



## Scarborough College

### HEAD INJURY/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.

#### What is Concussion?

#### CONCUSSION MUST BE TAKEN EXTREMELY SERIOUSLY

- 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 10% 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
  - ◆ Concussion – an 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

It is widely accepted that children and adolescents (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

Rugby causes more head injuries than any other team contact sport. Therefore, this protocol incorporates the International Rugby Board's Concussion Guidelines which have been developed based on the 2016 Berlin Guidelines published in the 2017 Consensus Statement on Concussion in Sport, and adapted for rugby in England with the assistance of experts in the field. Although the word "player" is used, this policy applies to pupils with head injuries from any cause.

## Prevention Procedure

In order to try and reduce the risk of concussion the following guidance is followed:

- Ensure the playing or training area is safe e.g. playing area condition, safety equipment utilised
- Ensure correct playing techniques are coached and performed consistently by all players
- Explain the dangers of inappropriate tackles or styles of play and penalise them immediately if they occur
- Encourage pupils and parents to report **any** concussions that occur during any activity and to report **any** concussions that occur out of school. It is essential that all parties involved communicate if a pupil is concussed.

## 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 any field of play and not return to play or train on the same day. In this situation, pupils must be referred to a Healthcare Professional for further assessment. The suspected concussion should also be reported using the Accident Book and handed to the school nurse as outlined in the First Aid Policy.

The Pocket Concussion Recognition Tool, developed by the Zurich 2012 Concussion Consensus Group, supports this Recognise and Remove message. This Tool highlights the signs and symptoms suggestive of a concussion.

### Conclusion

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 students follow the concussion procedures as advised by all the relevant governing bodies.

Staff working in high risk areas should participate with concussion awareness training once every two years. School nurses are able to recognise and diagnose concussion but will also refer a child with a serious head injury to be assessed in an emergency department if they are concerned. If the child is diagnosed with a concussion at any point, this is not a decision that can later be reversed and the child will need to follow the GRTP protocol.

Please understand that the nurses and sports staff are acting in the best interest of your child. If the child is cleared of concussion they will be able to return to sports but we will still be watchful for delayed concussion.

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 as soon as possible so that we can provide the appropriate care during their recovery.

### *Policy Prepared by:*

**Linda Pinkney – Registered Nurse**

Person Responsible for Updates	Date Last Reviewed	Next Review Due
Linda Pinkney	January 2024	January 2025

### **Appendix 1: Visible Signs and Symptoms of Concussion.**

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

- Dazed, blank or vacant look
- Lying motionless on ground / Slow to get up
- Unsteady on feet / Balance problems or falling over / Incoordination
- Loss of consciousness or responsiveness
- Confused / Not aware of plays or events
- Grabbing /Clutching of head
- Convulsion
- More emotional / Irritable

### **Verbal Signs and Symptoms of concussion:**

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

- Headache
- Dizziness
- Mental clouding, confusion, or feeling slowed down
- Visual problems
- Nausea or vomiting
- Fatigue
- Drowsiness/Feeling like “in a fog”/ difficulty concentrating, pressure in head”
- Sensitivity to light or noise

### **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 pupil has signs or symptoms of concussion that pupil must be ‘Recognised and Removed from play, referred to a Healthcare professional. Allowed to rest, recover and return to play using the Graduated return to play Protocol.**



## **Appendix 2: IF IN DOUBT, SIT THEM OUT**

### **Diagnosing Concussion**

The Zurich 2022 Concussion Consensus Statement, recognised as best practice for concussion management.

### **On field or pitch side management**

A player with 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.

Sports staff or school nurse who observe an injured player displaying any of the signs or symptoms after an injury with the potential to cause a concussion **MUST** remove them from the field of play in a safe manner.

A 15-minute rest period is given to the student to allow athletes time to rest prior to an assessment taking place. This is recommended to allow students to recover from game induced fatigue and avoid false positive results occurring.

All pupils with a head injury must go to the Health Centre to be assessed by the Nurse for signs of concussion unless seen pitch side by an appropriately trained healthcare professional. The health Centre must be informed as soon as possible if any pupils sustain a head injury or suspected concussion. Ideally, the pupil should be accompanied to the Health Centre by a witness of the incident to give a full account of what happened.

All players with a suspected or known concussion **MUST** go through a graduated return to play (GRTP) protocol before returning to play (Appendix 1).

### **Management of Head Injury/Concussion sustained outside of school**

It is the responsibility of the parents to inform school staff (including Health Centre staff) if their child has sustained a head injury outside of school. The school nurses will be able to help manage any symptoms whilst on the school premises and assist in the management, including of the GRTP protocol. If the head injury occurs at school, parents will be required to inform any outside sports and any other relevant clubs that their child is currently following the GRTP protocol.

If the head injury occurs outside of school on a school activity, the suspected concussion should also be reported using the Accident reporting process as outlined in the First Aid Policy.

### Appendix 3: Remember the 6 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 a medical practitioner (Doctor) or healthcare professional (nurse / paramedic) who is trained in evaluating and treating concussion
- **Rest:** Pupils 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 protocol
  - ◆ Individuals should avoid the following initially and then gradually re-introduce them:
    - Reading
    - TV
    - Computer games
    - Driving
    - Playing of wind instruments
    - 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 (if assessed outside of school) before returning to play.

### Recurrent Concussions:

Following concussion, a player is at increased risk of a second concussion within 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.

## Appendix 3: Remember the 6 R's Continued - Page 2

### Onset of Symptoms

The signs and symptoms of concussion can present at any time but typically become evident in the first 24-48 hours. We often find that a child may have been feeling well when resting at home but finds returning to the busy, school environment causes concussion to become more evident. For example, focusing on a computer screen, reading text, looking up and down or just running about with friends during break times.

### 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.

Pupils must be encouraged not to ignore symptoms at the time of injury and must not return to play/ any other identified activities prior to the full recovery following a diagnosed concussion. The risks associated with premature return 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 has been demonstrated in a number of research studies. 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 guard to protect against dental and facial injuries during training and matches.

#### **Appendix 4: Graduated Return to Play Protocol (GRTP)**

All pupils with a diagnosed or potential concussion must go through a graduated return to play (GRTP) program as outlined in this document.

A GRTP program 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 School Nurse 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 Programme.**

The GRTP Program contains six distinct stages:

- The first stage is the recommended rest period for the athlete's age
- The next four stages are training based restricted activity
- Stage 6 is a return to play

Under the GRTP Programme, 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 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 6.

The GRTP applies to all sporting and physical activities including Yorkshire Grit.

**Appendix 5: GRTP Form:**

Name:

Year

Tutor:

Date of Concussion

Stage	Duration	Rehabilitation Stage	Start Date	End Date	Comments	Signature
1	14 days	Rest – complete physical and cognitive rest without symptoms				

Clearance by Healthcare professional.

2	2 days	Light aerobic exercise				
3	2 days	Sport-specific exercise – no head impact activities				
4	2 days	Non-contact training drills				

Clearance by Healthcare professional.

5	2 days	Full Contact Practice				
6		Return to Play				





## Appendix 6: Parental Disclaimer

I have read Scarborough College School Head Injury and Concussion Policy

And

I acknowledge that the policy is informed by the Concussion Guidelines for the Education Sector document which, in turn, is supported by most of the largest national governing bodies of sport and also approved by a panel of independent medical experts, as well as the Faculty of Sport and Exercise Medicine, the Royal College of Emergency Medicine and the Society of British Neurological Surgeons

And

I confirm that my child has observed the 22 day rest from contact sport

And

I hereby take responsibility for my child to return to sport and other activities with a predictable risk of head injury e.g. football, rugby, gymnastics, horse riding, hockey, combat sports, etc. without the recommended assessment and clearance by a Medical Professionals.

