

Cantonian High School

Ysgol Uwchradd Cantonian



THE BEST FROM EACH
SUCCESS FOR ALL

Policy for Dealing with Concussion

March 2016

Reviewed Autumn 2019 – still current on WG website

Reviewed Autumn 2023 – still current on WG website

Reviewed Autumn 2024 – still current on WG website

This policy was adopted by Governors on 14 March 2016

The following is taken from the Welsh Government publication "Concussion is Dangerous – Welsh Government guidance on concussion for school and community sport up to age 19":

Concussion is dangerous and can be fatal if handled incorrectly, so it is important that everyone is aware of the symptoms and what action to take. Some sports clearly carry higher risks than others, but concussion can happen in any sport or recreational activity. Cantonian High School takes incidents of concussion very seriously.

What is concussion?

Concussion is a disturbance in brain function caused by a direct or indirect force to the head or neck. It results in a variety of signs or symptoms, and often does not involve loss of consciousness.

Concussion should be suspected in the presence of any one or more of the following:

- Symptoms (e.g. headache, feeling sick, visual problems)
- Physical signs (e.g. unsteadiness, loss of coordination or consciousness)
- Impaired brain function (e.g. confusion, loss of memory)
- Abnormal behaviour (e.g. change in personality, unusual response)

Concussion Management

This guidance document applies to all aged under 19. Concussion must be taken extremely seriously to safeguard the welfare of young athletes.

Anyone under 19 suspected of having a concussion must be immediately removed from play and must not resume play in the match or training on the same day.

It is recommended that all players with suspected concussion are referred to a health professional to be assessed. Unless concussion is ruled out by a qualified health professional, players must follow the full concussion protocol.

After a concussion, the player must rest for a minimum period of 14 days and not take part in any form of training, matches, or significant mental exertion.

If after a minimum 14 day rest period the player is entirely symptom free and off medication that modifies symptoms of concussion, then they must follow a Graduated Return to Play (GRTP) protocol (see recommended GRTP below).

It is recommended that following concussion, every young person seeks advice from a suitable health professional before returning to play.

Recognise & Remove

Concussion should be suspected if one or more of the following visible clues, signs, symptoms or errors in memory questions are present.

1. Visible clues of suspected concussion

Any one or more of the following visual clues can indicate a possible concussion:

- 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
- Confused
- Not aware of plays or events

2. Signs and symptoms of suspected concussion

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

- Loss of consciousness
- Headache
- Seizure or convulsion
- Dizziness
- Balance problems
- Confusion
- Nausea or vomiting
- Feeling slowed down
- Drowsiness
- "Pressure in head"
- More emotional
- Blurred vision
- Irritability
- Sensitivity to light
- Sadness
- Amnesia
- Fatigue or low energy
- Feeling like "in a fog"
- Nervous or anxious
- Neck Pain
- "Don't feel right"
- Sensitivity to noise
- Difficulty remembering
- Difficulty concentrating

3. Memory function

Failure to answer any of these questions correctly may suggest a 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?"

Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, and should not be returned to activity until they are assessed medically. Athletes with a suspected concussion should not be left alone and should not drive a motor vehicle.

It is recommended that, in all cases of suspected concussion, the player is referred to a medical professional for diagnosis and guidance as well as return to play decisions, even if the symptoms resolve.

RED FLAGS

If ANY of the following are reported then the player should be safely and immediately removed from the field. If no qualified medical professional is available, consider transporting by ambulance for urgent medical assessment:-

Athlete complains of 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 arms or leg

Remember:

- 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.
- Do not remove helmet (if present) unless trained to do so.

Return to School

It is reasonable for a child or young person to miss a day or two of school after concussion, but extended absence is uncommon. Health professional advice should be sought before return to school.

Concussion may impact on the child or young person's learning and performance at school, and teachers should take this into consideration.

Welsh Government recommended Graduated Return To Play (GRTP) Protocol following Concussion For School and Community Sports up to age 19 (A player's age is deemed to be that at 1st September of the school year.)

**DO NOT RETURN TO PLAY OR CONTINUE TO PLAY OR TRAIN IF YOU HAVE ANY SYMPTOMS –
SEEK HEALTH PROFESSIONAL ADVICE**

INTRODUCTION:

- Following concussion there must be a minimum rest period (no excessive physical or intellectual exercise) of at least 14 days.
- Graduated return to play may continue only after completion of the minimum rest period, and only at each stage if symptom free and off medication that modifies concussion symptoms.
- Health professional advice should be obtained during the rest and return to play period.

Any player with any symptoms following a head injury should not return to training or playing whilst symptoms persist.

A second head impact in a player who has not fully recovered from concussion could lead to serious brain injury or death.

GRADUATED RETURN TO PLAY STAGE 1 - REST (AT LEAST 14 GRTP DAYS)	HEALTH PROFESSIONAL CLEARANCE RECOMENDED	GRADUATED RETURN TO PLAY STAGES 2-4 (AT LEAST 6 GRTP DAYS)	HEALTH PROFESSIONAL CLEARANCE RECOMENDED	GRADUATED RETURN TO PLAY STAGE 5 (AT LEAST 2 GRTP DAYS)	GRADUATED RETURN TO PLAY STAGE 6 (FOLLOWING AT LEAST 22 GRTP DAYS)
Minimum of 14 days rest with no excessive physical or intellectual exercise. Player should return to school or college during this time if symptom free and off any medication for concussion.	CAUTION! Stage 2 of Return to play protocol should be started only if the player is symptom free and off medication that modifies symptoms of concussion	Stage 2 - Light aerobic exercise 48 hours Stage 3 - Sport specific exercise 48 hours Stage 4- Non contact training drills 48 hours Progress to the next stage only if symptom free and off medication for concussion, for 48 hours.	CAUTION! Contact Sport should be authorised only if the player is symptom free and off medication	Stage 5 - Full contact practice 48 hours Progress to the next stage only if symptom free and off medication for concussion, for 48 hours.	Stage 6- Return to play Earliest return is the 23rd day after concussion, only if symptom free and off medication for concussion.
Additional safeguards are needed for repeat concussions. Any player with a second concussion within 12 months, a history of multiple concussions, a player with unusual presentations or prolonged recovery should be assessed and managed by a health care professional with expertise in sports-related concussion. Any recurrence of symptoms during GRTP must be referred for medical advice.					

The Welsh Government acknowledges the support of colleagues in Scotland, Northern Ireland, the Football Association of Wales (FAW), the Welsh Rugby Union and the International Rugby Board (IRB) in development of this advice.

Agreed by Headteacher: *Squill*

Agreed by Chair of Governors: *D. P. Mutton*

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