



HEADCASE

ESSENTIAL GUIDE

The key facts and
information on how to

RECOGNISE
and MANAGE
a CONCUSSION



September 2023



**Anyone with a suspected concussion should be
IMMEDIATELY REMOVED FROM PLAY**

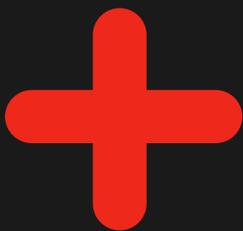
**If in doubt,
sit them**

 **out!**

Concussion – What you **NEED** to know



- **Concussion must be taken extremely seriously** to safeguard the safety and long-term health of players.
- **Concussions can occur in a game, at training or outside of rugby.**
- Players suspected of having concussion **should be removed from play/training immediately.**
- **The majority (80-90%) of concussion symptoms resolve in around 7-10 days.**
- **Loss of consciousness occurs in only 10% of concussions.**
- **The onset of the effects of concussion may be delayed for up to 24-48 hours.**
- **Headguards & Gumshields don't protect against concussions.**



Anyone with suspected concussion should be immediately removed from the field of play and assessed by an appropriate Healthcare Professional, or access the NHS by **calling 111 within 24 hours of the injury.**



The **Activate programme** has been shown to prepare players for the demands of the game, reduce the risk of all types of injury (including concussions) and improve playing performance.



All players suspected of having a concussion need to go through the Graduated Return to Activity and Sport (GRAS) programme pathway.

RECOGNISE & REMOVE

At all levels of community rugby, if a player displays one or more observable signs or symptoms of concussion, they should be **removed from the pitch immediately** irrespective of whether it is a match or training session.

The player should be assessed by an appropriate on-site Healthcare Professional or by accessing the NHS by **calling 111 within 24 hours of the injury.**

A player should stop playing/training and not return if:

ANY ONE OF THE FOLLOWING VISUAL CLUES (SIGNS)

What you might see in a player.

- Loss of consciousness or responsiveness
- Lying motionless on ground/slow to get up
- Unsteady on feet/balance problems or falling over/ incoordination
- Dazed, blank or vacant look
- Slow to respond to questions
- Confused/not aware of plays or events.
- Grabbing/clutching of head
- An impact seizure/convulsion
- Tonic posturing – lying rigid/ motionless due to muscle spasm (may appear to be unconscious)
- More emotional/irritable than normal for that person
- Vomiting

SYMPTOMS OF CONCUSSION AT OR SHORTLY AFTER INJURY

What the player might tell you / what you should ask a player about.

- Disoriented (not aware of their surroundings e.g., opponent, period, score)
- Headache
- Dizziness/feeling off-balance
- Mental clouding, confusion or feeling slowed down
- Drowsiness/feeling like 'in a fog'/ difficulty concentrating
- Visual problems
- Nausea
- Fatigue
- 'Pressure in head'
- Sensitivity to light or sound
- More emotional
- Don't feel right
- Concerns expressed by parent, official, spectators about a player

Should any of the following ‘red flag’ signs or symptoms be present following a head injury or should any of these symptoms arise in the period following a head injury, the player **should receive urgent medical assessment** (either from an appropriate Healthcare Professional onsite, or in a hospital Accident and Emergency (A&E) Department) using emergency ambulance transfer if necessary.

RED FLAGS | REQUIRING URGENT MEDICAL ASSESSMENT

- 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 deficit e.g.
 - Difficulties with understanding, speaking, reading, or writing
 - Decreased sensation
 - Loss of balance
 - Weakness
 - Double vision
- Seizure/convulsion or limb twitching or lying rigid/motionless due to muscle spasm
- Severe or increasing headache
- Repeated vomiting
- Severe neck pain
- Any suspicion of a skull fracture (e.g., cut, bruise, swelling, severe pain at site of injury)
- Previous history of brain surgery or bleeding disorder
- Current ‘blood-thinning’ therapy
- Current drug or alcohol intoxication

If a neck injury is suspected, the player should only be moved by Healthcare Professionals with appropriate training.

If in **doubt**,
sit them

→ out!

THE IMMEDIATE DO'S AND DON'TS FOLLOWING A SUSPECTED CONCUSSION:

The table below outlines the immediate 'do's and don'ts' after a concussion is diagnosed.

