All policies carrying the Bryanston logo apply to any other brands or operations of Bryanston including Bryanston Prep

HEAD INJURY, CONTACT SPORTS & CONCUSSION POLICY
Prevention & Management

Author:	Deputy Head / MSK Clinical Lead Physiotherapist / School Doctor
Reviewer:	
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Next Review:	September 2025

"Children are more likely to experience concussion than adults and take longer to recover. There is evidence that concussion is a relatively more common injury among rugby playing children and adolescents than it is among adult players. Youth players are at increased risk of what is known as 'second impact syndrome', a potentially fatal phenomenon where a player sustains a second head injury without fully recovering from the effects of the first." Kirkwood et al (2015), British Journal of Sports Medicine.

This policy has been written to address concerns about involvement in contact sports and the effect of head injuries such as concussion as well as the cumulative effect of successive incidents during a season, which could cause significant changes to the structure and function of the brain in a condition known as Chronic Traumatic Encephalopathy (CTE); symptoms of CTE include memory loss, depression, and progressive dementia.

The policy reflects the latest evidence whilst also noting that research into the link between head injuries is developing continuously.

The policy sits alongside the Schools' other policies such as First Aid & Risk Assessment policies, which covers the specifics of how injuries and risks are management respectively. It is intended to be accessible to all stakeholders, including pupils and parents, and will be available on the school's website to enable parties to make informed decisions about consent.

The following information has cited the latest guidance from the Amsterdam 2022 Consensus Statement and UK Government protocols for SRC (Patricios et al, 2023).

<u>The aim of this policy is to:</u>

1. Ensure an understanding of the ***key terms*** used in describing head injuries.
2. Identify the sports that carry a ***risk*** of head injury and highlight the ***preventative steps*** taken to reduce the risks.
3. Provide clear ***processes and protocols*** used when a head injury is sustained.
    - Risk Reduction
    - Recognition
    - Removal
    - Recovery
    - Return to Learn

- Return to Sport

4. Make some ***general recommendations*** to help with the management of head injuries.

Part 1: Key Terms

The following terms are used in this policy to describe incidents around head injuries/concussion,

Head injury: means any trauma to the head other than superficial injuries to the face.

- *Traumatic Brain Injury (TBI*): is an injury to the brain caused by a trauma to the head (head injury).
- *Concussio*n: is a type of traumatic brain injury (TBI) resulting in a disturbance of brain function. It usually follows a blow directly to the head, neck or body resulting in an impulsive force being transmitted to the brain. Transient loss of consciousness is not a requirement for diagnosing concussion and occurs in less than 10% of concussions.
- *Transient Loss of consciousness*: is the sudden onset, complete loss of consciousness of brief duration with relatively rapid and complete recovery. It can also be referred to as 'being knocked out' or a 'blackout.'
- *Persistent loss of consciousness*: is a state of depressed consciousness where a person is unresponsive to the outside world. It can also be referred to as a coma.
- *Chronic Traumatic Encephalopathy (CTE*): is one type of degenerative and progressive brain condition that's thought to be caused by TBIs and repeated episodes of concussion. CTE usually begins gradually several years after receiving TBIs or repeated concussions. The symptoms affect the functioning of the brain and eventually lead to dementia.
- *Contact sport*: is any sport where physical contact is an acceptable part of play for example rugby, football, and hockey.
- *Non-contact sport*: is any sport where physical contact is not an acceptable part of play but where there are nonetheless potential collisions between players and between players and the ball, for example cricket and netball.

Whilst our data suggests that head injuries are most common in Rugby, a head injury could happen in any sport or, indeed, in any area of school life***. It is expected that this policy will be applied to all sports and in all head injuries in other contexts.***

- Playing contact and non-contact sport increases an individual's risk of collision with objects or other players.
- Collisions can cause a head injury, which can cause a traumatic brain injury such as a concussion.
- It is very important to recognise that a student can have a concussion, even if they are not 'knocked out'. Transient loss of consciousness is not a requirement for diagnosing concussion and occurs in less than 10% of concussions.
- Children and young adults are more susceptible to concussion than adults because their brains are not yet fully developed and thus more vulnerable to injury.
- The current evidence suggests that repeated episodes of concussion, even where there is no transitory loss of consciousness, can cause significant changes to the structure and function of the brain in a condition known as Chronic Traumatic Encephalopathy (CTE).

