Head Injury and Concussion Policy

Contents

Introduction

The Leys School (the 'School') ensures that pupils receive the highest standard of care following a head injury and the welfare of the pupil in both the short and long term always comes first. This policy refers to all head injuries, including concussions, sustained during any activity or incident, whether it be sporting (including contact and non-contact sports) or otherwise.

The purpose of this policy is to minimise the short and long-term adverse effects of head injuries. These guidelines apply to injuries sustained at the School or outside of the School, on a school trip or at any other external activities a pupil may attend.

This policy has been developed in accordance with the following guidance:

1. National Institute for Health and Care Excellence head injury guidance.
   Overview | Head injury: assessment and early management | Guidance | NICE
2. UK Concussion Guidelines for Non-Elite (Grassroots) Sport
   UK Concussion Guidelines for Grassroots Sport | Sport and Recreation Alliance
3. England Rugby, Headcase, one of the UK's leading concussion awareness and education resources.
   07. HEADCASE (keepyourbootson.co.uk)

Assessing the Pupil

The School operates a 'recognise and remove' approach, whereby any pupil sustaining a head injury must be immediately removed from the activity or incident by the member of staff present at the time and referred to the School Nurse or another healthcare/medical professional. In the absence of this authority, the pupil must be assessed by a qualified First Aider and referred for a medical opinion according to the referral guidelines in this policy. NHS 111 should also be contacted in the event that a member of the Medical Centre or a qualified First Aider is unavailable, and where there may be concerns at a later stage.

If a pupil has been assessed as displaying symptoms of a concussion, they will be placed on the School's Concussion and GRAS (Graduated Return to Activity and Sport) Pathway (the "Pathway"), please refer to Appendix 1 for further information.

Emergency Management of a Head Injury and Referral to the Hospital

Red Flag Symptoms requiring urgent medical assessment (either from the School Nurse or an appropriate qualified First Aider onsite, or in a hospital, using the ambulance service, if necessary), as per the Headcase Guidance:

- any loss of consciousness because of the injury;
- deteriorating consciousness (more drowsy)
- amnesia (no memory) for events before or after the injury;
- increasing confusion or irritability;
- unusual behaviour change;
- any new neurological deficits, i.e. including, but not limited to, difficulties understanding, speaking, reading or writing, decreased sensation, loss of balance, general weakness or visual vision changes such as double vision);
- seizure/convulsion or limb twitching or lying rigid/motionless due to muscle spasm;
- severe or increasing headache;
- repeated vomiting following the head injury;
- severe neck pain;
- any suspicion of a skull fracture or penetrating head injury;
- previous history of brain surgery or bleeding disorder;
- current 'blood-thinning' therapy; and/or
- current drug or alcohol intoxication.

An ice pack may be used to help reduce any swelling if no open wound is present.

In addition to the above 'red flag symptoms', the School Nurse, or in their absence, the qualified First Aider, must refer any pupil who sustains a head injury to the hospital, using the ambulance service, if necessary, if any of the following additional symptoms are present:

- additional focal neurological deficits including abnormal reflexes and/or problems walking (and rapid deterioration of the same);

- a high energy head injury (meaning high speed or high impact);
- a decrease or irregularity of breathing;
- severe spin pain;
- if a head injury occurs, and the pupil is undergoing anticoagulant therapy (e.g. warfarin). It is imperative that a CT head scan is done within 8 hours of the injury; and/or
- if a head injury occurs and there is a continuing concern by a medical professional.

After a medical assessment has been conducted by a School Nurse or a qualified First Aider, further symptoms may give rise to the need for a pupil to be referred to the hospital for further medical assessments. For more details, please refer to 'Referral to the Accident and Emergency Department (A&E)' in Appendix 1 of this policy.

Even if the pupil is deemed to not meet the above criteria, it is essential that if a pupil suffers from a head injury and has related safeguarding concerns, for example, a possible non-accidental injury or a vulnerable pupil is affected, that child must be taken to an emergency department.

Communications

The adult supervising a pupil who has sustained a head injury is responsible for notifying; the pupil's Parent's if a Day Pupil or Home Boarder; the pupil's Housemaster/mistress ("HsM"); and the School Nurse. If a Boarder, the HsM is then responsible for informing the pupil's Parents.

If there are no 'red flag symptoms' identified by the member of staff present at the time and the pupil does not require an ambulance, as per the guidelines in this policy, the pupil will remain with the School Nurse or the qualified First Aider until they are collected by parents/guardians ("Parents"), if they are Day Pupils and Home Boarders, to go home or, to seek further medical assessment, if necessary.

In the case of a head injury sustained during a school activity, the supervising adult is likely to be a member of staff of the School, or a person acting on behalf of the School such as a sports coach engaged for the School pupils. In the case of a head injury sustained outside of school, the supervising adult is likely to be a Parent, who must inform the School Nurse and HsM of the injury sustained.

