

[http://www.rfu.com/ManagingRugby/FirstAid/Injuries/~/\\_media/Files/2009/FirstAid/071119%20concussion%20poster.ashx](http://www.rfu.com/ManagingRugby/FirstAid/Injuries/~/_media/Files/2009/FirstAid/071119%20concussion%20poster.ashx)

## Recognising Concussion

If the player has any of these symptoms, they should not return to play:

- Headache, feeling dazed or "in a fog"
- Balance problems, dizziness
- Hearing problems/ringing in ears
- Vision problems
- Nausea or vomiting
- Confusion
- Drowsiness
- Feeling slowed down, low energy
- More emotional/irritable than usual
- Difficulty concentrating and/or remembering

If the player has any of these signs, they should not return to play:

- Loss of consciousness or unresponsiveness (even temporarily)
- Seizure/convulsion (uncontrolled jerking of arms and legs)
- Balance problems, unsteadiness, clumsiness, slurred speech
- Appears dazed, stunned or confused
- Poor memory (of score, moves, opposition, events)
- Odd behaviour
- Significantly impaired playing ability

If a player has suspected concussion, ask these questions:

- Which ground are we at?
- Which team are we playing today?
- Which half is it?

- Who are you marking? (if appropriate)
- Which team scored last?
- Which team did we play last week?
- Did we win last week?

An incorrect answer should be considered abnormal and the player should not return to play. The player should be seen by a doctor and the following guidelines should be adhered to.

## Post-head injury and returning to play guidance

Following a head injury or concussion, further serious problems can arise over the first 24 hours.

- The player should not be left alone during this time and should be monitored regularly
- Players must always consult their doctor following a suspected concussion
- Symptoms may worsen with exertion
- Players with suspected concussion must be removed from the field of play (and not return)
- Players with suspected concussion must go through a graded Return to Play Protocol with medical practitioner clearance before a return to play
- The mandatory three week stand down for the age group player is replaced by advice around a more circumspect individualised Return to Play

For youth players, this applies to all club/school sides a player belongs to and it is his or her/parents responsibility to advise clubs/schools of the concussion.

## Dealing With Concussion

### **Drowsiness**

After a knock to the head, It is quite common for the person (especially children) to want to sleep for a short while. This is normal and if they want to sleep, let them.

If you are concerned at the level of drowsiness displayed, wake them up after an hour or so. They may be grumpy about being woken up, but that is reassuring. You can then let them go back off to sleep again. You can do this a few times during the night if there is particular concern.

When asleep, check to see that he or she appears to be breathing normally and is sleeping in a normal position.

## **Headache**

It is normal after a knock to the head to have a mild headache. Sometimes there is also tenderness, bruising or mild swelling of the scalp. Some paracetamol will help (such as Calpol or Disprol for children). Do not take tablets containing aspirin.

If the headache becomes worse, consult your doctor or a health professional immediately.