Part 2: Concussion Risk Reduction and Preventative Steps

At Bryanston, the pupils are at the heart of everything we do. This includes several policies to safeguard their well-being. This policy is part of that enhanced duty of care to ensure our pupils are safeguarded, as far as is practicably reasonable, from risk.

Risk assessments: Any person responsible for the undertaking of a sporting activity must ensure a suitable risk assessment for the specific sport activity is created. Our risk assessment policy sets out who writes risk assessment, which is approved by our head of H&S before being countersigned by all persons coaching that sport, leading sessions in that activity. The risk assessment will:

- Identify the specific risks posed by the sport/activity, including the risk of players sustaining head injuries.
- Identify the level of risk posed (likelihood x severity of injury).
- State the control measures and reasonable steps taken to reduce the risks.

The NGBs of most sports now produce head injury guidelines that are specific to their sport with protocols/guidance to manage the incidence of head injuries across the continuum of age ranges, in addition to concussion guidance. The relevant and latest guidelines are implemented by those responsible for risk assessing sport activities as well as in practice in the sporting arena.

Practices/Session Management: Other practical measures to reduce the risk of players sustaining head injuries also include:

- Having a sporting programme that offers a large degree of breadth of choice (including contact and non-contact sports) and, where contact sports are compulsory, there are non-contact versions of those sports available.
- Structuring training and matches in accordance with current guidelines from the governing body of the relevant sport (see above).
- Removing or reducing contact elements from contact sports, for example offering 'rugby-ready' or touch rugby as part of the rugby offering. This would include liaising with opposition schools to offer different tiers of fixtures based on level of contact e.g., a rugby-ready 1st XV training match rather than full-contact, B-teams to play touch rather than full contact.
- Ensuring that there is an adequate ratio of coaches to players.
- Staff receive awareness training in managing the level of contact in a sport and concussion protocols.
- All staff should be encouraged to carry the 'Pocket Concussion Recognition Tool' – this will be compulsory for rugby coaches.
- Delivering a coaching specification that is focused on technical development to ensure the safe playing techniques, especially in high-risk situations like rugby tackles.
- Encourage and ensure that sportsman-like conduct and mutual respect for both opponents and fellow team members is paramount (reduced emphasis on results ahead of development).

- Using equipment and technology to reduce the level of impact from collision with physical objects and players (e.g., using padding around rugby posts, not overinflating footballs, gumshields, helmets etc.).

- Ensuring that the playing and training area is safe (for example, that is not frozen hard, and there are suitable run-off areas at the touchlines).

- Ensuring that a medical professional is easily accessible during training and matches that take place at Bryanston.

Part 3: Processes and Protocols

The welfare of all pupils is of central importance. The following processes and protocols are there to protect and inform how to assess and manage a head injury.

3.1 Concussion Protocols:

1. Risk Reduction – see Part 2 (above).

2. Recognition

2a) Where a pupil sustains a suspected head injury/concussion the person supervising the activity should immediately remove the pupil from play as soon as it is safe to do so and seek appropriate medical advice (clinician on duty from the CJ pavilion/medical centre).
2b) If a pupil displays any of the following signs of symptoms an ambulance should be called:

'Red Flags' – serious concerns: 999 AMBULANCE

- **Neck pain/tenderness**
- **Deteriorating conscious state**
- **Increasing confusion**
- **Severe or increasing headache**
- **Repeated vomiting**
- **Increasingly restless, agitated or combative**
- **Seizure or convulsion**
- **Loss of vision or Double vision**
- **Weakness or tingling / burning in arms or legs**
- **Visible deformity of the skull**

2c) Concussion should be suspected if one or more of the following visible clues, signs, symptoms, or errors in memory questions are present.

a. ***Visible clues of suspected concussion***:
   - Loss of consciousness or responsiveness.
   - Lying motionless on ground/slow to get up.
   - Unsteady on feet/balance problems or falling over/incoordination.
   - Grabbing/clutching of head.

