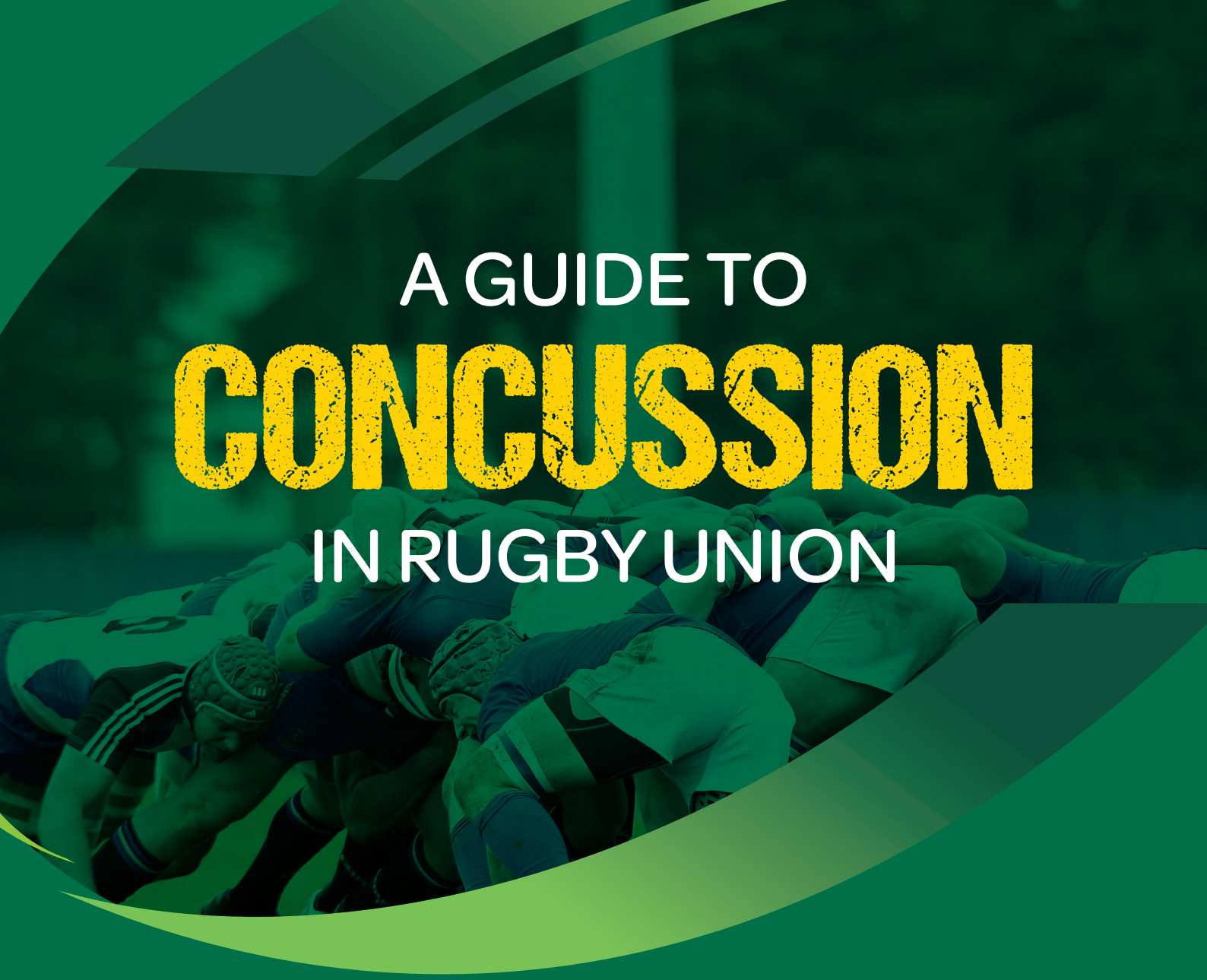

A GUIDE TO CONCUSSION IN RUGBY UNION

The aim of this brochure is to provide information on concussion to those involved in rugby union in Ireland.

