

This document has been designed to help support you to look after your brain health following a concussion. Allowing appropriate time for your brain to recover in line with Sport Recreation Alliance, Rugby Football League (RFL) and Wales Rugby League (WRL) protocol. Poor recovery can result in prolonged symptoms, increased risk of further concussions and other injuries, and serious life-threatening conditions such as second impact syndrome. It is also important to reduce any potential problems later in life relating to thinking, memory, and mood.

Concussion is an injury to the brain that can happen during a match, training or in day-to-day life. This happens from a direct impact to the head or the body that causes the head to move rapidly. Concussion signs can be obvious, such as losing consciousness or balance disturbances. Or it can affect the way you feel - such as headaches, nausea or 'not quite right'. Sometimes it can take some time after the initial impact for symptoms to appear.

Currently, there is no quick and easy test for confirming concussion – no scan, no blood tests. So, if you have displayed signs and symptoms of concussion, you must be removed from the field of play and stay off. First Aiders **CANNOT** do a Head Injury Assessment in the Community Game. Sometimes you can have contact with the head and not have signs or symptoms of concussion, but if a blow is observed First Aiders may wish to check on your wellbeing.

Like all injuries to the body, we need to allow time for the tissues to recover before we resume playing or training. All concussion recovery is individual, for some symptoms clear quickly – and you feel as if you're OK, but this doesn't mean that the brain has recovery fully and so following a gradual return to activity is important to ensure we don't go too quickly, too soon.

This concussion protocol for grassroots sports has been designed by international experts in concussion to cover all Grassroots Sport in the UK. The protocols are in place to ensure players of all sports have time to rest, recover and return to work and school as a priority – and then go on to return to sport. If you play other sports or sustain a concussion in other activity – you must continue that Graduated Return and not take part in Rugby League activity until completed. Everyone is different and each recovery will be individual – the minimum period away from the game for all is 21 days, this is not a target! Younger, still developing brains take longer to recover from concussions. It is also important to make sure you have returned fully to work or education before you're back playing rugby league.





When a head injury could be more serious than a concussion:

Go to the nearest hospital emergency department as soon as possible, if you develop any of the following symptoms:

- unconsciousness or lack of full consciousness (for example, a problem keeping their eyes open)
- drowsiness (feeling sleepy) that lasts longer than 1 hour when they would normally be wide awake
- difficulty waking them up
- problems understanding or speaking
- loss of orientation (such as knowing where they are, what time of day it is, who
 they're with and what's going on around them)
- loss of balance or problems walking
- weakness in 1 or more arms or legs
- problems with their eyesight
- a painful headache that will not go away
- being sick
- seizures (also called convulsions or fits)
- clear fluid coming out of their ears or nose
- bleeding from 1 or both ears.



RECORDING OF A HEAD INJURY

The following data including sensitive data, where appropriate, will be processed in accordance with the WRL privacy policy found here https://wrl.wales/wrl-policies

By completing the following form, you are confirming that you have notified the player in question about this.

Player Name										
Club Name										
League/Competition name										
Date of Injury										
Notes regarding how the injury occurred (inc signs and symptoms)										
Player removed and kept from the field?	_									
Care advice given to parent/guardian										
Coach informed of suspected concussion. Signed/Dated										

IMPORTANT WARNING

The player should be taken to a hospital or a doctor immediately if any of the following occurs:

- Vomiting
- Headache develops or increases
- Becomes restless or irritable
- · Becomes dizzy, drowsy or cannot be roused
- Has a fit or convulsion
- Anything else unusual happens

FOR THE REST OF TODAY THEY SHOULD:

- Rest quietly
- Not consume alcohol.
- Not drive a vehicle

Please complete and return to the form to: concussion@walesrugbyleague.co.uk
The Club must also retain a copy.



CONFIRMATION OF MEDICAL ASSESSMENT

The following data including sensitive data, where appropriate, will be processed in accordance with the WRL privacy policy found here https://wrl.wales/wrl-policies

Player Name
Club Name
Date of Injury
Did you contact NHS 111?
If not WHY?
What was their advice?
For the avoidance of doubt the WRL cannot be held responsible for any incorrect
and/or inaccurate advice or guidance given by NHS 111 or any Healthcare Profession-
al. It is the responsibility of the Player or Parent/Guardian if under 18 to ensure that
the WRL Community Game First Aid Standards have been strictly adhered to and that
all necessary steps have been followed.
Signed/Dated (Player/Parent or Guardian if under 18)

Please complete and return to the form to: concussion@walesrugbyleague.co.uk
The Club must also retain a copy.



Graduated Return to activity (School/Work then Sport)

Generally, a short period of relative rest (first 24-48 hours) followed by a gradual stepwise return to normal life (education, work, low level exercise), then subsequently to sport is safe and effective.

- All those suspected of sustaining a concussion should be assessed by an appropriate onsite Healthcare Professional or by accessing the NHS by calling 111 within 24 hours of the injury. It is important that you are honest when being assessed.
- Progression through the stages below (see Graduated Return to Play-GRTP document for timings per stage) is dependent upon the activity not more than mildly exacerbating symptoms. Medical advice from the NHS via 111 should be sought if symptoms deteriorate or do not improve by 14 days after the injury.
- Those with symptoms after 28 days should seek medical advice via their GP.
- Participating in light physical activity is beneficial and has been shown to have a
 positive effect on recovery after the initial period of relative rest. The focus should
 be on returning to normal daily activities of education and work in advance of
 unrestricted sporting activities.

