

CONCUSSION GUIDANCE

IF IN DOUBT...

SIT THEM OUT!

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that is caused by a bump, blow, or jolt to the head, neck or face or when a blow to another part of the body results in rapid movement of the head.

This sudden movement can cause the brain to bounce around or twist in the skull. It can affect the way a person moves, thinks, feels, sleeps or remembers things.

The first symptoms of concussion typically appear immediately or within minutes of injury but may be delayed and appear over 24–48 hours following a head injury.

Over the next several days, additional symptoms may become apparent.



RECOGNISING THE SIGNS & SYMPTOMS

RED FLAGS

SEEK URGENT MEDICAL ASSESSMENT

- Any loss of consciousness because of the injury.
- Deteriorating consciousness (more drowsy).
- Seizure/convulsion, limb twitching or lying rigid/motionless due to muscle spasm.
- Severe or increasing headache.
- Amnesia (no memory) for events before or after the injury.
- Increasing confusion or irritability.
- Unusual behaviour change.
- Any new neurological deficit e.g.
 - Difficulties with understanding, speaking, reading or writing
 - Decreased sensation
 - Loss of balance
 - Weakness
 - Double vision
- Repeated vomiting.
- Severe neck pain.
- Any suspicion of a skull fracture (e.g. cut, bruise, swelling, severe pain at site of injury).
- Current 'blood-thinning' therapy.
- Current drug or alcohol intoxication.

If any **RED FLAGS** are reported or observed The participant should receive **urgent medical assessment** from an appropriate Healthcare Professional onsite or in a hospital Accident and Emergency (A&E) Department using emergency ambulance transfer if necessary.

VISIBLE CLUES

SIGNS OF CONCUSSION

Any one or more of the following visible clues can indicate a concussion:

- Loss of consciousness or responsiveness.
- Lying motionless on ground/slow to get up.
- Grabbing/clutching of head.
- An impact seizure/convulsion.
- Unsteady on feet/balance problems or falling over/ in-coordination.
- Dazed, blank or vacant look.
- Slow to respond to questions.
- Confused/not aware of plays or events.
- Tonic posturing – lying rigid/ motionless due to muscle spasm (may appear to be unconscious).
- More emotional/irritable than normal for that person.
- Vomiting.

If any **VISIBLE CLUES** are observed The participant should be removed from training/competition immediately. Refer to next steps on the following page.

SYMPTOMS

SYMPTOMS OF CONCUSSION AT OR SHORTLY AFTER INJURY

Presence of any one or more of the following signs and symptoms may suggest a concussion:

- Disoriented (not aware of their surroundings e.g. opponent, time period, score).
- Headache.
- Dizziness/feeling off-balance.
- Mental clouding, confusion or feeling slowed down.
- Drowsiness/feeling like 'in a fog'/ difficulty concentrating.
- Visual problems.
- Nausea.
- Fatigue.
- Feeling 'pressure in head'.
- Sensitivity to light or sound.
- More emotional.
- Don't feel right.
- Concerns expressed by others about a participant.

If any **SYMPTOMS** are reported or observed The participant should be removed from training/competition immediately. Refer to next steps on the following page.



IF IN DOUBT...

**SIT
THEM
OUT!**

HOW TO RESPOND TO A SUSPECTED CONCUSSION

IF AN ATHLETE HAS A SUSPECTED CONCUSSION, THEY SHOULD BE REMOVED FROM TRAINING/COMPETITION **IMMEDIATELY** AND **MUST NOT** RESUME TRAINING/COMPETITION ON THE SAME DAY.

DOS & DON'TS FOR THOSE WITH A SUSPECTED CONCUSSION



ANYONE WITH A SUSPECTED CONCUSSION **SHOULD**:

- Be removed from training immediately.
- Get assessed by appropriate healthcare professional on site or by calling NHS 111 within 24 hours of the incident.
- Rest and sleep as needed for the first 24-48 hours – this is good for recovery.
- Minimise screen, phone and computer use for at least the first 48 hours.



ANYONE WITH SUSPECTED CONCUSSION **SHOULD NOT**:

- Be left alone in the first 24 hours.
- Consume alcohol in the first 24 hours and/or if symptoms persist.
- Drive a motor vehicle within the first 24 hours. Commercial drivers (HGV etc.) should seek review by an appropriate Healthcare Professional before driving.



IN ALL CASES OF SUSPECTED CONCUSSION, THE PARTICIPANT SHOULD BE ADVISED TO SEEK MEDICAL ASSESSMENT EVEN IF THE SYMPTOMS RESOLVE QUICKLY.

