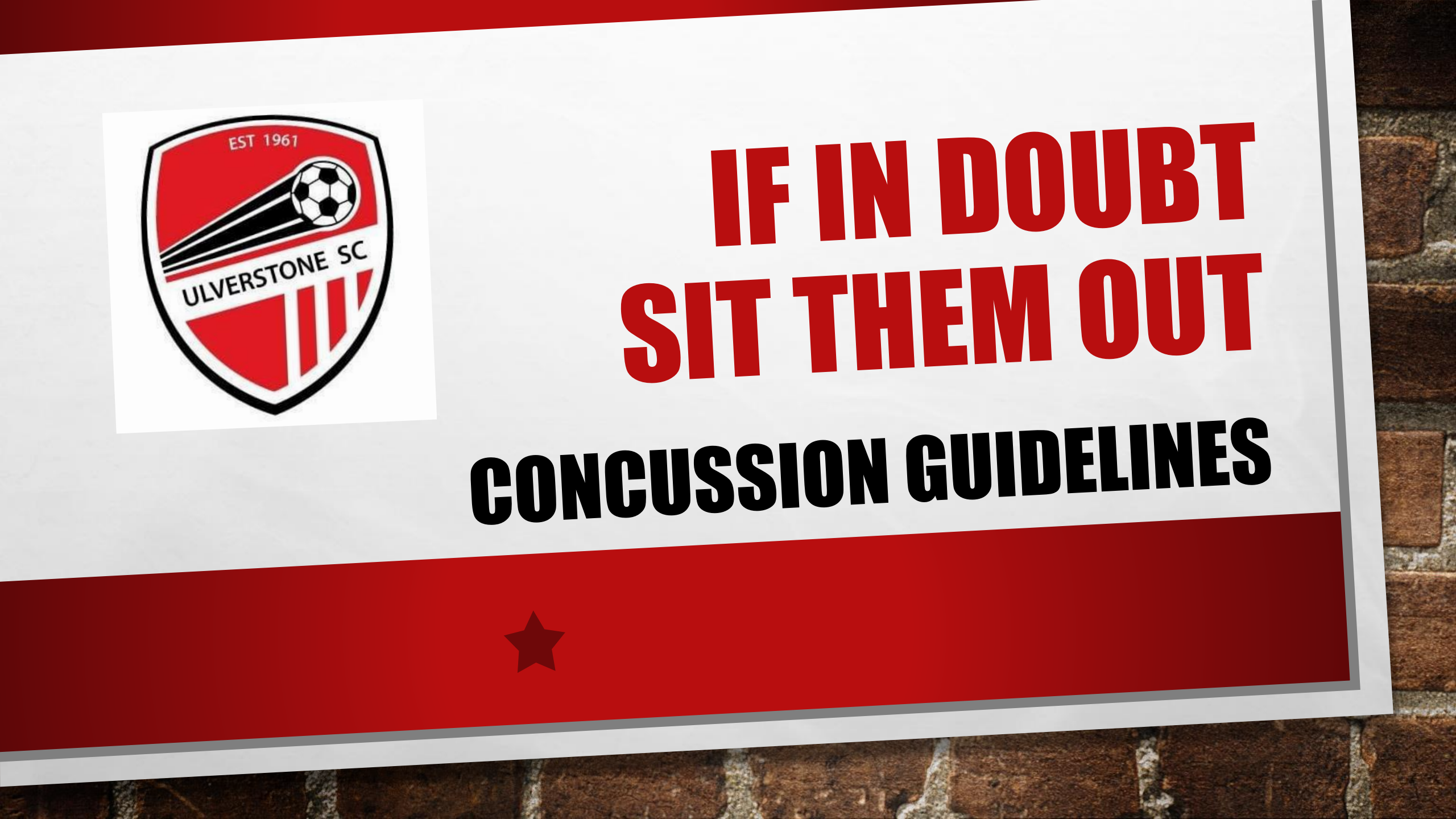

IF IN DOUBT SIT THEM OUT

CONCUSSION GUIDELINES

INTRODUCTION

The following guidance contains general medical information but does not constitute medical advice and should not be relied on as such.

Do not:

- Rely on this guidance as an alternative to seeking medical advice from a qualified medical practitioner or healthcare provider.
- You should never delay seeking medical advice, disregard medical advice or discontinue medical treatment because of information contained in this guidance.

If a player is suspected of having concussion, they must be immediately removed from the pitch, whether in training or match play.

If in doubt sit them out.

WHAT IS CONCUSSION

Concussion is an injury to the brain resulting in a disturbance of brain function.

WHAT CAUSES CONCUSSION?