The incident must be logged on the School's Incident Management System 'Every' by the member of staff supervising the pupil, or if a qualified First Aider was present at the time, they must complete an accident form and send this to the Medical Centre, where this will be logged on 'Every' by the School.

A Minor Head Injury advice sheet or a Concussion Advice sheet should be given to each pupil that has sustained an injury, issued by either the Medical Centre or the School's independent qualified First Aider, depending on the assessment of the School Nurse or qualified First Aider.

Post-injury Participation

If a pupil has been assessed as displaying symptoms of a concussion, they will be placed on the Pathway. The School have developed this protocol in line with the GRAS Programme, adapted by England Rugby, and other regulations, which is widely recognised by other professional sporting bodies. The School will monitor and co-ordinate the pupil's progress throughout completing the Pathway.

Concussion symptoms can appear over a 24-48 hour period, with most symptoms resolving within a 7-10 day period. The Medical Centre will follow the Pathway and monitor pupil's symptoms up to a 28-day period, in between which, pupils will make a gradual return to resume normal activities. If symptoms last longer than 28 days, or the pupil's symptoms worsen or, there is no improvement by day 14, the pupil will be referred to their General Practitioner ("GP") Surgery. This also applies if the pupil has had multiple concussions.

The pupil will be listed as 'OFF GAMES' and will not be able to participate in certain activities until they have passed the relevant stages of the Pathway. This information will be recorded in iSAMS and SOCS, and relevant members of staff will be notified. Please refer to Appendix 1 for further information regarding the Pathway. Pupils who are placed on the 'OFF GAMES' list must follow the procedures of remaining 'OFF GAMES' for all sporting activities including contact and non-contact sports, This applies to pupils who attend external sporting activities outside of the School.

Instances when pupils' will be referred to the GP include, but are not limited to:

- the pupil is displaying 'red flag symptoms' that do not require A&E attention;
- symptoms lasting longer than 28 days, or, if the pupil's symptoms worsen, or, there is no improvement by day 14; and/or
- if the pupil has had more than 2 concussions in a year, and/or multiple injuries throughout their sporting career.

Repeated Concussions

There can be considerable variations in the initial effects of concussion and spontaneous recovery is often rapid, this could increase the potential for players to ignore concussion symptoms at the time of injury and/or return to play prior to full recovery. There is an increasing amount of research that suggests that returning to play before complete resolution of the concussion and exposure to further head impacts before full recovery, can increase the risk of a more serious brain injury and may lead to Second Impact Syndrome, which is a potentially fatal condition. A history of recent concussion may also increase the risk of other sports related soft-tissue injuries.

Pupils who experience two or more concussions in 12 months, or multiple concussions over the course of their time playing should be reviewed on an individual basis, taking into consideration the circumstances of the event associated with the concussion, the symptoms experienced by the pupil and the timescale of the current and previous recoveries. If a pupil has experienced repeated concussions, the School will refer the pupil to their GP.

HsMs and teaching staff must observe pupils who have sustained a head injury with due care and attention. If a pupil appears unfit to remain in class after sustaining a head injury, the relevant HsM and the School Nurse must be informed. It is rare, but reasonable, for a pupil to miss a day or two of academic studies but extended absence is uncommon.

Preventing Concussions

Concussions occur in everyday life and whilst it is impossible to completely remove the risk of concussion, there are a number of measures which can help reduce the risk and prevent concussions from occurring, which include, but are not limited to:

- ensuring that dangerous play or inappropriate behaviour during sports, i.e. tackling players in the air during rugby, is not tolerated and this behaviour is penalised immediately;
- ensuring that coaching and correct tackle techniques for every sport is up to standard, so that pupils can learn how to safely play the sport without risk of concussion.
- ensuring pupils are prepared both physically and mentally to take part and engage in a contact sport session is extremely important, warm up sessions should be viewed as an integral part of the session;
- ensure the School grounds are a safe premises for pupils, with no health and safety hazards, subject to a few areas, which will be sign posted; and
- ensuring sporting equipment is fit for purpose.

Appendix 1: Management of a Suspected Concussion

Assessment in the Medical Centre or by another Healthcare Professional

This medical assessment will be carried out by the Medical Centre, or qualified First Aider. After assessment and management of ABCDs, a focused history should be taken. An accurate history of the head injury and signs and symptoms should be taken from the pupil but also from other witnesses such as coaches or spectators, if possible. This includes consulting the accident form that is completed pitch side and which should be referred to during the assessment of the pupil.

History

- Time and mechanism of injury
- List symptoms being experienced
- Circumstances of injury, e.g. accident, NAI, unexplained fall
- LOC - loss or impairment of consciousness and duration
- Seizure
- Nausea and vomiting
- Condition prior to consultation - stable, deteriorating, improving?
- Other injuries sustained
- Past history of bleeding condition/on anticoagulants.
- Drug or alcohol use or intoxication
- Previous head trauma- in last 12months in particular
- Does the pupil have full recall - amnesia (antegrade or retrograde) lasting more than 5 minutes?

