



BELIEVING  
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## CONCUSSION POLICY

September 2021

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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>	August 2021
<b>Next Review Date</b>	August 2022
<b>Author</b>	Director of Rugby

<b>To be posted on School website</b>	Yes
<b>Date and version posted (if applicable)</b>	September 2021

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.

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
- Don't feel right
- Headache
- Dizziness
- Feeling slowed down
- "Pressure in head"
- Blurred vision
- Sensitivity to light
- Amnesia
- Feeling like "in a fog"
- Confusion

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 24 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.

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 (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 child 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 in the calendar year, or the symptoms have lasted for greater than 10 days, then medical clearance will be required before permission is given to resume any sporting activity.**

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. 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 child 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: Rest	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	Daily activities that don't promote symptoms (breathing slightly increased). Borg Rating 6-10. Heart Rate less than 50% max.	Gradual reintroduction of work / school activities without worsening symptoms	2-3 days to 5-6 Days
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. <b>No contact or resistance training. Heart rate &lt;70% max. Borg Rating 11-13.</b>		Day 5-6 (at the earliest) up to day 14
<b>Players should not progress to Stage 2 if they are still symptomatic</b>			
Stage 2: Increased aerobic exercise	Walking, swimming or stationary cycling keeping intensity, <80% maximum heart rate, able to hold conversation comfortably. No resistance training. Symptom free during full 24-hour period. <b>No contact or resistance training. Borg Rating 13-15.</b>	Increase intensity and duration of exercise	Day 15-16
Stage 3: Sport-specific exercise	Running drills 60-80% effort, body weight exercises, press ups (5-10) cross arm squat (5-10), individual handling skills. <b>No contact activities. Symptom free during full 24-hour period. Borg Rating 13-15.</b>	Add movement and challenge co-ordination and balance	Day 17-18
Stage 4: Non-contact training drills	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. <b>No contact activities. Symptom free during full 24-hour period.</b>	Exercise, coordination, and cognitive load	Day 19-20
Stage 5: Full Contact Practice	Following <b>medical clearance / SCAT Test by School Matron</b> participate in normal training activities Symptom free during full 24-hour period.	Restore confidence and assess functional skills by coaching staff	Day 21-22
Stage 6: Normal Game Play	Player rehabilitated- return to normal play	Recovered	Day 23

The chart below is used to guide exercise intensity at each stage:

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)