RCC Guidance on Head Injuries

It is RCC Policy that any player with a suspected head injury must be monitored both on and off the field; the player should not leave the ground without being provided with a copy of the head injury advice detailed below. ***NOTE - If the injured person was wearing a helmet at the time of sustaining the injury the helmet must be checked and authorised as safe by an expert or a new helmet purchased for play***

Head injury advice – adults

If the player has sustained a head injury but no serious complications have initially been found, they are able to return home. However, monitoring of symptoms must continue.

Points to be followed:

•Rest (physically and mentally) includes both training and playing sports – this must be avoided until all symptoms are resolved and you are medically cleared
•No alcohol consumption
•No prescription or non-prescription drugs to be taken without medical supervision – in particular sleeping tablets, anti-inflammatory medication or sedating painkillers must be avoided,
•Do not drive until medically cleared
•Make sure you have someone to stay with you for the first 48 hours after the injury – this is in case you experience more serious follow-up symptoms

If any changes in behaviour or worsening of symptoms are observed, such as

•unconsciousness or lack of consciousness, such as problems keeping your eyes open
•mental confusion, such as forgetting who or where you are
•any drowsiness that goes on for longer than one hour when you would normally be wide awake
•any problems understanding or speaking
•any loss of balance or problems walking
•any weakness in one or both arms or legs
•any problems with eyesight
•a very painful headache that will not go away
•any vomiting
•any fits or seizures
•clear fluid coming out of the ear or nose
•bleeding from one or both ears
•sudden deafness in one or both ears
•speech problems

Please visit the nearest hospital accident and emergency department immediately.

Adult players are themselves responsible for following a specific programme of 'graded return for adults with head injuries' when returning to playing cricket.

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Head injury advice – children and adolescents Please inform the coach you child has potentially suffered such an injury on their next attendance at the club for playing or training purposes and be advised you are giving informed consent for their return to play by attending the sessions.

Children's/adolescents' (five to 19 years) brains are still developing and as such, all children and adolescents require additional caution in the management of head injuries.

In the event that a child/adolescent player has sustained a head injury but has been assessed and is considered well enough to return home, they must continue to be monitored for symptoms. Points to be followed:

- Rest (physically and mentally)
- No prescription or non-prescription drugs to be taken without medical supervision – in particular sleeping tablets, anti-inflammatory medication or sedating painkillers must be avoided,
- Make sure someone stays with the child/adolescent for the first 48 hours after the injury – this is in case more serious follow-up symptoms develop.

Sometimes the symptoms of a more serious brain injury do not occur for several hours, or possibly days, after the initial injury has taken place. This means it's important that you remain alert for signs and symptoms that could suggest a more serious injury has occurred. If any of the following symptoms do return, **please visit your nearest hospital accident and emergency department immediately.**

What to look out for:

•unconsciousness or lack of consciousness, such as problems keeping your eyes open
•mental confusion, such as forgetting who or where you are
•any drowsiness that goes on for longer than one hour when you would normally be wide awake
•any problems understanding or speaking
•any loss of balance or problems walking
•any weakness in one or both arms or legs
•any problems with eyesight
•a very painful headache that will not go away
•any vomiting
•any fits or seizures
•clear fluid coming out of the ear or nose
•bleeding from one or both ears
•sudden deafness in one or both ears
•speech problems

Your child might continue to experience some predictable symptoms two to three days after head injury. **However, if you are concerned about any of these symptoms you should immediately take your child to A&E.**

To aid your child's recovery, they should follow a specific programme of 'graded return for children with head injuries' when returning to playing cricket.

Advice on Return to Play https://www.ecb.co.uk/concussion-in-cricket/return-to-play

NOTE - If the injured person was wearing a helmet at the time of sustaining the injury the helmet must be checked and authorised as safe by an expert or a new helmet purchased for play

Graded return to play for adults - Each concussion should be assessed on a case-by-case basis.

However, regardless of the extent or nature of the concussion there is a need for immediate cognitive and physical rest.

Understanding of concussion is evolving but neurophysiology suggests that the brain does not begin to recover for some days after the initial insult and that there is an increased risk for some time after the initial injury.

A healthcare professional trained in the management of return to play and head injuries must supervise the graded return to play (GRTP).

Where there appears to be any delay or complication, the GRTP must be undertaken alongside a doctor with specialist training in head injury management and return to play.

All concussions must be discussed with the club Chief Medical Officer, appropriate specialist or doctor and the player must undergo a face-to-face review by a healthcare professional trained in concussion management.