- A blow to the head,
- Rapid movement of the head (e.g. Whiplash type injuries).

ONSET OF SYMPTOMS

Being knocked out does not always occur in concussion. In fact less than 10% of concussions involve the individual being knocked out.

The first symptoms of concussion typically appear immediately or within minutes of injury but may be delayed and appear over 24-48 hours following a head injury.

Additional symptoms may become apparent over coming days.

If in doubt sit them out.

HOW TO RECOGNISE CONCUSSION

If any of the following visible clues (signs) or symptoms are present following an injury the player should be suspected of having concussion and immediately removed from play or training and must not return to activity that day.

VISIBLE CLUES (SIGNS) OF CONCUSSION

What you may see. Any one or more of the following visual clues can indicate concussion:

Dazed, blank or vacant look

Lying motionless on ground / slow to get up

Unsteady on feet / balance problems or falling over / poor co-ordination

Slow to respond to questions

Loss of consciousness or responsiveness

Player fails to protect themself when they fall

Confused / not aware of play or events

Grabbing / clutching of head

Seizure (fits) or other abnormal movements

More emotional or irritable than normal for that person

Tonic posturing - lying rigid/motionless due to muscle spasm

Vomiting

Any obvious external sign of trauma to the head

If in doubt sit them out.

HOW TO RECOGNISE CONCUSSION

SYMPTOMS OF CONCUSSION

What you may be told by the injured player. The presence of any one or more of the following symptoms may suggest concussion:

Disorientated (not aware of their surroundings eg Opponent, period, score

Headache

Dizziness / feeling off-balance

Memory loss, mental clouding, confusion or feeling slowed down

Drowsiness / feeling like "in a fog" / difficulty concentrating

Visual problems

Nausea

Fatigue

"pressure in the head"

Sensitivity to light or sound

More emotional

Don't feel right

Concerns expressed by parent, official or spectators about a player

If in doubt sit them out.

QUESTIONS TO ASK A PLAYER

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

Examples with alternatives include:

- **WHAT VENUE ARE WE AT TODAY?**
- **WHERE ARE WE NOW?**
- **WHICH HALF IS IT NOW?**
- **WHAT TIME OF THE DAY IS IT?**
- **WHO SCORED LAST?**
- **HOW DID YOU GET HERE TODAY?**
- **WHAT TIE DID YOU PLAY LAST WEEK?**
- **WHERE WERE YOU LAST WEEKEND?**
- **DID YOUR TEAM WIN LAST WEEK?**
- **WHAT WERE YOU DOING LAST WEEKEND?**

AN INCORRECT ANSWER TO THESE QUESTIONS MAY SUGGEST CONCUSSION, BUT A CONCUSSED PLAYER MIGHT ANSWER THESE QUESTIONS CORRECTLY. THE CONCUSSION RECOGNITION TOOL CAN BE USED TO AID THIS INITIAL ASSESSMENT OF A PLAYER WITH SUSPECTED CONCUSSION.

If in doubt sit them out.

WHAT TO DO NEXT

ANYONE WITH A SUSPECTED CONCUSSION MUST BE IMMEDIATELY REMOVED FROM PLAY.

Once safely removed from play they must not return to activity that day and should follow these concussion guidelines.

Committee Members will best ensure that they are removed from play and are supervised in a safe manner for the next 24 hours

If in doubt sit them out.

IF ANY OF THE FOLLOWING 'RED FLAGS' ARE NOTICED THEN THE PLAYER SHOULD RECEIVE URGENT MEDICAL ASSESSMENT AT THE NEAREST HOSPITAL:

Any loss of consciousness because of the injury deteriorating consciousness (drowsier)

Amnesia (no memory) for events before or after the injury

Increasing confusion or irritability

Unusual behavior change

Any new neurological deficit e.g.

- Difficulties with understanding, speaking, reading or writing
- decreased or altered sensation (e.g. Tingling/ burning) in arms or legs
- weakness in arms or legs
- loss of balance
- double vision

Seizure (fit)/convulsion or limb twitching or lying rigid/ motionless due to muscle spasm

Severe or increasing headache

Repeated vomiting

Severe neck pain

Any suspicion of a skull fracture (e.G. Cut, bruise, swelling, severe pain at site of injury)

Previous history of brain surgery or bleeding disorder

Current 'blood-thinning' therapy

Current drug or alcohol intoxication

If in doubt sit them out.

RETURNING TO TRAINING AND GAMES

ONGOING MANAGEMENT OF CONCUSSION OR SUSPECTED CONCUSSION

Concussion should be managed with a short period of relative rest followed by a gradual return to normal activities as symptoms allow. Relative rest involves resting both the body (physical rest) and resting the brain (cognitive rest). The period of rest may allow symptoms to recover and in the nonprofessional setting allows a return to work or study prior to resuming training and playing.

