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## CONCUSSION POLICY

September 2023

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BELFAST  
ROYAL  
ACADEMY

<b>Title</b>	Concussion Policy
<b>Summary</b>	This policy refers to head injuries and/or concussion sustained during any activity or incident, sporting or otherwise.
<b>Purpose</b>	The aim of this policy is to ensure that Academy Pupils receive the highest possible standard of care following a head Injury.
<b>Operational Date</b>	September 2023
<b>Next Review Date</b>	August 2024
<b>Author</b>	Director of Rugby/Matron

<b>To be posted on School website</b>	Yes
<b>Date and version posted (if applicable)</b>	September 2023

The school treats concussion seriously and any player with a suspected concussion will be removed immediately from training/play. The School will adopt the following approach:

1	STOP	Stop training or playing immediately
2	INFORM	Inform coach, family members, team members, matron
3	REHAB	Rest 24-48 hours followed by activity that does not bring on or worsen symptoms. Complete the graduated return to play (GRTP) protocol
4	RETURN	Players can return to play when they: - are symptom free - have completed the GRPT - have been medically cleared to return

### Information for parents in the instance of a suspected 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 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.

<https://www.education-ni.gov.uk/sites/default/files/publications/de/concussion-recognise-and-remove-leaflet.pdf>

<https://d19fc3vd0jo3m.cloudfront.net/irfu/wp-content/uploads/2023/12/21121434/IRFU-Guide-to-Concussion-Wallet-Card.pdf>

We will advise you if following an incident in school your son/daughter has sustained a suspected concussion. We will confirm that 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
- Difficulty concentrating
- Don't feel right
- Difficulty remembering
- Headache
- Dizziness
- Feeling slowed down
- "Pressure in head"
- Blurred vision
- Sensitivity to light
- Amnesia
- Feeling like "in a fog"
- Confusion
- Sensitivity to Noise

We would ask parents to note that 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 48 hours following the injury and during the Graduated Return to Play period. If your child 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 child should not be allowed to drive, use tablets / phones / computers, or indeed attend school. Should you feel that your child requires additional support with returning to the demands of school please contact the matron. Please see some information from IRFU regarding return to learn.

Stage	Name	Activity	Goal
1	Daily activities that do not result in more than a mild exacerbation of symptoms	Typical activities during the day (e.g., reading) while minimising screen time. Start with 5–15 min at a time and increase gradually	Gradual return to typical activities
2	School activities	Homework, reading, or other cognitive activities outside of the classroom	Increase tolerance to cognitive work
3	Return-to-school part-time	Gradual introduction of schoolwork. May need to start with a partial school day or with greater access to rest breaks during the day	Increase academic activities
4	Return-to-school full-time	Gradually progress school activities until a full day can be tolerated without more than mild* symptom exacerbation.	Return to full academic activities and catch up on missed work

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

- Symptom Limited physical activity/ exercise for 14 days
- 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 is no reason not to return to contact sport. Should you wish to follow this best practice your child will need to see a doctor 9 days from the concussion. It is advisable to book this appointment as soon as possible.

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**In the instance of this being a second or subsequent concussion in the calendar year, you should seek the advice from a medical specialist with experience of managing sport related concussion.**

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

As well as parental supervision to ensure GRTP protocols are followed, Matron will assist in this process. Please ensure that your child speaks with Matron on the day of the 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.

	Stage	Days		Activity
		Adult	U20	
Concussion Treatment	1 Symptom-limited Exercise	0-1	0-1	Daily activities that do not provoke symptoms Light aerobic linear activities
	2 Aerobic Exercise	2-6	2-6	Progressively increase aerobic activity Moderate aerobic & light resistance activities
	3 Rugby-specific Exercise	7-9	7-9	Speed & skill work without risk of head impact Progressively challenging aerobic & resistance activities
<b>Player <b>MUST</b> be symptom-free and should have an assessment by a healthcare professional before entering Stage 4</b>				
Rugby-specific Competencies	4 Non-contact Drills	10-13	10-15	Agility, decision making & complex skill work Progressively challenging rugby specific drills
	5 Full-contact Practice	14	16	Full uncontrolled contact training Intense exercise & conditioning drills
	6 Return to Play	21	23	Full unrestricted match play Full return to pre-injury status

During Stages 1–3 of the GRTP players can progress with activities once:

- Symptoms at rest are less than 7 out of a maximum of 10 on the symptom scale.
- Only mild (if any exacerbation of symptoms occurs (less than a 2-point increase from score at rest)
- Any symptom exacerbation resolves in less than 60 minutes (brief)

The Symptom scale as set out by the IRFU is attached below.

