

Immediate Suspicion.

If a club member, while playing or otherwise, suspects or is suspected of having concussion resulting from a head impact regardless of severity must be immediately checked out using the CRT5 process shown alongside.

Concussion is not something to be taken lightly and the club will always err on the side of caution when determining how best to proceed. We ask all players and staff take this issue just as seriously and make sure they are completely honest about their own health and well being.

CRT5 Step One – Red Flags.

If there is concern after an injury, including whether ANY of the following signs are observed or complaints are reported, then the player should be safely and immediately removed from play/game/activity. If no licensed healthcare professional is available, call an ambulance for urgent medical assessment:

Neck pain or tenderness – Double vision – Weakness or tingling/burning in arms or legs – Severe or increasing headache – Seizure or convulsion – Loss of consciousness – Deteriorating conscious state – Vomiting – Increasingly restless, agitated or combative.

When assessing for a concussion an accident report should be filled in every time, link can be found on our website.

If calling an ambulance the person who is injured's emergency contact should be notified.

CONCUSSION RECOGNITION TOOL 5[®]

To help identify concussion in children, adolescents and adults



RECOGNISE & REMOVE

Head impacts can be associated with serious and potentially fatal brain injuries. The Concussion Recognition Tool 5 (CRT5) is to be used for the identification of suspected concussion. It is not designed to diagnose concussion.

STEP 1: RED FLAGS – CALL AN AMBULANCE

If there is concern after an injury, including whether ANY of the following signs are observed or complaints are reported, then the player should be safely and immediately removed from play/game/activity. If no licensed healthcare professional is available, call an ambulance for urgent medical assessment:

- Neck pain or tenderness
- Double vision
- Weakness or tingling/burning in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness
- Deteriorating conscious state
- Vomiting
- Increasingly restless, agitated or combative

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Assessment for a spinal cord injury is critical.
- Do not attempt to move the player (other than required for airway support) unless trained to do so.
- Do not remove a helmet or any other equipment unless trained to do so safely.

If there are no Red Flags, identification of possible concussion should proceed to the following steps:

STEP 2: OBSERVABLE SIGNS

Visual clues that suggest possible concussion include:

- Lying motionless on the playing surface
- Slow to get up after a direct or indirect hit to the head
- Disorientation or confusion, or inability to respond appropriately to questions
- Blank or vacant look
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Facial injury after head trauma



STEP 3: SYMPTOMS

- Headache
- "Pressure in head"
- Balance problems
- Nausea or vomiting
- Drowsiness
- Dizziness
- Blurred vision
- Sensitivity to light
- Sensitivity to noise
- Fatigue or low energy
- "Don't feel right"
- More emotional
- More irritable
- Sadness
- Nervous or anxious
- Neck pain
- Difficulty concentrating
- Difficulty remembering
- Feeling slowed down
- Feeling like "in a fog"

STEP 4: MEMORY ASSESSMENT

(IN ATHLETES OLDER THAN 12 YEARS)

Failure to answer any of these questions (modified appropriately for each sport) 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?"

Athletes with suspected concussion should:

- Not be left alone initially (at least for the first 1-2 hours).
- Not drink alcohol.
- Not use recreational/prescription drugs.
- Not be sent home by themselves. They need to be with a responsible adult.
- Not drive a motor vehicle until cleared to do so by a healthcare professional.

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ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY, EVEN IF THE SYMPTOMS RESOLVE

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The possible Signs and Symptoms to look for.

Steps two and three of the CRT5 deal with what you should look for when determining possible concussion.

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Assessment for a spinal cord injury is critical.
- Do not attempt to move the player (other than required for airway support) unless trained to do so.
- Do not remove a helmet or any other equipment unless trained to do so safely

Step Two – Observable Signs.

Visual clues that suggest possible concussion include:

- Lying motionless on the playing surface
- Slow to get up after a direct or indirect hit to the head
- Disorientation or confusion, or inability to respond appropriately to questions
- Blank or vacant look
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Facial injury after head trauma

Step Three – Symptoms.