Priority - Return to School, Work and normal Activity (non-sport related) then return to Sport.



RETURN TO	DAY ZERO	STAGE 1	STAGE 2	STAGE 3	STAGE 4	STAGE 5	STAGE 6	
SPORT	Day of injury	Rest	Increase excercise	Light aerobic excercise	Non-contact training	Contact training	Return to competition	
Timeframe	Day zero	Days 1 – 2 following injury minimum	Between Stages 2 – 3 - minimum of 24 hours. Playe	3 – Day 7 Each stage must take a er cannot progress before day 8.	Day 8 – 14 minimum	Day 15 – 21 minimum Player must be symptom free for 14 days prior to progressing to this stage	Day 21 minimum (remember the day of injury is day 0)	
Permitted exercise	None - Recognise and Remove From Play	Sleep and rest. Gentle everyday activity (such as walking) for no more than 15 minutes at a time. Minimise screen time	Increase activities such as short walks Chores at home Moving about the house	Light jogs Swimming Stationary cycling or equivalent. No rugby No resistance training, weightiffting, jumping or hard running.	No activity where increased risk of head impacts or head injury Intensity of exercise and resistance training can be increased Simple movement activities (e.g., kicking, running drills) Limited body and head movement Increase drills which encourage return to contact, without any contact.	Introduction to participation in drills which encourages decision making Gradual increase in difficulty and intensity of technical contact and opposed sessions. Stepwise introduction to normal training activities (including tackle shield work, wrestle etc) Check player is using good technique	Player can now play in matches	
	Progressing too quickly through stages 3 - 5 whilst symptoms are significantly worsened by exercise may slow recovery. Although headaches are the most common symptom following concussion and may persist for several months, exercise should be limited to that which does not more than mildly exacerbate them. ANY PLAYER WHO EXPERIENCES SYMPTOMS BEYOND 28 DAYS MUST SEE A GP WHO MAY REFER TO A SPECIALIST. THEY MUST REMAIN OUT OF SPORT.							
				REMEMBER these timef	rames are a minimum and not a targo	et for the fastest return to play.		
Duration	N/A	15 minute timeframe max	15 minute timeframe max	Increased from 15 mins in 15 minute segments, to 45 minutes timeframe max	Increase to max 60 minutes timeframe	Contact training should only make up max 30 mins	N/A	
Objective	Rest	Rest and Recover	Increase in daily activity	Increase heart rate	Co-ordination and skills/tactics alongside increased intensity of exercise	Restore players confidence and assess functional skills by coaches	Return to play	
Remember	There is no HIA in the Community Game Remove the player as quickly as possible Monitor them for signs of worsening conditions which may indicate Red Flags which require 999 DO NOT allow them to return to play Call 111 and be alert to worsening symptoms A person with suspected concussion shouldn't be left alone in the first 24 hours. Don't drive or drink alcohol		If this Stage is commenced and symptoms get worse, rest and only resume once they have subsided, ideally until the following day.	Stage 3 can only commence once symptoms are no more than mild and are not getting worse. If this Stage is commenced and symptoms get worse, rest and only resume once they have subsided.	If symptoms more than mildly increase, or new symptoms appear, cease activity and rest briefly until they subside Resume at a reduced level of exercise intensity until able to tolerate it without more than mild symptoms occurring.	Player must be symptom free for 14 days prior to progressing to this stage If resumption of contact training results in concussive symptoms the player must be removed from training.	This stage can only be reached where there are NO SYMPTOMS PRESENT AT REST in the last 14 days recovery. The player must be symptom free during contact training at stage 5.	



GRADUATED RETURN TO ACTIVITY

(SCHOOL/WORK THEN SPORT)

	DAY ZERO	STAGE 1	STAGE 2	STAGE 3	STAGE 4	STAGE 5	STAGE 6
RETURN TO OTHER ACTIVITIES INCLUDING LEARNING	Rest	Relative Rest Period	Return to normal daily activities outside of school or work.for thinking activities	Increasing tolerance for thinking activities	Return to study and work	Return to full academic or work-related activity	Return to competition
Permitted activity	• Rest	Relative rest Any mental activity should be limited to 15 minutes maximum at a time Screentime should be kept to an absolute minimum	Increase in mental activity such as reading. Introduce school and work activity at home gradually Limit screen time Activity can be increased gradually provided it does not more than mildly increase symptoms	Once normal level of daily activities can be tolerated then explore adding in some home-based school or work-related activity, such as homework, longer periods of reading or paperwork in 20 to 30-minute blocks with a brief rest after each block. Discuss with school or employer about returning part-time, time for rest or breaks, or doing limited hours each week from home	May need to consider a part-time return to school or reduced activities in the workplace (e.g. half-day, breaks, avoiding hard physical work, avoiding complicated study).	Return to full activity and catch up on any missed work.	N/A
Your notes on recovery							