

CONCUSSION GUIDELINES FOR THE EDUCATION SECTOR

SPORT+
RECREATION
ALLIANCE

June 2015



RECOGNISE | REMOVE | RECOVER | RETURN



The Faculty of Sport and
Exercise Medicine (UK)



The Royal College of
Emergency Medicine



CONCUSSION GUIDELINES FOR THE EDUCATION SECTOR

All concussions must be taken seriously to safeguard the health and welfare of children and young people. Failing to do so can have serious consequences including, in extremely rare cases, death.

These guidelines are designed for professionals working in the education sector and, while they are aimed at school-aged children, can also be applied to over 18s in the absence of other advice.

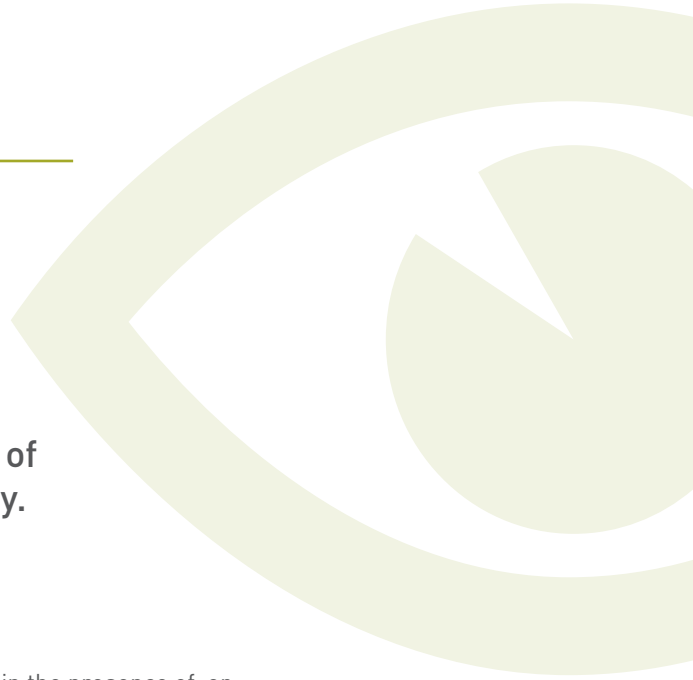
WHAT IS CONCUSSION?

- Concussion is a brain injury caused by a blow to the head or body which leads to shaking of the brain
- Concussion results in a disturbance in brain function that can affect a child or young person's thinking, memory, mood, behaviour and level of consciousness. It can produce a wide range of physical symptoms and signs such as headache, dizziness and unsteadiness
- Concussion often occurs without loss of consciousness
- Most concussions recover with a period of physical and mental rest

WHERE DOES CONCUSSION OCCUR?

Concussion can occur during almost any physical education and sport session, physical activity, play and travel to or from school. Special attention should be paid to children involved in falls from height, fall on to hard surfaces, cycling, road traffic collisions and contact sports because of the risk of more serious injury.

THE 4 PRINCIPLES OF CONCUSSION MANAGEMENT:



1

RECOGNISE

Know the symptoms and signs of concussion and the **DANGER SIGNS** of potentially more serious brain injury.



RECOGNISING CONCUSSION:

After a fall or impact, concussion should be suspected in the presence of, or following, any one or more of the following:

- Symptoms e.g. headache, dizziness, nausea
- Physical signs e.g. unsteadiness, loss of consciousness/responsiveness
- Impaired brain function e.g. being dazed, confusion, memory loss
- Abnormal behaviour e.g. change in personality



DANGER SIGNS:

- Deteriorating conscious state (more drowsy)
- Increasing confusion or irritability
- Severe or increasing headache
- Repeated vomiting
- Unusual behaviour change
- Seizure or convulsion
- Double or blurred vision
- Weakness, tingling or burning in limbs
- Midline or severe neck pain
- Increasing or persistent difficulty with walking normally or poor balance

CALL 999

It is important to realise that the signs and symptoms of concussion may only last a matter of seconds or minutes and can easily be missed – **IF IN DOUBT SIT THEM OUT.**

2

REMOVE

If concussion is suspected give first aid and, if it is safe to do so, immediately remove the pupil from play.

