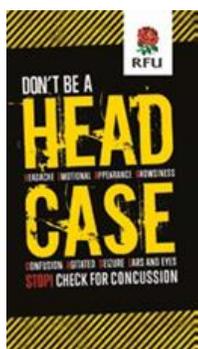




Application of RFU Concussion Protocols



It is recognised that Club coaches have a statutory duty of care towards rugby players under their supervision. Players may get concussion when playing rugby and it is important that these situations are recognised as there can be serious consequences if they sustain another concussion before recovery.

The majority (80-90%) of concussions resolve in a short (7-10 days) period. This may be longer in children and adolescents and a more conservative approach should be taken with them. During this recovery time however, the brain is more vulnerable to further injury, and if a player returns too early, before they have fully recovered this may result in prolonged or serious long term effects.

When a player sustains a head/neck injury or is suspected of such, the player must be attended by a **suitably trained person** who is confident to assess the injury and look for signs of concussion.

RFU Guidelines suggest every team has access to a qualified First Aider as a minimum requirement (military equivalent is a MATT 3 trained person with access to a mobile phone).

Ultimately, the referee has the over-riding power of veto even with a fully trained doctor on touchline saying 'fit to play' – if the referee is not satisfied with the condition of the injured player, he can insist on the player's removal from the field of play:

"Law 3.9 The referee's power to stop an injured player from continuing; If the referee decides – with or without the advice of a doctor or other medically qualified person – that a player is so injured that the player should stop playing, the referee may order that player to leave the playing area. The referee may also order an injured player to leave the field in order to be medically examined."

Coaches at Army level, club and county, should be advised about this and we recommend using the Concussion Advice slip at the end of this document to report the injury The Army RFU so that we can gather some statistics over the year.

If the concussion happens in an Army rugby match, where possible, and with consent of player, the team should also inform the player's chain of command of any recent concussion issues. Clubs should have the same responsibility to report concussion to the ARU. It is also imperative that coaches take primary responsibility for the welfare of their player and ensure they do not play if concussion is suspected. Coaches should be advised to pass information between the various environments a player attends across sports and other activities.

It is recommended and essential that **ALL** Army Clubs follow the RFU Concussion Advice and Graduated Return to Play recommendations. Full details of the RFU's Concussion Protocols and Graduated Return to Play (G RTP) programme can be found at:

<http://www.englandrugby.com/my-rugby/players/player-health/concussion-headcase/>

A Flow Chart of action*: “If in Doubt, Sit them Out”



(*Reproduced in part by kind permission of Tom Shepherd, Portsmouth Grammar School)

The RFU recommends the use of the Pocket Concussion Recognition Tool (symptoms and signs checklist) this is available at:

http://www.englandrugby.com/mm/Document/MyRugby/Headcase/01/30/49/53/pocketscat3_Neutral.pdf

The RFU has launched new online concussion education courses aimed at players, coaches and match officials across the community game. Backed by World Rugby and leading brain injury charity Headway, the courses are available at <http://www.englandrugby.com/my-rugby/players/player-health/concussion-headcase/>

The 30 minute courses cover why it's important to manage concussion properly, and how everyone has a role in protecting and helping players through their recovery and return to play.

We want to ensure that the health and safety of our players is placed at the centre at everything we do both in schools and club rugby: all our young players will benefit from the accurate assessment of potential concussions and robust application of the RFU Headcase protocols for return to play.

GRADUATED RETURN TO PLAY (GRTP)

Rehabilitation stage		Exercise allowed	Objective	Requirement
Date of event:	Off work while symptomatic	Complete body rest and brain rest for minimum 24 hours (no reading, no TV, no computer, no driving)	Rest	Player must be symptom free for 48 hours before moving to stage 1.
Stage 1	Minimum rest period 14 days once symptom-free (and without masking medication e.g. paracetamol)	None	Recovery	Confirmation of recovery by healthcare professional advised before progress to stage 2
Stage 2 -at earliest day 15	Light aerobic exercise	Light jogging for 10-15 minutes, swimming or stationary cycling at low to moderate intensity. No resistance training	Increase heart rate	48 hours symptom-free for U19's before progress to next stage
Stage 3 -at earliest day 17	Sport-specific exercise	Running drills. No head impact activities.	Add movement	48 hours symptom-free for U19's before progress to next stage
Stage 4 -at earliest day 19	Non-contact training drills	Progression to more complex training drills, eg passing drills. May start progressive resistance training	Exercise, coordination and cognitive load	48 hours symptom-free for U19's and confirmation of recovery by healthcare professional before progress to next stage
Stage 5 -at earliest day 21	Full contact practice	Normal training activities	Restore confidence and assess functional skills by coaching staff	48 hours symptom-free for U19's before progress to next stage
Stage 6 -at earliest day 23	Return to play	Player rehabilitated	Full recovery	

