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

"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[1] (as of July 2021), whilst also noting that research into the link between head injuries is developing continuously and rapidly and awaiting the outcome of the parliamentary enquiry into concussion in sport[2]. We have based much of the content on the template model policy offered by ISBA (Independent Schools' Bursars Association).

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 various NGBs (national governing bodies) such as the RFU, especially the 'Headcase' initiatives. Additionally, the Sport & Recreation Alliance who have produced 'concussion guidelines for the education sector'[3] which included members from major NGBs such as RFU, ECB, FA, RFL, England Hockey.

Contents: The aim of this policy is to:

1. Ensure an understanding of the ***key terms*** used in describing the link between head injuries and brain injuries.
2. Identify the sports that carry a ***risk*** of head injury.
3. Highlight the ***preventative steps*** taken to reduce the risks.
4. Provide clear ***processes and protocols*** used when a head injury is sustained.
5. Make some ***general recommendations*** to help with the management of head injuries.

[1] 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/
[2] https://committees.parliament.uk/work/977/concussion-in-sport/publications/
[3] https://www.afpe.org.uk/physical-education/wp-content/uploads/Concussion_guidelines_for_the_education_sector_June2015.pdf

Part 1: Key Terms

The following terms are used in this policy to describe incidents around head injuries/concussion, with reference to the ISBA policy:

- *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, or indirectly if the head is shaken when the body is struck. 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.

Part 2: The Risks

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 3: 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 [Kieran Williams] 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, such as the RFU[4] [5], England Hockey [6] [7] and the FA[8] [9], ~~and~~ . 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).

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[4] https://www.englandrugby.com/participation/playing/headcase/age-grade/schools-and-colleges

[5] https://www.englandrugby.com/dxdam/04/0453acb5-5fe2-4608-91b0-a2bd191c3016/HEADCASE%20GRTP.pdf

[6] https://www.cuhc.org.uk/wp-content/uploads/2020/10/CUHC-Concussion-Policy-2020-21.pdf

[7] https://www.englandhockey.co.uk/governance/duty-of-care-in-hockey/safe-hockey

[8] https://www.thefa.com/get-involved/fa-concussion-guidelines-if-in-doubt-sit-them-outold

[9] https://www.thefa.com/news/2020/feb/24/updated-heading-guidance-announcement-240220

- 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.
- 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 areas 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 4: 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 situation. The overall advise to anyone using this policy is to adopt a cautious approach if there is any doubt as to whether a head injury has occurred and/or if a concussion has been sustained.

All staff should be encouraged to carry the 'Pocket Concussion Recognition Tool'[10] – this will be compulsory for rugby coaches. 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 (school nurse, physiotherapist, or duty paramedic).

4.1 Concussion Protocols: The 4 R's of concussion management:

RECOGNISE **R**EMOVE **R**ECOVER **R**ETURN

Recognise:
Concussion should be suspected if one or more of the following visible clues, signs, symptoms or errors in memory questions are present. [Taken from McCrory et. al, Consensus Statement on Concussion in Sport. Br J Sports Med 47 (5), 2013.]

[10] https://bjsm.bmj.com/content/bjsports/47/5/267.full.pdf

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?"

'Red Flags' – serious concerns: 999 AMBULANCE

- **Athlete complains of neck pain**
- **Deteriorating conscious state**
- **Increasing confusion or irritability**
- **Severe or increasing headache**
- **Repeated vomiting**
- **Unusual behaviour change**
- **Seizure or convulsion**
- **Double vision**
- **Weakness or tingling / burning in arms or legs**

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).

Remove:

Any player/athlete with a suspected concussion should be ***immediately*** removed from play.

The coach must… (primary actions):

- call an ambulance in the event of any red flag concerns.
- not let them return to play that day.
- not let them be left alone.
- make sure they are seen at the Medical Centre (for home matches) or inform the Medical Centre (if a head injury is sustained at an away match).
- not let them drive.

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 5 (SCAT5) for any head injury (inc. sport)
- refer on if clinical concern
- arrange a follow up at the medical centre within 24-48 hours with a qualified medical professional 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 in our live database which is available for all games staff to view.

4.2 Managing a return to play following a head injury: Any pupil that has suffered a head injury and been diagnosed with a confirmed concussion is subject to a graduated return to play programme (GRTP), as well as a graduated return to learning (GRTL). The GRTP & GRTL will be assigned following consultation with a qualified medical professional at the Medical Centre.