DO

- Be removed from play immediately.
- Get assessed by an appropriate Healthcare Professional onsite or access the NHS by calling **111** within **24 hours** of the incident.
- Rest & sleep as needed for the first **24-48 hours** – this is good for recovery. Easy activities of daily living and walking are also acceptable.
- Minimise smartphone, screen and computer use for at least the first **48 hours**. Limiting screen-time has been shown to improve recovery.

DO NOT

- Be left alone in the first **24 hours**.
- Consume alcohol in the first **24 hours** and/or if symptoms persist.
- Drive a motor vehicle within the first **24 hours** (*Commercial drivers (HGV etc.) should seek review by an appropriate Healthcare Professional before driving*).



FOLLOWING A CONCUSSION WHAT'S YOUR ROLE?

Once safely removed from play, the player must not be returned to activity that day.

Anyone with suspected concussion should be immediately removed from the field of play and assessed by an appropriate Healthcare Professional, or access the NHS by **calling 111 within 24 hours of the injury**

It is important that all signs and symptoms of a suspected concussion are noted and communicated either with the healthcare professional or when contacting 111.

However, irrespective of how quickly the symptoms resolve, all players with a suspected concussion should go through the full appropriate [Graduated Return to Activity & Sport \[GRAS\] programme](#).

Teammates, coaches, match officials, team managers, administrators or parents/carers who suspect someone may have concussion **MUST** do their best to ensure that the individual is removed from play in as rapid and safe a manner as possible.

If in **d**oubt, sit them
out!

Coaches, Teachers, Volunteers

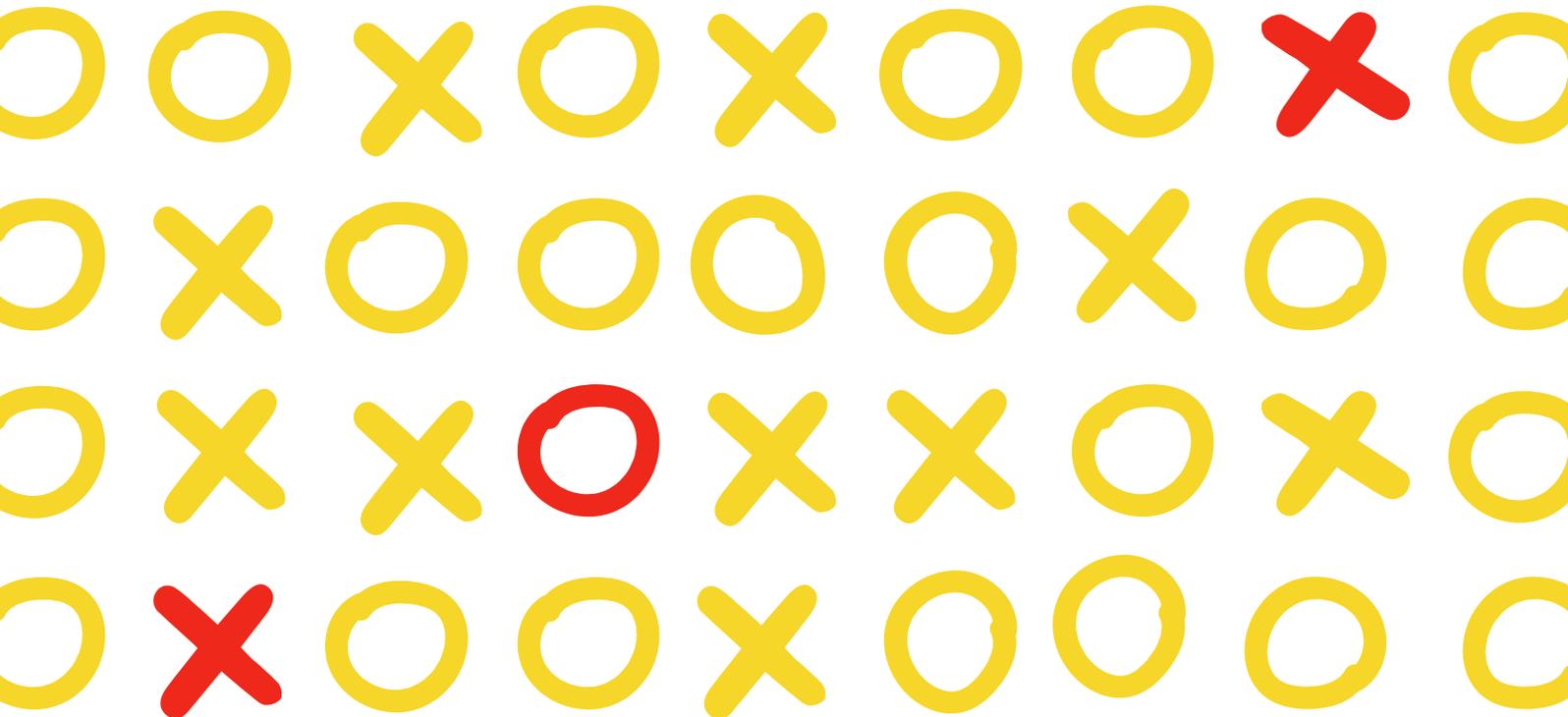
- > Safely remove the players from the field of play
 - > Do not allow the player to return to the game/training session even if they say that their symptoms have resolved.
 - > Observe the player or assign a responsible adult to monitor the individual once the player is removed.
 - > If a player is under 18 years old, contact parent/guardian to inform them of the possible concussion.
 - > Arrange for the player to get home safely.
 - > Arrange for a responsible adult to supervise the player over the next **24-48 hours**.
 - > Ensure any relevant injury report form is completed and stored by the club/school/organisation.
- Follow the [Graduated Return to Activity Sport \(GRAS\) Programme](#) with an emphasis
- > on initial relative rest and returning to education/work before returning to training for sport.