Physical Examination

- Glasgow Coma Score (GCS)
- Neck and cervical spine
    - Deformity
    - Bony tenderness
    - Altered sensation or power in limbs
    - Range of Movement (ROM)- see below;

- Head
    - Scalp bruising, lacerations, haematoma, crepitus
    - Swelling
    - Tenderness
    - Periorbital bruising (raccoon eyes)*
    - Postauricular bruising (Battles sign)*
    - Clear fluid leak from ears or nose*

- Eyes
    - Pupil size
    - Equality
    - Reactivity

Suspect basal skull fracture if these signs are present

Admission to the Medical Centre

Pupils who are symptomatic but who do not fulfil the criteria for referral to A&E, or, a GP, should be admitted to the Medical Centre. Home Boarders and Day pupils should be admitted to the Medical Centre and observed whilst waiting for a Parent to collect them. Both the pupil and their Parents', as well as the HsMs and Director of Sport, will be sent a letter confirming that the pupil is now on the Pathway and to take the necessary steps, as advised by the Medical Centre.

Observations are commenced as the pupil's clinical condition dictates. If the pupil deteriorates at any time after the initial assessment, they should be reassessed, and observations should begin half-hourly. The minimum acceptable documented neurological observations are GCS; pupil size and reactivity; limb movements; respiratory rate; heart rate; blood pressure; temperature and blood oxygen saturation. Observations should be recorded on an observation chart. Clinical updates should be recorded in the nursing notes.

The following examples of neurological deterioration should prompt urgent reassessment and transfer to the local A&E department:

- Development of agitation or abnormal behaviour;
- A sustained (that is, for at least 30 minutes) drop of 1 point in GCS score (greater weight should be given to a drop of 1 point in the motor response score of the GCS);
- Development of severe or increasing headache or persisting vomiting; and/or
- New or evolving neurological symptoms or signs such as pupil inequality or asymmetry of limb or facial movement.

Any pupil returning from A&E with a concussion should be admitted to the Medical Centre or discharged into the care of Parents for a minimum of 24 hours of observation/ rest. Those boarders being kept in the Medical Centre should not be discharged before seeing the GP.

Referral to the Accident and Emergency Department (A&E)

If any of the following are present the pupil should be referred straight to A&E with an accompanying adult either via ambulance or taxi (as clinical condition dictates):

- GCS less than 15 on initial assessment.
- Any loss of consciousness.