In the case of a **confirmed concussion**, movement to Stage 5 (full contact practice) must have recovery confirmed by a healthcare practitioner (GP, doctor, medical practitioner). The RFU recommends **48 hrs** at each stage **after** 14 days rest for U19's and below.

Check with RFU protocols at

http://www.englandrugby.com/mm/Document/MyRugby/Headcase/01/30/49/57/returntoplayafterconcussion_Neutral.pdf

Concussion Advice Slip: blank copies of this should be kept by the club medical designated person and should be given to the player, coach and a copy retained for records. Army Referees have agreed to help promote the use of this form by reminding coaches of the need to fill in the form when one of their players is concussed.

<p>CONCUSSION INJURY ADVICE (One copy each for: the person who is monitoring the concussed player/the Club Coach /the County Coach/) delete as appropriate</p> <p>The person named opposite has received an injury to the head, which has been reviewed as described. Recovery time is variable in different individuals and the injured person will need monitoring for a further period by a responsible adult.</p> <p>If you notice any change in behaviour, vomiting, dizziness, worsening headache, double vision or excessive drowsiness, please contact your doctor or the nearest hospital emergency department immediately.</p> <p>In an Emergency telephone 999 or 112</p> <p>If the injury is confirmed as a concussion, it must be reported to the Army RFU within 48 hours. Tel: 01252377930 E-Mail: cfowke@ascb.uk.com</p>	<p>Person's name/DOB: _____</p> <p>Date/time of injury _____</p> <p>Nature of injury _____</p> <p>_____</p> <p>Name of person reviewing injury _____</p> <p>Position _____</p> <p>It is recommended that this information is shared with any other sports organisations which this person is involved with currently.</p> <p style="text-align: center;">RECOGNISE - REMOVE – RECOVER - RETURN</p>
<p>SIGNS OF CONCUSSION:</p> <p>Problems could arise over the first 24 – 48 hours. The athlete should not be left alone and must go to a hospital at once if they:</p> <ul style="list-style-type: none"> - Have a headache that gets worse - Are very drowsy or can't be awakened - Can't recognise people or places - Have repeated vomiting or prolonged nausea - Behave unusually or seem confused; are very irritable - Have seizures (arms and legs jerk uncontrollably) - Have weak or numb arms or legs - Have clear fluid coming out of ears or nose - Are unsteady on their feet; have slurred speech - Have difficulty speaking or understanding, or experience deafness in one or both ears <p>For full concussion advice, please see following link:</p> <p>http://www.englandrugby.com/mm/Document/MyRugby/Headcase/01/30/49/01/parentssummary_Neutral.pdf</p>	<p>Other important points:-</p> <ul style="list-style-type: none"> - Rest (physically and mentally), including training or playing sports until symptoms resolve and you are medically cleared - No alcohol - No prescription or non-prescription drugs without medical supervision, Specifically: <ul style="list-style-type: none"> - No sleeping tablets - Do not use aspirin, anti-inflammatory medication or sedating pain killers - Do not drive until medically cleared - <u>Do not train or play sport for at least 21 days until medically cleared by a registered healthcare professional</u> <p>Remember, it is better to be safe. Consult your doctor as soon as possible after a suspected concussion. You should not be left alone for 24 hours</p>

Safeguarding Statement:

Any information sharing between clubs must be done ONLY with the consent of the player and it should be noted that ANY information of this type is STRICTLY CONFIDENTIAL; information regarding children should only be shared with DBS cleared school/club/health professionals and parents/players have the right to challenge this.

Communicating this information in writing (by e-mail or letter) should include the statement:

“This correspondence, and any attachments, is strictly confidential and may be legally privileged. It is intended only for the addressee. If you are not the intended recipient, any disclosure, copying, distribution or other use of this communication is strictly prohibited. If you have received this message in error, please contact the sender.”