

### 3. Memory function

Failure to answer any of these questions 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?"

**Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, and should not be returned to activity until they are assessed medically. Athletes with a suspected concussion should not be left alone and should not drive a motor vehicle.**

It is recommended that, in all cases of suspected concussion, the player is referred to a medical professional for diagnosis and guidance as well as return to play decisions, even if the symptoms resolve.

#### RED FLAGS

**If ANY of the following are reported then the player should be safely and immediately removed from the field. If no qualified medical professional is available, consider transporting by ambulance for urgent medical assessment:**

- Athlete complains of neck pain
- Increasing confusion or irritability
- Repeated vomiting
- Seizure or convulsion
- Weakness or tingling/burning in arms or legs
- Deteriorating conscious state
- Severe or increasing headache
- Unusual behaviour change
- Double vision

#### Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the player (other than required for airway support) unless trained to do so.
- Do not remove helmet (if present) unless trained to do so.

From McCrory et al., Consensus Statement on Concussion in Sport. Br J Sports Med 47 (5), 2013

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Benjamin Robinson was only 14 years old when he died from second impact syndrome as a result of sustaining a double concussion during a school rugby match in Northern Ireland.

Ben sustained his first concussion at the start of the second half but played on for another 25 minutes and was involved in two further heavy collisions.

If the signs and symptoms of concussion had been recognised earlier, Benjamin would have been removed from play.

**"IF IN DOUBT, SIT IT OUT"**

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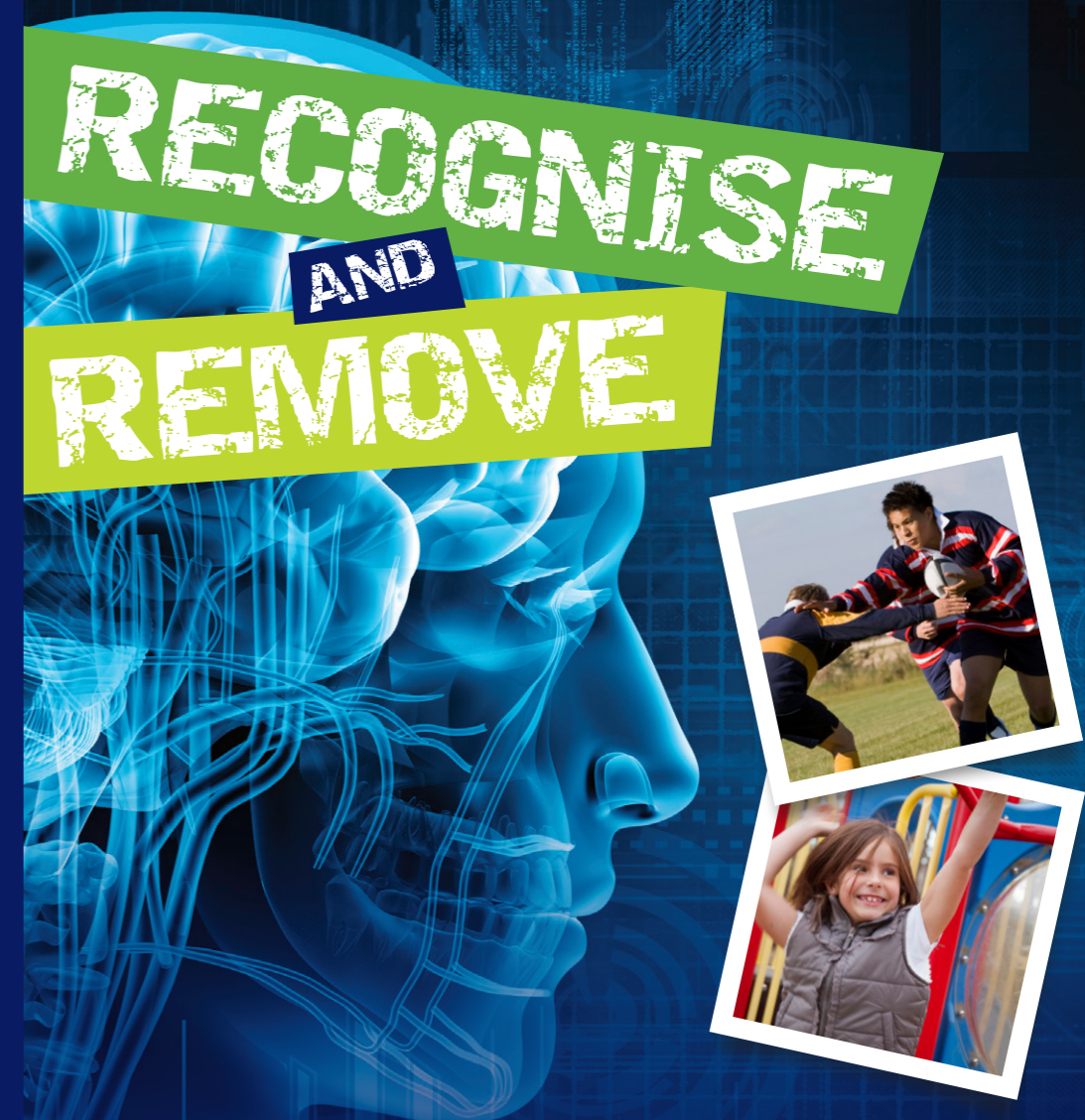
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**RECOGNISE**

