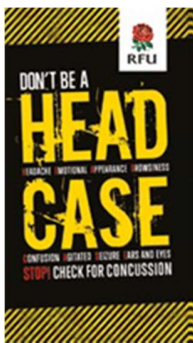


'Headcase' in Hampshire - Version 9

Application of RFU Concussion Protocols

Dear Rugby Colleagues,



It is recognised that both Club/School/Colleges/University coaches and teachers have a statutory duty of care towards young rugby players under their supervision. Players may get concussion when playing rugby or other activities out of school but come to school or club with the symptoms and signs. It is important that these situations are recognised as there can be serious consequences if they sustain another concussion before recovery.

The majority (80-90%) of concussions (adults and children) 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 time 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 or serious long term effects.

When a player (adult or child) sustains a head/neck injury **or is suspected of such**, the player must be attended by a **suitably trained person** who is confident to assess the injury and look for signs of concussion.

RFU Guidelines suggest **every team** has access to a qualified First Aider as a minimum requirement.

Ultimately, the referee has the over-riding power of veto even with a fully trained doctor on touchline saying 'fit to play' – if the referee is not satisfied with the condition of the injured player, he can insist on the player's removal from the field of play:

World Rugby Laws of the game – Rugby Union

3.23 The referee may also order an injured player to leave the playing area to be medically examined.

3.24 If, at any point during a match, a player is concussed or has suspected concussion, that player must be immediately and permanently removed from the playing area. This process is known as "Recognise and Remove".

If the concussion happens at a school game, where possible, and with consent of player and parents, the player's club should be informed. Clubs have the same responsibility to ensure schools are informed, and to achieve consistency in this regard we would ask ALL confirmed concussions to be reported to Hampshire RFU (hampshirerugby@yahoo.co.uk) so that information sharing can be achieved consistently and with proper consents.

If a player has been removed from play due to a possible concussion then that player should also adhere to GRTP as there is no formal HIA (Head Injury Assessment) for children or adults in the amateur game at our level within Hampshire and this should also be reported, on advice from our County Medic.

Once a player has been assigned to a GRTP programme this will not be removed or reduced.

Reporting forms (YOUTH and ADULT) can be downloaded from <http://www.hampshirerugby.com/safeguarding/1st-adi-advice.html>

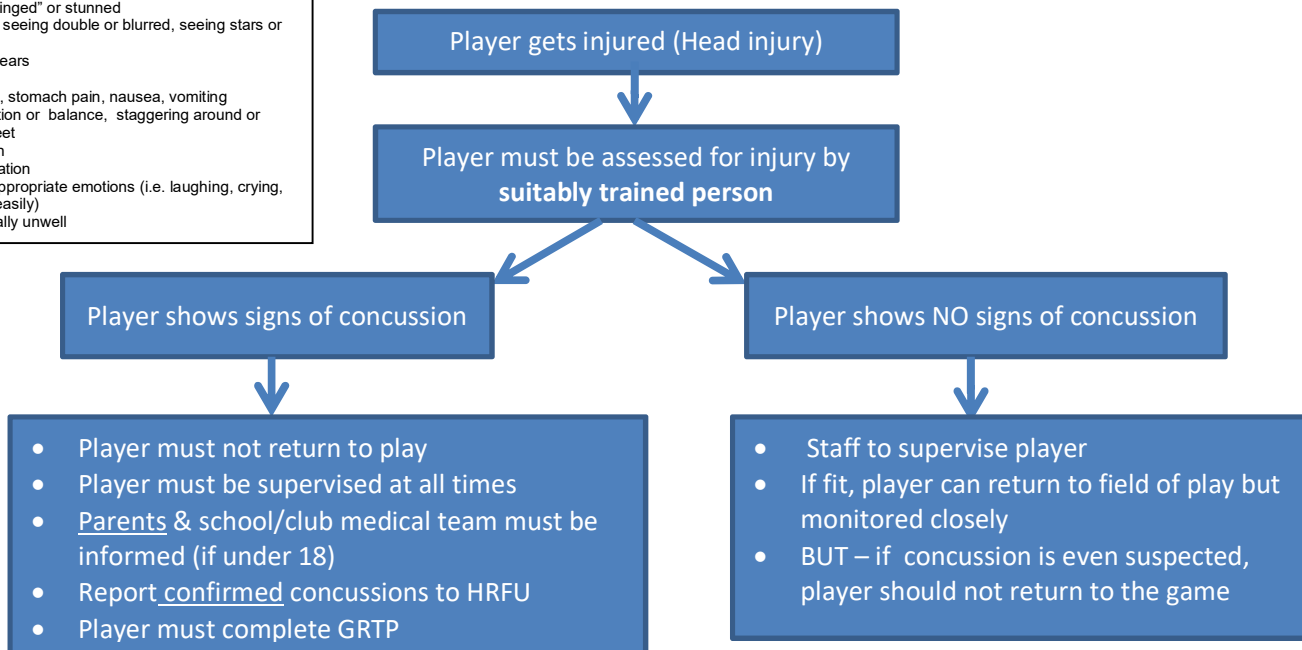
It is also imperative that parents take primary responsibility for the welfare of their child and ensure they do not play if concussion is suspected. Parents should be advised to pass information between the various environments a player attends across sports and other activities.

