

Concussion Guidance What is Concussion?

Concussion is an injury to the brain caused by a bump, blow or jolt to the head. Concussion can also occur when blows to other parts of the body result in rapid movement of the head.

Only Medical Practitioners can diagnose a concussion. However, **recognising a suspected concussion at the time of injury is extremely important** to ensure appropriate management and to prevent further injury.

Concussion Facts

- Concussion is a brain injury
- All concussions are serious
- Concussion often occurs without loss of consciousness
- Concussion can occur without an obvious blow to the head
- Players with any signs or symptoms of concussion must be immediately removed from sports participation
- Where spinal injury cannot be immediately ruled out, players must not be moved.
- All players suspected of having concussion evaluated by a health care professional (HCP- Doctor, Nurse, Physiotherapist or Paramedic), experienced in assessing head injuries.
- Players should not return to participation in training or match play until medical clearance has been obtained
- The minimum time for children and adolescents to return to sports participation following concussion is longer than adults.
- Failure to 'Recognise and Remove' players with suspected concussion may lead to further injury or in rare cases, can be fatal.

Signs and Symptoms of Concussion

Signs and symptoms of a concussion usually appear within minutes of injury. However, they can appear at any time following a concussive event but typically become evident in the first 72 hours following injury.

Only one symptom is needed for a concussion to be suspected and for a player to be removed from play for further evaluation.

Only the player may be aware of their symptoms, they must therefore be encouraged to report their symptoms honestly to coaches, first aiders and medical staff.

Signs & Symptoms of 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
- Headache
- Dizziness
- Confusion
- Feeling slowed down
- “Pressure in head”
- Blurred vision
- Sensitivity to light
- Amnesia
- Feeling like “in a fog”
- Neck pain
- Sensitivity to noise
- Difficulty concentrating

Memory Questions to Ask Players

Failure to answer any of these questions correctly suggests concussion:

- “What venue are we at today?”
- “What team scored last in this game?”
- “What team did you play last week / last game?”
- “Did your team win the last game?”

Remove any player who shows any signs or symptoms of concussion immediately and do not allow him/her to return to training or play until he/she has been assessed by a medical practitioner.

Players must not return to play or training until cleared to do so by a medical practitioner.

What to Do

All cases of suspected concussion must be reported to Matthew Attwood by email on mattwood@cardiffmet.ac.uk.

Initial treatment must adhere to first aid rules, including maintaining an airway, breathing, circulation and spinal immobilisation.

- **ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY, EVEN IF THE SYMPTOMS RESOLVE.**

- Where a neck or spine injury can't be immediately ruled out, first aid principles must be applied, the player not moved, and an ambulance called to remove the player safely from the area of participation to hospital for further assessment
- **Do not** be influenced by the player, coaching staff and parents or others suggesting that they should return to play or be moved.

If any of the following are reported then the player should be safely and immediately removed from the area of participation. If no medical professional is available, call 999 for urgent medical assessment:

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| <ul style="list-style-type: none"> • Severe neck pain • Deteriorating consciousness (drowsy) • Severe or increasing headache • Unusual behaviour • Problems with understanding, speaking, writing, walking or balance • Clear fluid coming from their ears or nose | <ul style="list-style-type: none"> • Numbness or Weakness of the body • Increasing confusion or irritability • Repeated vomiting • Seizure (fitting) • Bleeding from their ears or bruising behind one or both ears • Problems with their vision |
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All Players with a Suspected Concussion Should

- Be **referred** for appropriate medical assessment
- Be **monitored** by a responsible adult for the first 24 hours
- Not participate in any sporting activity until cleared by a Health Care Practitioner, and in some cases may need to withdraw from academic work. The minimum rest period is 14-days.
- Not drink alcohol until symptom free
- Not drive until symptom free

Anyone with a suspected concussion must be removed from sports participation. This will enable the player to be properly assessed. Anyone who has a suspected concussion must not be allowed to return to participation in the same game/day unless cleared by a medical practitioner.

What should players do to return to play (RTP)?

The routine return to play pathway for students (18-years +) is shown in the diagram below:

