

CONCUSSION PROTOCOL



RGS



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Newcastle upon Tyne Royal Grammar School

WHAT IS CONCUSSION?

A concussion is an injury to the brain that results in temporary interruption of normal brain function. It can occur in any situation where there is the potential for head injury, although particular attention should be paid to injuries sustained from high impact sport, falls from a height or activities taking place on a hard surface.

Concussion must always be taken seriously, and it is vitally important that any child/young person suspected of having concussion should immediately be stopped from continuing whatever activity they are doing and be assessed by a medical professional for diagnosis and guidance. Symptoms can come on at any time but occur usually within 24-48 hours following a collision. Concussion can occur without the player being 'knocked out' i.e. losing consciousness, however if a player is 'knocked out' they have a concussion.

WHY IS CONCUSSION IMPORTANT?

COGNITIVE FUNCTIONING

Studies have highlighted increasing evidence that concussion impacts cognitive function for days after the injury. Return to school or exercise too quickly can exacerbate symptoms and prolong this reduced function. Most concussions recover with both physical and mental rest however there is also the possibility of longer term impact on cognitive function if each individual concussion is not managed appropriately.

SECOND IMPACT SYNDROME (SIS):

SIS results from acute swelling of the brain, which occurs as a result of a second concussion being sustained before having appropriately managed the initial concussion. Although it is rare, it can result in severe disability and/or in worst case, death.

How should it be managed?

Rugby has taken the lead in concussion recognition and management due to its frequency of occurrence within the sport, however the government in 2021 published an action plan on tackling concussion in sport to help reduce risks associated with head injuries and in April 2023 The Government and the Sport and Recreational Alliance published their guidance.

Useful resources, including infographics and online education modules are easily accessible on the Government and RFU website for anyone wishing to increase their knowledge and understanding around concussion and its recovery process on the below links;

[UK Concussion Guidelines for Grassroots Sport | Sport and Recreation Alliance](#)

[07. HEADCASE \(keepyourbootson.co.uk\)](#)

This recovery process is summarised as the '5 Rs' – Recognise, Remove, Recover and Return. The aim is to ensure early recognition and management of the injury before providing a Graduated Return to activity (education/work) and sport (GRAS), ensuring students are returning safely and effectively to their respective sport. Each stage is summarised as follows;

Recognise → Know the signs and symptoms of concussion.

Remove → Any player with a suspected concussion must be removed from play/training IMMEDIATELY.

Recover → Give players time to recover fully as you would with any other injury.

Return → All players must follow the Graduated Return to Activity & Sport (GRAS) programme before returning to playing contact rugby.

RECOGNISE

Symptoms of concussion can first present in a variety of ways and different scenarios. Close side-line monitoring is important to identify and control on-pitch incidents and any obvious or possible head collisions which may result in concussion. Studies have also highlighted that as much as 25% of reported concussions don't show or highlight their symptoms until after the game or event. Awareness of delayed concussion is important and should be considered for reported symptoms 24-48 hours post event.

Symptoms and signs on concussion

Symptoms (what you are told)	Signs (what you may see)
Headache, or 'pressure in head'	Dazed, blank or vacant look
Dizziness or balance problems	Lying motionless on ground/slow to get up
Mental clouding, confusion or feeling slowed down	Unsteady on feet/balance problems or falling over/incoordination
Visual problems	Loss of consciousness or responsiveness
Nausea or vomiting	Confused/not aware of plays or events
Fatigue	Grabbing/clutching head
Difficulty concentrating or feeling like 'in a fog'	Seizure (fits)
Confusion	More emotional/irritable than normal for that person
Drowsiness/feeling like 'in a fog'/difficulty concentrating	Slow to respond to questions
Sensitivity to light or noise	Vomiting
Loss of consciousness	
Seizure or convulsion	



Confusion	
Concerns expressed by parent, official, spectators about a player	

REMOVE

Any player with signs or symptoms of a potential head injury or concussion must be removed from the field of play immediately **'If in doubt sit them out'**. In all cases, the basic principles of first aid should be followed. Appropriate emergency management procedures must be followed especially if a neck injury is suspected.

A person with a neck injury should not be moved without competent medical care, which should be summoned immediately. This is extremely important because proper stability of the cervical spine is crucial to avoid causing any further damage. In situations when a head or neck trauma has occurred, it is important to recognize the possibility of a neck fracture.

Signs and Symptoms:

- Localized neck pain, which may or may not be severe
- Neck stiffness
- Pain radiating from the neck down to the shoulders and/or arms
- Swelling and bruising
- Tenderness
- Decrease in sensation in the arms, legs or body
- Muscle weakness or paralysis of the arms or legs
- Difficulty breathing

Medical practitioner: Protect the person's cervical spine with manual in-line spinal immobilisation, particularly during any airway intervention and avoid moving the remainder of the spine.

REFER

As per UK Government guidance, all players/students must be seen by a medical professional at the earliest opportunity if deemed necessary by either a medical professional or coach who is handing over the student to a parent/guardian. This is to rule out any further investigation required and ensure there is nothing more significant than the diagnosed or suspected concussion. It is unlikely there will be a doctor present at most games but will be the responsibility of the physio or coach present on the day to make the diagnosis and onwards referral.

