

WHAT IS CONCUSSION?

A concussion is a disturbance in brain function caused by a direct or indirect force to the head. It results in a variety of non-specific signs and/or symptoms and most often does not involve loss of consciousness. Concussion should be suspected in the presence of any one or more of the following:

- Symptoms (e.g., headache), or
- Physical signs (e.g., unsteadiness), or
- Impaired brain function (e.g.,confusion) or
- Abnormal behaviour (e.g., change in personality).

CONCUSSION MANAGEMENT

- Concussion must be taken extremely seriously to safeguard the long-term welfare of young athletes (those aged under 18).
- Any young person suspected of having a concussion should be immediately removed from play and must not resume play in the match or training on the same day as the suspected concussion.
- Young people suspected of having concussion must be medically assessed.

- 4. After a concussion, young people must rest and not take part in any form of training or matches for a minimum 14 days.
- 5. If after a minimum 14 day rest period young people are entirely symptom free, they must then follow a graduated return to play protocol.
- It is recommended that every young person seeks medical clearance before returning to play.

RETURN TO SCHOOL

- Concussion may impact on the child's ability to learn at school. This must be considered, and medical clearance should be sought before the child returns to school.
- It is reasonable for a child to miss a day or two of school after concussion, but extended absence is uncommon.



Pocket CONCUSSION RECOGNITION TOOLT

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 and 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

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- Headache
- Dizziness

Confusion

- Feeling slowed down
 - "Pressure in head"
 - Blurred vision
- Sensitivity to light
 - Amnesia
- Feeling like "in a fog'
- 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 Igame?"
- "Did your team win the last game?"

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

immediately removed from the field. If no qualified medical professional is If ANY of the following are reported then the player should be safely and 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 do so.
- 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

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Benjamin Robinson was only 14 years old when he died from second impact syndrome as a result of sustaining a double concussion during a school rugby match in Northern Ireland. Ben sustained his first concussion at the start of the second half but played on for another 25 minutes and was involved in two further heavy collisions. Tragically

Ben's death could have been avoided had someone been able to recognise the signs of concussion and remove him from the game.

The Scottish Rugby Union (SRU) has been leading the way in Scotland in raising the awareness of the signs and symptoms of concussion. Dr James Robson, the SRU's Chief Medical Officer said:

"Concussion is a serious matter. It is the responsibility of all of us to recognise and remove anyone suspected of being concussed."

Dr John MacLean, Medical Officer at the Scottish Football Association said:

"The Scottish FA fully support the implementation of current guidelines for the management of concussion across all sports at all levels and ages. Any sportsman or woman suspected of having concussion should be removed from the field immediately and assessed by a medical practitioner as soon as possible."

Although some sports have higher instances of concussion, it can happen in any sport or recreational activity.

LINKS TO FURTHER CONCUSSION INFORMATION

- International Rugby Board www.irbplayerwelfare.com/concussion
- Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport, November 2012 – www.bjsm.bmj.com/content/47/5/250.full
- Concussion Recognition Tool www.bjsm. bmj.com/content/47/5/267.full.pdf
- Sports Concussion Assessment Tool 3 www.bjsm.bmj.com/content/47/5/259.full.pdf
- Child Sports Concussion Assessment Tool 3 – www.bjsm.bmj.com/ content/47/5/263.full.pdf

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