

# How to recognise a concussion

If any of the following signs or symptoms are present following an injury the player should be **suspected** of having a concussion and **immediately removed from play or training and must not return to play that day**. The **Pocket Recognition tool** may be used as an aid to the pitchside assessment (see **Useful Links** section)

## If in doubt sit them out.



### Visible clues (signs) of concussion

What you may see

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

- Dazed, blank or vacant look
- Lying motionless on ground / slow to get up
- Unsteady on feet / balance problems or falling over / poor coordination
- Loss of consciousness or responsiveness
- Confused / not aware of play or events
- Grabbing / clutching of head
- Seizure (fits)
- More emotional / irritable than normal for that person



### Symptoms of concussion

What you may be told by the injured player

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

- Headache
- Dizziness
- Mental clouding, confusion, or feeling slowed down
- Visual problems
- Nausea or vomiting
- Fatigue
- Drowsiness / feeling like “in a fog” / difficulty concentrating
- “Pressure in head”
- Sensitivity to light or noise



### Questions to ask a player

These should be tailored to the particular activity and event, but failure to answer any of the questions correctly may suggest a concussion. Examples with alternatives include:

What venue are we at today?

or

Where are we now?

Which half is it now?

or

Approximately what time of day is it?

Who scored last in this game?

or

How did you get here today?

What team did you play last game?

or

Where were you on this day last week?

Did your team win the last game?

or

What were you doing this time last week?

An incorrect answer to these questions may suggest a concussion, but a concussed player might answer these questions correctly.

**Video footage:** If video footage of the incident is available this may be of assistance in establishing the mechanism and potential severity of the injury and can be used to contribute to the overall assessment of the player. This may be viewed by the person assessing the injured player or can be commented on by a third party, such as the tunnel doctor in an elite professional setting. A coach or parent may have video footage that could be helpful in a non-elite setting. However video evidence must not be used to contradict a medical decision to remove the player.

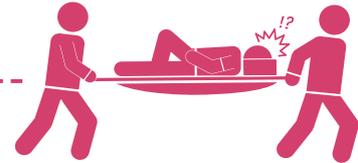
# What to do next

Anyone with a suspected concussion **MUST** be **IMMEDIATELY REMOVED FROM PLAY.**



Once safely removed from play they must not be returned to activity that day.

Team-mates, coaches, match officials, team managers, administrators or parents who **suspect** someone may have concussion **MUST** do their best to ensure that they are removed from play in a safe manner.



If a neck injury is suspected suitable guidelines regarding the management of this type of injury at pitchside should also be followed (see useful links for pitchside injury management training)

If **ANY** of the following are reported then the player should be transported for urgent medical assessment at the nearest hospital emergency department:

**Severe neck pain**

**Deteriorating consciousness (more drowsy)**

**Increasing confusion or irritability**

**Severe or increasing headache**

**Repeated vomiting**

**Unusual behaviour change**

**Seizure (fit)**

**Double vision**

**Weakness or tingling/burning in arms or legs**

In **all** cases of **suspected concussion** it is recommended that the player is referred to a medical or healthcare professional for diagnosis and advice, even if the symptoms resolve.