Scarborough
College

CONCUSSION POLICY

This is a whole College policy, including EYFS and the boarding community.

This policy has been produced with guidance from the International Rugby Board (IRB), Rugby Football Union (RFU), 'Headcase' Resources, Great Britain Hockey and England Hockey. All of which have developed policies and advice from the Zurich Guidelines published in the Consensus Statement on Concussion in Sport, and adapted for rugby by the IRB. The information contained in this policy is intended for educational and guidance purposes only and is not meant to be a substitute for appropriate medical advice or care. If you believe that you or someone under your care has sustained a concussion we strongly recommend that you contact a qualified health care professional for appropriate diagnosis and treatment.

- All concussion must be taken extremely seriously to safeguard the health wellbeing of all pupils. Failure to do so could have serious consequences including, in rare cases, death.
- Concussion is a brain injury caused by either direct or indirect forces to the head.
- Concussion typically results in the rapid onset of short-lived impairment of brain function.
- Loss of consciousness occurs in less than 15% of concussion cases and whilst a feature of concussion, loss of consciousness is not a requirement for diagnosing concussion.
- Concussion results in a disturbance of brain function (e.g. memory disturbance, balance problems or symptoms) rather than damage to structures such blood vessels, brain tissue or fractured skull.

Concussion is only one diagnosis that may result from a head injury. Head injuries may result in one or more of the following:

- Superficial injuries to scalp or face such as lacerations and abrasions
- Sub concussive event – a head impact event that does not cause a concussion
- Injury resulting in a disturbance of brain function
- Structural brain injury – an injury resulting in damage to a brain structure for example fractured skull or a bleed into or around the brain.

Concussion in Children and Adolescents, is widely accepted that children and adolescent athletes (18 years and under) with concussion should be managed more conservatively. This is supported by evidence that confirms that children:

- Are more susceptible to concussion
- Take longer to recover
- Have more significant memory and mental processing issues
- Are more susceptible to rare and dangerous neurological complications, including death caused by a second impact syndrome Prevention Procedure in order to try and reduce the risk of concussion the following guidance is followed:

Diagnosis and Assessment of Concussion Identifying concussion

All pupils with a suspected concussion where no appropriately trained personnel are present must be assumed to have a diagnosed concussion and must be removed from the field of play and not return to play or train on the same day. In this situation, players must be referred to a healthcare professional for further assessment. Possible signs and symptoms of concussion visible clues of potential concussion - what you see.

Any one or more of the following visual clues can indicate a possible concussion:

- Does not know the time, date period of game, opposing team or score
- General confusion
- Cannot remember events that happened before or after the injury
- Seems to0 be slow to answer questions or follow directions.
- Not playing as well as expected
- A blank state/glassy eyes, “the lights are on but nobody is at home”
- Convulsion
- More emotional / Irritable symptoms of potential concussion - what you are told

Presence of any one or more of the following signs and symptoms may suggest a concussion:

- Knocked out
- Headache
- Dizziness
- Feeling dazed or stunned
- Loss of Vision, seeing double or blurred, stars or flashing lights.
- Drowsiness, feeling like “in a fog“/ difficulty concentrating
- Ringing in the ears
- Sleepiness
- Stomach ache/pain, nausea, vomiting
- Poor coordination
- Strange inappropriate emotions, laughing, crying or getting angry easily.
- Feeling generally unwell

Questions to ask - what questions to ask

Failure to answer any of these questions 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?”

If a player has signs or symptoms of a possible concussion that player must be:

RECOGNISED AND REMOVED IF IN DOUBT, SIT THEM OUT

Diagnosing Concussion

On field or pitch side management

A player with a signs or symptoms of concussion must be removed in a safe manner in accordance with emergency management procedures and medically assessed.

If a cervical spine (neck) injury is suspected, the player should only be removed by emergency healthcare professionals with appropriate spinal care training. Team mates, coaches, match officials, team managers, administrators or parents who observe an injured player displaying any of the signs or symptoms after an injury event with the potential to cause a concussion MUST do their best to ensure that the player is removed from the field of play in a safe manner.

The School chooses to delay the concussion assessment until a 15-minute rest period has been undertaken this allow athletes time to rest prior to an assessment. This rest period is recommended to allow athletes to recover from game induced fatigue and avoid false positive results occurring due to this fatigue.

All players with a suspected or known concussion MUST go through a graduated return to play (GRTP) protocol.

Note: Appropriately trained personnel are either a Doctor, Nurse / Paramedic.

Remember the 4 R's

- **Recognise** - know the signs and symptoms of concussion
- **Remove** - if a player is concussed or there is even a potential concussion they should be removed from play immediately
- **Refer** - once removed from play, the player should be referred to Doctor, nurse / paramedic who is trained in evaluating and treating concussion
- **Rest** - players must rest from exercise until symptom free and then a Graduated Return to Play (GRTP) must be followed

Under 19 years of age – 2 weeks rest followed by GRTP (graduated return to play) protocol.

