# RECOGNISE-REMOVE-REFERRAL

## CONCUSSION "IF IN DOUBT, SIT THEM OUT"

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

**If no qualified person is present, do not move the player, they should not be moved onto a stretcher nor should you remove headgear or any other equipment unless appropriately trained personnel in spinal immobilisation techniques in accordance with the NRL Neck Injury and Cervical Collar Policy are present.**
**- wait for the ambulance and paramedics. Urgent hospital referral is necessary if there is concern regarding the risk of a serious or structural head or neck injury --- call 000.**

**IMPORTANT TO REMEMBER**

**Any player who is unconscious should be suspected of having a spinal cord injury and treated appropriately. This includes DRABC (Danger, Response, Airway, Breathing, Circulation).**
**Any player with ANY of the following 9 RED FLAGS as outlined in the Concussion recognition Tool 5 (CRT5) in the context of a possible head injury should be referred to a hospital urgently, via Ambulance ---call 000:**
**• Loss of consciousness (1 minute) or prolonged loss of movement • Seizures / fits or convulsions • Severe or increasing headache • Double vision • Vomiting • Deterioration of conscious state after being injured, e.g. increased drowsiness • Report of neck pain / tenderness • Burning, numbness, tingling or weakness in arms/legs. (potential spinal cord symptoms) • Increasingly restless, agitated or combative If, at any time, there is any doubt, the player should be referred to hospital Each case of concussion is unique, so management should be individualised by the treating doctor.**

**PLAYERS MUST BE REMOVED PERMANATELY FROM PLAY**

**<u>If any of the following are observed by anyone, including coaches, parents or other players-</u>**
**Not responding appropriately to trainers, referees, or lying motionless on the field.**
**No protective action in fall to the ground (not bracing for impact/ floppy or stiff.**
**Impact seizure/convulsion/fit (stiffening or shaking of arms and/or legs on impact). A player with a facial injury after head trauma should be assessed for signs and symptoms of concussion.**

**Balance problems or clumsy or slow to get up following a direct or indirect head knock (10-15 secs) NOTE: 'Balance disturbance' is defined as when a Player is unable to stand steadily unassisted or walk normally and steadily without support in the context of a possible head injury.**
**Slow laboured movements, excessive drowsiness, change in behaviour, not their normal selves(ask parents), dazed or blank/vacant stare/not reacting appropriately to surroundings, confusion, eyes not opening/only opening to pain/only one eye opening, disorientated or memory impairment (ask questions e.g. name, where are you, what number jersey/position do you play, which half is it now, who scored the last try in this game, what school do you go to etc). Uncooperative behaviour by players should be considered a possible sign of concussion and result in their removal from play as a potential head injury.**

**Player honesty is important when questioning about symptoms. Remember that playing or training with symptoms of concussion can increase the risk of injury, result in concussion complications and prolonged symptoms, result in reduced performance, and could potentially be catastrophic.**

**WHAT ARE THE POTENTIAL COMPLICATIONS FOLLOWING CONCUSSION?**

**• Increased risk of other musculoskeletal injury (possibly due to reduction in reaction time) or repeated concussion, with the second injury often much more severe than the first. If a child has more than one concussion in the same season, the Return to Play will be double the original 14 days and they will have to wait 28 days after their 2nd Concussion before they can RTP and so on. If a child in your team suffers a second concussion you need to make sure you let the club know immediately.**

**• Prolonged symptoms**

**Symptoms of depression, anxiety, and other psychological problems. Severe brain swelling (especially in young players) and potential long-term brain malfunction/degeneration (not currently definitively proven). Complications are not common, however, the risk of complications from a concussion is increased by allowing the player to return to play (or training) before they have recovered completely. Concussion can cause problems with memory and processing of information, which interferes with the player's ability to learn in the classroom, therefore, a child or adolescent should not return to school until cleared by a medical practitioner to do so.**