

If in doubt, SIT THEM OUT!

Concussion Guidance





What is a concussion?

A concussion is a brain injury caused by a blow to the head, neck or face.

Symptoms may start immediately, but in some cases, can be delayed in onset for a few minutes up to hours after the trauma.

Know the signs and symptoms

If these are present, a concussion should be suspected:

- Headache
- · Loss of consciousness
- Nausea or vomiting
- Dizziness
- Blurred vision
- Sensitivity to light and noise

- Confusion
- Drowsiness
- Seizure
- Feeling like in a fog
- · Balance problems
- Difficulty concentrating

More severe "red flag" symptoms may include:

a worsening headache, seizures, repeated vomiting, increasing confusion, or unusual changes in behaviour.

Immediate management of concussion

If an athlete has a suspected concussion, they should be removed from training/competition and **MUST NOT** resume training/competing on the same day.





If the following have occurred or are present, the athlete should go to A&E:



- · Loss of consciousness.
- · Repeated vomiting.
- · Change in behaviour.
- Memory loss.
- Previous brain injury or brain surgery.
- Blood clotting issues.
- · Worsening headache not going away with painkillers.
- · Crying more than usual in young children or babies.
- · Severe neck pain.
- · Alcohol or drug intoxication.

If any of the following occur or are present, you must call 999:

- 999
- · Unconsciousness has persisted.
- · Difficulty remaining awake.
- · Fits or seizure.
- Vision or hearing problems.
- · Black eye without any eye injury.
- · Bleeding from ears.
- · Clear fluid coming from the ears or nose.
- · Numbness or weakness in part of the body.
- · Problems walking or with balance.
- · Head wound.
- · Has hit their head with force.

In all other instances, the athlete should be given the following advice:



- See a doctor for assessment of the injury within 24 hours.
 - Must remain supervised by a responsible adult for 24 hours post injury.
 - · Use an ice pack to reduce any swelling.
 - · Rest and avoid any stress.
 - Minimise use of mobile phone or smart tablet for 48 hours.



- Do not consume alcohol until at least 24 hours afterwards and then only if they are free of symptoms.
- Do not drive until medically cleared to do so or have no symptoms.
- Do not use aspirin or anti-inflammatory medication.
- Do not use sleeping tablets.
- Do not train or exercise until given clearance by a doctor or symptoms have resolved.



In all cases of suspected concussion, the athlete should be advised to seek medical assessment within 24 hours which may be in person or call 111 even if the symptoms resolve quickly.



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.

Athletes aged 18 or younger should spend a minimum of 48 hours at each stage and those under 13 should seek guidance from a doctor about how guickly to progress through the stages.

Standard return to training guidelines for mild concussion not requiring hospital treatment should include six basic steps:

- Initial rest period.
- · 24-48 hours minimum or until all symptoms resolved (seven days for divers under 18).
- For the next 24-48 hours gradual return to daily activity such as school and work.
- · Only progress if no symptoms after full return to school or work.



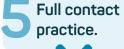
- · Such as walking, jogging, swimming (no tumble turns).
- · No diving or water polo.
- · Less than 15 minutes activity and less than 70 per cent max heart rate.
- · No resistance training or jumping.



- · Less than 80 per cent max heart rate for under 45 minutes.
- · Skills and drills.
- · Artistic swimming: Limit body and head movement.
- · No head impact activities or contact.
- · Water polo: Passing and drills.
- · Diving: Springboard bouncing only (max 50).



- · Less than 90 per cent max heart rate and less than 60 minutes.
- · Water polo: Inrease intensity of training, shooting, passing.
- · Water polo: Avoid being hit by a water polo ball and no head impact activities.
- · Diving: Somersaults from the side to the feet.
- · Artistic swimming: Rotations and underwater started.



- · Open water: Training.
- · Water polo: Full activity.
- · Diving: Dive to hands from 5 metres maximum.
- · Diving: Platform line up, entries and skill chain-nil to feet.
- · Artistic swimming: Lifts and underwater increasing time.
- · Diving: Platform to hands, springboard lead ups.



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

For the full guidance go to bit.ly/SEConcussionGuidance.







