



HEAD INJURIES & CONCUSSION – INFORMATION FOR PARENTS, GUARDIANS, FAMILY OR FRIENDS

WHAT IS CONCUSSION?

Concussion happens after a direct or indirect blow to the head which shakes the brain

If not properly treated it can be fatal or lead to long term brain damage

Concussion is even more serious when the brain is still developing (under the age of 19)

HOW DO I KNOW IF A PLAYER IS CONCUSSED?

Concussion is difficult to diagnose even for trained medical staff.

If a player has a bang to the head or shows any sign of concussion (see below) you must assume the player is concussed.

A player does not have to be knocked out to be concussed

WHAT DO I DO IF I SUSPECT A PLAYER IS CONCUSSED?

- Remove them from play
- Do not let them return to play even if they say they are fine. Concussed players may feel fine but are not fit to make that call.
- Don't leave them on their own
- Make sure they go to see a doctor or go to an A&E Department
- Don't let them drive

WHAT ARE THE SIGNS OF CONCUSSION?

The player:

- Doesn't know the venue, last scorer, opposing team or the score
- Shows signs of confusion, disorientation or is easily distracted
- Cannot remember things that happened before and/or after the injury
- Has a delayed response to verbal commands
- Is not playing as well as expected
- Has been (or may have been) knocked out
- Headache/localised pain
- A fit or convulsion (arms and legs jerking uncontrollably)
- Dizziness/light-headedness/dazed expression
- Unsteady on feet/loss of balance/uncoordinated movement
- A blank stare/glassy eyed
- Loss of vision, seeing double or blurred vision, seeing stars or flashing lights
- Ringing in the ears
- Nausea and/or vomiting
- Slurring of speech
- Poor concentration
- Strange or inappropriate emotions (laughing, crying, getting angry easily)

- Generally feeling unwell

HOW CAN I PREVENT MY PLAYERS GETTING CONCUSSION?

You can't prevent players getting concussion as it is usually caused by accident but you can:

- Make sure your players play within the rules – no high tackles, shoulder charges, dangerous throws
- Teach good tackling technique – helps prevent player's head coming into contact with ball carrier
- Make sure the pitch isn't too hard (frost or drought)
- Make sure there are no dangerous or unpadded structures around the pitch

WHEN CAN A CONCUSSED PLAYER PLAY AGAIN?

Ideally when a doctor says that the player is fit to return. The only cure for concussion is rest. However, the following is a guide:

UNDER 19 & BELOW GRADUATED RETURN TO PLAY (GRTP)				
Stage	Minimum time at each stage of GRTP	Activity Level	Exercise at each stage of GRTP	Objective
1	14 days	No activity for 14 days	Symptom limited physical & mental rest	Recovery
Clearance by Doctor Recommended				
2	48 hours	Light aerobic exercise	Walking, swimming or stationary cycling keeping intensity <70% maximum predicted heart rate.	Increase heart rate
3	48 hours	Sport specific exercise	Running drills – no impact.	Add movement
4	48 hours	Non-contact training drills	More complex training drills eg passing drills. May start progressive resistance training.	Exercise, co-ordination and cognitive load.
5	48 hours	Full contact practice	Normal training activity	Restore confidence and coaching staff to assess functional skills
Clearance by Doctor				
6	Earliest RTP is 23 days	Return to play	Normal training and/or match activity	Recovery complete

WHERE CAN I GET MORE INFORMATION?

Read the RFL's full advice on Head Injuries and Concussion on the RFL website

https://www.rugby-league.com/the_rfl/concussion/headcase_resources

Ask your GP