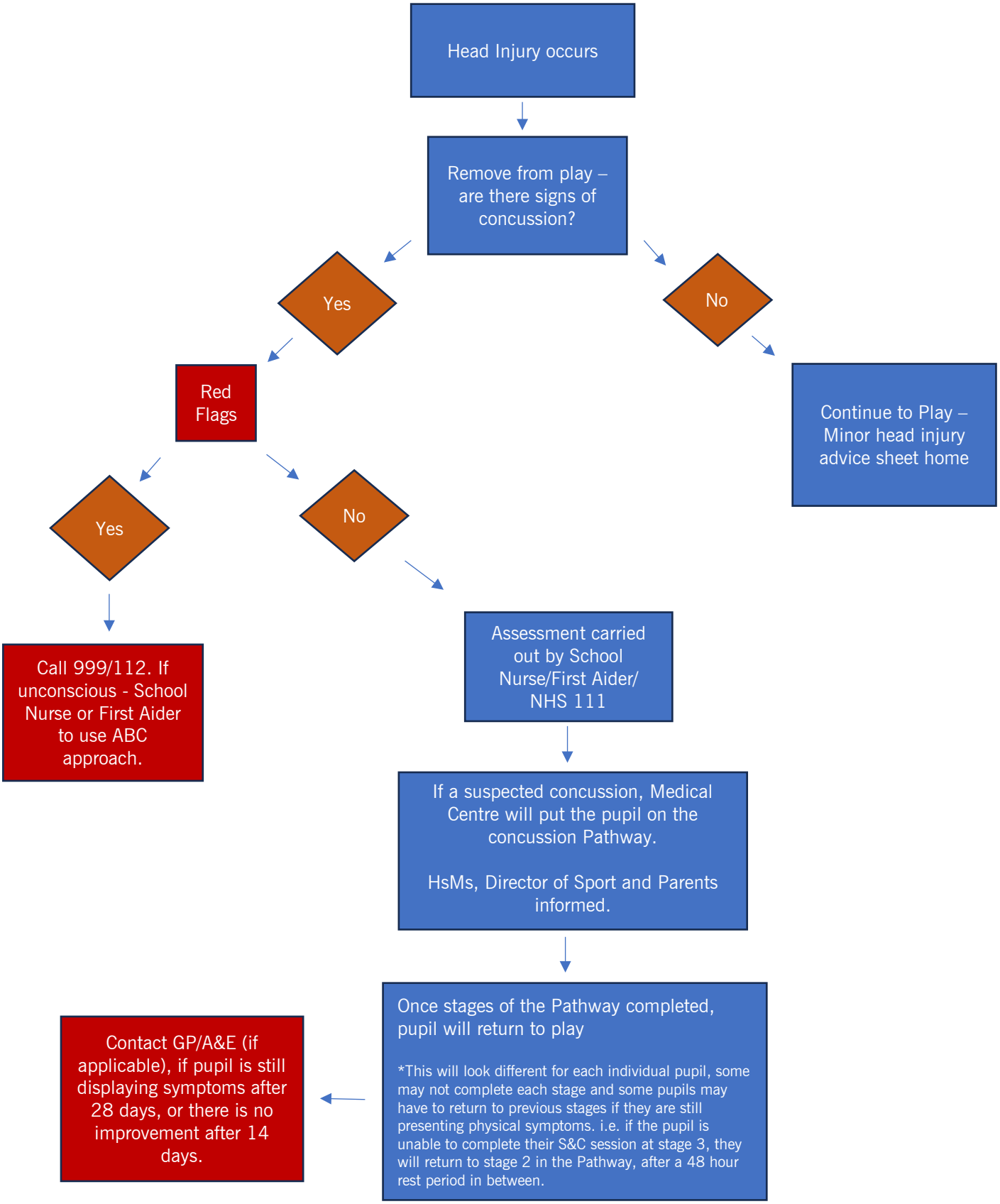
- Any focal neurological deficit since the injury. (Problems restricted to a particular part of the body or a particular activity, for example, difficulties with understanding, speaking, reading or writing; decreased sensation; loss of balance; general weakness; visual changes; abnormal reflexes; and problems walking).
- A penetrating head injury or any suspicion of an open or depressed skull fracture. (Signs include clear fluid running from the ears or nose, 'panda eyes' with no associated damage around the eyes, bleeding from one or both ears, bruising behind one or both ears, penetrating injury signs, visible trauma to the scalp or skull of concern to the professional).
- Any sign of basal skull fracture ('panda' eyes, cerebrospinal fluid leakage from the ear or nose or Battle's sign).
- Altered or combative behaviour
- Amnesia for events before or after the injury.
- Severe, persistent headache since the injury, despite analgesia.
- Any vomiting episodes since the injury.
- Any seizure since the injury.
- Any previous brain surgery.
- A high-energy head injury. For example, pedestrian struck by motor vehicle, occupant ejected from motor vehicle, rollover motor accident, fall from a height of greater than 1 metre or more than 5 stairs, diving accident, high-speed motor vehicle collision, high speed bicycle collision or any other potential high-energy mechanism or high-speed injury from a projectile or other object.
- Any history of bleeding or clotting disorders.
- Current anticoagulant therapy such as warfarin.
- Current drug or alcohol intoxication.
- There are any safeguarding concerns.
- Continuing concern by the professional about the diagnosis.
- Potential C-spine injury.

Some of these symptoms are 'red flag symptoms' and additional symptoms which may be identified after the pupil undergoes an initial medical assessment by a School Nurse or a qualified First Aider.

Concussion and GRAS Pathway						
	Stage 1	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Duration Post Injury	24-48 hours post injury.	Following 24-48 hour post injury rest period (minimum 24 hours post injury).	48 hours minimum (after stage 2).	No earlier than 8 days post injury.	No earlier than day 15.	No earlier than day 21.
Activity	Minimal screen time. Read or complete an easy daily activity in 10-15 minute time slots. Rare but reasonable for a pupil to miss a day or two of academic studies.	Increase daily activity. i.e. reintroduce school work, limit screen time. Gradually introduce short walks of 10-15 minutes.	Aerobic exercise and low level body weight resistant training – Pupil attends S&C session (10 minute static bike test) at the School gym.	Return to normal day to day school activities. Resume– part time may need to be considered. May resume non-contact training drills and weight resistance training.	Full contact practice and academic activity.	Full contact practice and academic activity.
ISAMS and SOCS status	OFF GAMES – concussion pathway.	OFF GAMES – concussion pathway.	OFF GAMES – concussion pathway.	Limited games – concussion pathway – stage 4.	limited games – concussion pathway. Medical Centre keep a written record of the date stage 5 commenced.	limited games – concussion pathway. Medical Centre keep a written record of the date stage 6 commenced.
Comments	OFF GAMES Medical Centre assessment Do not leave the pupil alone within the first 24 hours post injury. Letter to Parents, HsMs and Director of Sport.	OFF GAMES Rest if these activities more than mildly increase symptoms	OFF GAMES A member of staff from the School gym will email the Medical Centre to confirm the pupil was able to complete the test without worsening their symptoms.	Pupils invited to attend a Concussion Clinic with the Medical Centre nurses, for a health care review between Stage 4 and 5 using Step 2 'Symptom Evaluation' from SCAT5 and assessing how the pupil has progressed through each stage. Medical Centre guidance is used for nurse review.	The pupil will only move onto stage 5 if they have been symptom free, at rest, for 14 days. Medical Centre nurses will reinforce the importance of pupils being honest about the symptoms they are experiencing, in order to aid their recovery. Unrestricted sports – training only.	Symptom free at rest for preceding 14 days and continue to be symptom free during pre-competition training. Return to competitive sports if completely symptom free with monitoring by the Pupil and Coach for symptoms. Coach to liaise with the Medical Centre if a pupil still has symptoms.