- Headache
- “Pressure in head”
- Balance problems
- Nausea or vomiting
- Drowsiness
- Dizziness
- Blurred vision
- Sensitivity to light
- Sensitivity to noise
- Fatigue or low energy
- “Don’t feel right”
- More emotional
- More irritable
- Sadness

- Nervous or anxious
- Neck pain
- Difficulty Concentrating
- Difficulty Remembering
- Feeling slowed down
- Feeling like “in a fog“

After Suspicion.

ANY PERSON WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY, EVEN IF THE SYMPTOMS RESOLVE.

Anyone suspected of concussion will be asked to attend their local GP to have the incident recorded on their records and to be properly examined by a medical professional. Once diagnosis/confirmation of concussion is reached the club should be notified at the next opportunity.

Players should not return to football and other sports until their concussion related symptoms have resolved and they have successfully returned to school/university/work.

Ongoing management of a concussion or suspected concussion.

REST THE BODY, REST THE BRAIN

Rest is the cornerstone of concussion treatment. This involves resting the body, ‘physical rest’, and resting the brain, ‘cognitive rest’ and avoidance of:

- Physical activities such as running, cycling, swimming, some work activities etc.
- Cognitive activities, such as school work, homework, reading, television, video games etc.

Students with a diagnosis of concussion may need allowance for impaired cognition during recovery, such as additional time for classwork, homework and exams.

For adults, a minimum rest period of 7 days is recommended before restarting exercise.

For anyone aged 18 or under, it is recommended this rest period should be for a minimum of 2 weeks before restarting physical activity.

Anyone with a 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 motor vehicle and should not return to driving until provided with medical or healthcare professional clearance or, if no medical or healthcare professional advice is available, should not drive until free of all concussion symptoms.

Anyone affected by concussion should seek regular GP advice and consultation until cleared as fit. As the club takes a strong line on this we will require to have a doctors note with an express indication that concussion symptoms are no longer present and they do not consider the person concussed any longer. Doctors notes can come with a cost for their production, a cost the club is happy to bear the expense of if you can provide the receipt for.

Returning to play after a concussion

After the minimum rest period AND if cleared by the diagnosing GP, a graduated return to play (GRTP) program should be followed. Students must have returned to school or full studies before restarting physical activity.

Graduated Return To Play

A graduated return to play (GRTP) protocol is a progressive exercise program that introduces an individual back to sport in a step wise fashion.

This should only be started when:

- symptom free at rest,
- returned to normal education or work, where appropriate,
- off treatments that may mask concussion symptoms, e.g. drugs for headaches or sleeping tablets.

Under the GRTP Protocol, the individual can advance to the next stage only if there are no symptoms of concussion at rest and at the level of physical activity achieved in the previous GRTP stage.

If any symptoms occur while going through the GRTP program, the individual must return to the previous stage and attempt to progress again after a minimum 24-hour period of rest without symptoms. It is recommended that a medical practitioner or approved healthcare professional confirm that an individual can take part in full contact training before entering Stage 5.

GRTP Stages

- **Stage 1** – Daily activities that do not provoke symptoms
- **Stage 2** – Light aerobic activity (e.g. walking, swimming or stationary cycling) – can be started 24-48 hours after symptoms have recovered
- **Stage 3** – Light, non-contact training drills (e.g. running, ball work)
- **Stage 4** – Non-contact training drills (i.e. progression to more complex training drills, may start light resistance training. Resistance training should only be added in the later stages)
- **Stage 5** – Full contact training – only after medical clearance
- **Stage 6** – Return to competition (game play)

How are recurrent or multiple concussions managed?

Anyone with a history of two or more concussions within the past year are at greater risk of further brain injury and slower recovery and should seek medical attention from practitioners experienced in concussion management before returning to play. Any player with a second concussion within 12 months, a history of multiple concussions, players with unusual presentations or prolonged recovery should be assessed and managed by health care providers (multidisciplinary) with experience in sports-related concussions.