During Stages 1–3 symptoms should be <7/10 on the scale at rest, prior to activity. During the activity, mild symptom exacerbation is allowed once it is less than a 2-point increase from the pre-activity rating and resolves within 60 minutes. If symptoms are exacerbated more than this, that activity should be stopped, and players should try again the following day.

Other activities that did not provoke symptoms may be continued. Players should be symptom free and medically cleared before progressing to Stage 4. During Stages 4–6 players should be symptom-free at rest and after activity. If any signs or symptoms develop during the activities in Stages 4–6, the player should stop and return to Stage 3 until symptom-free.

VAS	PRE-ACTIVITY (AT REST)	DURING/POST-ACTIVITY
1. (No Symptoms)		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10. (Severe symptoms, as bad as possible)		

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 Stage 5 of the GRTP the school will require written confirmation from a parent / guardian that your child is fit to resume sporting activity.** Best practice recommends an assessment by a medical professional at this stage to confirm recovery (or otherwise) from the injury and to check there is no reason not to return to contact sport. Pupils **MUST** be symptom free to progress to this stage.

Once written confirmation has been received (see form below) a pupil will be given an orange card from the matron. This should be given to the player's coach to allow the player to carry out some return to contact activities.

Having completed Stage 5 a player will then require written confirmation again (see form below) to progress to normal play after 23 days. A player will receive a green card from the matron. This should be given to the player's coach to allow the player to return fully.

Pupils will be unable to progress to stage 5 or full play unless they present the orange and green card.

A pupil will only be able to participate in Physical Education classes once they have received their green card.

A copy of the return to play letter is included with this Policy.

Please see some further information regarding GRTP as set out by the IRFU which will suggest some activities that can be carried out during teach stage,

<https://d19fc3vd0ojo3m.cloudfront.net/irfu/wp-content/uploads/2023/12/21121430/IRFU-Graduated-Return-To-Play-Wallet-Card.pdf>

## 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 48 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.

**I understand that it is recommended that I have sought medical clearance and my son/daughter is symptom free prior to stage 4 of the Graduated Return to Play Protocol.**

In line with school policy my son/daughter will now progress through to Stage 5- Full Contact Practice.

Yours faithfully,

----- (PARENT/GUARDIAN NAME)

----- (PARENT/GUARDIAN SIGNATURE)

----- (Date)

Following Stage 5 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 normal play.

----- (PARENT/GUARDIAN NAME)

----- (PARENT/GUARDIAN SIGNATURE)

----- (Date)



## Second or Subsequent 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 48 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. **I understand that it is recommended that I have sought medical clearance and my son/daughter is symptom free prior to stage 4 of the Graduated Return to Play Protocol.**

**As this is the second or subsequent 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.**

In line with school policy my son/daughter will now progress through to Stage 5- Full Contact Practice.

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)

----- (Date)

Following Stage 5 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 normal play.

----- (PARENT/GUARDIAN NAME)

----- (PARENT/GUARDIAN SIGNATURE)

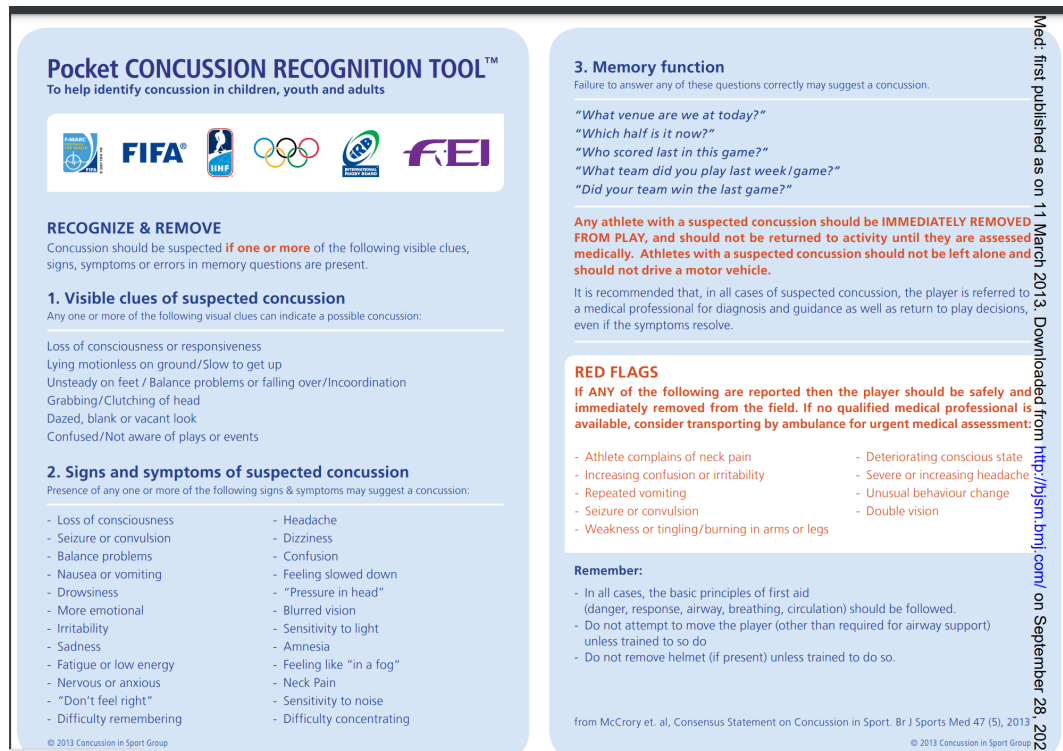
----- (Date)