- **Concussion MUST be taken extremely seriously.**
- **Any player with a suspected concussion MUST be removed immediately from training/play and not return.**
- **They should be medically assessed.**
- **They MUST not be left alone and MUST not drive a vehicle.**

IRFU SAFE RUGBY

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IRFU SAFE RUGBY

Why MUST concussion be taken extremely seriously?

- Ignoring the signs and symptoms of concussion may result in death, a more serious brain injury or a prolonged recovery period.
- The potential for serious and prolonged injury emphasises the need for comprehensive medical assessment and follow-up until the concussion has fully resolved.
- Returning to play before complete resolution of the concussion exposes the player to recurrent concussions that might take place with ever decreasing forces.
- Repeat concussions could shorten a player's career and may have some potential to result in permanent neurological (brain) impairment.
- There is no such thing as a minor concussion or 'knock to the head'.

What is concussion?

- **Concussion is a traumatic brain injury.** It is a complex process in which forces are transmitted to the brain and result in temporary impairment of brain function.
- Concussion can have a significant impact on the short and long term health of player if not managed correctly.

What causes concussion?

Concussion can be caused by a direct blow to the head or body and from whiplash type movements of the head and neck that can occur when a player is tackled or collides with another player or the ground. Immediately following a suspected concussion, the brain is susceptible to further significant damage in the event of another impact. **Therefore the player MUST be immediately removed from activity and MUST NOT return until they have completed the graduated return to play (GRTP) protocol.**

What are the visible clues of a suspected concussion?

- Lying motionless on ground
- Slow to get up
- Unsteady on feet
- Balance problems or falling over
- Grabbing/Clutching head
- Dazed, blank or vacant look
- Confused/Not aware of plays or events
- Suspected or confirmed loss of consciousness
- Loss of responsiveness

Players, coaches, healthcare professionals and referees should be familiar with the visible clues of a suspected concussion. **If a player has ANY ONE of the visible clues they MUST be immediately removed from activity and MUST NOT return until they have completed the graduated return to play (GRTP) protocol.**

RECOGNISE AND REMOVE

STOP INFORM REST RETURN

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What are the signs and symptoms of a concussion?

- Loss of consciousness
- Seizure or convulsion
- Balance problems
- Nausea '(feeling sick) or vomiting
- Drowsiness
- Player is more emotional
- Irritability
- Sadness
- Fatigue or low energy
- Player is more nervous or anxious
- Confusion
- "Don't feel right"
- Headache
- Dizziness
- Feeling slowed down
- "Pressure in head"
- Blurred vision
- Sensitivity to light
- Amnesia
- Feeling like "in a fog"

The signs and symptoms of concussion usually start at the time of the injury but the onset of these may be **delayed for up to 24–48 hours.** Parents/guardians, family members and friends should be aware of the signs and symptoms of a concussed player. **If a player has ANY ONE of the signs and symptoms they MUST be immediately removed from activity and MUST NOT return until they have completed the graduated return to play (GRTP) protocol.**

What happens if a player has a suspected concussion at training or when playing?

- **The player MUST be immediately removed from activity and MUST NOT return.**
- **The player MUST NOT be left alone.**
- **The player MUST NOT drive a vehicle.**
- **The player MUST always be in the care of a responsible adult, who is informed of the player's suspected concussion.**
- **The player should be medically assessed as soon as possible.**

A suspected concussion MUST be taken extremely seriously. The Pocket Concussion Recognition Tool (PCRT) can be used to assist in the recognition of a suspected concussion.

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Fellow players/coaches/parents: YOUR responsibility:

- You MUST do your best to ensure that the player is removed from play in a safe manner, if you observe them displaying any of the visible clues or signs or symptoms of a suspected concussion.
- You MUST NOT allow a player to play rugby until they have completed the graduated return to play (GRTP) protocol if they are displaying signs or symptoms of a suspected concussion sustained while playing rugby or another sport.
- You MUST ensure that the player is in the care of a responsible adult and inform them of the player's suspected concussion.