***Any recurrence of symptoms will require a pupil to stop all activity, rest for 48 hours and move back to a previous stage where the level of activity/exercise does not more than mildly worsen symptoms. Progressing too quickly through the stages (particularly stages 3-5) whilst symptoms are exacerbated may slow the pupil's overall recovery. If symptoms deteriorate or, do not improve by day 14 post injury, medical advice should be sought from the School Nurse or NHS 111. If symptoms are continuing 28 days post injury, pupils must seek medical advice from their GP.**

Flow chart of the School's procedure when a sporting head injury occurs



Graduated return to activity (education/work) and sport

Overview

- Generally, a short period of relative rest (first 24-48 hours) followed by a gradual stepwise return to normal life (education, work, low level exercise), then subsequently to sport is safe and effective.
- Progression through the stages below is dependent upon the activity not more than mildly exacerbating symptoms. Medical advice from the NHS via 111 should be sought if symptoms deteriorate or do not improve by 14 days after the injury. Those with symptoms after 28 days should seek medical advice via their GP.
- Participating in light physical activity is beneficial and has been shown to have a positive effect on recovery after the initial period of relative rest. The focus should be on returning to normal daily activities of education and work in advance of unrestricted sporting activities.

If symptoms continue beyond 28 days remain out of sport and seek medical advice from a GP

Notes

- The graduated return to activity (education/work) and sport programme is designed to safely allow return to education, work and sport after concussion for the overwhelming majority of athletes who will not benefit from individualised management of their recovery.
- Some athletes, as happens in Elite and Professional sport, may have access to Healthcare Professionals experienced in sports concussion management who take responsibility for an individualised, structured, multimodal, multidisciplinary management plan to include medical, psychological, cognitive, vestibular and musculoskeletal components. Athletes who are managed in such Enhanced Care pathways may be formally cleared for an earlier return to competition.

GRADUATED RETURN TO EDUCATION/WORK & SPORT SUMMARY

(See full table below for detail)

Stage 1	**Relative Rest for 24–48 hours** • Minimise screen time • Gentle exercise*
Stage 2	**Gradually introduce daily activities** • Activities away from school/work (introduce TV, increase reading, games etc)* • Exercise –light physical activity (e.g. short walks) *
Stage 3	**Increase tolerance for mental & exercise activities** • Increase study/work-related activities with rest periods* • Increase intensity of exercise*
Stage 4	**Return to study/work and sport training** • Part-time return to education/work* • Start training activities without risk of head impact*
Stage 5	**Return to normal work/education and full training** • Full work/education • If symptom-free at rest for 14 days consider full training
Stage 6	**Return to sports competition (NOT before day 21) as long as symptom free at rest for 14 days and during the pre-competition training of Stage 5**

*rest until the following day if this activity more than mildly increases symptoms.

Graduated return to activity (education/work) and sport programme

Stage	Focus	Description of activity	Comments
Stage 1	**Relative rest period (24-48 hours)**	Take it easy for the first 24-48 hours after a suspected concussion. It is best to minimise any activity to 10 to 15-minute slots. You may walk, read and do some easy daily activities provided that your concussion symptoms are no more than mildly increased. Phone or computer screen time should be kept to the absolute minimum to help recovery.	
Stage 2	**Return to normal daily activities outside of school or work.**	• Increase mental activities through easy reading, limited television, games, and limited phone and computer use. • Gradually introduce school and work activities at home. • Advancing the volume of mental activities can occur as long as they do not increase symptoms more than mildly.	There may be some mild symptoms with activity, which is OK. If they become more than mildly exacerbated by the mental or physical activity in Stage 2, rest briefly until they subside.
	Physical Activity (e.g. week 1)	• After the initial 24–48 hours of relative rest, gradually increase light physical activity. • Increase daily activities like moving around the house, simple chores and short walks. Briefly rest if these activities more than mildly increase symptoms.	
Stage 3	**Increasing tolerance for thinking activities**	• Once normal level of daily activities can be tolerated then explore adding in some home-based school or work-related activity, such as homework, longer periods of reading or paperwork in 20 to 30-minute blocks with a brief rest after each block. • Discuss with school or employer about returning part-time, time for rest or breaks, or doing limited hours each week from home	Progressing too quickly through stages 3 - 5 whilst symptoms are significantly worsened by exercise may slow recovery. Although headaches are the most common symptom following concussion and may persist for several months, exercise should be limited to that which does not more than mildly exacerbate them. Symptom exacerbation with physical activity and exercise is generally safe, brief and is self-limiting typically lasting from several minutes to a few hours.
	Light aerobic exercise (e.g. weeks 1 or 2)	• Walking or stationary cycling for 10–15 minutes. Start at an intensity where able to easily speak in short sentences. The duration and the intensity of the exercise can gradually be increased according to tolerance. • If symptoms more than mildly increase, or new symptoms appear, stop and briefly rest. Resume at a reduced level of exercise intensity until able to tolerate it without more than mild symptom exacerbation. • Brisk walks and low intensity, body weight resistance training are fine but no high intensity exercise or added weight resistance training.	

