

## Southwark Tigers Rugby Club Concussion Protocol



### **What is concussion?**

Concussion is a traumatic brain injury resulting in a disturbance of brain function. There are many symptoms and signs of concussion, common ones being headache, dizziness, memory disturbance or balance problems.

Loss of consciousness (being knocked out), occurs in less than 10% of concussions. Loss of consciousness is not a requirement for diagnosing concussion but is a clear indication that a concussion has been sustained.

### **How to recognise concussion or suspected concussion**

Recognition of concussion may occur immediately identified from the side-line, whilst attending the player on the field of play or in the 48 hour period after the game. If any of the following signs or symptoms are present following a head injury the player should be suspected of having concussion and be immediately removed from play or training.

### **What you see or hear immediately**

Any one or more of the following clearly indicate a concussion:

- Seizure (fits)
- Loss of consciousness (LOC) – confirmed or suspected – visible signs suggesting LOC – lying motionless on the ground for more than 5 seconds, slow to get up off the ground
- Unsteady on feet or balance problems or falling over or poor coordination
- Confused
- Disorientated – not aware of where they are or who they are or the time of day
- Dazed, blank or vacant look
- Grabbing or clutching of head

Behavioural changes g. more emotional or more irritable

## **Symptoms of concussion / suspected concussion - what you are told**

Presence of any one or more of the following signs and symptoms may suggest a concussion:

- Headache
- Dizziness
- Mental clouding, confusion, or feeling slowed down
- Visual problems
- Nausea or vomiting
- Fatigue
- Drowsiness / feeling like “in a fog” / difficulty concentrating
- “Pressure in head”
- Sensitivity to light or noise

## **What questions you ask adults and adolescents immediately after their injury**

Failure to answer any of these questions correctly is a strong indication of concussion or at least suspected concussion.

**“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?”**

**“Did your team win the last game?”**

## **What questions you ask children (12 years and under)**

Failure to answer any of these questions correctly is a strong indication of concussion or at least suspected concussion.

**“Where are we now?”**

**“Is it before or after lunch?”**

**“What was your last lesson / class?” “Who scored last in this game?”**

**“What is your teacher’s name?” or “What is your coach’s name?”**

**Recognise and remove and if in doubt, sit them out.**

## **Immediate management of concussion or suspected concussion**

Any player with concussion or suspected concussion should be immediately and permanently removed from training or play. Appropriate emergency management procedures must be followed especially if a neck injury is suspected. In this instance the player should only be removed by emergency healthcare professionals with appropriate spinal care training.

Once safely removed, the injured player must not return to any activity that day and should be medically assessed.

Side-line medical staff, coaches, players or parents and guardians who suspect that a player may have concussion must do their best to ensure that the player is removed from the field of play in a safe manner.

## **Emergency Referral Indicators**

If any of the following are reported or noticed then the player should be transported for urgent medical assessment at the nearest hospital:

- player complains of severe neck pain
- deteriorating consciousness (more drowsy)
- increasing confusion or irritability
- severe or increasing headache
- repeated vomiting
- unusual behaviour change
- seizure (fit)
- double vision
- numbness, tingling, burning or weakness in the arms or legs'
- slurred speech

In all cases of concussion or suspected concussion it is strongly recommended that the player is referred to a medical or healthcare professional for diagnosis and guidance regarding management and return to play, even if the symptoms resolve. It should only be in rare and exceptional circumstances that a player with concussion or suspected concussion is not medically assessed.

## **Players with concussion or suspected concussion:**

- should not be left alone in the first 24 hours
- should not consume alcohol in the first 24 hours and thereafter should avoid alcohol until provided with medical or healthcare professional clearance or if no medical or healthcare professional advice is available the injured player should avoid alcohol until symptom free
- should not drive a motor vehicle and should not return to driving until provided with medical or healthcare professional clearance or if no

medical or healthcare professional advice is available should not drive until symptom

## **Rest the body, rest the brain**

Rest is the cornerstone of concussion treatment. This involves resting the body, 'physical rest', and resting the brain, 'cognitive rest'. This means avoidance of:

- physical activities such as running, cycling, swimming
- cognitive activities, such as school work, homework, reading, television, video games.

## **Children and adolescents**

Physical rest shall be for a minimum of two weeks for any child or adolescent (18 years and under) with concussion or suspected concussion. This physical rest comprises a minimum of 24 hours of complete physical and cognitive rest followed by relative rest (activity that does not induce or aggravate symptoms) for the rest of the two weeks. Cautious reintroduction of cognitive ("thinking") activities are allowed following an obligatory 24 hours of complete (physical and cognitive) rest as long as symptoms related to the concussion are not aggravated.

After the two weeks physical rest period the player:

- must be symptom free or if pre-injury symptoms existed, these must have returned to pre concussion level at rest;
- should be cleared by a medical practitioner or approved healthcare provider prior to starting a Graduated Return To Play programme;
- must, if a student, have returned to school or full studies;
- must follow (and complete) this Graduated Return To Play programme which must be consistent with World Rugby's GRTP programme set out later in this Guidance

Children and adolescents must be managed more conservatively than adults. World Rugby requires any child or adolescent with concussion or suspected concussion to have physical rest for at least two weeks and if symptom free then complete a Graduated Return To Play programme following this minimum two week physical rest period.

Typically standard brain scans are normal for someone with concussion and therefore a normal brain scan is not a reliable test of whether or not a player has concussion or suspected concussion.

## **Return to play after concussion or suspected concussion**

### **Children and Adolescents**

- Children and adolescents (defined as 18 years and under) with concussion or suspected concussion should be assessed medically immediately after their injury and prior to returning to contact training and playing
- A minimum physical rest period of two weeks (including an initial 24 hours of complete rest) is required for children and adolescents before commencing a Graduated Return To Play programme.
- A Graduated Return To Play programme must be completed by all players (once symptom free) who have been concussed or had suspected
- If any symptoms are present or reappear the Graduated Return To Play programme should not be started, or if started it should be stopped until symptoms disappear
- A Graduated Return To Play programme should only be commenced after the completion of the two week physical rest period and only if the player is symptom free and off medication that modifies or masks the symptoms of.

Southwark Tigers Rugby Club members of staff involved in a potential concussion situation must fill an incident report form.