

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 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 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.

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

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*
- (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 person² (as applicable in the relevant jurisdiction); and
- (g) must receive clearance by an appropriately qualified person² 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 person² (as applicable in the relevant jurisdiction); and*
- (g) must receive clearance by an appropriately qualified person² 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.

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 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 ompetitions, 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.