



CONCUSSION POLICY

JANUARY 2017

Title	Concussion Policy
Summary	This outlines the Protocol which is in place in the school, in the event of a pupil sustaining a suspected concussion (or subsequent concussions).
Purpose	To advise parents of the Protocol which is followed in the school in the event of a pupil sustaining one or more suspected concussions. The responsibility of parents to monitor the condition of their child and to follow the advice given in the event of a concussion injury is also outlined in this Policy.
Next Review Date	January 2018
Operational Date	April 2017
Version Number	2
Supersedes previous	Yes
Author	Head of P.E. and Games / Bursar
Frequency of Review by Author	Annually in January
Frequency of Review by Health & Safety Committee	Annually in February
Date last Reviewed and Approved by Health & Safety Committee	March 2017
Frequency of Review by Board of Governors	Annually in March
Date last Reviewed and Approved by Board of Governors	April 2017
To be posted on School website	Yes
Date and version posted	27 April 2017 v2

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
- More nervous / anxious
- 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;

- NO physical activity of any kind 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 2 - 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
1. No activity, for a minimum 14 days following the injury	Complete physical and cognitive rest without symptoms	Recovery	14 Days
2. Light aerobic exercise during 24-hour period	Walking, swimming or stationary cycling keeping intensity, <70% maximum predicted heart rate. No resistance training. Symptom free during full 24-hour period.	Increase heart rate	2 Days
3. Sport-specific exercise during 24-hour period	Running drills. No head impact activities. Symptom free during full 24-hour period.	Add movement	2 Days
4. Non-contact training drills during 24-hour period	Progression to more complex training drills, e.g. passing drills. May start progressive resistance training. Symptom free during full 24-hour period.	Exercise, coordination, and cognitive load	2 Days
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	2 Days
6. After 24 hours return to play	Player rehabilitated	Recovered	Total: 23 Days

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 advice 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.

Yours faithfully,

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 and the doctor is happy that my child returns 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.

Yours faithfully,

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 have sought medical advice about my child's condition and the doctor is happy that my child returns to full contact sport. I have attached a letter from the doctor stating this.

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.

Yours faithfully,

Parent / Guardian Name

Parent / Guardian Signature