Graduated return to activity (education/work) and sport programme

Stage	Focus	Description of activity	Comments
Stage 4	**Return to study and work**	• May need to consider a part-time return to school or reduced activities in the workplace (e.g. half-days, breaks, avoiding hard physical work, avoiding complicated study).	Progressing too quickly through stages 3 - 5 whilst symptoms are significantly worsened by exercise may slow recovery. Although headaches are the most common symptom following concussion and may persist for several months, exercise should be limited to that which does not more than mildly exacerbate them. Symptom exacerbation with physical activity and exercise is generally safe, brief and is self-limiting typically lasting from several minutes to a few hours.
	Non-contact training (e.g. during week 2)	• Start training activities in chosen sport once not experiencing symptoms at rest from the recent concussion. It is important to avoid any training activities involving head impacts or where there may be a risk of head injury. Now increase the intensity of exercise and resistance training.	
Stage 5	**Return to full academic or work-related activity**	• Return to full activity and catch up on any missed work.	Individuals should only return to training activities involving head impacts or where there may be a risk of head injury when they have not experienced symptoms at rest from their recent concussion for 14 days. Recurrence of concussion symptoms following head impact in training should trigger removal of the player from the activity.
	Unrestricted training activities (not before week 3)	• When free of symptoms at rest from the recent concussion for 14 days can consider commencing training activities involving head impacts or where there may be a risk of head injury.	
Stage 6	**Return to competition**	This stage should not be reached before day 21* (at the earliest) and only if no symptoms at rest have been experienced from the recent concussion in the preceding 14 days and now symptom free during pre-competition training. * The day of the concussion is Day 0 (see example below).	Resolution of symptoms is only one factor influencing the time before a safe return to competition with a predictable risk of head injury. Approximately two-thirds of individuals will be able to return to full sport by 28 days but children, adolescents and young adults may take longer. Disabled people will need specific tailored advice which is outside the remit of this guidance.

Example:

- Concussion on Saturday 1st October (Day 0)
- All concussion-related symptoms resolved by Wednesday 5th October (Day 4)
- No less than 14 days is needed before the individual returns to sport-specific training involving head impacts or where there may be a risk of head injury (Stage 5) on Wednesday 19th October (Day 18)
- Continue to be guided by the recommendations above and, if symptoms do not return, the individual may consider returning to competitive sport with risk of head impact on Wednesday 26th October (Day 25)

If symptoms continue beyond 28 days – remain out of sport and medical advice should be sought from a GP (which may in turn require specialist referral and review)

HEADCASE

Graduated Return to Activity & Sport

GRAS PROGRAMME

COmmunity Rugby

September 2023

PRINCIPLES

● This HEADCASE version of the **Graduated Return to Activity & Sport (GRAS) programme** is aligned with the **UK Concussion Guidelines for (Non-Elite) Grassroots Sport** (published by the UK government April 2023) and has been adapted to provide community rugby specific context and examples.

The GRAS Programme

- Applies to all players involved in community rugby and sport, irrespective of age.
- Follows a return to activity, learn then play pathway. The priority is to return to normal life, school/work before rugby.

There is a minimum return time of **21 days** (with the date of injury being day 0), provided there is a symptom free period of **14 days**. This means players will miss a minimum of two weeks with the potential to play on the third weekend (but only if they have been symptom free for the preceding 14 days).

How does this differ from the old guidelines?

1. Importantly this pathway, recognising the value of light physical activity in a player's recovery, no longer requires an initial complete **14-day** stand-down period.
A player can start very light physical activity **24 - 48 hours** after their concussion provided that their symptoms are not more than mildly exacerbated. After a first week of progressive light exercise, provided symptoms are not more than mildly exacerbated by the activity, the player is able to start non-contact training activities in the second week with resistance training activities also started in this week.

2. Contact training activities with a predictable risk of head injury can then be introduced in week 3 (but only if/when the athlete has been symptom free for 14 days).

Detailed information is provided in the **HEADCASE Extended Guidelines**.