ANYONE WITH 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 vehicle within the first 24 hours. Commercial drivers (HGV etc.) Should seek review by an appropriate healthcare professional before driving.

THE INITIAL PERIOD OF 48 HOURS MEANS AVOIDING:

Physical activities such as running, cycling, swimming, physical work activities etc.

Cognitive activities (thinking activities) such as schoolwork, homework, smart-phone and other screen use. Even after the initial 48 hours students with a diagnosis of concussion may need to have allowances made for impaired cognition during recovery, such as additional time for class-work, homework and exams.

If in doubt sit them out.

RETURN TO PLAY PATHWAY

IT IS RECOGNISED THAT PLAYERS WILL OFTEN WANT TO RETURN TO PLAY AS SOON AS POSSIBLE FOLLOWING CONCUSSION.

PLAYERS, COACHES, MANAGEMENT, PARENTS AND TEACHERS MUST EXERCISE CAUTION TO:

Ensure that the Return to Play Pathway is followed.

Ensure that the advice of medical practitioners and other healthcare professionals is strictly adhered to.

After returning to play, all those involved with the players, especially coaches and parents must remain vigilant for the return of symptoms even if the GRTG has been successfully completed.

HOW ARE RECURRENT OR MULTIPLE CONCUSSIONS MANAGED?

Any player with a second concussion within 12 months, a history of multiple concussions, with an unusual presentation or a prolonged recovery should be assessed and managed by a healthcare professional with experience in sports related concussions working within a multi-disciplinary team.

If in doubt sit them out.

GRADUATED RETURN TO GAME (GRTG) PROGRAMME

The pathway begins at midnight on the day of injury. Each stage must take a minimum of 24 hours. Progression to the next stage should only occur as long as symptoms are not more than mildly and briefly exacerbated. If there is a worsening of symptoms at any stage of the GRTG programme, the individual must return to the previous stage and attempt to progress again after a minimum 24-hour period. **The earliest return to game is 21 Days, regardless on the severity.**

	Stage 1 Initial relative rest period	Stage 2 Light exercise	Stage 3 Football-specific exercise	Stage 4 Non-contact training	Stage 5 Full contact practice	Stage 6 Return to Game (RTG)
	Combined progression through stages 1-4 must take a minimum of 14 days					
	48 hours	Minimum 24 hours	Minimum 24 hours	Minimum 24 hours	Earliest Return to full contact training at Day 14. This must only start after a symptom free period of 14 days.	Earliest Return to Game at Day 21. STRICTLY
Exercise allowed	Stage 1 is an initial relative rest period of 48 hours. In the first 48 hours, it is ok to perform mental activities (e.g. reading) and normal activities of daily living, as well as walking for no more than 15 minutes at a time.	Light jogging, swimming, stationary cycling or equivalent. No football, resistance training, weightlifting, jumping or hard running.	Simple movement activities (e.g. running drills) Limit body and head movement No head impact activities including no heading	Progression to more complex training activities with increased intensity, co-ordination and attention (e.g. passing, change of direction, shooting, small sided game) No head impact activities including no heading - goalkeeper activities should avoid diving and any risk of the head being hit by a ball	Normal training activities (e.g. tackling, heading, diving saves etc.)	Player rehabilitated and cleared to participate in match play
% max heart rate	No training	<70%	<80%	<90%		
Duration (min)		<15	<45	<60		
Objective	Recovery	Increase heart rate	Add movement	Exercise, co-ordination and skills/tactics	Restore confidence and assess functional skills by coaching staff	Return to Game

Recommend Review by doctor / healthcare professional

STANDARD RETURN TO PLAY PATHWAY

PERSISTING SYMPTOMS

A player cannot return to play if they have any symptoms. If player's symptoms persist for more than 28 days, individuals should be assessed by an appropriate healthcare professional. Headaches can persist for several months or longer and they may be associated with other symptoms such as nausea, sensitivity to light/sound or mood disturbances. Whilst these symptoms may not preclude a player from returning to school, work or physical activity, the healthcare professional should consider onward referral, including where symptoms may be due to another treatable condition, for instance, for specialist physiotherapy where symptoms may arise from a neck injury.

IF SYMPTOMS RECUR AFTER RETURN TO PLAY THE PLAYER MUST CONSULT THEIR HEALTHCARE PROFESSIONAL AS SOON AS POSSIBLE AS THEY MAY NEED A REFERRAL TO A SPECIALIST IN CONCUSSION MANAGEMENT.

If in doubt sit them out.