



CONCUSSION RECOGNITION AND MANAGEMENT

Introduction

Pupil welfare, both on and off the sports field, is taken extremely seriously and after thorough research into the issue we have put in place this comprehensive policy to ensure that if a pupil is injured during a school activity, they receive the appropriate management. We meticulously follow cross-sport guidelines on the return to play process after a concussion including the requirement of assessment by a doctor and the undertaking of the Graduated Return to Play process.

Concussion Definition

A concussion is a traumatic brain injury that alters the way the brain functions. Effects are usually temporary but can include headaches and problems with concentration, memory, balance and coordination.

Concussion is not an injury which only occurs in rugby. It can occur in all sports as well as on the playground and in and around the school site.

Although concussions are usually caused by a blow to the head, they can occur when the head and upper body are violently shaken (such as a whiplash injury). These injuries can cause loss of consciousness, but most concussion's do not. Because of this, some people have concussion and do not realise it.

Concussion must be taken extremely seriously to safeguard the short and long term health and welfare of pupils.

The majority (80-90%) of concussions resolve in a short (7-10 days) period. This may be longer in children and adolescents and a more conservative approach should be taken with them.

During this recovery period however, the brain is more vulnerable to further injury, and if a player returns too early, before they have fully recovered, this may result in:

- Prolonged concussion symptoms
- Possible long term health consequences e.g. psychological and/or brain degenerative disorders
- Further concussive event being **FATAL**, due to severe brain swelling – known as second impact syndrome

Return2Play concussion management system

To ensure that pupils receive medical care of the highest standard, the School has retained the services of a medical consultancy, Return2Play, which offers specialist advice on the management and rehabilitation after a concussion.

Return2Play's online injury management system allows us to keep an up-to-date injury register of our pupils and ensures that if they sustain a concussion this can be recorded, with advice being sent to the injured pupil and their parents automatically. Importantly, the system monitors symptoms during recovery, links with doctors trained in concussion management, and keeps everyone informed about progress through the concussion return to play pathway.

All pupils in the school are on the Return2Play system. Parents are given a choice, when their son joins the school, about opting in for the chargeable additional service provided by Return2Play that covers all medical consultations required to declare them fit to return. This is, at a minimum, 2 consultations; one 2 weeks after the concussion is sustained and the second no sooner than 23 days after the concussion. Parents of pupils who have not signed up for the additional service must provide doctors' notes at both stages confirming that their son meets the requirements for GRTP and full RTP.

Details of how the Return2Play system should be used is detailed in this policy.

Education

Good education is key raising awareness of concussion and empowering all of those involved in the welfare of a pupil to make appropriate decisions.

- **Face-to-Face Education**

As part of our relationship with Return2Play, education sessions will be held annually. These will be led by a sports doctor with a special interest in concussion management.

- **Online Education**

The following programme of online education should be undertaken annually:

- **All staff involved in sport & medical staff** should undertake the online course provided by the RFU – “Concussion Awareness for Coaches”
- **All pupils from Year 10 and above** should undertake the online course provided by the RFU – “Concussion Awareness for Players”
- **All pupils involved in sport** at the school should watch the 7-minute video provided online by the RFU – “Understanding Concussion – Return to Learn & Return to Play”
- **Parents** should be encouraged to undertake the online concussion awareness programme.

Access to the Return2Play system

The following staff members & groups will be granted access to the school's Return2Play system in order to view the playing status of players and record injuries:

- All teaching staff
- The School Nurse

Communication

All coaches have access to the Return2Play concussion register. However, the team selection system, SOCS, will also show this. All heads of Sport receive emails whenever a pupil is concussed or cleared. Parents and boys should be aware when they are not able to play and advise coaches if this is selected in error.

Coaching Staff Responsibilities

Sports coaches probably have the most important role in the prevention and management of concussion. Research has shown that young players in particular rely on their coach to provide information on concussion. All coaches should be able to recognise suspected concussion and are in the best position to remove the player from play.

1. Prevention

Ensure the playing or training area is safe and the risk of serious head injury occurring is reduced. These include:

- Check ground conditions - do not play or train if the ground is frozen solid or rock hard due to dry conditions
- In rugby, ensure all posts and barriers on or close to the pitch are protected with appropriate padding
- Ensure correct technique is coached and performed consistently by all players to minimise risk of head injury.
- Ensure appropriate warm-up has been undertaken

2. Recognition

Players may experience a number of signs after a blow to the head or whiplash type injury. Staff/coaches should suspect concussion if a player presents with any of the following:

- Seems disorientated/general confusion
- Is slow to get up
- Holds head in hands
- Is unsteady on their feet/stumbles as gets up
- Seems slow to answer questions or follow directions
- Seems easily distracted
- A blank stare/glassy eyed

Any blow to the head, face or neck, or a blow to the body which causes a sudden jarring of the head should raise a suspicion concussion.

Diagnosis of concussion is difficult

If you suspect a concussion you must remove the pupil from play IMMEDIATELY
IF IN DOUBT, SIT THEM OUT

3. Symptoms of Concussion

There is no definitive list/combo of symptoms that prove a concussion has occurred. If any of the below symptoms are experienced and the mode of injury has raised your suspicion, then you should presume a concussion has occurred and treat appropriately.

Loss of consciousness	Nausea or Vomiting
Seizure or convulsion	Drowsiness
Confusion	'Feeling like in a fog'
Balance problems	'Don't feel right'
Difficulty in remembering	Sensitive to noise
Amnesia	Sensitive to light
Headache	More emotional
Blurred vision	Sadness
Neck pain	Fatigue or low energy
Feeling slowed down	Irritability
Dizziness	Nervous or anxious
Difficulty in concentrating	'Pressure in head'

What to do if you suspect a concussion

1. Initial management:

- Ensure they are kept warm
- Ensure that the pupil is not left alone
- Accompany the player to the School Nurse/Medical Room/a first aider immediately
- Seek medical attention if at an **Away** match
- Provide the parent/guardian with concussion advice leaflet. If the parents are not present, contact them by telephone to advise of the suspected concussion.

An example concussion advice leaflet is provided in the appendix to this policy

"Red Flag" symptoms

If ANY of the following are reported, then the player should be reviewed immediately by a medical professional. If necessary, consider calling 999

- Remaining unconscious or deteriorating conscious level/difficulty staying awake
- Increasing confusion or irritability
- Severe or increasing headache
- Repeated vomiting
- Unusual behaviour
- Having a fit, seizure or convulsion
- Prolonged vision problems such as double vision
- Bleeding from one or both ears or deafness
- Clear fluid from ears or nose
- Weakness/tingling/burning in limbs

2. Recording of a concussion

A suspected concussion should be recorded as soon as possible on the Return2Play injury management system. It is the coach or staff member running the activity who is responsible for recording the concussion.

If you are unsure if the injury should be recorded as a suspected concussion, enter the incident on the Return2Play system and select "Record other injury" instead of "Concussion" and mark the pupil as requiring "complete rest from sport". This will then put the pupil off games. Advise them to visit the Nurse on Monday and she will ascertain if we have suspicion of a concussion and add as required. Parents should still be advised and given a concussion advise leaflet.

If you become aware that a pupil sustained a concussion playing for another organisation (e.g a club) and this has not been logged on the Return2Play system you should inform the School Nurse immediately who will confirm details with the pupil's parents/guardians and record the injury. If he/she is not available then contact the Director of Sport.

The Return2Play system will prompt you for all the required information and give immediate medical advice if necessary.

Once a concussion is recorded on the Return2Play system confirmation will be automatically emailed to all Heads of Sports, The School Nurse, The PE Department teaching staff, the pupil's tutor and Head of Year, as well as the parents/guardian of the pupil, and any other organisations the pupil plays sport for.

The pupil will appear on the school's Return2Play concussion register.

Return to Learn Following a Concussion

It is increasingly acknowledged that, in some children, returning to academic work while they are still symptomatic can cause a significant delay in recovery and a deterioration in academic achievement.

Parents/guardians should be advised that a pupil should not come to school if they are still experiencing debilitating symptoms.

The pupil's form tutor is informed of the concussion by the system is responsible for communicating details to other relevant academic staff. All staff should monitor the pupil's academic performance and raise concerns with the pupil's tutor. Sometimes it may be necessary to reduce the pupil's workload or allow extra time for assignments.

Return to Play Following a Concussion

The Return2Play system will automatically confirm to pupils and parents the steps that have to be undertaken before a pupil can return to play.

As a minimum, pupils require 2 weeks complete rest before being cleared by a doctor to start the Graduated Return to Play (GRTP). Once this assessment has taken place the player will be automatically moved to the GRTP register on the Return2Play system and relevant staff will receive notification by email.

During GRTP a pupil is required to gradually build up their amount of exercise until they are back to full play. The Return2Play system will automatically email pupils & parents/guardians with details of the exercise required to be undertaken at each stage. *An example of a standard GRTP is provided in the appendix to this policy.*

The player can progress through each stage as long as no symptoms or signs of concussion return. Each stage should take 2 days.

If any symptoms occur while progressing through the GRTP protocol, the player must consult with a medical practitioner before returning to the previous stage and attempt to progress again after a 48 hour period of rest, without the presence of symptoms.

At the end of GRTP a pupil must again be reviewed by a doctor to confirm they are fit to return to full play. Once this assessment has taken place the player will be automatically moved to the "Safe to Play" register on the Return2Play system and staff will receive notification by email.

No player should be selected to play until they appear on the "Safe to Play" register on the Return2Play system.

Review of Concussions

The school will receive a report from Return2Play on a termly basis detailing the number of concussions sustained and the modes of injury. A comparison (anonymised) with national data will be provided. This information will be reviewed, and any concerns investigated.

Reviewed by: Assistant Head (Co-curricular)

Date of last review: 05 July 2021

Date of next review: Trinity 2022

CONCUSSION ADVICE

The player named below has been suspected of sustaining a concussion. Standard return to sport protocol should be followed, including assessment by a doctor.

Name: School:

Date of injury: Time of injury:

Staff member:

The player should not be left unaccompanied. While unlikely, there is a small risk of developing complications. If any of the following symptoms are experienced medical attention should be sought ASAP:

- Loss of consciousness
- New deafness in one or both ears
- Loss of balance or problems walking
- Weakness in arms or legs
- Persistent vomiting
- Clear fluid coming out of ears or nose
- Drowsiness
- Increasing disorientation
- Confusion or difficulty speaking
- Blurred or double vision
- Inability to be woken
- Bleeding from one or both ears
- Seizures
- Severe headache

Rest, rest, rest...

Plenty of rest is key to a good recovery following a concussion. If the player is still suffering from bad symptoms they should probably have a few days off school to recover. **All sporting activity (not just rugby) should be avoided for a minimum of two weeks.**

Returning to Sport

There are clear guidelines which tell us how to return players to sport. There should be a minimum of 2 weeks rest from all sporting activity before, if all symptoms have resolved, undertaking a Graduated Return to Play (GRTP). **All players should be assessed by a doctor before returning to full sporting activity.**

This factsheet should not replace assessment by a medical professional. If you have any concerns, seek the advice of a doctor.

Appendix 2: Graduated Return to Play schedule

Level	Description	Activities	Notes	Date/Time/signed
Level 1	2 Weeks rest	No sporting activity	Sign off by doctor before progressing to Level 2	
Level 2	Light aerobic exercise	"Gentle" PE lessons or own run/swim/cycle at low intensity		
Level 3	Sport specific (non-contact)	Normal PE lesson or non-contact training sessions at low intensity	Make sure PE staff are you are undertaking GRTP prior to session	
Level 4	High intensity Sport specific (non-contact)	Non-contact training sessions with increased complexity, intensity and decision making.	Review of techniques and removal of high-risk behaviours	
Level 5	Full contact training	No restrictions in training	Must be signed off by doctor before progressing to Level 6	
Level 6	Return to play	Return to play	23 days post-concussion at the earliest	