



Head Injury / Concussion / Suspected Concussion Information and Advice for all Players Under 19 years*

*Any player under 19 years of age the day prior to the commencement of league season/tournament

Name _____ Date of injury : _____ Time: _____

The above named player sustained a head injury today. I am satisfied that this does not appear to be serious, however when returning home, it is important that they are accompanied by a responsible adult. While unlikely, there is a small risk of developing complications. If they experience any of the symptoms listed below in the next few days they should be **taken to A&E** as soon as possible and take this advice sheet with them. **Remember CONCUSSION is a BRAIN INJURY.**

- **Loss of consciousness**
- **New deafness in one or both ears**
- **Loss of balance or problems walking**
- **Any weakness in one or both arms or legs**
- **Any vomiting**
- **Clear fluid coming out of your ears or nose**
- **Drowsiness when you would normally be wide awake**
- **Increasing disorientation**
- **Problems understanding or speaking**
- **Blurred or double vision**
- **Severe headache not relieved by painkillers such as paracetamol**
- **Bleeding from one or both ears**
- **Any fits (collapsing or passing out suddenly)**
- **Inability to be woken**

Do not be confused between **normal sleep** and **unconsciousness** – someone who is unconscious cannot be woken up – you need to be satisfied that they are reacting normally to you.

DOS and DON'TS

- DO** make sure they stay within reach of a responsible adult and medical help in the next few days
- DO** have plenty of rest and avoid stressful situations
- DO** show this factsheet to other family members and school staff who can keep an eye on their condition.
- DO** give mild painkillers such as paracetamol for headaches
- DON'T** leave them at home unsupervised for 48 hours minimum or until symptoms have cleared.
- DON'T** allow any alcohol intake.
- DON'T** give aspirin or sleeping tablets without consulting a doctor.
- DON'T** return to full studies until symptoms have cleared.
- DON'T** play any contact sport until they have completed graduated return to play (details page 2).
- DON'T** allow them to to driv you feel they have fully recovered.

If in doubt consult a doctor, trained in the management of sports related concussions.

Children and adolescents take longer to recover and while symptoms may have resolved, the brain takes a longer time to recover fully. Please see a doctor if symptoms persist. Players will not be allowed to return to contact sport until they have been assessed and told they are fit to resume contact training by a sports doctor, trained in the management of sports related concussions, and have completed the return to training protocols

See reverse page for an outline of the **RTS (Return to Sport) programme for players U19 yrs of age.**

Signed : _____ Print name : _____ Contact Number: _____
Doctor / Nurse / Physiotherapist / Medic / Trainer / Coach with _____ Team



Guidelines for Management of Head Injury/ Concussion/ Suspected Concussion For players Under 19 yrs of age*

- An initial period of **48 hours** of both relative physical rest and cognitive rest is necessary before beginning Stage 1 of the RTS (Return to Sport) progression.
- **Rest from any potential contact activities** for a **minimum of 14 days** following cessation of symptoms.
- A graduated return to sport (RTS) must be completed **after the “rest from playing”** period.
 - **for ALL players diagnosed with a concussion.**
 - **for ALL players suspected of having concussion during a game or training at which there is no appropriately qualified person present to do an assessment.**

A doctor trained in concussion management **must** review the player and confirm that the player can take part in full contact training before entering Stage 5.
World Rugby recommends that a medical practitioner or approved healthcare professional supervises the RTS.

RETURN to SPORT (RTS)*

Stage	Aim	Activity	Goal of each step
1 after minimum 2 days	Symptom-limited activity	Daily activities that do not provoke symptoms	Gradual reintroduction of work/school activities
2 after minimum 14 days at stage 1	Light aerobic exercise	Walking or stationary cycling at slow to medium pace. No resistance training	Increase heart rate
3	Sport-specific exercise	Running or skating drills. No head impact activities	Add movement
4	Non-contact training drills	Harder training drills, e.g. passing drills. May start progressive resistance training	Exercise, coordination and increased thinking
5 Following medical clearance	Full contact practice	Participate in normal training activities	Restore confidence and assess functional skills by coaching staff
6	Return to sport	Normal game play	Return to sport

*NOTES on RTS

- **Allow at least 48 hours** (or longer) for each step of the progression from stage 2-5.
- **If any symptoms worsen** during exercise, the player should go back to the previous step.
- **Resistance training** should be added only in the later stages (stage 3 or 4 at the earliest).
- **If symptoms are persistent** the player should be referred to a doctor who is an expert in the management of concussion.

For further information please see the SRU document “Return to Play after Concussion / Suspected Concussion” which is available on the SRU web site