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**Pocklington RUFC**

**Mini/Junior Section**

**Concussion should be suspected in the presence of any one or more of the following: symptoms (such as headache), or physical signs (such as unsteadiness), or impaired brain function (e.g. confusion) or abnormal behaviour.**

**1. Symptoms**

**Presence of any of the following signs & symptoms may suggest a concussion.**

**Loss of consciousness Seizure or convulsion Amnesia**

**Headache “Pressure in head” Neck Pain**

**Nausea or vomiting Dizziness Blurred vision**

**Balance problems Sensitivity to light Confusion**

**Sensitivity to noise Feeling slowed down Drowsiness**

**Feeling like “in a fog“ “Don’t feel right” Irritability**

**Difficulty concentrating Difficulty remembering Sadness**

**Fatigue or low energy More emotional Nervous or anxious**

**2. Memory function**

**Failure to answer all questions correctly may suggest a concussion.**

**“At what venue are we at today?” “Which half is it now?”**

**“Who scored last in this game?” “Did your team win the last game?”**

**“What team did you play last week / game?”**

**If the player has been unconscious, however brief, or if there is a suspected spinal injury, DO NOT MOVE. Keep the player immobilised and protect the airway. Dial 999 for an Ambulance and keep the player warm.**

**If the player is conscious with no suspected spinal injury and demonstrates any of the above symptoms, escort them from the pitch. The player should not be left alone, should be assessed by a First Aider/Medical Personnel and be kept warm. Contact parents/guardian immediately if not present.**

**It is usual for anyone with a head injury to be drowsy, if a players stops opening their eyes on command or when shaken, vomits more than 3 times or complains of an intense headache; contact the emergency services. Parents should always be asked if they want the emergency services called. Players should be advised to seek medical attention.**

**If the player is not assessed in A&E, by a Paramedic or GP; then the parent must be given a Head Injury Advice Sheet. Any player diagnosed with or has been suspected as having concussion must not play contact sport for a minimum of 23 days. After 14 days (Level 1) medical clearance to start the GRTP must be given. After each Level, 48 hours must pass symptom free. If symptoms return, players must seek medical advice (GP). After Level 4 players must have medical clearance. Following is the IRB Graduated Return to Play Protocol for Concussion.**

**Concussion**



**Concussion**

**It is the player’s or parent’s responsibility to obtain medical clearance before returning to play.**

**Each Level takes 48 hours to complete**

**Any reoccurrence of symptoms, the player must seek medical advice. Once cleared, the player resumes on the previous level after being symptom free for 48 hours**

**Level 4 – Non Contact Training Drills**

Progression to more complex training drills, such as passing. May start resistance training

**Level 3 – Sport Specific Exercise**

Running Drills. No Head Impact Activities

**Level 6 – Return to Play Day 23**

**Level 5 – Full Contact Practice**

Normal Training Activities

**Medical Clearance to Return to Play**

**Level 2 – Light Aerobic Exercise**

Swimming, walking, stationary cycling. Heart rate less than 70% predicated maximum. No resistance training

**Medical Clearance to Start GRTP**

**Level 1 – 14 days complete rest + symptom free**

***IRB Concussion Guidelines***

**Graduated Return to Play for All Players Under 19**

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