



Concussion Protocol  
(Step by Step guide)

Updated April 2022

Guide for coaches, managers and parents

1. **NB** All suspected concussions must be removed from the field of play and may not be allowed to return to competition or practice on the same day.

When a player has taken a knock and concussion is suspected then the medics or referee or coach will remove from the field. Medics will then evaluate and refer to a doctor (or to emergency room in serious cases). **Concussion is a medical diagnosis.** A medical practitioner will make the diagnosis using clinical data + SCAT5 / Child SCAT5 as supporting tools.

If a player takes a knock at practice and there is a suspected concussion then the player (if able to mobilize) must be accompanied to the SAN for assessment. If the player is unable to mobilize the San Sr will be called to the site of injury to assess and evaluate him using the SCAT5 and/ or medical signs and symptoms. If in doubt remove from the field of play and refer to medical personnel.

Once a concussion has been diagnosed, then the player will need to be seen by Dr Cornell (in the case of boarders) and their GP or another medical doctor in the case of dayboys. The San Sister will also notify the BSU so that the boy can be entered on the *Concussion Register* and followed up accordingly.

Advise cognitive and physical rest for first 24 to 48 hours. (No screen time, studying, reading, TV etc. Can slowly introduce cognitive / "thinking" activities in the first week as long as they don't aggravate symptoms.) Players who have suffered a concussion need to be monitored for the first 24 hours for any signs of deterioration. (See the list of Red Flags for concussion.)

2. **Return to Learn** is the first priority with regards to returning to normal activities. Consider whether time off school is needed /graded return to school. Doctor may need to write a letter for exams etc. Also consult with the BSU on a gradual Return to Learn.

3. **Return to Sport:**

18 years or younger

Mandatory 2 week rest period from exercise

Gradual Return to Play thereafter, 24 hours between each stage

Earliest return to match is Day 19 Post injury

19 years or older

Mandatory 1 week rest period from all exercise

Gradual Return to Play thereafter, 24 hours between each stage

Earliest return to match is Day 12 Post injury

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**4. What if no-one witnessed a knock and the player is symptomatic after the game?**

Based on the symptoms consult a medical professional. Advise rest. If player is not well enough to go to school then consult a medical professional (GP or concussion specialist).  
If you witnessed a knock and are not sure, please let the BSU know (or medical staff).  
Psychologist will do a symptom check and then decide on referral.  
Communication between players, parents, coaches, managers and medical staff (including psychologist at the BSU) is NB.

**5. Return to play protocol**

Stage	Rehabilitation	Objective	Exercise allowed
1	Minimum age-appropriate rest period	Recovery	Complete body and brain rest without symptoms
2	Light aerobic exercise	Increase heart rate	Light jogging for 10-15 mins. Swimming / stationary cycling at low-moderate intensity. <b>No</b> resistance training Symptom free during full 24 hour period.
3	Sports-specific exercise	Add movement	Running drills. No head impact activities.
4	Non-contact training drills	Exercise, co-ordination and cognitive load	Progression to more complex training drills e.g. Passing drills May start progressive resistance training. <b>Player MUST be medically cleared at the end of this stage before going to full contact training i.e. Stage 5.</b>
5	Full contact practice	Restore confidence and assess functional skills by coaching staff	Normal rugby training activities. If player remains sign- and symptom free for the full 24 hours, they may move onto Stage 6.
6	Return to Play	Full recovery	Player rehabilitated and may progressively be re-integrated into full match play



6. **NB to note** that a player must be cleared by a medical doctor before he can progress to Stage 5 of the RTP protocol which is full contact practice. Doctor's note is required or a signed "Return to Play" form. These forms are at the BSU.
7. Education is NB. Players and parents need to have awareness of post-concussion symptoms and the need for rest. All rugby players need to have a valid (within 2 years) baseline test to help advise on a safe return to play.
8. Post-injury ImPACT neurocognitive test can help the doctor to decide on recovery process once the player is asymptomatic. This is not used to diagnose concussion.
9. Consult the "Concussion Management" document from Dr Leigh Gordon (2016) for more detailed guidelines.

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May 2021 (updated April 2022)

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