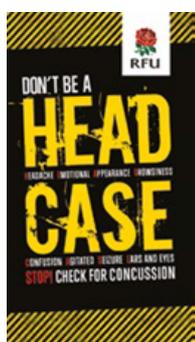


## 'Headcase' in Hampshire - Version 8

### Application of RFU Concussion Protocols

#### Dear Rugby Colleagues,



It is recognised that both Club/School coaches and school 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:

*"Law 3.9 The referee's power to stop an injured player from continuing; If the referee decides – with or without the advice of a doctor or other medically qualified person – that a player is so injured that the player should stop playing, the referee may order that player to leave the playing area. The referee may also order an injured player to leave the field in order to be medically examined."*

**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](mailto: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 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.***

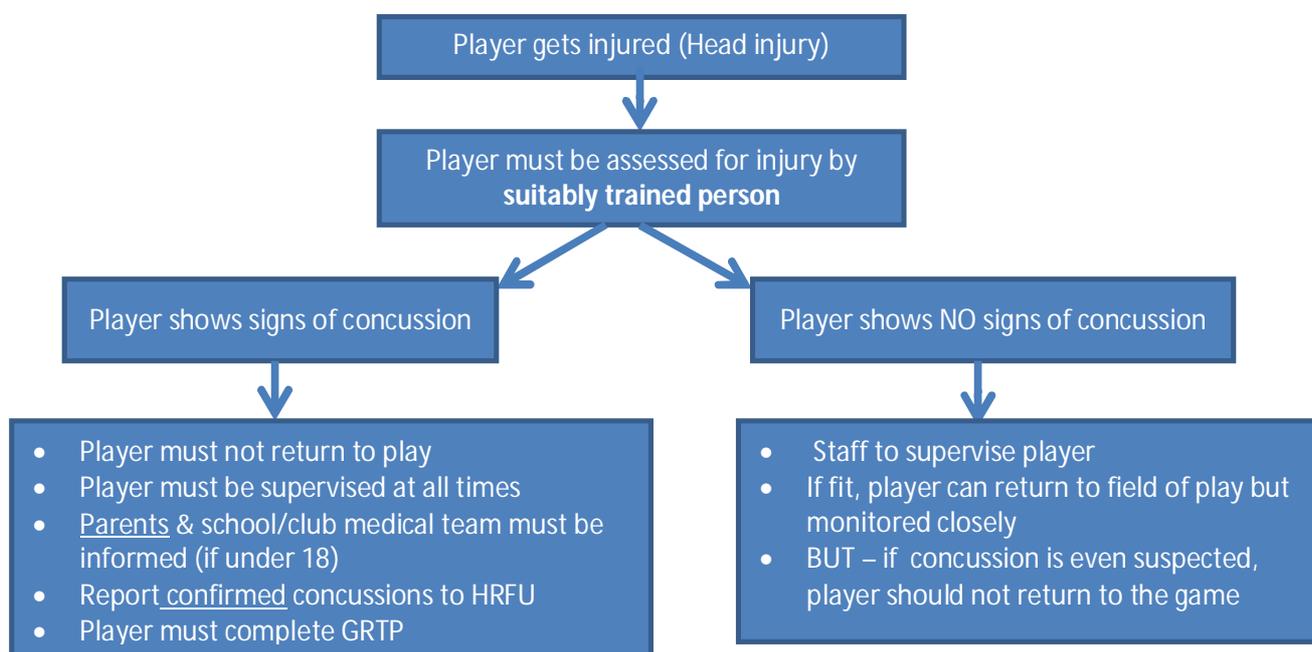
Reporting forms (YOUTH and ADULT) can be downloaded from <http://www.hampshirerugby.com/safeguarding/1st-adi-advice.html>

**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/>

**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](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 schools 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.

