



The Royal Belfast Academical Institution

RBAI School Concussion Policy

“RECOGNISE AND REMOVE”

RBAI recognizes that concussions and head injuries are a commonly reported injury in children and adolescents who participate in sport and recreational activity, and to a lesser extent, in other day-to-day activities. Therefore, the School adopts the Rugby Football Union and Hockey Ireland guidance; details of which can be viewed at the following links:

Key documents

IRFU Concussion Education Module - Schools' Rugby

<https://rise.articulate.com/share/vWH8JAnYHX1lpuRdxrlO5Ee-kX5i2OKd#/lessons/PEpBflzoKMfyXK6uxvqnxo327mCe0eCC>

IRFU Concussion Guide

<https://d19fc3vd0jo3m.cloudfront.net/irfu/wp-content/uploads/2023/12/21121434/IRFU-Guide-to-Concussion-Wallet-Card.pdf>

HOCKEY Ireland Concussion Policy

<https://hockey.ie/wp-content/uploads/2025/06/Concussion-Policy.pdf>

British Journal of Sports Medicine CRT 6

(Concussion Recognition Tool 6)

<https://bjsm.bmj.com/content/bjsports/57/11/692.full.pdf>

MAIN KEY FOCUS

RECOGNISE AND REMOVE - learn to recognise the signs and symptoms of concussion and remove a player from the field if in ANY doubt

What is a concussion?

Sports related concussion is a traumatic brain injury that is caused by a direct force to the head or a force elsewhere in the body which is transmitted to the head. Concussion results in temporary impairment of brain function. However, in some cases, signs and symptoms evolve over a number of minutes to hours.

Symptoms

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

- Headache
- “Pressure in head”
- Balance problems
- Nausea or vomiting
- Drowsiness
- Dizziness
- Blurred vision
- Sensitivity to light
- Sensitivity to noise
- Fatigue or low energy
- “Don’t feel right”
- More emotional
- More Irritable
- Sadness
- Nervous or anxious
- Neck Pain
- Difficulty concentrating
- Difficulty remembering
- Feeling slowed down
- Feeling like “in a fog”

Any pupil demonstrating signs, symptoms or behaviours consistent with a concussion while participating in a school activity, must be removed from the activity immediately and be evaluated as soon as possible by the school nurse or a qualified first aider. Teachers supervising sports activities should immediately apply the BJSM Pocket CRT6 procedures. The supervisory teacher, or nurse, should notify the pupil’s parents or guardians, recommend appropriate monitoring and advise on referral to their doctor or to a hospital Emergency Department.

The pupil should not be left alone or permitted to drive and must go to a hospital at once if they develop any of the following:

- new headache, or headache gets worse
- persistent or increasing neck pain
- becomes drowsy or can’t be woken up
- cannot recognise people or places
- has nausea or vomiting
- behaves unusually, seems confused, or is irritable
- has any seizures (arms and/or legs jerk uncontrollably)
- has weakness, numbness or tingling (arms, legs or face)
- is unsteady walking or standing
- has slurred speech
- has difficulty understanding speech or directions

The pupil must not return to school or school-based activities until released by their doctor. Any pupil who continues to have signs or symptoms upon return to school must be removed from activity and re-evaluated by their doctor.

ROLES IN MANAGING CONCUSSION

Player

As a player, if you feel that you may have suffered from a concussion, alert your coach/team medic/parent and do not play on. Players should be honest and report all signs and symptoms and should never attempt to continue playing.

Coach

If you notice that a player appears to have suffered from a concussion you must safely remove them from the field immediately, regardless of whether it is during a game or

training. The player cannot return to play on this day. It is important that the player's parents/guardians are informed if the player is under 18 years of age. Any player who suffers from a concussion should be handed over to a responsible adult when they leave the pitch. If the coach is concerned that a player may have suffered from a more serious head injury and there is no medic/physio present, they should call for the assistance of an ambulance. Coaches or team medics should fill in a report form following any suspected/confirmed concussion. Any concussion should be recorded on the school's Concussion Register.

Referee

A well-informed referee should be able to identify the signs and symptoms of concussion. The referee should clearly communicate with the team management that they are removing a player for this reason so that the player is appropriately cared for.

Parent/guardian

If you are watching your child playing and feel that they may have suffered from a concussion you should ensure that they are safely removed from the field and monitored for all signs and symptoms of concussion. Once they have been removed do not let them return to play on this day. If your child suffers from a suspected concussion you should monitor them for signs and symptoms of concussion for 48 hours. Your child should not return to any contact sport until they have completed the GRTP process. Return to school should be prioritised before return to sport. Where a concussion has been sustained at a non-school event or sport, School still should be notified about the concussion so that the pupil's name can be added to the School Concussion Register.

Friend

If you notice that your teammate is acting differently and you are concerned that they may have suffered from a concussion, **tell your coach immediately**. Encourage your teammate to be honest about their symptoms and to report them immediately

Return to school

Concussion may impact on the pupil's cognitive ability to learn at school and medical clearance is required before the pupil may return to school. In some pupils, a graduated return to school program will need to be developed. The pupil will progress through the return to school program provided that there is no worsening of symptoms. If any particular activity worsens symptoms, the pupil will abstain from that activity until it no longer causes symptom worsening. Use of computers and internet should follow a similar graduated program, provided that it does not worsen symptoms. This program should include communication between the parents, school first aiders, teachers, and pupil's doctor and will vary from pupil to pupil. The return to school program should consider:

- extra time to complete assignments/tests
- quiet room to complete assignments/tests
- avoidance of noisy areas such as cafeterias, assembly halls, etc
- frequent breaks during class, homework, tests
- no more than one exam/day
- shorter assignments
- repetition/memory cues
- use of peer helper/tutor
- reassurance from teachers that the pupil will be supported through recovery

- through accommodations, workload reduction, alternate forms of testing
- later start times, half days, only certain classes

Return to sport and physical activity

The pupil is not to return to sport or physical activity until they have successfully returned to school/learning, without worsening of symptoms. Medical clearance must be given by the pupil's doctor before return to play. Teachers responsible for school sport activities must follow the IRFU guidelines on GRTP (Graduated Return to Play). In line with these guidelines, it is imperative that pupils do not return to contact in sport for the recommended 23 days.