



# CONCUSSION (Agreed by Clane GAA, January 2017)

## 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 time.

- |                          |                            |
|--------------------------|----------------------------|
| • Loss of consciousness  | • Headache                 |
| • Seizure or convulsion  | • Dizziness                |
| • Balance problems       | • Confusion                |
| • Nausea or vomiting     | • 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 |

**“Presence of any one or more of the above signs and symptoms may suggest a concussion”**

### ACTION PLAN FOR REFEREES

**R**ecognise *signs and symptoms*

**R**equest *medic to remove and assess player (where no medical person present, advise person in charge of team to remove and refer to a doctor)*

**R**e-start *play*

**R**eport *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
- Players sometimes aren’t sure what 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
- 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

- Where a team doctor is present, they must advise the person in charge of the team (i.e. team manager) in this regard and the player must not be allowed to continue their participation in the game.
- A referee cannot remove a player if they suspect a concussion, however, they 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, don't 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, a player should NEVER return to play on the day of injury. Return to play must follow a medically supervised stepwise approach and players MUST NEVER return to play whilst symptoms persist.

### GRADUAL RETURN TO PLAY PROTOCOL

1. There should be an initial period of 24-48 hours rest after a concussion.
2. RTP protocols following concussion follow a stepwise approach. Players should continue to proceed to the next level if no symptoms persist at the current level.
3. Generally each step should take 24 hours so players would take approximately one week to proceed to full rehabilitation once they have no symptoms at rest.

4. If any post-concussion symptoms occur during the GRTP, players should drop back to the previous asymptomatic level and try to progress again after a further 24 hours period of rest has passed.
5. Clearance from a medical doctor is required prior to return to full contact sports.

**Table 1 Gradual Return to Play Protocol**

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

## RESOURCES

To access resources such as the GAA's Concussion Management Guidelines, Information Sheets, Posters and a GAA specific e-Learning module, please visit – [learning.gaa.ie/player](http://learning.gaa.ie/player)

For more information on concussions, visit [www.concussion.ie](http://www.concussion.ie) or [www.gaa.ie/returntoplay](http://www.gaa.ie/returntoplay)