WHAT TO DO FOLLOWING A SUSPECTED CONCUSSION

THE COACH'S ROLE:

- Safely remove the individual from training and ensure that they do not return to play in that game even if they say that their symptoms have resolved.
- Observe the participant or assign a responsible adult to monitor the individual once they are removed.
- Ensure that the participant has arrangements to get home safely.
- Advise a graduated return to activity and sport programme with an emphasis on initial relative rest and returning to education/work before returning to training for sport.
- Advise supervision over the next 24-48 hours.
- Ensure any relevant injury report form is completed and stored by the club/school/organisation.

THE PARTICIPANT'S ROLE:

- Stop training immediately if you experience any symptoms of concussion.
- If you question whether another player may have symptoms of concussion, report this to the coach, or appropriate Healthcare Professional.
- Delays in reporting and under reporting of symptoms have been associated with a longer recovery and delayed return to activity and could risk incomplete recovery of the brain.
- Be honest with how you feel and report any symptoms immediately to your coach and/or medic.
- During training and matches always watch out for other participants and encourage them to be honest and report any concussion symptoms.
- If you have continuing symptoms, do not return to training or sport activities until evaluated by an appropriate Healthcare Professional.
- Follow the graduated return to activity (education/work) and sport programme.



RETURN TO TRAINING

Any suspected concussion should be assessed by an appropriately qualified medical practitioner who should guide return to sport.

After a minimum of 24–48 hours rest, a staged return to normal activities and then sport should be taken place under the guidance of a suitably qualified medical professional. Each stage should be a minimum of 24 hours' duration and individuals should only progress if they are completely symptom free.

Under the Graduated Return to Play (G RTP) programme, the individual should only advance to the next stage as long as symptoms are not more than mildly and briefly exacerbated.

If there is a worsening of symptoms at any stage of the G RTP programme, the individual must return to the previous stage and attempt to progress again after a minimum 24-hour period.

Progressing too quickly through the stages of the G RTP, whilst symptoms are significantly worsened by exercise, may slow recovery.

Failure to consult a healthcare professional to deal with on-going symptoms may also slow recovery.

It is recommended that a participant undergoes a review by the healthcare professional responsible for their day-to-day care prior to entering stage 5 (full contact training).

This six stage G RTP programme should be followed in all cases.

STAGE 1	TASKS	RELATIVE REST FOR 24-48 HOURS <ul style="list-style-type: none"> Minimise screen time Gentle exercise 	EXERCISES	<i>No boxing or strenuous activities.</i> <i>Avoid sparring, bad work, mitts, running or resistance training.</i>	
STAGE 2	TASKS	GRADUALLY INTRODUCE DAILY ACTIVITIES <ul style="list-style-type: none"> Activities away from work (introduce TV, increase reading, games etc.) Light physical activity (e.g. short walks) 	EXERCISES	<i>Skipping rope, light shadow boxing (avoiding sudden head movements), light footwork drills.</i>	
STAGE 3	TASKS	INCREASE TOLERANCE FOR MENTAL & PHYSICAL ACTIVITIES <ul style="list-style-type: none"> Increase study/work-related activities with rest periods Increase intensity of exercise 	EXERCISES	<i>Reintroduce boxing-specific movement and coordination without impact, shadow boxing with controlled head movement, slipping drills without partner, light bag work (50% intensity).</i>	
STAGE 4	TASKS	RETURN TO STUDY/WORK AND SPORT TRAINING <ul style="list-style-type: none"> Part-time return to education/work Start training activities without risk of head impact 	EXERCISES	<i>Technical pad work, heavy bag at moderate intensity, defensive drills with partner at slow pace.</i> <i>No head strikes.</i>	
STAGE 5	TASKS	RETURN TO NORMAL WORK/ EDUCATION AND FULL TRAINING <ul style="list-style-type: none"> Full work/education If symptom-free after rest for 14 days consider full training 	EXERCISES	<i>Technical sparring initially to the body only then to head after observation period.</i>	
STAGE 6	TASKS	RETURN TO SPORTS COMPETITION	EXERCISES	<i>NOT before day 21</i> <i>As long as symptom free at rest for 14 days and during the pre-competition training of Stage 5</i>	



If any symptoms recur/occur during the return to training process, the participant should be reviewed by a medical professional again and must return to the previous symptom free stage.

< For full guidance, please scan the QR code.