

CONCUSSION PROTOCOL POLICY



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Responsible Person:	Assistant Director of Sport (Head of Rugby)
References:	The International Rugby Board (IRB) The Rugby Football Union (RFU) England Hockey

St John's follows the International Rugby Board Graduated Return To Play (GRTP) programme within the School setting. (Ref: www.irbplayerwelfare.com) which have been adopted by the Rugby Football Union (RFU) and England Hockey for use by all school and clubs.

Summary Principles

- Concussion must be taken extremely seriously to safeguard the long term welfare of Players.
- Players suspected of having concussion must be removed from play and must not resume play in the match.
- Players suspected of having concussion must be medically assessed.
- Players suspected of having concussion or diagnosed with concussion must go through a graduated return to play protocol (GRTP).
- Players must receive medical clearance before returning to play.

What is Concussion?

Concussion is a complex process caused by trauma that transmits force to the brain either directly or indirectly and results in temporary impairment of brain function. Its development and resolution are rapid and spontaneous. A player can sustain a concussion without losing consciousness. Concussion is associated with a graded set of clinical signs and symptoms that resolve sequentially. Concussion reflects a functional rather than structural injury and standard neuro-imaging is typically normal.

CONCUSSION MUST BE TAKEN EXTREMELY SERIOUSLY

Common early signs and symptoms of concussion

Indicator	Evidence
Symptoms	Headache, dizziness, "feeling in a fog"
Physical signs	Loss of consciousness, vacant expression, vomiting, inappropriate playing behaviour, unsteady on legs, slowed reactions Visual disturbances such as blurred or "fuzzy" vision
Behavioural changes	Inappropriate emotions, irritability, feeling nervous or anxious
Cognitive impairment	Slowed reaction times, confusion/disorientation, poor attention and concentration, loss of memory for events up to and/or after the concussion
Sleep disturbance	Drowsiness

Onset of Symptoms

It should be noted that the symptoms of concussion can first present at any time (but typically in the first 24 – 48 hours) after the incident which caused the suspected concussion.

What should players do to return to play?



GRTP Protocol

Stage	Rehabilitation Stage	Exercise Allowed	Objective
1	Rest	Complete physical and cognitive rest without symptoms	Recovery
2	Light aerobic exercise	Walking, swimming or stationary cycling keeping intensity, <70% maximum predicted heart rate. No resistance training.	Increase heart rate and assess recovery
3	Sport-specific exercise	Running drills. No head impact activities.	Add movement and assess recovery
4	Non-contact training drills	Progression to more complex training drills, e.g. passing drills. May start progressive resistance training.	Add exercise + coordination, and cognitive load. Assess recovery
5	Full Contact Practice	Normal training activities	Restore confidence and assess functional skills by coaching staff. Assess recovery
6	Return to Play	Player rehabilitated	Safe return to play once fully recovered.

*as the GRTP is taken from Rugby, contact refers to this sport, although other sports will continue through stages 4 and 5 as non-contact activities

Rest.

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

- Reading
- TV
- Computer games
- Driving

It is reasonable for a student to miss a day or two of academic studies but extended absence is uncommon.

Start Graduated Return to Play (GRTP) once all symptoms have resolved and cleared to do so by the Health Centre.

In young players a more conservative Graduated Return To Play approach is recommended, and it is advisable to extend the amount of rest (routinely this should be two weeks/14 days) and the length of the GRTP.

As part of the process it is also prudent that SHS consult with the players' academic teacher(s) to ensure that their academic performance has returned to normal prior to commencing their GRTP. The school environment obviously helps with this liaison with educational experts.

It must be emphasised that these are minimum return to play times and in players who do not recover fully within these timeframes, these will need to be longer.

Under the GRTP protocol, 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 48-hour period). Where the player completes each stage successfully without any symptoms the player would take 23 days to complete their rehabilitation (this includes the 14 day rest 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.

After level 4 the player resumes full contact practice. Full contact practice equates to return to play for the purposes of concussion. However return to play itself shall not occur until level 6. The player must see the School Doctor in order to proceed to Level 5 and the Health Centre prior to be selected for matches.

