

## RECOGNISE AND REMOVE

Remember the 4 R's of concussion management:

**RECOGNISE      REMOVE      RECOVER      RETURN**

Identifying concussion is not always easy, and players may not exhibit the signs or symptoms immediately and they may be quite subtle. Therefore it is important to consider concussion in any player who receives a blow to the head in particular.

Even if they have no signs or symptoms and they return to play they should be kept a close eye on, as signs and symptoms may develop later in the game or training session. If they have **any** signs or symptom, or if you are concerned, remove them from play and send them for assessment by a healthcare practitioner.

### Assessing the player:

Remember in all cases to apply the basic principles of first aid. Specifically, with significant head injuries or falls from a height, consider the possibility of a spinal injury. (more details regarding first aid cover and training are available at [EnglandRugby.com/firstaid](https://www.englandrugby.com/firstaid)).

All those involved should use and familiarise themselves with the Headcase Concussion Advice Card and/or the Pocket Concussion Recognition Tool which can be both be downloaded from the resources section of [EnglandRugby.com/concussion](https://www.englandrugby.com/concussion).

#### Remember Basic First Aid:

- Safe approach
- Airway
- Breathing
- Circulation
- Consider the possibility of a neck injury

While concussion guidelines apply to all age groups particular care needs to be taken with children and adolescents because their brain is still developing. Children and adolescents with suspected concussion **MUST** be referred to a healthcare practitioner immediately for initial assessment. They may also need further assessment by a doctor.

### RECOGNISE:

It is important to realise that a player does not need to be knocked out (lose consciousness) to have had a concussion. Players may experience a number of problems after a blow to the head, or you may notice certain things that arouse your suspicion.

**Thinking problems that the player may experience:**

- Does not know time, date, place, period of game, opposing team, or the score in the game
- General confusion
- Cannot remember things that happened before and/or after the injury
- Seems slow to answer questions or follow directions
- Seems easily distracted
- Not playing as well as expected
- A blank stare/glassy eyed, “the lights are on but nobody is at home”

**Things that the player may complain of or you see:**

- Knocked out
- Headache
- Dizziness
- Feel dazed, “dinged” or stunned;
- Loss of vision, seeing double or blurred, seeing stars or flashing lights
- Ringing in the ears
- Sleepiness
- Stomach ache, stomach pain, nausea, vomiting
- Poor coordination or balance, staggering around or unsteady on feet
- Slurred speech
- Poor concentration
- Strange or inappropriate emotions (i.e. laughing, crying, getting angry easily)
- Feeling generally unwell

Any player with suspected concussion or if you have any doubt they must be removed from play – the decision should not be left to the player as they are usually not thinking correctly.

**“IF IN DOUBT SIT THEM OUT”**

**If you suspect concussion YOU must REMOVE them from play right away.**

## Recognising More Serious Head Injuries – When to seek emergency medical treatment

In rare cases, there may be something more serious going on that may initially seem to be a concussion. There are some danger signs to look out for and the following suggest it is likely that the head injury has caused serious damage and you should phone 999 for an ambulance immediately:

- Remaining unconscious after the initial injury
- Weakness, numbness or decreases in coordination and balance
- Having a seizure or fit
- Repeated vomiting or prolonged nausea
- Difficulty speaking, such as slurred speech
- Prolonged vision problems, such as double vision
- Difficulty understanding what people say
- Balance problems or difficulty walking
- Loss of power in part of the body, such as weakness in an arm or leg
- Clear fluid leaking from the nose or ears (this could be cerebrospinal fluid, which normally surrounds the brain)
- Bleeding from one or both ears
- Sudden deafness in one or both ears
- Difficulty staying awake or still being sleepy several hours after the injury
- A headache that is getting worse
- Increasing confusion, restlessness or agitation

## REMOVE

If you suspect concussion **YOU** must **REMOVE** the player from play right away.

Continuing to play increases their risk of more severe, and/or longer lasting concussion symptoms, as well as increases their risk of other injury. In young players in particular it puts them at risk of a very but fatal brain injury.