Overview of:

Graduated Return to Activity & Sport (GRAS) programme

STAGE 1: Initial Relative Rest

24 - 48 hours after concussion

STAGE 2: Return to Daily Activities & Light Physical Activities

Following **24 - 48 hours** initial rest period (min 24 hours after concussion event)

STAGE 3: Aerobic Exercise & Low Level Body Weight Resistance Training

Start Stage 3 when symptoms allow e.g., mild symptoms are not worsened by daily activities/light physical activities

STAGE 4: Rugby-Specific Non-Contact Training Drills & Weight Resistance Training

No earlier than **Day 8**

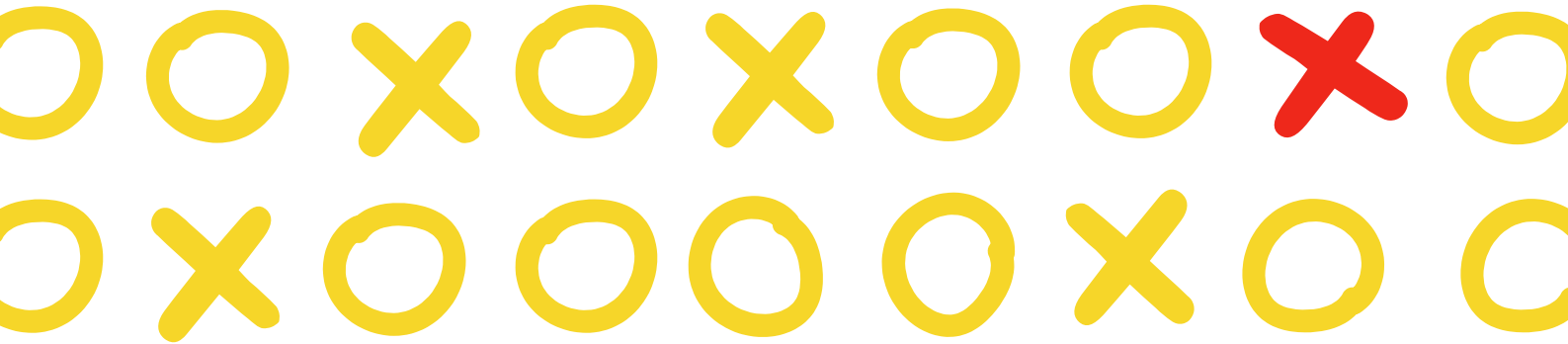
STAGE 5: Full Contact Practice

No earlier than **Day 15**

STAGE 6: Return to Play

No earlier than **Day 21**

See Section 17 of the UK Concussion Guidelines for Non-Elite (Grassroots) Sport and its Graduated Return to Activity (Education & Word) & Sport Summary.



HEADCASE

England Rugby

RUGBY SAFE

GRAS STAGES

ALWAYS REMEMBER!

DAY 0 = when suspected concussion happened

STAGE 1 Initial Relative Rest

Timeline

24 - 48 hours after concussion

Daily Living & Return to Activity

- Take it easy for the first **24-48 hours** after a suspected concussion.
- You may do some easy daily activities (e.g., walking or reading) provided that your concussion symptoms are no more than mildly increased.
- Phone or computer screen time should be kept to the absolute minimum to help recovery.
- It is best to minimise any activity to **10 to 15-minute** slots.
- Consider time off or adaptation of study/work (liaise with school or work if needed).

Return to Sport / Rugby

- You may do some gentle activity (walking and easy daily activities) provided that your concussion symptoms are no more than mildly increased.
- Rest until the following day if these activities more than mildly increases symptoms.
- No rugby-specific or organised sporting activity during the initial rest period.

Comments / Practical Considerations

Initial rest should be a minimum of **24 - 48 hours**

STAGE 2 Return to Daily Activities & Light Physical Activities

Timeline

Following **24-48 hours** initial rest period (**min 24 hours** after concussion event).

Daily Living & Return to Activity

- Increase daily activities.
- Increase mental activities e.g., easy reading, limited television, phone, and computer use.
- Gradually introduce school and work activities at home.
- Rest if these activities more than mildly increase symptoms.
- Advancing the volume of mental activities can occur as long as they do not increase symptoms more than mildly.

Return to Sport / Rugby

- Gradually introduce very light physical activity e.g., 10-15 minutes of walking.

Comments / Practical Considerations

- There may be some mild symptoms with activity, which is OK.
- If any symptoms become more than mildly worsened by any mental or physical activity in Stage 2, rest until they subside.

STAGE 3 Aerobic Exercise & Low level Body Weight Resistance Training

Timeline

Start Stage 3 when symptoms allow e.g., mild symptoms are not worsened by daily activities/light physical activities.

Daily Living & Return to Activity

- Once short periods of normal level of daily activities can be tolerated then look to increase the time e.g., **20-30 minutes** then brief rest.
- Discuss with school or employer about return; consider initially returning part-time, including additional time for rest or breaks, or doing limited hours each day from home.

Return to Sport / Rugby

- Introduce physical activity e.g.**10-15 minutes** of jogging, swimming, and stationary cycling at low intensity (able to easily speak during exercise).
- Gradually introduce low level intensity body weight resistance training e.g., Pilates/yoga
- Use exercises from the **Activate programme** to reintroduce functional conditioning and movement control exercises.
- The duration and the intensity of the exercise can gradually be increased according to tolerance
- No high intensity exercise or added weight resistance training.