- Dazed, blank or vacant look.
- Confused/not aware of plays or events.

b. ***Signs and symptoms of suspected concussion***:
   - Loss of consciousness, headache, seizure or convulsion, dizziness, balance problems, confusion, nausea or vomiting, feeling slowed down, drowsiness, "pressure in head", more emotional, blurred vision, irritability, sensitivity to light, sadness, amnesia, fatigue or low energy, feeling like "in a fog", nervous or anxious, neck pain, "don't feel right", sensitivity to noise, difficulty remembering, difficulty concentrating.

c. ***Memory function - Failure to answer any of these questions correctly***:
   - "What venue are we at today?"
   - "Which half is it now?"
   - "Who scored last in this game?"
   - "What team did you play last week/game?"
   - "Did your team win the last game?"

NB: 1. A loss of consciousness is not a prerequisite for concussion.

NB: 2. Concussion symptoms could occur after the event. If a player feels unwell or unusual in the days following a head injury, concussion should be considered, and they should be sent to the Medical Centre. Post-concussion symptoms are often vague and non-specific but could be confused with those of a viral infection (e.g. flu).

NB: 3. Particular attention to be given to pupils with associated health conditions that increase their risk of complicated concussion i.e. learning disorders, a mental health diagnosis, migraines or epilepsy.

3. Removal:

3a) Any player/athlete that sustains a head injury which might be a concussion should be ***immediately*** removed from play.

The coach must… (primary actions):

- Call an ambulance in the event of any red flag concerns.
- Do not let them return to play that day (even if an important match/tournament).
- For head injuries sustained at Bryanston: escort pupil to the Medical Centre/CJ pitch side hut.
- For head injuries sustained at an away match, chaperone them to the host team medical centre and ensure the pupil is followed up at Bryanston Medical Centre on return to school.
- Not allow pupil to be left alone for 3 hours after a head injury, to ensure they are monitored for deterioration of symptoms.
- Do not let them drive, take recreational drugs, or drink alcohol.

The coach must… (secondary actions):

- inform the Housemaster (boarders)/ Parents (day-pupils).
- complete an accident report form.

The Medical Centre must…..(as soon as the head injury is reported):

- Complete Sports Concussion Assessment Tool 6 (SCAT6) for ages 13+ or the Child SCAT6 for ages 8-12, for any head injury (inc. sport).
- Refer on, if clinical concern.
- Arrange a follow up at the Head Injury Assessment Clinic (HIAC) at the medical centre within 24-48 hours with a qualified medical professional, where a Sports Concussion Office

Assessment Tool 6 (SCOAT6) will be used in those aged 13+ or a Child SCOAT6 in those aged 8-12 to review and diagnose if a concussion has been sustained.

- Ensure the pupil is aware of the requirement for time off learning and sport and given head injury advice.
- Admit pupil to medical centre for monitoring for 24 hours IF loss of consciousness occurred.
- Inform the pupils' house team and parents of the head injury.
- If a concussion is diagnosed, inform house team, parents, tutor, director of sport and sports centre.
- Record the confirmed concussion on our live database which is available for all pastoral, academic and sports staff to view.