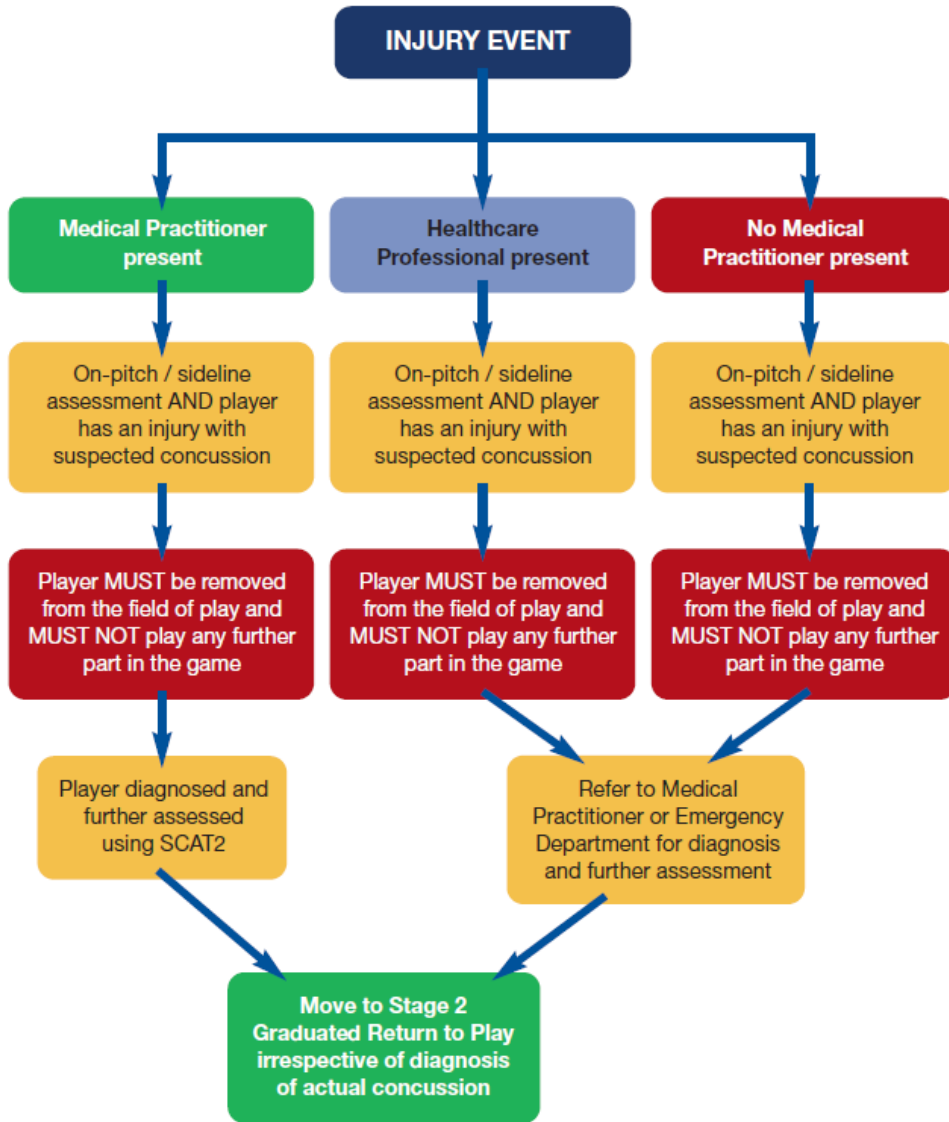
This assessment and initial management process is summarised in the diagram below.

A player removed with suspected concussion:

- Must return to play that day
- Should not be left alone
- Should be seen by a healthcare practitioner as soon as possible that day.
- Should not drive or ride a bike/motorbike.
- Should not drink alcohol

Diagram 1

Stage 1: Diagnosis and initial management



(taken from world rugby concussion guidelines [playerwelfare.worldrugby.org/](http://playerwelfare.worldrugby.org/))

**All players with suspected concussion MUST be assessed by a Healthcare Practitioner.**

**Things to look out for in players who have been or may have been concussed in the days following the event:**

Concussion or post-concussion symptoms are often vague and non-specific. In particular it often mimics the early symptoms of a viral infection such as flu; with the patient complaining of feeling off-colour or generally unwell.

If a player feels unwell or unusual in the days following a head injury, concussion should be considered and medical advice sought. Other things to look out for are:

- **Drop in training, work or academic performance**
- **Difficulties with problem solving**
- **Poor attention and concentration at work or in class**
- **Unusual drowsiness or sleeping during the day suggesting sleep disturbance**
- **Inappropriate emotions**
- **Unusual irritability**
- **Feeling more nervous or anxious than usual**

*These RFU Concussion resources have been developed based on the Zurich Guidelines published in the Consensus Statement on Concussion in Sport, and adapted for rugby by the International Rugby Board*

The information contained in this resource is intended for educational purposes only and is not meant to be a substitute for appropriate medical advice or care. If you believe that you or someone under your care has sustained a concussion we strongly recommend that you contact a qualified healthcare professional for appropriate diagnosis and treatment. The authors have made responsible efforts to include

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