Players

- > Stop playing/training immediately if you experience any symptoms of concussion.
 - > Be honest with how you feel and report any symptoms immediately to your coach, first aiders and/or parent.
- Delays in reporting and underreporting of symptoms have been associated with a
- > longer recovery and delayed return to activity and could risk incomplete recovery of the brain.
 - > Get assessed by an appropriate Healthcare.
 - > Professional if available onsite or by accessing the NHS by calling **111**.
 - > Inform your school/work /sports clubs.
- Follow the [Graduated Return to Activity Sport \(GRAS\) Programme](#). Ensure you
- > undertake initial relative rest and returning to education/work before returning to training for sport.
 - > During training and matches always watch out for teammates and encourage them to be honest and report any concussion symptoms.
 - > If you question whether another player may have symptoms of concussion, report this to the coach, match official, first aider or other appropriate individual.

Parents & Family

- > Obtain full details of the incident.
- > Do not leave your child/ the player alone for the first **24 hours**.
- > Have your child/the player assessed by an appropriate Healthcare Professional if available onsite or by accessing the NHS by calling **111**.
- > Monitor your child/the player for worsening signs and symptoms of concussion for at least **24-48 hours**.
- > Encourage initial rest/sleep as needed and limit smartphone/ computer and screen use for the first **24-48 hours**.
- > Support your child/the player to follow the [Graduated Return to Activity Sport \(GRAS\) Programme](#).