4. Recovery:

4a) Once removed from play and whilst awaiting HIAC appointment at the medical centre, the pupil that has suffered a head injury must rest from all sport, lessons, tests, prep and ECAs for 24-48 hours.
4b) Once assessed at the Medical Centre, if the pupil is diagnosed with a confirmed concussion, the HIAC clinician will prescribe the pupil an individualised rehabilitation programme including the graded return to learn (GRTL), as well as a graded return to sport (GRTS).
4c) Pupils cannot be selected or train with their sport until cleared following the GRTS, as overseen by the Medical Centre.
4d) If a pupil does not seek the advice of a medical practitioner or engage with the GRTL and GRTS management the pupil must revert to the standard 21 days rest and then start the GRTS programme once symptom free.
4e) If the student has not completed the full GRTL and GRTS protocol, then they are not available for sport (training/matches) until signed off as cleared by the Medical Centre.
4f) At no time will a parent or guardian be able to overrule/ dictate the decision of the Bryanston Medical Team.

5. Return to Learn

The following Graded Return to Learn (GRTL) is designed to work alongside the GRTS protocol. The GRTL will be individualised and initiated on the day of the head injury. Too high an academic load in the symptomatic stages can lead to a delay in symptom resolution, return to learning and return to sport. RTL should be prioritised in children and adolescents.

5a) Return to Learn (GRTL):

- **Stage 1 (14 days minimum)**
  - **1a:** 1-2 days complete rest from lessons, no prep/tests/ECAs/sport
  - **1b**: 1-2 half days(s), with increased rest, 30mins max prep, no tests/ECAs/sport
  - **1c**: 1-2 full day(s) with increased rest, 45mins max prep, no tests/ECAs/sport
  - **1d**: Full day as 'normal', gradual return to tests and ECAs (if non-sporting), no sport
  - **1e:** Continue as stage '1d' until day 14
  - **Day 14** - review at medical centre

5b) The House team will lead the progression through the return to learning, consulting the Medical Centre if any concern.
5c) If the concussion symptoms return at any stage of the graded return to learn, then the pupil will be reviewed at the Medical Centre and the stage of the GRTL they are at will be regressed based on their signs and symptoms.

5d) If a pupil struggles to progress through the GRTL due to signs and symptoms, they will be reviewed at the medical centre and an 'Independent Education Programme" (IEP) may be put into place on consultation with the HsM, tutor, school doctor and pupil.

6. Return to Sport

The following GRTS (GRTS) is designed to work alongside the GRTL protocol. The GRTS will be initiated on the day of the head injury, with the first aerobic exercise starting after 24-48hours, pending medical centre assessment. Following concussion, pupils must not return to sport until completion of the GRTL and GRTS.

6a) Graded Return to sport (GRTS)

- **Stage 1: Symptom Limited Activity, 1-2 days**
  - Complete rest from all sport
  - Starting on the day the head injury is sustained.
  - Medical Centre HIAC appointment within 24-48hours, prior to starting stage 2.
- **Stage 2: Light aerobic exercise, up to day 14 (minimum)**
  - Stationary cycling or slow to medium pace walking* at 55% max HR (220-age) week 1 and progress to 70% max HR (220-age) week 2.
  - Supervised and signed off by sports centre staff.

    *With no more than mild and brief exacerbation of symptoms (i.e., an increase of no more than 2 points on a 0-10 point scale for less than an hour when compared with the baseline value reported prior to physical activity
- **Stage 3: Sports Specific drills, 24 hours (minimum)**
  - Specific running drills, away from the team environment (at sports centre).
  - No activities at risk of head impact.
  - Supervised and signed off by sports centre staff.
- **Stage 4: Non-contact training drills, 24 hours (minimum)**
  - Sport specific drills with the sports team, non-contact.
  - Supervised and signed off by games coach.
- **Stage 5: Game practice, 24 hours (minimum)**
  - Normal sports training, to include contact (if applicable)
  - Supervised and signed off by games coach.
  - Stay at this stage until day 21, before progressing to stage 6
- **Stage 6: Return to competitive sport**
  - Review at medical centre, if GRTS complete and symptom free, signed off as complete.
  - Earliest return to competitive sport is 21 days.

