



What is concussion?

Concussion is a traumatic brain injury resulting in a disturbance of brain function. There are many symptoms of concussion, common ones being headache, dizziness, memory disturbance or balance problems.

Loss of consciousness, being knocked out, occurs in less than 10% of concussions.

Loss of consciousness is not required to diagnose concussion.

What causes concussion?

Concussion can be caused by a direct blow to the head, but can also occur when blows to other parts of the body result in rapid movement of the head e.g. whiplash type injuries.

Who is at risk?

Concussions can happen at any age. However, children and adolescents (18 and under):

- are more susceptible to concussion
- take longer to recover
- have more significant memory and mental processing issues
- are more susceptible to rare and dangerous neurological complications, including death caused by a single or second impact

A history of previous concussion increases risk of further concussions, which may take longer to recover.

Onset of symptoms

The first symptoms of concussion can present at any time, but typically appear in the first 24-48 hours following a head injury.

How to recognise a concussion.

If any of the following signs or symptoms are present following an injury the player should be suspected of having a concussion and immediately removed from play or training.

IF IN DOUBT, SIT THEM OUT.



Visible clues of concussion –

What you see

Any one or more of the following visual clues can indicate a concussion:

- Dazed, blank or vacant look
- Lying motionless on ground / slow to get up
- Unsteady on feet / balance problems or falling over or incoordination
- Loss of consciousness or responsiveness
- Confused / not aware of plays or events
- Grabbing / clutching of head
- Seizure (fits)
- More emotional / irritable than normal for that person

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Symptoms of concussion –

What you are told

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

- Headache
- Dizziness
- Mental clouding, confusion, or feeling slowed down
- Visual problems
- Nausea or vomiting
- Fatigue
- Drowsiness / Feeling like “in a fog” /difficulty concentrating
- “Pressure in head”
- Sensitivity to light or noise

Questions to ask

These should be tailored to the particular activity and event, but failure to answer any of the questions correctly may suggest a concussion. Examples with alternatives include:

- “What venue are we at today?” or “Where are we now?”
- “Which half is it now?” or “Approximately what time of day is it?”
- “Who scored last in this game?” or “How did you get to here today?”
- “What team did you play last game?” or “Where were you on this day last week?”
- “Did your team win the last game?” or “What were you doing this time last week?”



Immediate management of a suspected concussion

Anyone with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY.

Once safely removed from play they must not be returned to activity that day.

If a neck injury is suspected the player should only be removed by emergency healthcare professionals with appropriate spinal care training.

Team mates, coaches, match officials, team managers, administrators or parents who suspect someone may have concussion MUST do their best to ensure that they are removed from play in a safe manner.

If ANY of the following are reported then the player should be transported for urgent medical assessment at the nearest hospital:

- Severe neck pain
- Deteriorating consciousness (more drowsy)
- Increasing confusion or irritability
- Severe or increasing headache
- Repeated vomiting
- Unusual behaviour change
- Seizure (fit)
- Double vision
- Weakness or tingling / burning in arms or legs

In all cases of suspected concussion, it is recommended that the player is referred to a medical or healthcare professional for diagnosis and advice, even if the symptoms resolve.

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Ongoing management of a concussion or suspected concussion

REST THE BODY, REST THE BRAIN

Rest is the cornerstone of concussion treatment.

This involves resting the body, 'physical rest', and resting the brain, 'cognitive rest' and avoidance of:

- Physical activities such as running, cycling, swimming, some work activities etc.
- Cognitive activities, such as school work, homework, reading, television, video games etc.

Students with a diagnosis of concussion may need allowance for impaired cognition during recovery, such as additional time for classwork, homework and exams

For adults, a minimum rest period of 7 days is recommended before restarting exercise.

For anyone aged 18 or under, it is recommended

this rest period should be for a minimum of 2 weeks before restarting physical activity.

Anyone with a concussion or suspected concussion should not:

- be left alone in the first 24 hours
- consume alcohol in the first 24 hours, and thereafter should avoid alcohol until free of all concussion symptoms
- drive a motor vehicle and should not return to driving until provided with medical or healthcare professional clearance or, if no medical or healthcare professional advice is available, should not drive until free of all concussion symptoms

Returning to play after a concussion

After the minimum rest period AND if symptom free at rest, a graduated return to play (GRTP) program should be followed. Player must make contact with the club medic or healthcare professional regarding this program of return.



Glasgow Lions Touch Rugby Club

Concussion Policy

Summary

Concussion can be remembered as the 11 Rs

Recognise

Remove

Re-evaluate

Rest

Rehab

Refer

Recover

Return to sport

Reconsider

Residual effects

Risk reduction

The emphasise on club officials and the responsibility of every player is on recognising and removing.