Recover:

Following a confirmed concussion, the Medical Centre will inform the House team/HoG/Director of Sport/Tutor/Parents of the confirmed concussion and the following recovery route will be enforced:

- 0-2 days: complete rest from all physical & cognitive activity.
- 0-14 days: pupils will have a compulsory 14-day break from all ***physical*** activity & graded return to ***learning.***
- 14-23 days: pupils will follow a graded return to play (sport/exercise)

a). ***Return to Learn (GRTL):*** Return to cognitive activities will also follow a 'graded return' procedure as per guidelines[11], with reference to academic studies, tests and Prep. Once symptom free, start graduated return to schoolwork as follows:

- **Stage 1 (14 days; initial rest period)**
  - **1a:** 2 days complete rest/no screen time.
  - **1b**: 1-2 half days(s), with increased rest, limited screen time, 30mins max prep, no tests
  - **1c**: 1-2 full day(s) with increased rest, limited screen time, 45mins max prep, no tests
  - **1d**: Full day as 'normal', gradual return to tests
  - **1e:** Continue as stage '1d' until day 14
  - **Day 14** - review at medical centre

The Tutor/House team will lead managing their return to learning, consulting the Medical Centre if any concern.

** 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.*

*** If a pupil struggles to progress through the GRTL due to signs and symptoms, they will we 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.*

Return:

Pupils must not return to play (any sport/exercise), if they have any concussion signs or symptoms. If the signs or symptoms return at any stage through the graded return to play, they will be reviewed at the Medical Centre.

b). ***Graded Return to play (GRTP) ('Physical activity)'***: Return to sport and exercise must follow the 'Graded Return to Play' (GRTP) guidelines:

- **Stage 1(14 days):**
  - Complete rest from all sport/exercise;
  - Starting at midnight on the day the head injury is sustained;
  - Culminating with consultation at the medical centre prior to starting stage 2 of the GRTP (return to sport/exercise).

- **Stage 2>Stage 3> Stage 4(15-20 days)**:
  - Light aerobic exercise> Sport-specific drills>non-contact training (min 48 hours between each stage).

- **Stage 5 (20-22 days):**
  - Full-contact training;
  - Final consultation at the Medical Centre.

- **Stage 6 (Day 23+):**
  - 48 hours after stage 4 - Return to competitive fixtures/events.

[11] The Sport & Recreation Alliance's 'Concussion guidelines for the Education Sector' (also attached). The 4th Principle – 'Return' pg P5 – "Once symptom free, pupils should undertake to academic studies. Consideration should be given to managed return to full study days and gradual-introduction of homework"

The Director of Sport will oversee the progression through the return to physical activity protocol. The Sports Centre will play a role in stages 2 and 3, with the HoG ensuring the return to physical activity from stage 4-6 is followed.

** If the concussion symptoms return at any stage of the graduated return to play, then the pupil will be reviewed at the medical centre and the stage of the GRTP they are at will be regressed based on their signs and symptoms.*

*** If it's a repeat concussion, the duration of stages might be increased accordingly, based on recommendations from the school doctor.*

****If a second concussion is diagnosed in the same term, a return to contact sport at school will not be allowed.*

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. Players returning home during the GRTL or GRTP will have supporting information forwarded to parents/guardians from Medical Centre. (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 play (GRTP).

Standard Return to Play Pathway[12][13]:

	Stage 1 Initial rest period			Stage 2 Light exercise	Stage 3 Football-specific exercise	Stage 4 Non-contact training		Stage 5 Full-contact practice	Stage 6 Return to play
ADULT	14 days beginning at midnight on the day of injury. The player must be symptom-free at the end of this period before progressing	Return to academic studies or work	Clearance by doctor recommended	Minimum duration 24 hours	Minimum duration 24 hours	Minimum duration 24 hours	Clearance by doctor before stage 5	Minimum duration 24 hours	Day 19 Earliest return to play
				4 days if symptom-free					
UNDER 19	14 days beginning at midnight on the day of injury. The player must be symptom-free at the end of this period before progressing	Return to academic studies or work	Clearance by doctor recommended	Minimum duration 48 hours	Minimum duration 48 hours	Minimum duration 48 hours	Clearance by doctor before stage 5	Minimum duration 48 hours	Day 23 Earliest return to play
				8 days if symptom-free					

It must be emphasised again, that these are minimum return to play times and in players who do not recover fully within these timeframes, return to play times will need to be longer

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

[12] FA: Concussion Guidelines – 2015. http://www.thefa.com/get-involved/fa-concussion-guidelines-if-in-doubt-sit-them-out
[13] RFU: Recovery & Return to Play – 2017. http://www.englandrugby.com/my-rugby/players/player-health/concussion-headcase/returning-to-play/

concussion is diagnosed within the same term, after the routine medical centre assessment, the RTL/GRTP is followed BUT contact sport will not be allowed.