## 48 Hour Observation - Head Injury

Dear Sir/Madam,

RE ----- (PUPIL NAME) ----- (FORM) ----- (Date)

Today your son / daughter received a blow to the head and **did not display any signs of concussion at this time**. However, the onset of the effects of concussion **may be delayed for 24-48 hours**. Please take note of the symptoms and red flags in the Pocket Concussion Recognition Tool and monitor closely your son / daughter for the next 48 hours.



The image shows a 'Pocket CONCUSSION RECOGNITION TOOL' leaflet. It is designed to help identify concussion in children, youth, and adults. The leaflet features logos for FIFA, UEFA, the Olympic rings, and the FEI. It is divided into several sections: 'RECOGNIZE & REMOVE', '1. Visible clues of suspected concussion', '2. Signs and symptoms of suspected concussion', '3. Memory function', 'RED FLAGS', and 'Remember:'. The 'RECOGNIZE & REMOVE' section states that concussion should be suspected if one or more of the following visible clues, signs, symptoms or errors in memory questions are present. The '1. Visible clues of suspected concussion' section lists: Loss of consciousness or responsiveness, Lying motionless on ground/Slow to get up, Unsteady on feet / Balance problems or falling over/Incoordination, Grabbing/Clutching of head, Dazed, blank or vacant look, and Confused/Not aware of plays or events. The '2. Signs and symptoms of suspected concussion' section lists: Loss of consciousness, Seizure or convulsion, Balance problems, Nausea or vomiting, Drowsiness, More emotional, Irritability, Sadness, Fatigue or low energy, Nervous or anxious, 'Don't feel right', Difficulty remembering, Headache, Dizziness, Confusion, Feeling slowed down, 'Pressure in head', Blurred vision, Sensitivity to light, Amnesia, Feeling like 'in a fog', Neck Pain, Sensitivity to noise, and Difficulty concentrating. The '3. Memory function' section lists five questions: 'What venue are we at today?', 'Which half is it now?', 'Who scored last in this game?', 'What team did you play last week / game?', and 'Did your team win the last game?'. The 'RED FLAGS' section states that if any of the following are reported, the player should be safely and immediately removed from the field. The 'Remember:' section lists: In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed; Do not attempt to move the player (other than required for airway support) unless trained to do so; and Do not remove helmet (if present) unless trained to do so. The leaflet is dated 2013 and is a consensus statement on concussion in sport.

(<https://www.education-ni.gov.uk/sites/default/files/publications/de/concussion-recognise-and-remove-leaflet.pdf>)

In the instance of concussion symptoms developing, medical advice should be sought immediately. **The Sports Staff and Matron must be informed of any diagnosis of concussion and the pupil will commence the Graduated Return to Play Protocols.**

Please return the following to the Matron **If no symptoms of concussion present** during the **48 hour** observation period, a green chit will be given by Matron on return of the signed form.

I have monitored his/ her condition closely over the 48 hours following the injury and I confirm that during this period, none of the symptoms of concussion has developed.

I confirm that I am happy for my child to resume all physical activity including sport following this 48- hour symptom-free period.

----- (Pupil Name) ----- (PARENT/GUARDIAN NAME)

----- (PARENT/GUARDIAN SIGNATURE) ----- (Date)