CONCUSSION PROTOCOL - TRAINING

If a player receives a knock on the head, in addition to obvious signs and symptoms, the coach will ask the player the following memory questions:

- At what venue are we today?
- Which day is it?
- Who scored last in this game (or relevant question)?
- Which team did you play last week/game?
- Did your team win the last game?

If the player fails to answer correctly the five memory questions, the player should be removed from the field of play for a medical evaluation (coaches should use professional judgement if a player does not answer a question correctly i.e. in the heat of a match a player may genuinely not remember who scored last). Blurred or “fuzzy” vision should also be treated in the same way and professional judgement also used if the player does not seem “right” (slurred speech, odd behaviour such as anger or crying etc) The player **MUST NOT** resume play once removed from the field for suspected concussion.

The player must not be left alone and **MUST** be taken to the Health Centre by a member of staff (they must **NOT** be allowed to be taken by another pupil).

The coach **MUST** inform the Head of their Sport if a bang on the head has occurred leading to a player needing to be removed from the field of play (even if concussion is not diagnosed and the player returns to play).

CONCUSSION PROTOCOL - MATCHES

Home matches – the procedure as outlined above for training shall be followed.

Away matches

If a player receives a knock on the head, in addition to obvious signs and symptoms, the coach will ask the player the following memory questions:

- At what venue are we today?
- Which day is it?
- Who scored last in this game (or relevant question)?
- Which team did you play last week/game?
- Did your team win the last game?

If the player fails to answer correctly the five memory questions, the player should be removed from the field of play for a medical evaluation (coaches should use professional judgement if a player does not answer a question correctly i.e. in the heat of a match a player may genuinely not remember who scored last). The player **MUST NOT** resume play once removed from the field for suspected concussion.

The player must not be left alone.

The coach must be responsible for handing over or communicating with parents what has occurred (and not rely on the player to do this)

The coach **MUST** inform the Head of their Sport if a bang on the head has occurred leading to a player needing to be removed from the field of play (even if concussion is not diagnosed and the player returns to play).

Whilst the support of medical professionals in the crowd (parents and supporters) should not be discouraged, it is the decision of the member of staff in charge that must make the decision on future course of action i.e returning to play, Health Centre etc

GRADUATED RETURN TO TRAINING PROTOCOL

All players will attend a “concussion clinic” in the Health Centre on Monday at 1pm - 2.30pm where the School Doctor will advise on whether the GRTP is required to be followed (i.e deemed to have suffered concussion).

The GRTP will be completed once sign off by the School Doctor has been received – a player will not return to matches until then.

The Health Centre will e-mail the Matrons, SHS, Tutor and Head of respective Sport with the result of the concussion clinic i.e GRTP to be followed or cleared to return to training.

Matrons will oversee the daily GRTP by asking the following questions:

- **Have you experienced any vomiting today?**
- **Have you had any dizziness or loss of balance today?**
- **Have you had any visual problems, not being able to focus, blurred vision, not being able to see out of part of your eye today?**
- **Have you had any headaches today?**

A pupil may then be moved up the protocol by the Matron.

If a pupil answers “yes” to any of the questions they will be referred to the Health Centre.

No pupil may return to match play without completion of the GRTP and approval by the School Doctor. Matrons are not being asked to make any medical judgement, just ask the memory questions. The GRTP is managed by the School Doctor.

St John’s accepts that Matrons are not Health Care Professionals and they are involved in the process because they see the pupils in their normal environment and are able to observe minor changes in normal behaviour. Matrons are therefore able to ask pupils the relevant questions for GRTP and to sign them off on the relevant levels as the School Doctor and the School accept responsibility on their behalf.

School Matrons cannot be held responsible for any pupil who fails to answer these questions correctly.

After being placed on the GRTP, the player will be issued a GRTP card by the Health Centre. In order to progress up the levels, the player should present this card to their Matron in the morning, when the screening questions will be asked. The player should also take this to Games sessions to show their coach where on the GRTP they are and as such what activity they may take part in.