

# RED FLAGS

Reported or observed 'red flags' could indicate a potentially more serious head injury. They include:

- Loss of consciousness due to injury
- Deteriorating consciousness
- Increasing confusion or irritability
- Double vision
- Seizure or convulsion
- Repeated vomiting
- Severe neck pain

The full list of Red Flags are in the **Extended Guidelines** in the HEADCASE toolkit.



If ANY of the 'red flags' are present, the player should receive urgent medical assessment from an appropriate Healthcare Professional onsite or at an A&E Hospital Dept, via emergency ambulance transfer if necessary.

## RECOVER & RETURN

Graduated Return to Activity & Sport (GRAS) programme

### STAGE 1: Initial Relative Rest

24 - 48 hours following concussion

### STAGE 2: Return to Daily Activities & Light Physical Activities

After the 24 - 48 hours initial rest period (min 24 hours after concussion event)

### STAGE 3: Aerobic Exercise & Low Level Body Weight Resistance Training

When symptoms allow e.g. mild symptoms are not worsened by daily activities/light physical activities.

### STAGE 4: Rugby-Specific Non-Contact Training Drills & Weight Resistance Training

No earlier than **Day 8**

### STAGE 5: Full Contact Practice

No earlier than **Day 15**

### STAGE 6: Return to Play

No earlier than **Day 21**

# RECOGNISE, REMOVE and

# If in doubt, sit them

# out!



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# HEADCASE

# STOP!

## Check for concussion

# RECOGNISING CONCUSSION

Priority is to **RECOGNISE & REMOVE** anyone with suspected concussion. Concussion should be suspected if one or more of the following visual clues and/or symptoms are present.

## VISUAL CLUES & SIGNS

(What you can see)

Any one of the following can indicate a possible concussion:

- Loss of consciousness or responsiveness
- Lying motionless on ground / Slow to get up
- Unsteady on feet / Balance problems or falling over / Uncoordinated
- Grabbing / Clutching of head
- Dazed, blank or vacant look
- Confused / Not aware of plays or events

## SYMPTOMS OF CONCUSSION AT OR SHORTLY AFTER INJURY

(What the player might tell you / what you should ask about)

Presence of any one of the following can indicate a possible concussion:

- Loss of consciousness
- Headache, or "Pressure in head"
- Seizure or convulsion
- Dizziness or balance problems
- Confusion
- Difficulty concentrating or feeling like "in a fog"
- Nausea or vomiting
- Drowsiness, feeling slowed down, fatigue or low energy
- More emotional or sadness
- Blurred vision, or sensitivity to light or noise
- Nervous, anxious or irritable
- Difficulty remembering or amnesia
- Neck Pain
- "Don't feel right"

## THE IMMEDIATE **DO** AND **DON'TS** FOLLOWING A SUSPECTED CONCUSSION

### DO

- Be removed from play immediately.
- Get assessed by an appropriate Healthcare Professional onsite or access the NHS by calling 111 within 24 hours of the incident.
- Rest & sleep as needed for the first 24-48 hours – this is good for recovery. Easy activities of daily living and walking are also acceptable.
- Minimise smartphone, screen and computer use for at least the first 48 hours. Limiting screen-time has been shown to improve recovery.

### DO NOT

- Be left alone in the first 24 hours.
- Consume alcohol in the first 24 hours and/or if symptoms persist.
- Drive a motor vehicle within the first 24 hours (Commercial drivers (HGV etc.) should seek review by an appropriate Healthcare Professional before driving).

## FIRST AID

Remember, in all cases, the basic principles of first aid should be followed:

- Safe approach.
- Do not move the player until safe to do so.
- Apply basic first aid principles first and check airway, breathing, and circulation.
- Assess for spinal injury.
- Do not remove headgear if a neck injury is suspected unless trained to do so.
- If any danger signs DIAL 999 and CALL AN AMBULANCE.

