



CONCUSSION POLICY

AUGUST 2019

BELFAST ROYAL ACADEMY CONCUSSION POLICY

Following an incident in school your son/daughter has sustained a suspected concussion. They have been assessed and have displayed the following highlighted symptom/s:

- Loss of consciousness, Seizure or convulsion
- Balance problems
- Nausea or vomiting
- Drowsiness
- Player is more emotional
- Irritability
- Sadness
- Fatigue or low energy
- Don't feel right
- Headache
- Dizziness
- Feeling slowed down
- "Pressure in head"
- Blurred vision
- Sensitivity to light
- Amnesia
- Feeling like "in a fog"
- Confusion

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 typically rapid and spontaneous. A person can sustain a concussion without losing consciousness. Concussion is associated with a graded set of clinical signs and symptoms that resolve sequentially. Concussion can be caused by a direct blow to the head or body and from whiplash type movements of the head and neck that can occur when a player is tackled or collides with another player or the ground.

Immediately following a suspected concussion, in the event of another impact, the brain is susceptible to further significant damage. This can take the form of a second more serious concussion or even the very rare condition - Second Impact Syndrome. Second Impact Syndrome may occur minutes, hours, days or even weeks after the initial concussion. This second injury may be relatively minor but it can lead to collapse or death.

Following a suspected concussion, it is our recommendation that your child be checked by a medical professional, to assess the severity of the injury. Close parental supervision is vital in the first 24 hours following the injury and during the Graduated Return to Play period. If your son / daughter develops any of the following red flags during this period, you should seek urgent medical assistance.

Neck pain -Deteriorating conscious state -Increasing confusion or irritability -Severe or increasing headache -Repeated vomiting -Unusual behaviour change -Seizure or convulsion -Double vision- Weakness or tingling/ burning in their arms and legs.

Until symptoms have ceased, your son / daughter should not be allowed to drive, use tablets / phones / computers, or indeed attend school. Should you feel that your son / daughter requires additional support with returning to the demands of school please contact the matron.

In line with school policy we will apply the compulsory Graduated Return to Play (G RTP). This involves the following;

- Symptom Limited physical activity/ exercise for 14 days (including PE)
- A gradual increase in the level of physical activity up to 23 days
- Best practice recommends an assessment by a medical professional to confirm recovery (or otherwise) from the injury and to check there's no reason not to return to contact sport. Should you wish to follow this best practice your son / daughter will need to see a doctor 20 days from the concussion. It is advisable to book this appointment as soon as possible.

In the instance of this being a second or subsequent concussion, or the symptoms have lasted for greater than 10 days, then medical clearance will be required before permission is given to resume sporting activity.

We would appreciate your co-operation with ensuring the protocol is followed to ensure the welfare of your son/daughter.

As well as parental supervision to ensure GRTP protocols are followed, Matron will assist in this process. Please ensure that your son / daughter speaks with Matron on the day of his / her return to school. Should you have any queries please contact the Matron.

Graduated Return to Play

Below is a graduated return to play programme as recommended by the IRFU. Please note that rehabilitation stage 2 should not be started if there are any symptoms of concussion regardless if 14 days have passed. If these symptoms reoccur during any stage of the GRTP then the player must stop and speak with their doctor.

It is not feasible for school staff to conduct rehabilitation stages 1 - 4, **these should be done by the player at home while being supervised by a parent.**

To progress to Level 5 of the GRTP the school will require written confirmation from a parent / guardian that your son/daughter is fit to resume sporting activity. A copy of the letter is included with this Policy.

Rehabilitation stage	Functional exercise at each stage of rehabilitation	Objective of each stage	Time
Stage 0	Complete physical and cognitive rest	Rest, no activity that brings on symptoms	Day 0-2 (Day 0 is day of injury)
Stage 1A: Symptom Limited Activity Stage 1B: Symptom Limited Exercise	Stage 1A: Symptom Limited Activity- daily activities that don't promote symptoms (breathing slightly increased) Borg 6-10 Heart 5at less than 50% max. Stage 1B: Symptom Limited Exercise- Exercise that does not provoke symptoms. Slowly build up duration and intensity of activity e.g. walking and jogging with slight increase in breathing, minimal sweating, able to hold conversation. (No contact or resistance training) Heart rate <70% max Borg 11-13.	Gradual reintroduction of work / school activities without worsening symptoms.	2-3 days to 5-6 Days Day 5-6 (at the earliest) up to day 14
	Players should not progress to stage 2 if they are still symptomatic		
2. Light aerobic exercise during 24-hour period	Walking, swimming or stationary cycling keeping intensity, <80% maximum heart rate, able to hold conversation comfortably. No resistance training. Symptom free	Increase intensity and duration of exercise	Day 15-16

	during full 24-hour period. No contact or resistance training Borg 13-15		
3. Sport-specific exercise during 24-hour period	Running drills 60-80% effort, body weight exercises, press ups (5-10) cross arm squat (5-10), individual handling skills. No contact activities. Symptom free during full 24-hour period. Borg 13-15.	Add movement and challenge co-ordination and balance	Day 17-18
4. Non-contact training drills during 24-hour period	Progression to more complex training drills, e.g. passing drills. Position specific drills e.g. kicking High level balance tasks e.g. superman balance x 5. May start progressive resistance training 60-70 % max. Symptom free during full 24-hour period. No Contact	Exercise, coordination, and cognitive load	Day 19-20
5. Full Contact Practice	Following medical clearance / SCAT Test by School Matron participate in normal training activities Symptom free during full 24-hour period.	Restore confidence and assess functional skills by coaching staff	Day 21-22
6. After 24 hours return to play	Player rehabilitated- return to normal play	Recovered	Day 23