It is recommended that **ALL** Hampshire Clubs and Schools follow the RFU Concussion Advice and Graduated Return To Play recommendations.

Full details of the RFU's Concussion Protocols and Graduated Return To Play (GRTP) programme can be found at: <http://www.englandrugby.com/my-rugby/players/player-health/concussion-headcase/>

- SIGNS OF CONCUSSION**
- Knocked out
 - Headache
 - Dizziness
 - Feel dazed, "dinged" or stunned
 - Loss of vision, seeing double or blurred, seeing stars or flashing lights
 - Ringing in the ears
 - Sleepiness
 - Stomach ache, stomach pain, nausea, vomiting
 - Poor coordination or balance, staggering around or unsteady on feet
 - Slurred speech
 - Poor concentration
 - Strange or inappropriate emotions (i.e. laughing, crying, getting angry easily)
 - Feeling generally unwell

A Flow Chart of action*: "If in Doubt, Sit them Out"



The RFU recommends the use of the Pocket Concussion Recognition Tool (symptoms and signs checklist) this is available at:

http://www.englandrugby.com/mm/Document/MyRugby/Headcase/01/30/49/53/pocketscat3_Neutral.pdf

The RFU has launched new online concussion education courses aimed at players, coaches and match officials across the community game. Backed by World Rugby and leading brain injury charity Headway, the courses are available at <http://www.englandrugby.com/my-rugby/players/player-health/concussion-headcase/>

The 30 minute courses cover why it's important to manage concussion properly, and how everyone has a role in protecting and helping players through their recovery and return to play.

We want to ensure that the health and safety of our players is placed at the centre at everything we do both in school, college, university and club rugby: all our players, particularly our young players, will benefit from the accurate assessment of potential concussions and robust application of the RFU Headcase protocols for return to play.

For the Hampshire RFU Privacy notice -

Visit - <http://www.hampshirerugby.co.uk/info/privacy-notice.html>

Yours sincerely

Ed Neville
Hampshire RFU Governance Chair

Sally Walker
Hampshire RFU Safeguarding Manager

GRADUATED RETURN TO PLAY (GRTP) for players aged 18 years and below:

| Rehabilitation stage | | Exercise allowed | Objective | Requirement |
|---------------------------------------|--|--|---|---|
| Date of event: | Off school while symptomatic | Complete body rest and brain rest for minimum 24 hours (no reading, no TV, no computer, no driving) | Rest | Child must be symptom free for 48 hours before moving to stage 1. |
| Stage 1 | Minimum rest period 14 days once symptom-free (and without masking medication e.g. paracetamol) | None | Recovery | Confirmation of recovery by healthcare professional advised before progress to stage 2 |
| Stage 2 -at earliest day 15 | Light aerobic exercise | Light jogging for 10-15 minutes, swimming or stationary cycling at low to moderate intensity. No resistance training | Increase heart rate | 48 hours symptom-free for U19's before progress to next stage |
| Stage 3 -at earliest day 17 | Sport-specific exercise | Running drills. No head impact activities. | Add movement | 48 hours symptom-free for U19's before progress to next stage |
| Stage 4 -at earliest day 19 | Non-contact training drills | Progression to more complex training drills, eg passing drills. May start progressive resistance training | Exercise, coordination and cognitive load | 48 hours symptom-free for U19's and confirmation of recovery by healthcare professional before progress to next stage |
| Stage 5 -at earliest day 21 | Full contact practice | Normal training activities | Restore confidence and assess functional skills by coaching staff | 48 hours symptom-free for U19's before progress to next stage |
| Stage 6 -at earliest day 23 | Return to play | Player rehabilitated | Full recovery | |
| During Stages 3-4 | RFU's Online Concussion Module | N/A | Education | Player to complete online concussion module before stage 5 |

In the case of a **confirmed concussion**, movement to Stage 5 (full contact practice) Hampshire RFU advise that the player has recovery confirmed by a healthcare practitioner (GP, doctor, medical practitioner).