Student Name \_\_\_\_\_

Parent Name \_\_\_\_\_

Parent signature \_\_\_\_\_

Date \_\_\_\_\_

There are a number of NHS services or resources that staff/parents/pupils may find useful:

- NHS Direct ([www.nhs.uk](http://www.nhs.uk))
- NHS Choices ([www.nhs.uk](http://www.nhs.uk))
- Specialist Minor Head Injury Clinics. ([www.nhs.uk/service-search](http://www.nhs.uk/service-search))
- NICE Guidelines (<https://www.nice.org.uk/guidance/cg56>)

### Appendix 7: Head Injury Form

Dear Parent /Carer,

Your child has received a head injury today and you have been asked to sign the accident record. As with all head injuries it is best to keep a close eye on your child over the next 24 hours as they may have a concussion. If you have any concerns or they exhibit any of the symptoms listed below, we would recommend you seek medical help.

- Vomiting more than once
- Extreme drowsiness
- Weakness or inability to walk
- Severe headache
- Loss of memory of the event
- Seizure

Name of child:	
Date of birth & year group :	
Date and time of injury:	
Injury location:	
Injury Description:	
Treatment received:	
Staff signature:	
Parent / carer signature:	

## Appendix 8:

### Concussion signs & Symptom checklist – Page 1

Pupil's name: .....

DOB: .....

Date & Time of Injury:

How Injury Occurred / Description:

Observed Signs	10 min	15 min	30 min	1 hour	2 hour	4 hours
Appears dazed or stunned						
Is confused about events						
Repeats questions						
Answers questions slowly						
Can't recall events prior to injury						
Can't recall events after injury						
Loses consciousness (even briefly)						
Shows behavior or personality changes						
Physical Symptoms	10 min	15 min	30 min	1 hour	2 hour	4 hours
Localised headache						
Generalised Headache						
Presence of any neck pain						
"Pressure" in head						
Nausea or Vomiting						
Balance problems or dizziness						
Feeling tired						
Blurry or double vision						
Sensitivity to light or noise						
Numbness or tingling						
Does not "feel right"						

Appendix 8 Continued.....

Concussion signs & Symptom checklist – Page 2

Cognitive Symptoms	10 min	15 min	30 min	1 hour	2 hour	4 hours
Difficulty thinking clearly						
Difficulty concentrating						
Difficulty remembering						
Feeling more slowed down						
Feeling sluggish, hazy, foggy						
Emotional Symptoms	10 min	15 min	30 min	1 hour	2 hour	4 hours
Irritable						
Sad						
More emotional than usual						
Nervous						

Pupils with one or more of the signs or symptoms of concussion after a bump, blow or jolt to the head should be referred to the GP, minor injury clinic or A&E depending on the pupil's condition. When a parent is collecting their child to take him/her for medical evaluation, they should observe the pupil for any new or worsening symptoms before the pupil leaves. Send a copy of this checklist with the pupil for the healthcare professional to review.

## Appendix 9: Red Flags

Pupil should be seen in A&E immediately if they have:

- Loss of consciousness, however brief
- One pupil larger than the other or unusual eye movements
- Drowsiness or cannot be awakened
- Severe or worsening headache
- Weakness, numbness or decreased coordination
- Repeated vomiting
- Slurred speech
- Seizures
- Difficulty recognising people or places
- Increasing confusion, restlessness or agitation
- Unusual behavior
- Blood or clear fluid leaking from the nose or ear
- Unusual breathing patterns

### Resolution of injury:

☐ Pupil returned school      ☐ Home      ☐ Health Centre      ☐ A&E

Signature of School Nurse: .....

Name: .....

Comments: .....

