

### **Managing Concussions - FAQs**

#### What about repeated concussions?

There is considerable variation in the initial effects of concussion that a player can experience, with individuals having different thresholds and responses. Recovery can often appear to be rapid, which can increase the potential for players to ignore concussion symptoms at the time of injury or return to play before they've fully recovered. There are therefore concerns that repeated concussions – particularly before full recovery – can shorten a player's career, significantly interfere with their academic performance, and may have the potential to result in long-term neurological impairment.

Players who experience two or more concussions in a 12 month period or multiple concussions over their playing career should be reviewed on an individual basis. The severity of the concussion and recovery can affect the approach that is taken; some players may require an extended period out of the game. It may also be appropriate to look at the mechanism of injury/how are these concussions occurring, for example is it due to poor tackle technique and if so how can this be addressed by the coach/player.

If a player has repeated concussions, it is recommended that they are seen by a doctor specialising in concussion management (through a GP referral). Each concussion should be considered on its own but a more conservative timescale for recovery or directed rehabilitation may be recommended especially if each time the force required to cause the concussion is lessening and/or the symptoms are become more prolonged.

# What should I do if I suspect a concussion but when the player is taken to see a Health Care Professional (HCP) after the game they are told there are no signs of concussion?

Concussion signs and symptoms are often short lived and may only be witnessed at the time of injury or immediately afterwards. It is important that if you witness a suspected concussion that you record what you saw and pass this on to the health care professional directly or via the player/parents to pass on.

If you are confident that you witnessed the signs and/or symptoms of concussion then you should be cautious and continue to manage the player as a suspected concussion. They should follow the management guidelines and go through a Return to Play programme.

1 Sept 2018







#### What do I do if my GP won't clear me/my child to return to play?

Not all doctors may be comfortable clearing a player to return to play as they may not know much about rugby or other sports, and it is not part of their NHS role to do this.

This review should be undertaken having completed the 14 days of relative rest and up to Stage 5 of the GRTP programme. See the U19 Concussion Management Guidelines in the Age Grade section of the HEADCASE webpages for more information (<a href="https://www.englandrugby.com/headcase">www.englandrugby.com/headcase</a>).

National GP representatives do not feel currently that assessing a player considered to have recovered by a parent, teacher, coach or other HCP is a core NHS service, so private assessment may be required. Some NHS GPs are happy to review individuals at this time to confirm clinical recovery, and some are happy to clear a player to return to play, but formally clearing players to return to sport is not their role.

The GP does not need to provide a letter as verbal confirmation via the parent/guardian for U18s, or via the player themselves if an adult, is acceptable. Clubs and schools have been advised to make a record of this verbal confirmation. They should therefore be asked to "confirm that their patient has recovered from concussion and have no signs of other brain injury".

In children, we would always still strongly advise review by a doctor or another appropriate HCP supervised by a doctor before returning to rugby. If they are unsure of the procedure required to do this, you can refer them to the section for Healthcare Practitioners on the Headcase website for further information.

Where players are paid and they would therefore be considered an employee, the club may have to consider putting private arrangements in place to clear players to return to full contact training.

## I was watching a game and saw a player who was obviously concussed but he was allowed to play on, what should I do?

You may have been the only person to see the incident, so you should raise your concerns with the coach or another member of the team management, club or school staff.

If you are concerned that others are also aware but not taking the necessary actions, you should challenge such behaviour. How you do this will obviously vary depending on the circumstances and your first point of contact should probably be the coaching staff or match officials. You may need to raise it with club/school management or you could raise it with the Club Safeguarding Officer and/or RugbySafe Lead. There a number of options available and we need to continue to change culture in the game and people should be prepared to challenge poor behaviours to ensure player welfare and maintain the values of the game.

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#### Why can't my club or team use the Head Injury Assessment (HIA) we see on TV?

The World Rugby HIA process is much more than what you see on the TV during the game. It is only permitted to be used in competitions where there are the appropriate player welfare processes and systems in place with doctors with the necessary expertise available to implement the process.

More details can be found at: <a href="http://playerwelfare.worldrugby.org/concussion">http://playerwelfare.worldrugby.org/concussion</a>

At all other levels of the game the RECOGNISE and REMOVE protocol should be used. This is the case at the professional end of the game when the criteria to implement the HIA protocol cannot be met. This provides a low threshold for removal where any symptom or sign is identified in a player following an impact event, with the added principle of "If in doubt, sit them out".

#### Other Sources of Information:

NHS Choices: <a href="http://www.nhs.uk/conditions/Concussion/Pages/Introduction.aspx">http://www.nhs.uk/conditions/Concussion/Pages/Introduction.aspx</a>

Headway: <a href="https://www.headway.org.uk">https://www.headway.org.uk</a>

Supporting Head Injured pupils in Schools: http://www.shipsproject.org.uk

Child Brain Injury Trust: https://childbraininjurytrust.org.uk

Brain and Spine: http://www.brainandspine.org.uk

Brain Injury Rehabilitation Trust: <a href="http://www.thedtgroup.org/brain-injury">http://www.thedtgroup.org/brain-injury</a>

Headinjurysymptoms.org: <a href="http://www.headinjurysymptoms.org">http://www.headinjurysymptoms.org</a>



The information contained in this site 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, we strongly recommend that you contact a qualified health care professional for appropriate diagnosis and treatment. The authors have made responsible efforts to include accurate and timely information. However, they make no representations or warranties regarding the accuracy of the information contained and specifically disclaim any liability in connection with the content on this site.

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