6b) Pupils may begin stage 1of GRTS within 24-48 hours of head injury, with progression through each subsequent stage typically taking a minimum of 24 hours.
6c) Written determination of readiness to start GRTS will be provided at the medical centre at stage 1 and again (for progression), after stage 2.
6d) If more than mild exacerbation of symptoms (i.e. more than 2 points on a 0-10 scale) occurs during stages 1-3, the pupil should stop and attempt to repeat that stage the next day.
6e) Pupils experiencing concussion-related symptoms during stages 4-6 should return to stage 3 to establish full resolution of symptoms with exertion before engaging in at-risk activities.
6f) If the signs or symptoms return at any stage through the GRTS, the pupil will be reviewed at the Medical Centre - they must not continue to progress through the GRTS or return to sport.

6g) The Heads of Games of the sport the pupil is doing, and the Medical Centre will oversee the progression through the GRTS.

N.B. If the head injury happens outside of school and parents have chosen NOT to take their son/daughter to the doctor on the day of the injury, the school must be informed and will arrange for a head injury review at the Medical Centre on return to school to confirm if a concussion has been sustained. Pupils who are not registered with the school doctor must also follow the schools head injury/concussion policy.

NB2. Pupils returning home (either during term time, or over school holidays) during their concussion recovery (GRTL or GRTS) will have supporting information forwarded to parents/guardians from the Medical Centre. In this situation the responsibility of the pupil's concussion recovery is with the parent/guardian. (See following section on managing an injury away from school).

See appendix 1 & 2 for Bryanston's graded return to learn (GRTL) /graded return to sport (GRTS).

Repeat Concussions:

Known as 'Second Impact Syndrome' (SIS), where another concussion occurs following the return to play. There is some evidence that players are more susceptible to a second concussion following the initial event. Repeat concussions are likely to involve a lengthy absence from activity. If a second concussion is diagnosed within the same term, after the routine medical centre assessment, the GRTL/GRTS is followed BUT contact sport will not be allowed for the rest of that term and if wants to play contact sport later in the same academic year – consultation with school doctor will be recommended.

Breaches of this policy

Bryanston takes its duty of care very seriously. The School will take appropriate action against any person found to have breached this policy. For example:

- if a ***pupil*** attempts to return to learn or sport in breach of their GRTL/GRTS plan, the school will consider the matter under the School's student disciplinary policy.

- if a ***member of staff*** fails to report a head injury, the School will consider the matter under the School's staff disciplinary policy.

- if a ***parent*** fails to report to the School a head injury their child sustains outside of School, the School will consider the matter under the terms of the School parent contract.

Head injury at a non-Bryanston activity:

As noted above, repeated concussions can cause significant changes to the structure and function of the brain, in particular the child's brain. It is therefore very important that the School, pupils, and their parents take a holistic approach to the management of head injury causing concussions and cooperate with regards to sharing information.

Injuries sustained away from Bryanston must be communicated to the School by parents to HsM. The HsM will inform medical centre who will ensure that concussion policies, specifically protocols to pass

on information, are in place before allowing a pupil to participate in a sport/activity run by an external organisation/body. NB. The School's duty of care is non-delegable and retains responsibility to ensure care is taken on its behalf.
Where a pupil sustains a head injury which has caused a concussion whilst participating in an activity outside of the school, the parents of the pupils concerned should promptly provide their HsM, with sufficient details of the incident, and keep the HsM updated of any developments thereafter. This would apply, for example, if a student suffers a concussion playing rugby for an external rugby club or if a student sustains a head injury while talking part in an informal game of sport, for example in the local park.

The School will determine the appropriate way forward on receiving a notification of this nature. That might include reviewing any return to play plan already established by the external club, or if no such plan has been put in place, the school will review the head injury and if a concussion is diagnosed - put into place a GRTL/GRTS.

In turn, the School (medical centre) will inform parents when a student has sustained a head injury causing a concussion at School.