**Appendix 10: Graduated Return to activity**

STAGE	Description of activity	Comments
<b>Stage 1</b>  Relative rest 48 hours.	Take it easy for the first 48 hours after a suspected concussion. It is best to minimise any activity to 10 to 15-minute slots. You may walk, read and do some easy daily activities provided that your concussion symptoms are no more than mildly increased. Phone or computer screen time should be kept to the absolute minimum to help recovery.	
<b>Review by Health Care Professional</b>		
<b>Stage 2</b>  Return to normal daily activities outside of school or work.	Increase mental activities through reading, limited television phone and computer use.  Gradually introduce school work activities.  Advancing the volume of mental activities can occur as long as they do not increase the symptoms.	There may be some mild symptoms with activity, which is OK. If they become more than mildly exacerbated by the mental or physical activity in stage 2, rest briefly until they subside.
Physical activity	After the initial 48 hours of relative rest, gradually increase light physical activity.  Increase daily activities like short walks.	
<b>Stage 3</b>  Increasing tolerance for thinking activities	Once normal level daily activities can be tolerated then adding in school work of reading or paperwork, such as homework 20 -30 minute blocks. With a brief rest after each block.  Discuss with school about returning part time.	Progressing too quickly through stages 3 – 5 whilst symptoms are significantly worsened by exercise may slow recovery. Although headaches are the most common symptom following concussion and may persist for several months, exercise should be limited to that which does not more than mildly exacerbate them. Symptom exacerbation with physical activity and exercise is generally safe, brief and self- limiting typically lasting from several minutes to a few hours.
Light aerobic exercises	Walking or stationary cycling for 10 – 15 minutes. Start at an intensity where able to speak in short sentences. The duration and intensity of the exercise to be increased according to tolerance.	
	If symptoms more than mildly increase or new symptoms appear, stop and briefly rest. Resume at a reduced level of exercise intensity able to tolerate it without more than mild symptom exacerbation.  Brisk walks and low intensity body weight training are fine but no added weight resistance training.	

## Appendix 11: Parents' Guide to Concussion

To be given to parents following a diagnosis of concussion.

### What is concussion?

A concussion may be caused by a blow, bump, or jolt to the head or by any fall or hit that jars the brain. This 'invisible' injury disrupts the brain's normal physiology which can affect mental stamina and function, causing the brain to work longer and harder to complete even simple tasks. A concussion may involve loss of consciousness (being 'knocked out'), **but the majority do not.**

Ultimately, ALL concussions are serious because they are brain injuries.

### How do I tell if my child has sustained a concussion?

A concussion can affect a child in many different ways: physically, cognitively, emotionally, and by disturbing sleep. The table below indicates common symptoms for each category.

### Common Concussion Symptoms

Physical	Cognitive	Emotional	Sleep
Headache Dizziness Balance problems Nausea/vomiting Fatigue Sensitivity to light Sensitivity to noise	Feeling mentally foggy Feeling slowed down Difficulty concentrating Difficulty remembering Difficulty focusing	Irritability Sadness Nervousness More emotional than usual	Trouble falling asleep Sleeping more than usual Sleeping less than usual

While a blow to the head may not seem serious immediately, concussion symptoms can develop upon impact or **up to 48 hours after the incident.** Ignoring any signs or symptoms of a concussion is putting the child's long- and short-term health at risk.

### How is a child who has had a bump to the head treated and assessed at school?

Any child who has had a significant bump or jolt to the head is assessed. If the nurse is concerned and suspects that concussion may develop, she will check the child's signs and symptoms against a checklist every 15 minutes from the time of injury for 30 minutes

Any child with a head injury showing signs of serious internal bleeding will be immediately treated via emergency services and parents informed as soon as possible. This is a very rare occurrence with concussion being far more common.



## **Appendix 11: Parents' Guide to Concussion – Continued Page 2**

If, after 30 minutes, the child is clear of any signs of concussion the nurse will send them back to class and alert staff to the incident asking them to be watchful for signs of delayed concussion. They will be signed off of games for 48 hours. A phone call and follow up email will be sent to parents to let them know, and to ask them to watch out for signs of delayed concussion which can develop several days afterwards. If concussion is evident we will call parents and ask them to collect their child from school.

### **Requirement for concussion clearance or confirmation**

Scarborough College school nurses are able to recognise and diagnose concussion and will also refer a child with a serious head injury to be assessed in an emergency department if they are concerned. **If the nurses diagnose concussion at any point, this is not a decision that can later be reversed and the child will need to follow the GRTP protocol.** Please understand that the nurses and sports staff are acting in the best interest of your child. If the child is cleared of concussion they will be able to return to sports but we will still be watchful for delayed concussion

### **Underreporting of concussions: The importance of honesty**

Even though concussions are very serious and potentially life threatening to the young athlete, studies show that less than 50% of school athletes will report their concussions. Even after being diagnosed, many athletes feel pressured to say they do not have symptoms when they still do. This is dangerous and should always be avoided. Almost all athletes who have died or suffered serious complications from repeated concussions did not report their continued concussion symptoms to their parents, coach or doctor. Therefore, it is vitally important that parents, coaches, and athletes recognize the signs and symptoms of concussions and encourage honesty in reporting them.

