

CONCUSSION

RECOGNISE, REMOVE, RECOVER, RETURN



RECOGNISE RED FLAGS

Seek urgent medical help if the player has or develops any of the following:

- Neck pain
- Increased confusion or doesn't recognise you
- Repeated vomiting
- Seizures or convulsions
- Double or blurred vision
- Slurred speech
- Weakness, tingling or burning in the arms or legs
- Decreasing levels of consciousness (this includes difficult waking)
- Bad or worsening headaches
- Unusual behaviour change (irritability, restless)

DO NOT HESITATE TO CALL 111

RECOGNISE SIGNS AND SYMPTOMS OF CONCUSSION

What you see?

- Loss of consciousness
- Lying on the ground not moving or slow to get up
- Loss of balance or coordination
- Disorientation or confusion
- Visible injury to face or head
- Grabbing or clutching of head
- Dazed, blank or vacant look

RECOGNISE SIGNS AND SYMPTOMS OF CONCUSSION

What they feel?

- Blurry vision
- Dizzy
- Difficulty with bright light or loud noises
- Tired
- Problems with memory
- Find it hard to think or concentrate
- More emotional
- Irritable

RECOGNISE SIGNS AND SYMPTOMS OF CONCUSSION

What they say?

Incorrect, struggling or failing to answer any of these questions may suggest concussion:

- Where are we playing or training?
- Which half is it now?
- What is time is it now?
- Who scored last in this game or practice?
- What team did you play last week's game?
- Did your team win the last game?

REMOVE FROM PLAY AND REFER FOR ASSESSMENT

Any player with a suspected concussion must be immediately removed from play or training. The player must be assessed by a doctor, ideally within 48hrs, to confirm diagnosis and the need for additional support.

THE FIRST 48HRS

Concussion symptoms can be delayed, and serious complications are more likely to occur in the first 48hrs. Players with a suspected concussion should:

- Be closely monitored by a responsible person.
- Avoid alcohol, sleeping pills and illegal drugs.
- Not drive.
- Rest for two days from all physical and mental activity.

GRADUATED RETURN TO PLAY

REHABILITATION STAGE	EXERCISE AT EACH REHABILITATION STAGE	UNDER 19 YEARS	19 YEARS OR OLDER
1. Rest/no activity	Avoid physical activity, thinking tasks and screen (TV, phone, laptop)	Days 1–2	Days 1–2
2. Light to moderate exercise	Symptom-guided low to moderate intensity activity such as walking, jogging or stationary cycling	Days 3–16	Days 3–16
3. High intensity exercise	Player rehabilitated	Days 17–18	Day 17

If at any stage the symptoms come back, the player must remain in that stage until they are gone.

GRADUATED RETURN TO PLAY

REHABILITATION STAGE	EXERCISE AT EACH REHABILITATION STAGE	UNDER 19 YEARS	19 YEARS OR OLDER
4. Non-contact training drills	Progression to more complex training drills: passing, catching, may start weight training	Days 19–20	Day 18
5. Following medical clearance full contact practice	May participate in normal training activities (contact training)	Days 21–22	Day 19–20
6. After 24 hours return to play	Player rehabilitated	Day 23	Day 21

If at any stage the symptoms come back, the player must remain in that stage until they are gone.

RETURN TO PLAY

Even if symptoms have resolved, the minimum stand-down period before a player with concussion can return to play is 23 days for players under 19 years and 21 days for players 19 years and older.

A player can return to contact training when they:

- Have fully returned to school or work without limitation.
- Have followed the graduated return to play guidelines.
- Are symptom free
- Have attained medical clearance

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