



CONCUSSION

INFORMATION SHEET FOR REFEREES

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	• Headache
• Clutching Head	• Dizziness
• Balance problems	• Feeling slowed down
• Drowsiness	• “Pressure in head”
• More emotional	• Blurred vision
• Irritability	• Sensitivity to light
• Sadness	• Amnesia
• Fatigue or low energy	• Feeling like “in a fog”
• Nervous or anxious	• Neck Pain
• “Don’t feel right”	• Sensitivity to noise
• Difficulty remembering	• Difficulty concentrating

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

Prolonged Loss of Consciousness	Vomiting	Severe or increasing headache
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 tingling/burning in arms of legs	Possible neck or spine injuries

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 2 Gradual Return to Play Protocol

Rehabilitation Stage	Functional exercise at stage	Objective of stage
1. No Activity (48 Hours Min.)	Physical and Cognitive Rest	Recovery
2. Light Activity (At least 4 days)	Walking, swimming, cycling, keeping intensity <70% maximum permitted heart rate	Increase HR
3. Sports Specific Exercise (At least 4 days)	Running drills,	Add Movement
4. No Contact Training Drills (At least 4 days)	Progress to more complex training drills - passing drills, progressive resistance training	Exercise, coordination and cognitive load
5. Full Contact Practice (At least 1 day)	Following written medical clearance, participate in normal training activities.	Restore confidence and assess functional skills by coaching staff
6. Return to play (Minimum of 14 days since diagnosis)	Normal game play	Return to competitive action

For more information on concussions visit <https://learning.gaa.ie/Concussion>