RECOVER & RETURN
Graduated Return to Activity & Sport (GRAS) programme

STAGE 1: Initial Relative Rest
24 - 48 hours after concussion

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

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

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.

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

RECOGNISE, REMOVE and REPORT, and sit them out!
HEADCASE
Check for concussion

www.englandrugby.com/headcase
Rugby Football Union. The RFU and the words ‘England Rugby’ are official registered trademarks of the Rugby Football Union.
**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).

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**THE IMMEDIATE DOS AND DON'TS FOLLOWING A SUSPECTED CONCUSSION**

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- Be removed from play immediately.
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**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

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**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 convolution
- 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”

**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 / Incoordination
- Grabbing / Clutching of head
- Dazed, blank or vacant look
- Confused / Not aware of plays or events

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**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 signs, symptoms are present.

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**PRIORITY IS TO ANYONE WITH SUSPECTED CONCUSSION. CONCUSSION SHOULD BE SUSPECTED IF ONE OR MORE OF THE FOLLOWING VISUAL CLUES AND SIGNS, SYMPTOMS ARE PRESENT.**

**PRIORITIES**

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