### **Is it dangerous for my child to play sports with a concussion?**

Yes, without question. Second impact syndrome is a catastrophic event that can occur when a second blow to the head happens before an athlete has completely recovered from a concussion. This second impact, which may be even a minor blow, causes brain swelling, resulting in severe consequences such as brain damage, paralysis, and even death. This condition occurs only in youth and adolescents up to age 21. Therefore, no child should be allowed to participate in any physical activity if he or she has sustained a possible concussion. In addition, no child should return to participation after sustaining a concussion before he or she is cleared by a medical professional trained in concussion evaluation and management.

### **Concussion Management**

The 4th International Consensus Conference on Concussion in Sport was held in Berlin in 2016 and published guidelines for the management of concussion. All schools and sports institutions and clubs have since been working to ensure that concussion is now managed according to these guidelines. Scarborough College is no exception. **N.B. Concussion often happens when not playing sports but the management is the same. If my child sustains a concussion, what should I do?**



## Appendix 11: Parents' Guide to Concussion – Continued Page 3

**First**, the child should be monitored for worsening signs and symptoms in the 24 to 48 hours following the injury. If any of the following danger signs present themselves, the child should be evaluated by a physician (in an Accident & Emergency Department) immediately.

<ul style="list-style-type: none"> <li>■ Severe or increased headache</li> <li>■ Unequal pupils</li> <li>■ Unusual/increased drowsiness</li> <li>■ Projectile or repeated vomiting</li> <li>■ Severe personality changes</li> <li>■ Numbness in the face/extremities</li> </ul>	<ul style="list-style-type: none"> <li>■ Double vision</li> <li>■ Convulsions</li> <li>■ Bleeding/clear fluid from the ear/nose</li> <li>■ Unusual stiffness in the neck area</li> <li>■ Weakness in either arm</li> </ul>
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- Do not allow the child to perform any strenuous activities or go back to playing in sports.
- Ensure they are adhering to the GRTP protocol
- Do not use aspirin or ibuprofen for headaches. Use Paracetamol only.
- Encourage your child to rest and eat normally.
- Allow them to use ice packs on the head and/or neck to ease pain.
- Let them sleep in a cool, dark, quiet room.

### Parental responsibility if possible concussion occurs outside of school hours

- 1) Requirement for Concussion clearance or confirmation (as above) by medical personnel. This could be at A&E or your own GP. The Scarborough College school nurses could assess your child, however, a parent will need to attend to give first hand history of the head injury, the circumstances surrounding the event and any signs and symptoms the child has had. The child is not to be expected or allowed to do this on their own.

### Please note:

It has unfortunately been our experience that medical personnel such as GPs, A and E and Minor Injuries staff, although skilled in diagnosis of concussion, are not all up to date with GRTP and we have had children with obvious and confirmed concussion being told they can return to sport in a couple of days, a week or 6 weeks. This lack of consistency is troubling so we do ask parents to abide by the school policy if concussion is confirmed. Also, we have had parents told they can give Ibuprofen for headache when this is **NOT** advised. NHS guidelines are that only Paracetamol is advised for headache in the case of concussion / head injury.

- 2) Please plan ahead to include an appointment with your surgery if you have not had your child assessed by the Scarborough college school nurses.
- 3) Please be aware that on requesting an appointment your GP surgery may offer an appointment with their nurse, this should be fine. Please stress that we need your child to be cleared of or confirmed with concussion and ask them to use this word in their diagnosis.

**After concussion has been confirmed, how soon does the GRTP (Graduated Return to Play) protocol allow my child to return to sport at school (including PE, swim school and tennis)?**



#### **Appendix 11: Parents' Guide to Concussion – Continued Page 4**

After two days clear of any residual signs or symptoms of concussion your child will need 14 days of rest from all sports and vigorous playtime games. Once this is completed there are 4 stages, each lasting 2 days during which games staff will gradually introduce activities and sports that increasingly challenge the child's activity. If all stages are completed with no return of symptoms they will be ready for match play in 9 days. This is a total of 23 days across the whole GRTP protocol. **(See Appendix7)**

<https://www.youtube.com/watch?v=6gfD-JFf9s>

Please take time to watch this video about concussion and GRTP.