Pupils with any symptoms following a head injury must be removed from playing or training and must not return to activity until all symptoms have cleared. Specifically, they must not return to play on the day of any suspected concussion.

Parents should be notified in all cases of head injury as they need to monitor their child following such an incident and if concerned advised to see a doctor immediately. Head injury instructions should be provided and ideally all children with concussion should be seen by a health care professional, preferably a doctor, that day.

3

RECOVER

The majority of cases of concussion recover fully within a few weeks but they must be given the time and opportunity to do so – this means resting the body and resting the brain.

- The child or young person should have complete rest until symptom free. This includes rest from physical activities, and brain activities such as; reading, television, computer, video games and smart phones
- To ensure complete recovery, it is recommended that even once symptom free they have a relative rest period for a minimum of 14 days from the injury. During this time they should rest from exercise/sport, activities with a predictable risk of further head injury, and prolonged reading and use of television, computer, video games and smart phones. If symptoms return, reduce the levels of provoking activity and re-introduce them more gradually
- It is reasonable for a child to miss a day or two of school after a concussion if they feel unwell or if on returning to lessons their symptoms return. However, extended absence is uncommon

4

RETURN

Children and young people should return to academic studies before they return to sport.

CONCUSSION AND SCHOOL STUDIES:

- Once symptom free, pupils should undertake a graded return to academic studies. Consideration should be given to managed return to full study days and gradual re-introduction of homework
- In a small number of cases, symptoms may be prolonged and this may impact on the child's studies. In such cases, early referral back to their GP and educational support services is advised

CONCUSSION AND PARTICIPATION IN SPORT:

- Following the recommended rest period children and young people should return to sport by following a graduated return to play (GRTP) protocol (for further information see link on the back page). This should only be started when the child or young person is:
 - symptom free at rest
 - off all medication that modifies symptoms
 - returned to normal studies

Children and young people should have an extended GRTP compared to adults and a minimum of 48 hours for each activity stage is recommended. This means that the minimum return to play interval is 23 days from injury, unless their recovery is closely supervised by a doctor with expertise in concussion management

- Following a concussion or suspected concussion, where possible children and young people should be reviewed/assessed by a doctor before returning to sport and other activities with a predictable risk of head injury e.g. football, rugby, gymnastics, horse riding, hockey, combat sports, skate boarding etc.

As an additional guiding principle, children and young people should avoid activities that have a predictable risk of further head injury for a minimum of 14 days after their symptoms have resolved, unless their recovery is closely supervised by a doctor with expertise in concussion management

- Children and young people who struggle to return to their studies or who persistently fail to progress through the GRTP because symptoms return should be referred to their doctor
- Children and young people who sustain two or more concussions in a 12-month period should be referred to their doctor for a specialist opinion in case they have an underlying pre-disposition

Members of the sports sector came together to form the Forum on Concussion in Sport and Physical Education which supported the production of these guidelines. The Forum is chaired by the Sport and Recreation Alliance and members are:



These guidelines have been endorsed by an independent expert panel. Members were:

Dr Mike England (Facilitator), Community Rugby Medical Director, Rugby Football Union

Rugby House, Twickenham Stadium, 200 Whitton Road, Twickenham TW2 7BA

Peter Hutchinson, Professor of Neurosurgery
NIHR Research Professor University of Cambridge
Academic Division of Neurosurgery, Addenbrooke's Hospital, Cambridge CB2 0QQ

Dr Richard Greenwood, Consultant Neurologist
National Hospital, Queen Square, London WC1N 3BG

Alison Raw, Professional Adviser for Allied Health Professions

Department of Health, 79 Whitehall, London SW1A 2NS

Tony Belli, Professor of Trauma Neurosurgery, University of Birmingham

Consultant Neurosurgeon – Queen Elizabeth Hospital Birmingham

Director of the NIHR Surgical Reconstruction and Microbiology Research Centre (Trauma Research)

University of Birmingham, Edgbaston, Birmingham B15 2TT

You can download the guidelines and links to helpful resources including information on GRTP:

www.sportandrecreation.org.uk/concussion-guidelines

The information contained in this resource 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.