Yours sincerely

Ed Neville  
Hampshire RFU Governance Chair

Michele Amos  
Hampshire RFU Safeguarding Manager

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

Rehabilitation stage		Exercise allowed	Objective	Requirement
<b>Date of event:</b>	Off school while symptomatic	<b>Complete body rest and brain rest for minimum 24 hours</b> (no reading, no TV, no computer, no driving)	Rest	Child must be symptom free for <b>48 hours</b> before moving to stage 1.
<b>Stage 1</b>	<b>Minimum rest period 14 days</b> once symptom-free (and without masking medication e.g. paracetamol)	<b>None</b>	Recovery	Confirmation of recovery by healthcare professional advised before progress to stage 2
Stage 2 -at earliest <b>day 15</b>	Light aerobic exercise	Light jogging for 10-15 minutes, swimming or stationary cycling at low to moderate intensity. No resistance training	Increase heart rate	<b>48 hours</b> symptom-free for U19's before progress to next stage
Stage 3 -at earliest <b>day 17</b>	Sport-specific exercise	Running drills. No head impact activities.	Add movement	<b>48 hours</b> symptom-free for U19's before progress to next stage
Stage 4 -at earliest <b>day 19</b>	Non-contact training drills	Progression to more complex training drills, eg passing drills. May start progressive resistance training	Exercise, coordination and cognitive load	<b>48 hours</b> symptom-free for U19's <b>and</b> confirmation of recovery by healthcare professional before progress to next stage
Stage 5 -at earliest <b>day 21</b>	Full contact practice	Normal training activities	Restore confidence and assess functional skills by coaching staff	<b>48 hours</b> symptom-free for U19's before progress to next stage
Stage 6 -at earliest <b>day 23</b>	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) must have 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](http://www.englandrugby.com/mm/Document/MyRugby/Headcase/01/30/49/57/returntoplayafterconcussion_Neutral.pdf)

**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><b>CONCUSSION INJURY ADVICE</b>          (One copy each for: the person who is monitoring the concussed player/the <b>School Coach</b>/the <b>Club Coach</b> /the <b>County Coach/parent</b>) 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 <b>999</b> or <b>112</b></p> <p>If the injury is confirmed OR suspected as a concussion, it will be reported to the Hampshire RFU within 48 hours.</p> <p>Tel: 01329 833022 E-Mail: <a href="mailto:hampshirerugby@yahoo.co.uk">hampshirerugby@yahoo.co.uk</a></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><b>It is recommended that this information is shared with school/college or any other sports organisations which this person is involved with currently.</b></p> <p><b>RECOGNISE - REMOVE – RECOVER - RETURN</b></p>
<p><b>SIGNS OF CONCUSSION:</b></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"> <li>- Have a headache that gets worse</li> <li>- Are very drowsy or can't be awakened</li> <li>- Can't recognise people or places</li> <li>- Have repeated vomiting or prolonged nausea</li> <li>- Behave unusually or seem confused; are very irritable</li> <li>- Have seizures (arms and legs jerk uncontrollably)</li> <li>- Have weak or numb arms or legs</li> <li>- Have clear fluid coming out of ears or nose</li> <li>- Are unsteady on their feet; have slurred speech</li> <li>- Have difficulty speaking or understanding, or experience deafness in one or both ears</li> </ul> <p>For full concussion advice, please see following link:</p> <p><a href="http://www.englandrugby.com/mm/Document/MyRugby/Headcase/01/30/49/01/parentsummary_Neutral.pdf">http://www.englandrugby.com/mm/Document/MyRugby/Headcase/01/30/49/01/parentsummary_Neutral.pdf</a></p>	 <p><b>Other important points:-</b></p> <ul style="list-style-type: none"> <li>- Rest (physically and mentally), including training or playing sports until symptoms resolve and you are medically cleared</li> <li>- No alcohol</li> <li>- No prescription or non-prescription drugs without medical supervision, Specifically:             <ul style="list-style-type: none"> <li>- No sleeping tablets</li> <li>- Do not use aspirin, anti-inflammatory medication or sedating pain killers</li> </ul> </li> <li>- Do not drive until medically cleared</li> <li>- <b>Do not train or play sport for at least 21 days until medically cleared by a registered healthcare professional</b></li> </ul> <p><b>Remember, it is better to be safe.</b>  <b>Consult your doctor as soon as possible after a suspected concussion.</b>  <b>You should not be left alone for 24 hours</b></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."*