WHAT IS IT?

A concussion is a brain injury that is associated with a temporary loss of brain function. The injury must be taken seriously to protect the long term welfare of all players. A concussion is caused by a bump, blow or jolt to the head or body that causes the head and brain to move rapidly back and forth.

SIGNS AND SYMPTOMS

Most concussion injuries occur without a loss of consciousness and so it is important to recognise the other signs and symptoms of concussion. Some symptoms develop immediately while other symptoms may appear gradually over a number of minutes or hours or even days. Presence of any one or more of the below signs and symptoms may suggest a concussion.

- Any Loss of consciousness
- Clutching Head
- Balance problems
- Drowsiness
- More emotional
- Irritability
- Sadness
- Fatigue or low energy
- Nervous or anxious
- “Don’t feel right”
- Difficulty remembering
- Headache
- Dizziness
- Feeling slowed down
- “Pressure in head”
- Blurred vision
- Sensitivity to light
- Amnesia
- Feeling like “in a fog”
- Weakness
- Tingling/burning in arms of legs
- Convulsions or Tonic Posturing
- Weakness or incoherent speech
- Double Vision
- Abnormalities of balance, gait or coordination
- Disorientation /Confusion
- Prolonged Loss of Consciousness
- Vomiting
- Severe or increasing headache
- Slurred or incoherent speech
- Possible neck or spine injuries
- Increasingly restless, agitated or combative
- Deteriorating conscious state
- Deteriorating conscious state
- Double Vision
- Disorientation
- Confusion
- Increasingly restless, agitated or combative
- Abnormalities of balance, gait or coordination
- Slurred or incoherent speech
- Convulsions or Tonic Posturing
- Weakness or incoherent speech
- Possible neck or spine injuries

The following “red flag” symptoms mandate the urgent removal of a player to urgent medical attention/request for an ambulance:

Table 1 - Red Flag Symptoms

<table>
<thead>
<tr>
<th>Prolonged Loss of Consciousness</th>
<th>Vomiting</th>
<th>Severe or increasing headache</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deteriorating conscious state</td>
<td>Double Vision</td>
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</tr>
</tbody>
</table>

ACTION PLAN

Recognise signs and symptoms. Stop play if necessary to allow the player to receive attention.

Report to the medic to remove and assess player (where no medical person present, advise person in charge of team to remove and refer to a doctor)

Re-start play once the player in question has been removed from the field of play.

Report as a head injury.

DANGERS

A player’s brain needs time to heal after a concussion. When a player’s brain is still healing, it is more likely to receive another concussion. Repeat concussions can increase the time it takes to recover and in rare cases, repeat concussions in young players can result in brain swelling or permanent damage to their brain. They can even be fatal.
KEY POINTS

- Diagnosis of concussion is a clinical judgement for a doctor
- Any player suspected of having sustained a concussion, should be removed immediately from the field and should not return to play on the same day.
- Players sometimes aren’t sure that they’re feeling and sometimes hide signs
- Concussion is an evolving injury – signs and symptoms can evolve over a number of minutes, hours or days.
- Where a team doctor is present he must advise the person in charge of the team (i.e. team manager) that the player is not to be allowed to continue his participation in the game
- A referee cannot remove a player if he suspects a concussion, however, he should ask a medic to assess a player who has displayed signs of the injury
  - In the case of no medic being present, advise the person in charge to remove the player
- Even if a player has been medically assessed, as a referee, do not be afraid to ask a medic to re-assess a player if you notice signs of concussion i.e. a player appearing stunned/dazed. Signs and Symptoms often evolve over a period of minutes or hours.

RETURN TO PLAY

If diagnosed with concussion you or a player should NEVER return to play on the day of injury. Return to play must follow a medically supervised stepwise approach and you MUST NEVER return to play whilst symptoms persist.

1. There should be an initial period of a minimum of 48 hours rest after a concussion
2. RTP Protocols following concussion follow a stepwise approach. If at any stage, activity does worsen or, bring on further, symptoms return to the previous stage.
3. Written clearance from a medical doctor is required prior to return to full contact sports.
4. Youth players should take at least 14 days before returning to full contact practice. Again, if any post-concussion symptoms return or bring on further symptoms once a player has returned to full contact practice the player should return to the previous stage.

<table>
<thead>
<tr>
<th>Table 2 Gradual Return to Play Protocol</th>
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</thead>
<tbody>
<tr>
<td><strong>Rehabilitation Stage</strong></td>
</tr>
<tr>
<td>1. No Activity</td>
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<tr>
<td><em>(48 Hours Min.)</em></td>
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<tr>
<td>2. Light Activity</td>
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<tr>
<td><em>(At least 4 days)</em></td>
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<tr>
<td>3. Sports Specific Exercise</td>
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<tr>
<td><em>(At least 4 days)</em></td>
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<tr>
<td>4. No Contact Training Drills</td>
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<tr>
<td><em>(At least 4 days)</em></td>
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<tr>
<td>5. Full Contact Practice</td>
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<tr>
<td><em>(At least 1 day)</em></td>
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<tr>
<td>6. Return to play</td>
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<tr>
<td><em>(Minimum of 14 days since diagnosis)</em></td>
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</tbody>
</table>

For more information on concussions visit [https://learning.gaa.ie/Concussion](https://learning.gaa.ie/Concussion)