All symptoms need to be absent for 24 hours before simple cognitive and physical activities can be undertaken.

Graded steps of gradual increase in activity must be accompanied by a 24-hour window to check for further symptoms or signs.

To achieve the last two levels as identified in the below table, the player needs a 24-hour window for each level and this therefore means no further return to a full training situation for six days.

GRTP stages Adult

Staged rehabilitation	Functional exercise at each stage of rehabilitation	Stage objective
No activity for 24 hours	Complete rest: physical and cognitive Needs to be symptom free for a minimum 24-hour window	Recovery/rest
Light aerobic exercise	Walking, swimming or stationary cycling, keeping intensity mild to moderate (i.e. not out of breath) Less than 70% maximum permitted heart rate. Duration should not exceed approx. 20-30 minutes. Avoid resistance exercises	Increase exertion/heart rate
Sport-specific exercise	Simple fielding (catching/throwing), low-key batting. Bowlers bowl to empty net at around 50% avoiding exposure to head injury risk. Controlled, familiar and predictable batting drills. Increase heart rate activities to closer to maximum	Add movement/ coordination
Non-contact training drills	Progression to more complex training drills, e.g. moderately challenging fielding drills. Batting against throws/machine (predictable). Bowling to empty net at 75-100%. May start progressive resistance training. Maximum cardiovascular stress	Exercise, coordination and cognitive load
Full-contact practice	Following medical clearance, participate in normal/match preparation at high intensity, i.e. bowlers bowl to batsmen. Full batting, bowling and fielding	Restore confidence and assess functional skills by coaching staff
Return to play	Normal game play	

Graded return to play for children and adolescents

NOTE - If the injured person was wearing a helmet at the time of sustaining the injury the helmet must be checked and authorised as safe by an expert or a new helmet purchased for play

Children's/adolescents' (five to 19 years) brains are still developing and as such, all children and adolescents require additional caution in the management of head injuries. The child and adolescent brain is still improving its learning potential and thus it is imperative that the cognitive function is restored as a priority before any return to sport is considered.

This, in addition to other differences in physiological responses and specific risks, demands a more conservative return-to-play approach. It is appropriate to extend the amount of time of asymptomatic rest and/or the length of the graded exertion in children and adolescents.

All children under the age of 12 should be assessed using the Child SCAT3 tool http://pulse-static-files.s3.amazonaws.com/ecb/document/2016/08/26/299dfd14-7cdd-4d14-8c1b-48f41359e463/child_scat_3.pdf

The priority in the management of return to play in any child or adolescent must be a successful return to normal school function before they can return to sport.

It is likely that in this case the return-to-play period is 23 days.

There are specific additional return-to-school guidelines, which include extra-time for assignments/exams, quiet study areas, increased breaks, rests and a reduction in stressful situations.

All return to play should be subject to appropriate medical clearance and any worsening symptoms and signs, or failure to recover as expected, requires immediate referral to A&E.

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Pocket CONCUSSION RECOGNITION TOOL™

To help identify concussion in children, youth and adults

RECOGNIZE & REMOVE

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

1. Visible clues of suspected concussion

Any one or more of the following visual clues 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

2. Signs and symptoms of suspected concussion

Presence of any one or more of the following signs & symptoms may suggest a concussion:

- Loss of consciousness
- Seizure or convulsion
- Balance problems
- Nausea or vomiting
- Drowsiness
- More emotional
- Irritability
- Sadness
- Fatigue or low energy
- Nervous or anxious
- "Don't feel right"
- Difficulty remembering
- Headache
- Dizziness
- Confusion
- Feeling slowed down
- "Pressure in head"
- Blurred vision
- Sensitivity to light
- Amnesia
- Feeling like "in a fog"
- Neck Pain
- Sensitivity to noise
- Difficulty concentrating

3. Memory function

Failure to answer any of these questions correctly may suggest a concussion.

"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?"

Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, and should not be returned to activity until they are assessed medically. Athletes with a suspected concussion should not be left alone and should not drive a motor vehicle.

It is recommended that, in all cases of suspected concussion, the player is referred to a medical professional for diagnosis and guidance as well as return to play decisions, even if the symptoms resolve.

RED FLAGS

If ANY of the following are reported then the player should be safely and immediately removed from the field. If no qualified medical professional is available, consider transporting by ambulance for urgent medical assessment:

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

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the player (other than required for airway support) unless trained to so do
- Do not remove helmet (if present) unless trained to do so.

from McCrory et. al, Consensus Statement on Concussion in Sport. Br J Sports Med 47 (5), 2013