Individuals should avoid the following initially and then gradually re-introduce them:

- Reading
- TV
- Computer games
- Driving
- Needing to miss a day or two of academic study is not unusual.

Recover - Full recovery, being symptom free, from the concussion is required before return to play is authorised by a medical practitioner or healthcare professional.

Return - they must go through a GRTP and receive medical clearance in writing before returning to play.

Recurrent Concussions

Following concussion a player is at increased risk of a second concussion with the next 12 months. Players with:

- A second concussion
- A history of multiple concussions
- Unusual presentations or
- Prolonged recovery

Should be assessed by a medical practitioner (doctor) with experience in sports-related concussions. If such a practitioner is not available, then the player should be managed using the GRTP protocol from the lower age group as a minimum.

Onset of Symptoms

The signs and symptoms of concussion can present at any time but typically become evident in the first 24-48 hours following a head injury.

Recovery from Concussion

Recovery from concussion is spontaneous and typically follows a sequential course. The majority (80-90%) of concussions resolve in a short (7-10 day) period, although the recovery time frame may be longer in children and adolescents.

Players must be encouraged not to ignore symptoms at the time of injury and must not return to play prior to the full recovery following a diagnosed concussion. The risks associated with premature return to play include:

- A second concussion
- Increased risk of other injuries due to poor decision making or reduced reaction time associated with concussion
- Reduced performance
- Serious injury or death due to an unidentified structural brain injury.
- A potential increased risk of developing long-term neurological deterioration.

Protective Equipment Rugby head guards DO NOT protect against concussion. They do protect against superficial injuries to the head such as cuts and grazes. This had been demonstrated in a number of research studies now. There is some evidence to suggest that they may increase risk taking behaviours in some players. Mouth guards / gum shields do not protect against concussion either. However the School insists that all players wear a mouth guards to protect against dental and facial injuries during training and matches.

Graduated Return to Play (GRTP)

All players with a diagnosed or potential concussion must go through a graduated return to play (GRTP) program. A GRTP programme should only commence if the player:

- Has completed the minimum rest period for their age
- Is symptom free and off medication that modifies symptoms of concussion

Medical or approved healthcare professional clearance is required prior to commencing a GRTP. The management of a GRTP should be undertaken on a case by case basis and with the full cooperation of the player. The commencement of the GRTP will be dependent on the time in which symptoms are resolved. It is important that concussion is managed so that there is physical and cognitive rest (avoidance of activities requiring sustained concentration), until there are no remaining symptoms for a minimum of 24 consecutive hours without medication that may mask the symptoms.

The Graduated Return to Play Program

The GRTP Program contains FIVE distinct stages:

- Stage 1 is the recommended rest period for the athlete's age
- Stages 2,3 and 4 are training based restricted activity
- Stage 5 is a return to play

Under the GRTP Program, the Player can proceed to the next stage if no symptoms of concussion are shown at the current stage (that is, both the periods of rest and exercise during that 24-hour period).
If any symptoms occur while progressing through the GRTP protocol, the player must return to the previous stage and attempt to progress again after a minimum 24-hour period of rest has passed without the appearance of any symptoms.

Prior to entering Stage 5, a Medical Practitioner or approved healthcare professional and the Player must first confirm that the player can take part in this stage. Full contact practice equates to return to play for the purposes of concussion. However, return to play itself shall not occur until Stage 5.

The GRTP applies to all sporting activities.

Concussion

Concussion is a serious injury that if not treated correctly can have significant long term effects. However, when playing contact sports and participating in other physical activities concussion is always a risk factor whatever precautions are taken. We aim to minimise the possible risks by ensuring that our pupils follow the advised concussion procedures as advised by all the sporting governing bodies. We will always advise that further professional medical advice is sought if you have any concerns about whether or not your child is suffering from concussion and report any such injury to the school nurse as soon as possible so that we can provide the appropriate care during their recovery.

Links

NHS Services

There are a number of NHS services or resources that may be useful:

- NHS Choices (https://www.nhs.uk/conditions)
- Headcase (www.englandrugby.com)
- NICE Guidelines (http://publications.nice.org.uk - Head-injury-cg56.

Policy Prepared by:
Linda Pinkney – Registered Nurse

Person Responsible for Updates	Date Last Reviewed	Next Review Due
Linda Pinkney	September 2021	August 2023

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CONCUSSION PROTOCOL

Stop! Check for concussion.

Adult

U17 – U19

24 hours rest + symptom free

Clearance by Doctor

GRPT 24 hours each stage

Clearance by Doctor

Earliest RTP = 6 days

Minimum 7 days rest + symptom free

Return to academic studies

Clearance by Doctor

GRTP 24 hours each stage.

Clearance by Doctor

Earliest RTP = 12 days

Whole RTP process supervised by the Doctor within a structured concussion management programme