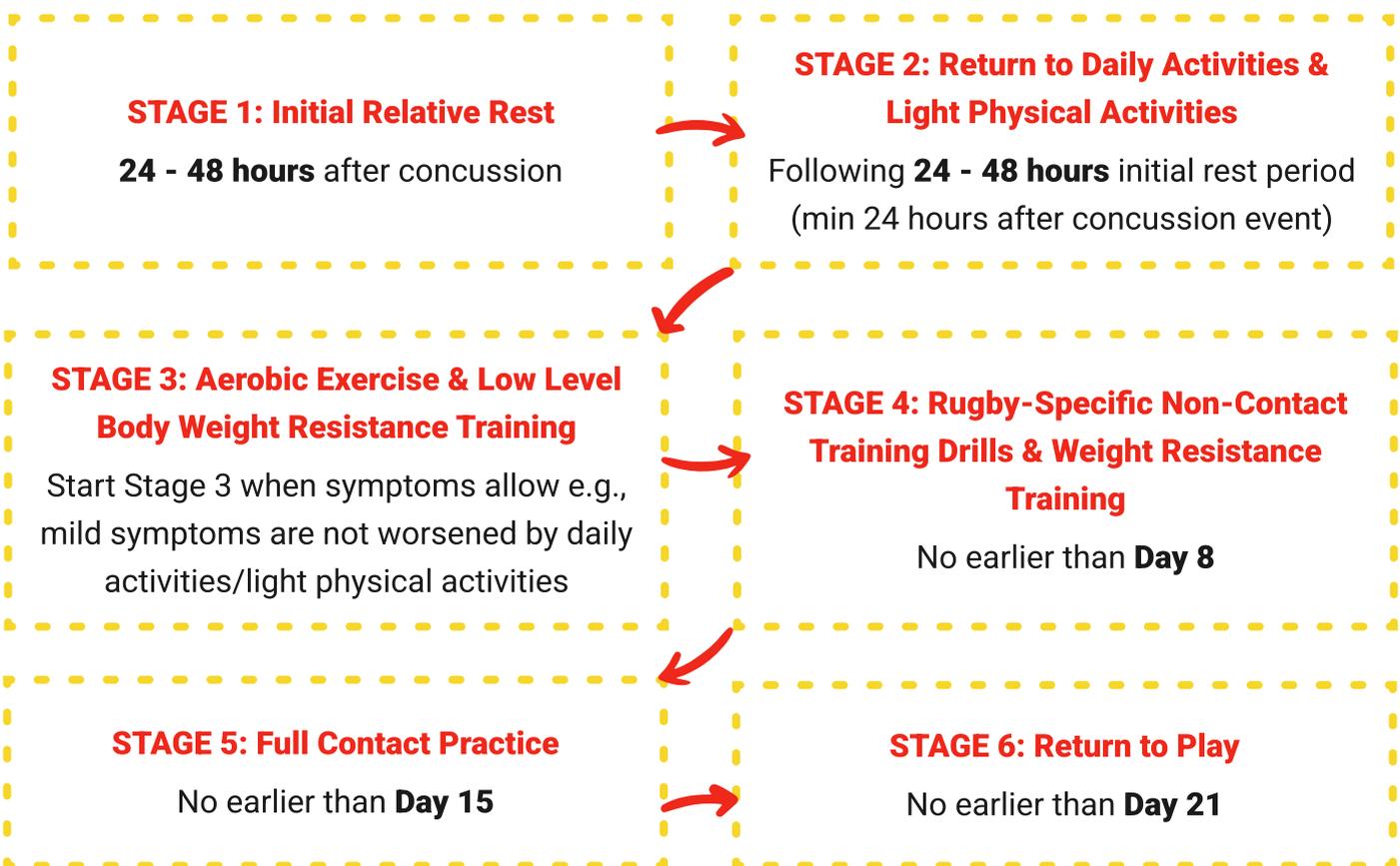
RECOVER & RETURN

GRADUATED RETURN TO ACTIVITY & SPORT

Following a concussion ALL PLAYERS should follow the **Graduated Return to Activity and Sport (GRAS) programme**. This provides a standard framework for all community level players which is designed to safely allow a return to education, work, and sport after a concussion.

Download a detailed version of the [GRAS programme](#).

The overview below sets out the different stages



The focus should be on returning to normal daily activities of education and work in advance of returning to sport.

It should be emphasised that the **GRAS is a pathway and not a protocol**, and the pathway should be individualised for each player. 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. If symptom free, they will be able to start non-contact training activities in the second week with resistance training activities also started in this week.

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



The brain is more vulnerable to further injury if it hasn't had time to fully recover. It is important that players are open and honest about how they are feeling, any on-going symptoms and their recovery. The return to sport progression can occur at a rate that does not, more than mildly, exacerbate existing symptoms or produce new symptoms.

Players should not be forced/pressured to return to play until they have completed their GRAS.

More Information and all HEADCASE resources are available to download from the [RugbySafe HEADCASE Toolkit](#).

Seeking Appropriate Medical Advice

The information contained in this document is intended for **educational purposes only** and is not meant to be a substitute for appropriate medical advice or care.

If you believe that you or someone under your care has sustained a concussion, as per the UK concussion guidelines for non-elite (grassroots) sport, **we strongly recommend that you contact a qualified health care professional for appropriate diagnosis and treatment.**

The RFU has made responsible efforts to include accurate and timely information. However, it makes no representations or warranties regarding the accuracy of the information contained and specifically disclaims any liability in connection with the content.

This version has been updated as of **August 2023.**