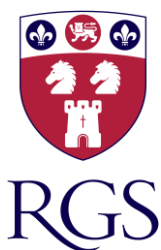
Following this, all students should be appointed to see the School medical team to be put on the School recovery protocol as highlighted below.



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RECOVER

Stage	Stage 1a	Stage 1b	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6
Aim	Relative rest period (physical and cognitive) 48hrs	Relative rest symptom free with daily living activities.	Introduce light aerobic activity but only after a player has returned to normal daily living activities without increased signs or symptoms of concussion and does not require any medication for their symptoms.	Increase aerobic exercise and sport specific skills	Non-contact team training	Full contact team training	Return to sport
Activity	No exercise or driving. Minimize screen time. Time off from school	Return to normal daily activities as symptoms allow. No exercise. Gradually increase light physical activity like short walks, moving around school/house.	Start cycling at low to moderate intensity. 20-30 mins total. No resistance training.	Running drills and sports specific skills. No head impact activities	Return to team training. No contact. Can start resistance training if appropriate	Return to Full Team Training – must complete some contact skills	Normal game play
Goal	Recovery to symptom free state	Return to normal daily activities	Increase heart rate	Increase intensity	Exercise increase, co-ordination & cognitive load.	Restore confidence and Assess functional skills by coaches	Full asymptomatic return to on and off pitch tasks
Timeframe	48hrs	2 weeks (including stage 1)	48hrs between stages	48hrs between phases	48hrs between phases	48hrs between phases	This stage can extend to
Days	2 days	3-14 days	Day 15	Day 17	Day 19	Day 21	Day 28.
Comments		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.	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 is self-limiting typically lasting from several minutes to a few hours.			Individuals should only return to training activities involving head impacts or where there may be risk of head injury when they have not experienced symptoms at rest from their recent concussion for 14 days. Reoccurrence of concussion symptoms following head impact in training should trigger removal of the player from the activity.	
		Whilst working through stages 3-6 students should see the school medical team and if they continue to work through the stages without worsening symptoms they can return to play no earlier than 23 days. ***** advice is 21 days but we will keep to 23 to ensure pupil has had 48hrs since the end of stage 5.					
All athletes must remain symptom free throughout all phases – If symptoms occur throughout the protocol and continue beyond 28 days- remain out of sport and medical advice should be sought from a GP							



EXAMPLE

- Concussion on Saturday 1st October (Day 0)
- All concussion related symptoms resolved by Wednesday 5th October (Day 4)
- No less than 14 days is needed before the individual returns to sport specific training involving head impacts or where there may be a risk of head injury (Stage 5) on Wednesday 19th October (Day 18).
- Continue to be guided by the recommendation above and, if symptoms do not return, the individual may consider returning to competitive sport with risk of head impact on Wednesday 26th October (Day 25).

RETURN TO LEARN PROTOCOL

Stage 1 48hrs	Stage 2	Stage 3
Minimise screen time, no cognitively demanding activities.	<ul style="list-style-type: none"> • Begin with light activity at home; such things as reading, writing, watching TV and gradually increase this without causing an increase in symptoms. • Next begin to gradually return to school life, if necessary, for example doing half days or using adaptations as needed** • Finally gradually reduce all adaptations and resume normal school life. Begin more challenging activities. 	Return to normal school schedule and workload. Exams and other more demanding coursework can be fully resumed with no adaptations.

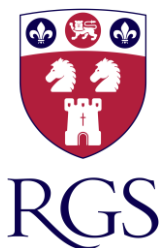
**Possible adaptations

- If you are sensitive to light, consider sunglasses or a hat around school and in lessons.
- If you are sensitive to noise, consider leaving lessons early to avoid loud crowds and noise.
- If you are unable to attend lessons initially due to symptoms and further than the original 48hrs. Class notes will be saved in teams/ONENOTE for access later but there is no expectation to complete homework assessment during this time.
- When progressing through the GRAS begin with less challenging or demanding activities first and gradually increase those demands.
- If required take extra breaks during the day.

Links for further advice

Concussion Alliance: Provides information about sleep hygiene, diet, returning to learn, sports advice and more.
<https://www.concussionalliance.org/guidelines-for-recovery>

Headway: Provides information for the Do's and Don'ts after a Concussion and Recovery guidelines.
<https://www.headway.org.uk/about-brain-injury/individuals/types-of-brain-injury/mild-head-injury-and-concussion/#DosAndDonts>



RETURN

All players must have seen a medical professional preferably the school Doctor at some point during stages 3 and 5 and then continued on with no further symptoms or worsening of symptoms to be signed off to return to full training/play competitive.

POINTS TO CONSIDER

- 2 Concussions within 6 months need relevant review (Concussion aware Doctor)
- 3 Concussions within 6 months need specialist review and prolonged rest (Neurologist)
- If a concussion is diagnosed outside school, parents **must inform the school straight away**. Students then must follow the School GRTP protocol unless in exceptional circumstances which are agreed by the DoS, DP and Bursar and if students follow a different GRTP, school must have a letter from the student's doctor upon completion of the protocol, declaring them fit to resume contact sport.

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