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 play in breach of their GRTL/GRTP 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/GRTP.

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

PART 5: General Recommendations:

- All rugby staff must have completed the ***RFU's on-line concussion module*** and a record held by the School (i.e. with Second Master/Director of Sport/Master i/c Rugby).
- All pupils to be given the '***RFU's Headcase card'*** (attached).
- All staff to be given the pocket-version ***'Concussion Recognition Tool'*** (attached).

- A meeting with Deputy Head Co-Curricular 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 ***termly.***
- Letter to players & parents highlighting the School's policy which highlights the collective responsibilities.
- This Head Injury/Concussion Policy to be part of the School's wider safeguarding policy & available on the School's intranet/internet.
- The School 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. From 2022-23 the parental T&Cs will specifically reference contact sports and make this policy available. [This remains an 'opt-out' situation and will move to an 'opt-in' policy statement when required]. 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 do your best to ensure that the player is removed from play in a safe manner, if you observe them displaying any of the visible clues or signs or symptoms of a suspected concussion.
- ✓ You MUST NOT allow a player to play rugby until they have completed the graded return to play (GRTP) protocol if they are displaying signs or symptoms of a suspected concussion sustained while playing rugby or another sport.
- ✓ You MUST ensure that the player is in the care of a responsible adult and inform them of the player's suspected concussion.
- ✓ You MUST inform the school of any head injuries sustained outside of school.

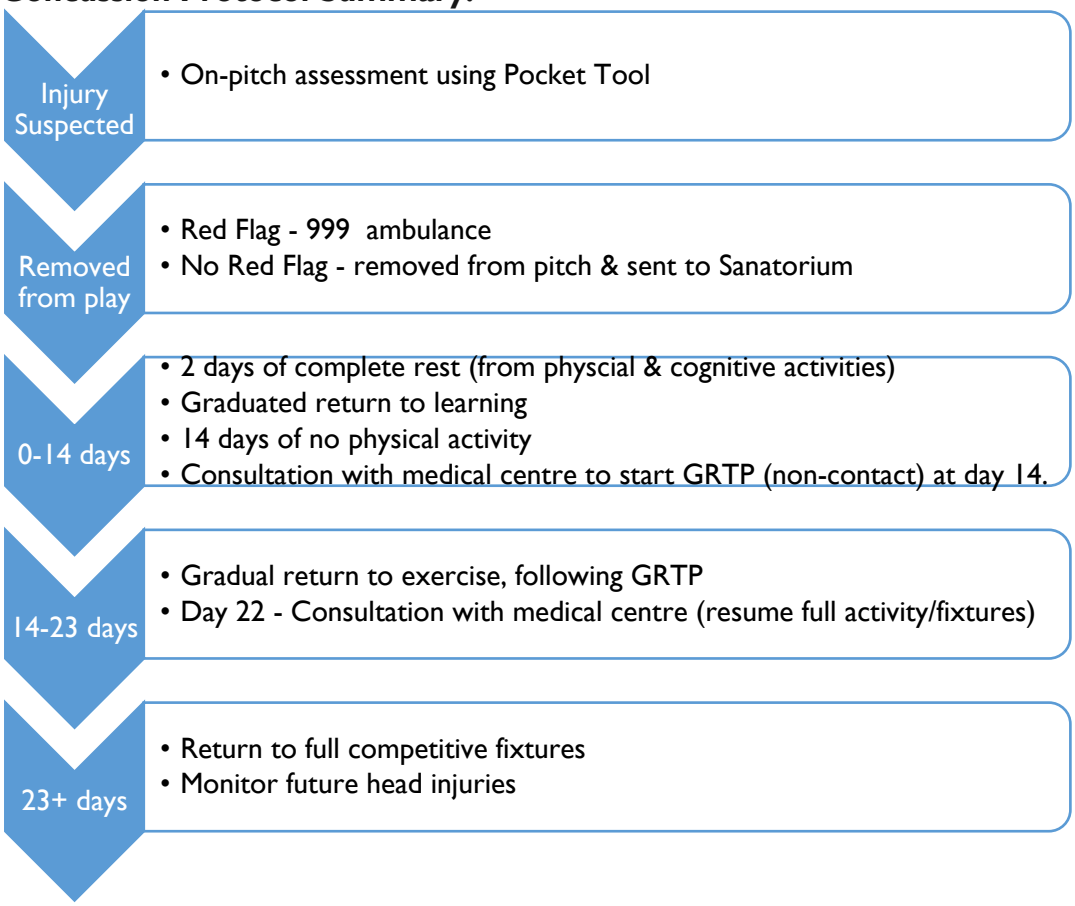
Player: YOUR responsibility:

- ✓ If you have symptoms of a suspected concussion you must STOP playing and INFORM medical and/or coaching staff immediately.
- ✓ Be honest with yourself and those looking after you.
- ✓ If you have symptoms of a suspected concussion sustained while playing rugby or another sport, you MUST NOT play rugby until you have completed the graded return to play (GRTP) 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.

Concussion Protocol Summary:



Author: Deputy Head Co-Curriculum
Reviewed: May 2022
Next Review: May 2023

Appendix 1: Graded Return to Learn (GRTL)

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

GRADED RETURN TO LEARN

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

REHABILITATION STAGE	SCHOOL ALLOWED	Duration (*delete as appropriate)	SIGNATURE in house (hsm/matron)	DATE
Stage 1a	**Off school** Complete physical/cognitive rest At home or in med centre No screen time or reading Early to bed, lots of sleep No prep No tests No ECAs No sport	1-2* days	Day 1	
			Day 2	
Stage 1b	**Half day(s)** Limited screen time to 15mins x2 Early to bed, lots of sleep Prep: 30mins max No tests No ECAs No Sport	1-2* days	Day 1	
			Day 2	
Stage 1c	**Full day(s) with increased rest** Limited screen time to 15mins x4 Early to bed, lots of sleep Prep: 45mins max No tests No ECAs No Sport	1-2* days	Day 1	
			Day 2	
Stage 1d	**Full day(s) as 'normal'** Early to bed, lots of sleep Prep: as normal (90-150mins) Tests: gradual return ECAs: gradual return No sport	1-2* days	Day 1	
			Day 2	
Stage 1e	**Continue until day 14** No sport	Until day 14	On day 14	

Having completed stage 1e, you MUST take this form to the medical centre to see Nurse/Physio.

PASSED ☐ SIGN_____ PRINT_____ DATE & TIME_____

GP SIGN:_____ PRINT_____ DATE & TIME_____

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

Appendix 2: Graduated Return to Play (GRTP)

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

GRADED RETURN TO PLAY

REHABILITATION STAGE	EXERCISE ALLOWED	ADVICE	SIGNATURE	DATE/ TIME
1. Complete rest **From sport/exercise** **For 2 weeks** **End Date:_____**	No exercise at all During games: attend supervised quiet room	If feeling unwell please return to medical centre.	**Med Centre:** _____ sign Once completed progress to stage 1	Date: Time: _____
2. LIGHT AEROBIC EXERCISE (supervised - at gym)	Buffalo treadmill test at sports centre (supervised) HR>70%	Symptom free during test? **YES:** After 48 hours, complete step 2	**Gym staff:** Passed ☐ sign Failed ☐ Return to medical centre for review	Date: Time:
3. SPORTS SPECIFIC DRILLS (supervised - at gym)	Specific running drills within games time at sports centre (supervised)	Symptom free during gym session? **YES:** After 48 hours, complete step 3	**Gym staff:** Passed ☐ sign Failed ☐ Return to medical centre for review	Date: Time:
4. NON-CONTACT TRAINING DRILLS (with team)	Sport specific drills and progressive resistance training within games time (supervised by coach)	Symptom free during non-contact training drills? **Yes:** After 48 hours, complete step 4	**Coach:** Passed ☐ sign Failed ☐ Return to medical centre for review	Date: Time:
5. GAME PRACTICE (with team)	Normal training activities within games time supervised by coach (Rugby: include supervised contact)	Symptom free during game practice? **YES:** Attend medical centre for final review asap.	**Coach:** Passed ☐ sign Failed ☐ Return to medical centre for review	Date: Time:

Having completed stage 5, you MUST take this form to the medical centre for a final review. 48hours must pass since completion of stage 5 before moving to Stage 6 - match play.

PASSED ☐ SIGN_____ PRINT_____ DATE & TIME_____

GP SIGN:_____ GP PRINT_____ DATE & TIME_____