20 Point Borg Scale				
RPE Rate of Perceived Exertion				
POINT	EFFORT	DESCRIPTION	% OF MAXIMUM HEART RATE	√
6	No Exertion	Little to no movement, very relaxed	20%	
7	Extremely Light	Able to maintain pace	30%	
8			40%	
9	Very Light	Comfortable and breathing harder	50%	
10			55%	
11	Light	Minimal sweating, can talk easily	60%	
12			65%	
13	Somewhat Hard	Slight breathlessness, can talk	70%	
14		Increased sweating, still able to hold conversation but with difficulty	75%	
15	Hard	Sweating, able to push and still maintain proper form	80%	
16			85%	
17	Very Hard	Can keep a fast pace for a short time period	90%	
18			95%	
19	Extremely Hard	Difficulty breathing, near muscle exhaustion	100%	
20	Maximally Hard	STOP exercising, total exhaustion		

Source: Gunnar Borg, PhD, M.D.

First Concussion

LETTER TO BE SIGNED BY PARENT / GUARDIAN

Dear Sir/Madam

RE ----- (PUPIL NAME)

----- (FORM)

My son /daughter had a suspected concussion on ----- . In line with the School Policy, I have monitored his/ her condition closely over the 24 hours following the injury and during the first 4 stages of the graduated return to play protocol.

I confirm that during this period, stages 1 to 4 of the Graduated Return to Play protocol have been followed. None of the symptoms outlined has developed during this period.

I understand that it is recommended that medical clearance is sought at this stage of the Graduated Return to Play Protocol.

I confirm that I am happy for my child to progress to stage 5 of the Graduated Return to Play Protocol, Full Contact Practice.

Yours faithfully,

----- (PARENT/GUARDIAN NAME)

----- (PARENT/GUARDIAN SIGNATURE)

Following Stage 5 and Stage 6 of the Graduated Return to Play Protocol, I confirm that none of the symptoms of concussion outlined has developed. I am therefore happy that my child is fully rehabilitated having followed the 23 Graduated Return To Play Protocol and may now return to play.

----- (PARENT/GUARDIAN NAME)

----- (PARENT/GUARDIAN SIGNATURE)

Second Concussion

LETTER TO BE SIGNED BY PARENT / GUARDIAN

Dear Sir/Madam

RE ----- (PUPIL NAME)

----- (FORM)

My son/ daughter had a second suspected concussion on -----.

In line with the School Policy, I have monitored his/ her condition closely over the 24 hours following the injury and during the first 4 stages of the graduated return to play protocol.

I confirm that during this period, stages 1 to 4 of the Graduated Return to Play protocol have been followed. None of the symptoms outlined has developed during this period.

As this is the second concussion of the year I have sought medical advice about my child's condition from a medical specialist with experience of managing sports related concussion and the doctor is happy that my child return to full contact sport.

I confirm that I am happy for my child to progress to stage 5 of the Graduated Return to Play Protocol, Full Contact Practice.

Yours faithfully,

----- (PARENT/GUARDIAN NAME)

----- (PARENT/GUARDIAN SIGNATURE)

Following Stage 5 and Stage 6 of the Graduated Return to Play Protocol, I confirm that none of the symptoms of concussion outlined has developed. I am therefore happy that my child is fully rehabilitated having followed the 23 Graduated Return To Play Protocol and may now return to play.

----- (PARENT/GUARDIAN NAME)

----- (PARENT/GUARDIAN SIGNATURE)

Third Concussion

LETTER TO BE SIGNED BY PARENT / GUARDIAN

Dear Sir/Madam

RE ----- (PUPIL NAME)

----- (FORM)

My son / daughter had a third suspected concussion on -----.

In line with the School Policy, I have monitored his/ her condition closely over the 24 hours following the injury and during the first 4 stages of the graduated return to play protocol.

I confirm that during this period, stages 1 to 4 of the Graduated Return to Play protocol have been followed. None of the symptoms outlined has developed during this period.

As this is the third concussion of the year I understand that it is recommended that my child is seen by a consultant neurologist. I have sought this medical advice about my child's condition and the doctor is happy that my child return to full contact sport.

I confirm that I am happy for my child to progress to stage 5 of the Graduated Return to Play Protocol, Full Contact Practice.

Yours faithfully,

----- (PARENT/GUARDIAN NAME)

----- (PARENT/GUARDIAN SIGNATURE)

Following Stage 5 and Stage 6 of the Graduated Return to Play Protocol, I confirm that none of the symptoms of concussion outlined has developed. I am therefore happy that my child is fully rehabilitated having followed the 23 Graduated Return To Play Protocol and may now return to play.

----- (PARENT/GUARDIAN NAME)

----- (PARENT/GUARDIAN SIGNATURE)