



THANET WANDERERS RUFC HEAD INJURY INCIDENT GUIDANCE HEAD INJURY ASSESSMENT

IF A CONCUSSION IS SUSPECTED CHECK FOR THE FOLLOWING SIGNS:

- Loss of consciousness
- Headache or “pressure in head”
- Seizure or convulsion
- Dizziness or balance problems
- Confusion
- Difficulty in 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
- Difficulty remembering or amnesia
- Neck pain
- Lying motionless on ground/ slow to get up
- Grabbing or clutching head
- Appears dazed, blank or vacant look

THEN, CARRY OUT MEMORY FUNCTION TEST BY ASKING ONE OR MORE OF THE FOLLOWING QUESTIONS:

- What venue are we at today?
- Is it before or after lunch?
- What did you have for breakfast?
- What is your coach’s name?

TO BE COMPLETED BY THE COACH:

No symptoms exhibited Yes No

Signed

Actions taken (Sent to A&E, Doctors)

Signed

Please read these notes carefully, your child’s health is your paramount responsibility. The notes above are to assist you and to document our observations to this point. If a concussion is suspected you are advised to seek a medical assessment as soon as possible. The Club has now discharged its duty of care by carrying out an initial assessment and by providing you with the attached advice and guidance notes. Your child must not be returned to Thanet Wanderers, to train or play, unless your child has completed the required recovery process, as outlined in 'advice for parents', you must accept full responsibility for this decision.

Signature of parent/responsible adult:



St Peter's Recreation Ground
Callis Court Road,
Broadstairs,
Kent CT10 3AE

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HEAD INJURY ASSESSMENT

ADVICE FOR PARENTS

At any stage after a head injury, you should seek **URGENT** medical assessment for these **RED FLAG** symptoms:

- Deteriorating conscious state
- Increasing confusion or irritability
- Severe or increasing headache
- Repeated vomiting
- Unusual behaviour change
- Seizure or convulsion
- Double vision or deafness
- Weakness or tingling/burning in arms or legs

Graduated Return to Play

Following the recommended rest period your child should return to sport by following a graduated return to play (GRTP) protocol. This should only be started when your child:

- Has had 14 days rest
- Is symptom free
- Is off all medication that modifies symptoms e.g. painkillers
- Has returned to normal school activities
- Should not be involved in activities with a risk of further head impact until a minimum of 14 days symptom free

Stage	Rehabilitation Stage	Exercise Allowed	Objective
1	Rest	Complete physical and cognitive rest without symptoms	Recovery
2	Light aerobic exercise	Walking, swimming or stationary cycling keeping intensity, <70% maximum predicted heart rate. No resistance training.	Increase heart rate and assess recovery
3	Sport-specific exercise	Running drills. No head impact activities.	Add movement and assess recovery
4	Non-contact training drills	Progression to more complex training drills, e.g. passing drills. May start progressive resistance training.	Add exercise + coordination, and cognitive load. Assess recovery
5	Full Contact Practice	Normal training activities	Restore confidence and assess functional skills by coaching staff. Assess recovery
6	Return to Play	Player rehabilitated	Safe return to play once fully recovered.