Comments / Practical Considerations

- If symptoms more than mildly increase, or new symptoms appear, stop, and rest briefly until they subside.
- Resume at a reduced level of exercise intensity until able to tolerate it without more than mild symptoms occurring.

STAGE 4 Rugby-Specific Non-Contact Training Drills & Weight Resistance Training

Timeline

No earlier than **Day 8**

Daily Living & Return to Activity

- Continue to review return to school/work and/or reduced activities in the workplace (e.g., half-days, breaks, avoiding hard physical work, avoiding complicated study).

Return to Sport / Rugby

- You may start non-contact training activities in your chosen sport once you are not experiencing symptoms at rest from your recent concussion.
- Progress the duration and intensity of aerobic exercise training e.g., increase in **15 minute** increments.
- Use the **Activate programme** to develop functional conditioning and movement control.
- Return to normal resistance training (if applicable).
- Introduce non-contact static rugby specific skills e.g., kicking passing drills.
- Only non-contact rugby training activities with **NO** predictable risk of head injury.
- Look to progress non-contact training in terms of intensity and duration, and to more complex training drills (still non-contact) that combine aerobic. and non-contact rugby specific skills e.g., running whilst passing/kicking.
- Work on skills to get ready for contact (such as positioning).

Comments / Practical Considerations

- If symptoms more than mildly increase, or new symptoms appear, stop, and rest briefly until they subside.
- Resume at a reduced level of exercise intensity until able to tolerate it without more than mild symptoms occurring.

A player should ONLY move on to Stage 5 (return to contact training) when they have NOT experienced symptoms at rest from their recent concussion for 14 days.

STAGE 5 Full Contact Practice

Timeline

No earlier than **Day 15**

Daily Living & Return to Activity

- Daily activities, school/work have returned to normal.

Return to Sport / Rugby

- Return to normal rugby training activities including contact.
- Use the Activate programme to develop functional conditioning and movement control.
- Exposure to activities involving head impacts or where there may be a risk of head injury should be gradual, which could include:
  - Walk-throughs of various tackle types.
  - Practice of tackles using shields & tackle bags.
  - Slow increase in difficulty with moving players.
  - Slow introduction of decision making drills, ensuring good technique throughout.

Comments / Practical Considerations

- Recurrence of concussion symptoms following head impact in training should trigger removal of the player from the activity.
- Should continue to be symptom free.
- Any occurrence of symptoms will require moving back to a previous stage where level of activity/ exercise does not more than mildly worsen symptoms.

STAGE 6 Return to Play

Timeline

No earlier than **Day 21**

Daily Living & Return to Activity

- Return to normal level of daily activities.

Return to Sport / Rugby

- Return to normal game play.
- Continue to use the Activate programme to reduce the potential risk of concussion.

Comments / Practical Considerations

Symptom free at rest for **preceding 14 days** AND continued to be symptom free during pre-competition training (stages 4-5).

IMPORTANT GRAS CONSIDERATIONS

1. Progressing too quickly through **Stages 3 - 5** whilst symptoms are significantly worsened by exercise may slow recovery.
2. Although headaches are the most common symptom following concussion and may persist for several months, exercise should be limited to that which does not more than mildly exacerbate them.
3. Symptom exacerbation (worsening) with physical activity and exercise is generally safe, brief and is self-limiting typically lasting from several minutes to a few hours.
4. Resolution of symptoms is only one factor influencing the time before a safe return to competition with a predictable risk of head injury.
5. Approximately two-thirds of individuals will be able to return to full sport by **28 days.**
6. Disabled people will need specific tailored advice which is outside the remit of this guidance.
7. Medical advice from the NHS via 111 should be sought if symptoms deteriorate or do not improve by 14 days after the injury.
8. Those with symptoms after **28 days** should seek medical advice via their GP.

DON'T BE A HEADCASE

STOP!

Check for concussion

The 4Rs

Recognise → Know the signs and symptoms of concussion.

Remove → Any player with a suspected concussion must be removed from play/training IMMEDIATELY.

Recover → Give players time to recover fully as you would with any other injury.

Return → All players must follow the Graduated Return to Activity & Sport (GRAS) programme before returning to playing contact rugby.

GRAS Graduated Return to Activity & Sport programme

STAGE 1: Initial Relative Rest

24 - 48 hours after concussion

→

STAGE 2: Return to Daily Activities & Light Physical Activities

Following **24 - 48 hours** initial rest period (min 24 hours after concussion event)

→

STAGE 3: Aerobic Exercise & Low Level Body Weight Resistance Training

When symptoms allow e.g., mild symptoms are not worsened by daily activities/light physical activities

STAGE 4: Rugby-Specific Non-Contact Training Drills & Weight Resistance Training

No earlier than **Day 8**

→

STAGE 5: Full Contact Practice

No earlier than **Day 15**

→

STAGE 6: Return to Play

No earlier than **Day 21**

englandrugby.com/headcase

Remember...

If in doubt, sit them out!

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