PART 4: General Recommendations:

- All pupils to be given access to the '***RFU's Headcase card'*** via the pupil hub.
- All sports staff to be given the pocket-version ***'Concussion Recognition Tool'***
- A meeting with Deputy Head and our concussion management team at the Medical Centre to take place ***annually*** to discuss concussion protocols; a meeting with coaches and the respective HoGs/DoSp to take place ***annually*** to detail the importance of the concussion care pathway***.***
- This Head Injury/Concussion Policy to be part of the School's wider safeguarding policy & available on the School's intranet/internet.
- All medical, pastoral, academic, sports staff, and first aiders must complete mandatory concussion training every 2 years and complete a test. These staff members must also sign policy acceptance on MyBry. A record of compliance with this will be held by the school's compliance officer.
- All pupils will have mandatory concussion teaching delivered every 2 years.
- The School's position should be checked with its insurers and will retain all policies and documents in the event of future claims to check the policy cover that is in place at the time.
- Bryanston will work towards gaining a parent's ***informed consent*** to participate in contact sports as part of our duty to demonstrate reasonable care. Currently, the parental T&Cs specifically reference contact sports this policy is available. This remains an 'opt-out' situation. Bryanston would never compel a pupil to play contact sports where their parents have not consented for them to play. The school's T&Cs are signed when a child is not Gillick competent however a pupil can withdraw themselves from contact sports, trumping a signed set of T&Cs when they are ***Gillick competent***. (U16s but with enough intelligence, competence and understanding to consent).

The management of head injuries, concussions and involvement in contact sports requires a holistic approach. Like safeguarding, it is everyone's responsibility:

Fellow players/coaches/parents: YOUR responsibility:

- ✓ You MUST ensure that the pupil is removed from play in a safe manner if you observe them sustaining a head injury and/or displaying any of the signs or symptoms of a suspected concussion.
- ✓ You MUST NOT allow a player to resume sport that day if a head injury has been sustained – await medical centre assessment to ascertain if a concussion is diagnosed.
- ✓ Following a head injury, you MUST ensure that the player is in the care of a responsible adult, inform them of the player's head injury and seek medical centre assessment.
- ✓ You MUST NOT allow a player to play sport until they have completed the graded return to sport (GRTS) protocol, if they have been diagnosed with a concussion.
- ✓ You MUST inform the school of any head injuries sustained outside of school.

Player: YOUR responsibility:

- ✓ If you sustain a head injury or have symptoms of a suspected concussion you must STOP playing and INFORM medical and/or coaching staff immediately.
- ✓ You must NOT return to sport that day, await medical centre assessment to ascertain if a concussion is diagnosed.
- ✓ Be honest with yourself and those looking after you.
- ✓ If you have symptoms of a confirmed concussion, you MUST NOT play sport until you have completed the graded return to sport (GRTS) protocol.

School: OUR responsibility:

- ✓ To have a transparent concussion policy.
- ✓ To ensure protocols are known.
- ✓ To ensure protocols are followed.
- ✓ To protect players from harm.

References

Patricios JS, Schneider KJ, Dvorak J, et al. (2023) 'Consensus statement on concussion in sport: the 6th International Conference on Concussion in Sport – Amsterdam, October 2022', British Journal of Sports Medicine, 57 pp695-711.

Uk Government (2023) If in doubt sit them out: UK Concussion Guidelines for Non-Elite (Grassroots) Sport. Available at https://keepyourbootson.co.uk/wp-content/uploads/2022/03/UK-Grassroots-Concussion-Guidelines-April-2023.pdf (Accessed 30 August 2023)

Farrers: "What Schools need to know about head injuries caused by contact sports" (08/03/2021) https://www.farrer.co.uk/news-and-insights/what-schools-need-to-know-about-head-injuries-caused-by-contact-sports/

https://committees.parliament.uk/work/977/concussion-in-sport/publications/

https://www.afpe.org.uk/physical-education/wp-content/uploads/Concussion_guidelines_for_the_education_sector_June2015.pdf

BRYANSTON

GRADED RETURN TO LEARN

NAME:
YEAR GROUP:
SPORT & TEAM:
DATE OF CONCUSSION:
NUMBER OF PREV. CONCUSSIONS THIS YEAR:

The medical centre authorise:_____ to start GRTL on: _____ SIGN:_____

REHABILITATION STAGE	SCHOOL ALLOWED	Duration (*delete as appropriate)	SIGNATURE in house (hsm/matron)	DATE
1a. OFF SCHOOL **No lessons**	Early to bed, lots of sleep Relative physical/cognitive rest 15mins max screen time No prep / No tests No ECAs / No sport	1-2* days	Day 1	
			Day 2	
1b. HALF DAY (S)	Early to bed, lots of sleep Prep: 30mins max / No tests No ECAs / No Sport Supervised aerobic exercise.	1-2* days	Day 1	
			Day 2	
1c. FULL DAY(S) **With increased rest**	Early to bed, lots of sleep Prep: 45mins max No tests No ECAs / No Sport Supervised aerobic exercise.	1-2* days	Day 1	
			Day 2	
1d. FULL DAY(S) **No increased rest**	Early to bed, lots of sleep Prep: as normal (90-150mins) Tests: gradual return ECAs:gradual return IF non sporting No sport Supervised aerobic exercise.	1-2* days	Day 1	
			Day 2	
1e. CONTINUE AS 1d	**Continue as 1d until day 14** No sport	Until day 14	On day 14	

If you experience any concussion symptoms, please inform the medical centre asap.
If symptoms return at any stage, return to previous stage until symptom free for 24 hours

Having completed stage 1e, you MUST take this form to the medical centre to see Head Injury Clinician.

PASSED ☐ SIGN_____ PRINT_____ DATE & TIME_____

GP SIGN:_____ PRINT_____ DATE & TIME_____

BRYANSTON

GRADED RETURN TO SPORT

NAME:
YEAR GROUP:
SPORT & TEAM:
DATE OF CONCUSSION:
NUMBER OF PREV. CONCUSSIONS THIS YEAR:

REHABILITATION STAGE and DURATION	EXERCISE ALLOWED	ADVICE	SIGNATURE	DATE/ TIME
1. SYMPTOM LIMITED ACTIVITY **24-48 hours.**	Daily activities only (walking around school) Ensure not worsening symptoms.	If feeling unwell, please return to medical centre.	**Med Centre:** sign Once completed progress to stage 2	Date: Time:
2. LIGHT AEROBIC EXERCISE **(Supervised - at gym)** **Until RTL complete & signed off** **(Earliest 14 days).**	Stationary cycling Or Walking at slow to medium pace. 2A: 55% max HR 2B: 70% max HR	If symptom free, continue with this until RTL complete and signed off and then progress to stage 3.	**Gym staff:** Passed ☐ sign Failed ☐ Symptom change: Report to med ctr	Dates completed: 1. 2. 3. 4. 5. 6.
3. SPORTS SPECIFIC DRILLS **(Supervised - at gym)** **24 hours**	Specific running drills at the sports centre (supervised at gym)	Symptom free during gym session? **YES:** After 24 hours, complete step 4	**Gym staff:** Passed ☐ sign Failed ☐ Report to med ctr	Date: Time:
4. NON-CONTACT TRAINING DRILLS **(with team)** **24 hours**	Sport specific drills and progressive resistance training within games time. (Supervised by coach)	Symptom free during non-contact drills? **Yes:** After 24 hours, complete step 5	**Coach:** Passed ☐ sign Failed ☐ Report to med ctr	Date: Time:
5. GAME PRACTICE **(with team to include contact)** **24 hours**	Normal training activities within games time (Supervised by coach)	Symptom free during game practice? **YES:** Attend medical centre for final review.	**Coach:** Passed ☐ sign Failed ☐ Report to med ctr	Date: Time:

Having completed stage 5, you MUST take this form to the medical centre for a final review.

Stage 6 - match play is at the earliest 21 days post concussion

PASSED ☐ SIGN_____ PRINT_____ DATE & TIME_____

GP SIGN:_____ GP PRINT_____ DATE & TIME_____