The RFU recommends **48 hrs** at each stage **after** 14 days rest for U19's and below.

For adults, the same stages may be reduced to 24 hrs each, so that the earliest return to play is 19 days after the incident.



Check with RFU protocols at

http://www.englandrugby.com/mm/Document/MyRugby/Headcase/01/30/49/57/returntoplayafterconcussion_Neutral.pdf

Please visit the link below for the Hampshire RFU Privacy notice...

<http://www.hampshirerugby.co.uk/info/privacy-notice.html>

Concussion Advice Slip: blank copies of this can be kept in the medical/first aid kit and should be given to the player/parent, coach and a copy retained for records. Hampshire Referees have agreed to help promote the use of this form by reminding coaches of the need to fill in the form when one of their players is concussed. **This form should NOT be used for reporting concussion to Hampshire RFU.**

| | |
|--|--|
| <p>CONCUSSION INJURY ADVICE (One copy each for: the person who is monitoring the concussed player/the School Coach/the Club Coach /the County Coach/parent) delete as appropriate</p> <p>The person named opposite has received an injury to the head, which has been reviewed as described. Recovery time is variable in different individuals and the injured person will need monitoring for a further period by a responsible adult.</p> <p>If you notice any change in behaviour, vomiting, dizziness, worsening headache, double vision or excessive drowsiness, please contact your doctor or the nearest hospital emergency department immediately.</p> <p>In an Emergency telephone 999 or 112</p> <p>If the injury is confirmed OR suspected as a concussion, it will be reported to the Hampshire RFU within 48 hours. Tel: 01329 833022 E-Mail: hampshirerugby@yahoo.co.uk</p> |  <p>Person's name/DOB: _____</p> <p>Date/time of injury _____</p> <p>Nature of injury _____</p> <p>_____</p> <p>Name of person reviewing injury _____</p> <p>Position _____</p> <p>It is recommended that this information is shared with school/college/university or any other sports organisations which this person is involved with currently.</p> <p style="text-align: center;">RECOGNISE - REMOVE – RECOVER - RETURN</p> |
| <p>SIGNS OF CONCUSSION:</p> <p>Problems could arise over the first 24 – 48 hours. The athlete should not be left alone and must go to a hospital at once if they:</p> <ul style="list-style-type: none"> - Have a headache that gets worse - Are very drowsy or can't be awakened - Can't recognise people or places - Have repeated vomiting or prolonged nausea - Behave unusually or seem confused; are very irritable - Have seizures (arms and legs jerk uncontrollably) - Have weak or numb arms or legs - Have clear fluid coming out of ears or nose - Are unsteady on their feet; have slurred speech - Have difficulty speaking or understanding, or experience deafness in one or both ears <p>For full concussion advice, please see following link:</p> <p>http://www.englishrugby.com/mm/Document/MyRugby/Headcase/01/30/49/01/parentsummary_Neutral.pdf</p> |  <p>Other important points:-</p> <ul style="list-style-type: none"> - Rest (physically and mentally), including training or playing sports until symptoms resolve and you are medically cleared - No alcohol - No prescription or non-prescription drugs without medical supervision, Specifically: <ul style="list-style-type: none"> - No sleeping tablets - Do not use aspirin, anti-inflammatory medication or sedating pain killers - Do not drive until medically cleared - <u>Do not train or play sport for at least 21 days until medically cleared by a registered healthcare professional</u> <p>Remember, it is better to be safe. Consult your doctor as soon as possible after a suspected concussion. You should not be left alone for 24 hours</p> |

Safeguarding Statement:

Any information sharing between schools and clubs must be done **ONLY** with the consent of the player and parent and it should be noted that **ANY** information of this type is **STRICTLY CONFIDENTIAL**; information regarding children should only be shared with DBS cleared school/club/health professionals and parents/players have the right to challenge this.

Communicating this information in writing (by e-mail or letter) should include **“CONFIDENTIAL”** in the subject line and also include the following statement in the footer/e-mail signature:

“This correspondence, and any attachments, is strictly confidential and may be legally privileged. It is intended only for the addressee. If you are not the intended recipient, any disclosure, copying, distribution or other use of this communication is strictly prohibited. If you have received this message in error, please contact the sender.”

Please visit the link below for the Hampshire RFU Privacy notice...

<http://www.hampshirerugby.co.uk/info/privacy-notice.html>