**AND**

**REMOVE**



**CONCUSSION**

Concussion can be fatal, so everyone needs to know the signs.

## WHAT IS CONCUSSION?

Concussion is a brain injury which is usually caused by hitting your head or a fall. It can happen at any time, anywhere: for example during sports, in the school playground, or even at home.

Concussion must **always** be taken seriously. It is really important to be able to recognise the signs and know how to respond.

## SPOT THE SIGNS

If you or someone else has been hit on the head, you need to look out for signs like these:

- A headache
- Feeling dazed or confused
- Feeling drowsy or sleepy
- Feeling sick
- Feeling irritable or “in a fog”
- Having difficulty remembering things
- Any other change in normal behaviour.

Concussion does not always involve losing consciousness; you must take **any** of these symptoms very seriously. For more details, see the **Pocket Concussion Recognition Tool™**.

### Stay aware and stay safe

- The signs and symptoms of concussion usually start at the time of injury, but it's not uncommon for symptoms to be delayed for up to 48 hours.
- Hitting your head a second time when you have concussion can be extremely serious.
- Knowing what to do if you think someone might have concussion can prevent serious injury, and it may even save a life.

## KNOW WHAT TO DO AND WATCH OUT FOR EACH OTHER

If you have hit your head or you think someone else might have suffered a concussion:

- **Stop playing** or whatever you are doing.
- **Report it** to a teacher, parent, coach, referee or umpire immediately.
- **Be honest** about how you're feeling or what you've seen.

If someone has been knocked out or seems to be getting worse, someone must phone an ambulance to get them help quickly.

See the **Pocket Concussion Recognition Tool™** for more guidance.

Remember that your health and your life are more important than any sport or game:

- If you hit your head before a match, you must **let your sports coach know**.
- If you are playing or training and hit your head, **don't return to the game** until a doctor has assessed you.
- If you are told to stay away from sport or training for a period of time, make sure you **follow the instructions**.



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This leaflet was developed with the support of Dr Michael McBride, Chief Medical Officer for Northern Ireland.

## Pocket CONCUSSION RECOGNITION TOOL™

To help identify concussion in children, youth and adults



FIFA®



### RECOGNISE & REMOVE

Concussion should be suspected **if one or more** of the following visible clues, signs, symptoms or errors in memory questions are present.

#### 1. Visible clues of suspected concussion

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

Loss of consciousness or responsiveness  
Lying motionless on ground/Slow to get up  
Unsteady on feet / Balance problems or falling over/Incoordination  
Grabbing/Clutching of head  
Dazed, blank or vacant look  
Confused/Not aware of plays or events

#### 2. Signs and symptoms of suspected concussion

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

- |                          |                            |
|--------------------------|----------------------------|
| - 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 |

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<http://bjsm.bmj.com/content/47/5/267.full.pdf>