

Players and Parents

Players are responsible for their health and should take concussion seriously. Failing to follow the [guidance provided](#) (PDF 798KB) can have significant and sometimes serious consequences:

- Your playing career and enjoyment of the game may be affected
- Your long term health may be affected
- Your work and/or academic studies may be affected

Take the 20 minute [online course](#) which will explain what concussion is, how it happens and what you can do as a player to avoid injury or return safely to playing following a concussion.

Play well, perform well

Although it may not be possible to stop all concussions happening, there are some measures players can take that have the potential to reduce the number of concussions we see:

1. Ensure the playing or training area is safe, and the risk of serious head injury occurring is reduced.
2. Check ground conditions - do not play or train if the ground is frozen solid or rock hard due to drought.
3. Ensure all posts and barriers on or close to the pitch are protected with appropriate padding.
4. Ensure correct tackle technique is performed consistently. If the head of the tackler hits the ball carrier there is a significant risk of concussion and/or neck injury. You should therefore ensure that you are able to perform correct tackle technique consistently.
5. Do not engage in dangerous play such as high, tip and spear tackles. Similarly do not tackle players in the air i.e. when jumping to catch the ball from kicks or lineouts. Falling from height increases the risk of concussion and neck injuries.

Protective equipment

Rugby head guards do not protect against concussion. They do protect against superficial injuries to the head such as cuts and grazes though - this has been demonstrated in a number of research studies. There is also however some evidence to suggest that head guards may increase risk taking behaviours in some players.

Mouth guards/gum shields do not protect against concussion either although they are strongly recommended for all players as they do protect against dental and facial injuries.

Remember the 4 Rs:

- [Recognise](#) the signs and symptoms (PDF 859KB)
- [Remove](#) the player from play (PDF 859KB)
- [Recover](#) fully before returning to sport (PDF 859KB)
- [Return](#) only after following a [Graduated Return to Play](#) (PDF 1.6MB)
- [Full information for players and parents](#) (PDF 798KB)
- Download the concussion assessment tool – [Pocket SCAT3](#) (128KB)
- I've been concussed, what next? – [Read Headway's advice leaflet](#) (PDF 37KB)
- Summary information [for parents](#) (PDF 73KB)
- Summary information [for players](#) (PDF 74KB)

Coaches

Take the 20 minute [online course](#) which will explain what concussion is, how it happens and what coaches can do to help their players avoid injury or return safely to playing following a concussion.

- [What is a concussion?](#)
- [What causes a concussion?](#)
- [Recognising concussion](#)
- [Return to play](#)
- [What to do if you suspect concussion](#)

Coaches probably have the most important role in the [prevention](#) (PDF 805KB) and management of concussion. Research has shown that young players in particular rely on their coach to provide information on concussion and are influenced most in their behaviour towards concussion by their coach.

All coaches should be able to recognise suspected concussion and are in the best position to remove the player from play.

What is a concussion?

A concussion is a temporary injury to the brain that cannot be seen on routine x-rays or scans. It affects the way a person may think and remember things for a short time, and can cause a variety of symptoms.

What causes a concussion?

Any blow to the head, face or neck, or a blow to the body which causes a sudden jarring of the head may cause a concussion.

Recognise the symptoms and signs of concussion

A player does not need to be knocked out (lose consciousness) to have had a concussion.

Thinking problems the player may experience:

- Does not know time, date, place, period of game, opposing team, or the score in the game – use the [Pocket SCAT3](#) (PDF 128KB) questions to help you
- General confusion
- Cannot remember things that happened before and/or after the injury
- Seems slow to answer questions or follow directions
- Seems easily distracted
- Not playing as well as expected
- A blank stare/glassy eyed, “the lights are on but nobody's home”

Things the player may complain of or you see:

- Knocked out
- Headache
- Dizziness
- Feel dazed, “dinged” or stunned
- Loss of vision, seeing double or blurred, seeing stars or flashing lights
- Ringing in the ears
- Sleepiness
- Stomach ache, stomach pain, nausea, vomiting
- Poor coordination or balance, staggering around or unsteady on feet
- Slurred speech
- Poor concentration
- Strange or inappropriate emotions (i.e. laughing, crying, getting angry easily)
- Feeling generally unwell

When can a concussed player return to rugby?

It is very important that the player does not go back to rugby or any other sport, if they have any concussion symptoms or signs. Return to sport and activity must follow a step-wise [Graduated Return to Play](#) (GRTP) (1.6MB).

They should not go back to rugby/sport until they have been cleared to do so by a doctor.

How long will it take to get better?

The signs and symptoms of a concussion often last for 7-10 days in adults but may last much longer, especially in younger players and children. In some cases, players may take many weeks or months to recover. Suffering previous concussions may increase the chance that the person may take longer to recover.

Remember the 4 Rs:

[Recognise](#) the signs and symptoms (PDF 859KB)

[Remove](#) the player from play (PDF 859KB)

[Recover](#) fully before returning to sport (PDF 859KB)

[Return](#) only after following a [Graduated Return to Play](#) (1.6MB)

[Read more...](#) (PDF 804KB)

Download the concussion assessment tool – [Pocket SCAT3](#) (PDF 128KB)

These RFU Concussion resources have been developed based on the Zurich Guidelines published in the Consensus Statement on Concussion in sport, and adapted for rugby by the International Rugby Board

What to do if you suspect concussion in a player?

You **must remove them** from play right away. Continuing to play increases their risk of more severe, longer lasting concussion symptoms, as well as increases their risk of other injury:

- You should not let them return to play that day
- You should not allow them to be left alone
- You should make sure they are seen by a health care practitioner as soon as possible that day
- You should not let them drive

How is a concussion treated?

Concussion symptoms are made worse by exertion, both physical and mental. The most important treatment for a concussion is:

- The player should not exercise or do any activities that may make them worse, like driving a car, reading, working on the computer or playing video games
- If mental activities (e.g. reading, concentrating, using the computer) worsen their symptoms, they may have to stay home from work, college or school
- If they return to activities before they are completely better, they are more likely to get worse, and to have their symptoms last longer

Once they are recovered, and cleared to do so by a healthcare practitioner they can start a step-wise increase in activities – see [When can a concussed player return to rugby?](#). If possible, they should be seen by a doctor with experience in treating concussions.

Can it be anything more serious?

Anyone with a suspected concussion should be seen by a healthcare professional as soon as possible. They will usually give instructions to the injured person to return to them or go to hospital **immediately** if they have a worsening of symptoms such as:

- Drowsiness when normally awake or cannot be awoken
- A headache that is getting worse
- Weakness, numbness or decreases in coordination and balance
- Repeated vomiting or prolonged nausea
- Slurred speech, difficulty speaking or understanding
- Increasing confusion, restlessness or agitation
- Loss of consciousness
- Convulsions
- Clear fluid coming out of ears or nose
- Deafness in one or both ears