## Appendix 12: Concussion Recovery

### Concussion recovery should be a collaborative approach

A concussion can affect school, work, and sports. Along with the school nurse, the child's coaches and teachers should be aware of the child's injury and their roles in helping the child recover.

Varying or mixed messages from parents and any of these parties may cause the child unnecessary distress and confusion, so clear communication among the group is vital. Once cleared of current symptoms of the concussion a **Graduated Return to Play (GRTP)** protocol may be commenced.

### Why is mental rest important to recovery?

A concussion affects how the brain works, so resting the brain as much as possible is necessary for recovery. In this context, mental activities are defined as those in which the brain must work hard to process information. This includes critical thinking and problem solving activities such as schoolwork, homework, and technology use.

### What can I do to help my child achieve mental rest?

Restrictions from the following should be considered, because these activities increase brain function, and therefore may worsen symptoms and delay recovery:

- Computer work/Internet use
- Video games
- Television
- Excessive text messaging/ mobile phone use
- Bright lights, such as strobe lights.
- Listening to loud music or music through headphones.
- Loud noises.
- Parties, concerts.
- Work

### How do I know when my child is using his or her brain too much?

Continued activity when symptoms are moderate to severe can prevent the brain from healing. Therefore, the key to concussion recovery is to reduce mental activities until symptoms improve and then gradually begin increasing the length and difficulty of those activities as symptoms allow. On days where the symptoms are severe (which often occur in the first few days after injury), it may be better to suspend any scheduled mental activities (i.e. school, homework, etc.) and have the child rest at home.

As symptoms improve, the child may begin to gradually resume simple school-related mental activities. As difficulty is increased, continue monitoring symptoms. Ask, "Do you have any symptoms? Are your symptoms getting worse since you started this activity?" If the child states symptoms are worsening, have him or her stop what they are doing and rest. If the symptoms resolve with rest in a short period of time (20 minutes or less), the child may be allowed to resume the mental activity. If symptoms remain elevated, the child should discontinue the activity and rest and re-attempt when symptoms have improved (such as the next day).

Note that there may be good days when symptoms are very mild and bad days when symptoms may be a little worse. This is a normal part of recovery. Sometimes there is a fine line between how much mental activity is okay and how much is too much. The key is to try to figure out where that line is to minimise symptoms as much as possible.

## **Appendix 12: Concussion Recovery – Continued Page 2**

### **How is school affected by a concussion?**

Schoolwork demands focus, memory, and concentration – all brain processes that are affected by a concussion. Academic accommodations, ranging from medically necessary absences to tutoring or extra time for test taking, may be necessary in some cases to decrease symptoms and begin the healing process.

Notify your child's teachers that he or she has sustained a concussion and provide them with any written recommendations you were given during your visit to your healthcare professional.

### **Why is physical rest important to recovery?**

In the context of concussions, physical activity is any situation in which a child has an elevated heart rate. Such activities include, but are not limited to, sports, gym class, weight lifting, and active play. Due to the risk of Second Impact Syndrome and other complications, a child who has been diagnosed with a concussion should not return to any physical activity and/or athletics until cleared by a healthcare provider experienced in concussion evaluation and management. Physical rest is essential to keep the child safe and to enable the brain to heal. N.B. Activities such as playing wind instruments can increase intracranial pressure and cause the concussion headache to return so resting from this and drumming is also advised.

### **Other Services**

Headway, the brain injury charity specialise in providing advice, support and rehabilitation services to individuals and their families following a head injury. ([www.headway.org.uk](http://www.headway.org.uk))

### **References**

McCorry P, Meeuwisse WH, Aubry M et al. Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport held in Zurich, November 2012. Br J Sports Med 2013; 47:250–258.

NICE Guidelines: Head Injury: assessment and early management. 13 September 2019. Cg176  
Rugby Safe HEADCASE Toolkit

[The UK Concussion Guidelines for Non-Elite \(Grassroots\) Sport can be viewed here.](#)