Player: YOUR responsibility:

- If you have symptoms of a suspected concussion you must STOP playing and INFORM medical and/or coaching staff immediately.
- Be honest with yourself and those looking after you.
- If you have symptoms of a suspected concussion sustained while playing rugby or another sport, you MUST NOT play rugby until you have completed the graduated return to play (GRTP) protocol.

Following suspected concussion or a concussion, how does the player return to play?

The player should avoid activities that require concentration or attention until symptoms have been absent for a minimum of 24 hours. Symptoms may be masked by medications such as headache tablets, anti-depressants and/or sleeping medication and caffeine. The graduated return to play (GRTP) of a player following a concussion should be undertaken on an individual basis with the full cooperation of the player.

IRFU CONCUSSION GUIDELINES			
AGE GROUP	MINIMUM REST PERIOD POST CONCUSSION	GRTP	MINIMUM TIME OUT
U6's - U20's*	14 Days	8 Days	23 Days (3 Weekends Missed)
ADULT	14 Days	6 Days	21 Days (2 Weekends Missed)

** under age (U6's - U20's) players playing adult rugby must follow age group guidelines*

Players may not return to play until:

1. all their symptoms have subsided.
2. they have followed the GRTP protocol.
3. they have been medically cleared to return.

Clubs and schools should have the contact details and directions for a local doctor or emergency services listed on their noticeboard and provided to all coaches and parents.

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ISSUE	RESPONSE
INJURY	Player assessed on pitch (visible clues and signs/symptoms)
SUSPECTED CONCUSSION	Player MUST be immediately removed from activity and MUST NOT return
	RECOGNISE AND REMOVE
MANAGEMENT	Player referred to doctor or Emergency Department for diagnosis and further assessment
RETURN TO PLAY	Player rests as per concussion guidelines on previous page and undertakes graduated return to play (GRTP) protocol as per below table

Other players, parents, coaches and administrators should insist that the above guidelines are always followed and be vigilant for the return of symptoms, even if the GRTP protocol has been successfully completed. Please note that each stage in the GRTP protocol may take longer than the minimum period stated below. Players with concussion should not move to the next stage in the event that any symptoms are still present.

Graduated return to play (GRTP) protocol

Players can only move on to the next stage once they have been symptom free during the full period of each stage. If they are not symptom free, they must stay at that stage until they are.

Rehabilitation stage	Exercise at each stage of rehabilitation	Objective of stage	Adult	U6's - U20's
Rest	None	Rest	14 days	14 days
1. No activity	Complete physical and mental rest without symptoms	Recovery	1 day	
2. Light aerobic exercise	Walking, swimming or stationary cycling keeping intensity <70% maximum predicted heart rate (Max predicted heart rate = 220 – Player Age). No resistance training	Increase heart rate	1 day	2 days
3. Rugby-specific exercise	Running drills. No impact activities	Add movement	1 day	2 days
4. Non-contact training drills	Progression to more complex training drills e.g. passing drills. May start progressive resistance training	Exercise, coordination and mental load	1 day	2 days
5. Following medical clearance, full contact practice	May participate in normal training activities	Restore confidence and assess functional skills by coaching staff	2 days	2 days
6. After 24 hours, return to play	Player rehabilitated	Recovered	21 days	23 days

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Useful Contact Details

Emergency Services: 999 or 112

Club/School: _____

Doctor Name: _____

Tel: _____

CONNACHT RUGBY · LEINSTER RUGBY · MUNSTER RUGBY · ULSTER Rugby

For further information see the following websites:
www.irishrugby.ie/medical
www.irbplayerwelfare.com

@IRFUSportsMed

Pocket CONCUSSION RECOGNITION TOOL™

To help identify concussion in children, youth and adults

F-MARC · FIFA · IIHF · IRB International Rugby Board · FEI

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 & 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
- 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

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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/game?"
"Did your team win the last game?"

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

If ANY of the following are reported then the player should be safely and immediately removed from the field. If no qualified medical professional is 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 so do
- 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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The Memory Function (Maddock's Questions) should not be used to clear a player who has a suspected concussion