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CONCUSSION IS A BRAIN INJURY!

Concussion refers to a disturbance to **brain** function caused by a direct or indirect blow to the **brain**.

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

A player does **NOT** have to lose consciousness to have suffered 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 completely until they are totally sign and symptom free, and off any medication that might mask the symptoms of concussion. Use the minimum stand-down periods for each age-group category, before entering the graduated return to play process.

5

Recover – Full recovery of signs and symptoms is mandated before entering into the age-appropriate graduated return to play protocol.

6

Return – To return to play safely following a concussion or suspected concussion, the players must be (1) sign and symptom-free, (2) medically cleared by a doctor to do so, and (3) complete the age-appropriate return to play protocol. For the purpose of concussion, full contact practice equals return to play.

USEFUL CONTACTS

DESIGNATION

NAME

TEL NO.

EMAIL/WEBSITE

Doctor

Hospital

School/Club
Nurse

BokSmart SpineLine,
operated by **ER24**

0800 678 678

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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 (fits)
- 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!



URGENT RED FLAGS

Which may indicate an even more serious 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 thereafter, 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, exercise or rugby related activities
- Must undergo the age-appropriate **Graduated Return to Play** 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 also requires as much rest as possible, 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 and do not let them take sleeping tablets or aspirins. 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 PLAY

STAGE 1 IS PHYSICAL REST, UNTIL NO SYMPTOMS REMAIN.

For players **18 years old or younger**: a **minimum of 2 weeks off**, and even longer if any signs or symptoms remain. For players **19 years old or older**: a **minimum of 1 week off** and the player must be sign and symptom free.

STAGE 2 IS LIGHT AEROBIC EXERCISE FOR 10-15 MINUTES WHERE THE PLAYER MUST BE SYMPTOM FREE:

This may include activities such as light jogging, swimming or stationary cycling, but no resistance training.

STAGE 3 BECOMES MORE SPORT-SPECIFIC AND PUSHES THE INTENSITY UP A BIT:

The player is exposed to running drills, where rugby specific movement patterns are added, but still includes no potential head impact activities yet.

STAGE 4 PROGRESSES THE PLAYER TO MORE COMPLEX TRAINING DRILLS WHERE PASSING CAN BE INCLUDED. THE PLAYER CAN ALSO INCORPORATE PROGRESSIVE RESISTANCE TRAINING INTO THEIR DAY:



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 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 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 PLAY



- Each Stage of the graduated return to play (GRTP) process is allocated a specific time period.
- The player can only progress to the next stage if they show no signs or symptoms of concussion during the exercise sessions and the **minimum 24 hour period**, allocated within each stage progression.
- If a player shows any signs or symptoms during any Stage, they should consult with their treating medical doctor, and move back a stage to where they were previously sign and symptom free, and attempt to progress again after a **minimum of 24 hours** rest.
- The earliest that a player can return to play following concussion after the age-appropriate stand-down periods and following the graduated return to play process without any recurring signs and symptoms is:
 - Players **18 years old or younger** = 2 weeks rest post injury + 4 days GRTP
(**Earliest Return to Play = Day 19** post injury)
 - Players **19 years old or older** = 1 week rest post injury + 4 days GRTP
(**Earliest Return to Play = Day 12** post injury)



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.

