Ballina Town FC and FAI Concussion Guidelines

This document sets out Ballina Town FC Guidelines in relation to Concussion Management.

What is Concussion?

Concussion is a brain injury and can be caused by a direct or indirect hit to the player's head or body. Concussion typically results in an immediate onset of short-lived signs and symptoms. However, in some cases, the signs and symptoms of concussion may evolve over a number of minutes or hours or even days. Concussion must be taken extremely seriously as there is potential for catastrophic brain injury with children and adolescents at most risk.

Summary Principles

Concussion is a brain injury that needs to be taken seriously to protect the short and long-term health and welfare of all players.

- If there are any signs leading to the suspicion of concussion, a player should be removed immediately from the field of play pending a full medical assessment (the impact itself may on occasion be considered an indicator even in the absence of any immediate symptoms). A player suspected of sustaining/having sustained a concussion should not return to play on the same day. Subsequently a satisfactory, supervised return to play protocol must be completed, followed by medical approval, prior to return to play. **If In Doubt, Sit Them Out.**
- Concussion is an evolving injury. It is important to monitor the player after the injury for 24-48 hours.
- Adult players and players under the age of 18 suspected of having a concussion must rest for a minimum of 48 hours and then must follow a GRTP protocol. Players must receive written medical clearance (from a doctor) and present to the person in charge of the team before returning to training. Players should not return to training/matches for at least 2 weeks from when the injury has first been diagnosed. (It is recommended that the GRTP should take at least 15 days for players.)
- All coaches should be made aware by players and/or parents if a player under their care has received a concussion in another sport/event.
- In children and adolescents, there is a risk of catastrophic injury from second impact syndrome if players are returned to play before they are recovered from concussion.

Signs and Symptoms

Contrary to popular belief, most (over 90%) concussions occur without a loss of consciousness and so it is important to recognise the other signs and symptoms. Concussion must be recognised as an evolving injury in the acute stage. Some symptoms may develop immediately while other symptoms may appear gradually over time. Monitoring of players - minutes, hours and days - after the injury is therefore an important aspect of concussion management.

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Diagnosis of Acute Concussion should involve the following:

1. Player's subjective report of his/her symptoms.
2. Observation of the player for physical signs of concussion.
3. Assessment of the player for cognitive change or decline.
4. Observation of players for behavioural change.
5. Players report of any sleep disturbance.

INDICATORS	WHAT YOU WOULD EXPECT TO SEE
Symptoms	Headaches* Dizziness 'Feeling in a fog.' Fatigue Sensitivity to light or noise
Physical Signs	Loss of consciousness Vomiting Vacant Facial Expression Clutching Head Balance Disturbance (ataxia / unsteadiness) Motor In coordination Slurred speech
Cognitive Impairment	Loss short term memory Difficulty with concentration Decreased attention. Diminished work performance
Behavioural Changes	Irritability Anger Mood Swings

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	Feeling Nervous Anxious Sadness or Depression Withdrawal
Sleep Disturbance	Drowsiness Difficulty Falling Asleep

*Most common symptom

Pitch Assessment / Initial Management of a Concussion Injury*

- Knowledge of a player's history (has the player suffered a concussion previously?), visualizing the impact and performing an examination in the first 3 minutes may provide invaluable information.
- At many games, we are aware that there are no healthcare professionals on site. If no healthcare practitioner is available, the player should be removed from practice or play and urgent referral to a doctor is required. If there is a possibility of a potential neck or cervical spine injury the player should not be moved, and an ambulance called immediately.
- While the diagnosis of concussion is a clinical judgement, made by a doctor on an individual basis, there are red flags that mandate the urgent removal of a player to urgent medical attention/request for an ambulance:
    - Prolonged Loss of consciousness
    - Deteriorating conscious state
    - Convulsions or tonic posturing
    - Increasingly restless, agitated or combative
    - Vomiting
    - Double Vision
    - Disorientation/Confusion
    - Severe or increasing headache.
    - Abnormalities of balance, gait or coordination
    - Slurred or incoherent speech
    - Weakness or tingling/burning in arms or legs.

If there is a possibility of a potential neck or cervical spine injury the player **should not be moved,** and an ambulance called immediately.

- Once the above first aid issues are addressed, an assessment of the concussive injury should include clinical judgement.

- The player should NOT be left alone for 24 hours following the injury. The player should not drive, take alcohol or any medication unless prescribed by a doctor. Regular observation for deterioration is essential over the initial 24 hours following injury.

* There is a need to recognise that the appearance of symptoms might be delayed several hours following a concussive episode. For example, there may be no forgetfulness (retrograde amnesia) present at 0 minutes post injury, yet forgetfulness (amnesia) may be present at 10 minutes post injury.

* Orientation tests (i.e. name, place, and person) have been shown to be an unreliable cognitive function test in the sporting situation.

PLEASE SEE APPENDIX 1 FOR CONCUSSION RECOGNITION TOOL

Return to Play Protocol

A player with a suspected/ concussion should NEVER be allowed to return to play (RTP) on the day of injury. In addition, return to play must follow a medically supervised stepwise approach and a player **SHOULD NEVER** return to play while symptomatic.

A graded program of exertion prior to medical clearance and return to play is generally recommended.

Below are six gradual steps that players, along with a health care provider, should follow to help safely return to play. Remember, this is a gradual process. These steps should not be completed in one day, but instead over days, weeks, or months.

Step 1	No activity (Minimum of 48 hours)	Symptom limited physical and cognitive rest. Recovery is the objective
Step 2	Light aerobic activity (at least 4 days)	Walking, swimming, stationary bike. Increase in heart rate is the objective.
Step 3	Sports Specific exercise (at least 4 days)	Running drills. The objective is to add movements.
Step 4	Non-contact drills (at least 4 days)	Passing drills. The objective is to exercise, add coordination and cognitive load.
Step 5	Full contact practice (at least 1 day)	This should be medically cleared. The objective is to restore confidence and assess functional skills by coaching staff.
Step 6	Return to Play	**Minimum of at least 15 days since diagnosis**

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Sources:

Football Association of Ireland

Available at: https://www.fai.ie/domestic/clubs-leagues-affiliates/concussion

APPENDIX 1

CONCUSSION RECOGNITION TOOL

To help identify concussion in children, adolescents and adults.

RECOGNISE & REMOVE.

Head impacts can be associated with serious and potentially fatal brain injuries. This Concussion Recognition Tool is to be used for the identification of suspected concussion. It is not designed to diagnose concussion.

STEP 1: RED FLAGS — CALL AN AMBULANCE

If there is concern after an injury including whether ANY of the following signs are observed or complaints are reported then the player should be safely and immediately removed from play/game/activity. If no licensed healthcare professional is available,

call an ambulance for urgent medical assessment:

• Neck pain or tenderness • Severe or increasing headache • Deteriorating conscious state

• Weakness or tingling/burning in arms or legs • Seizure or convulsion • Vomiting

• Increasingly restless, agitated or combative • Loss of consciousness

Remember:

• In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.

• Assessment for a spinal cord injury is critical.

• Do not attempt to move the player (other than required for airway support) unless trained to so do.

If there are no Red Flags, identification of possible concussion should proceed to the following steps:

STEP 2: OBSERVABLE SIGNS

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Visual clues that suggest possible concussion include:

- **Lying motionless on the playing surface**
- **Disorientation or confusion, or an inability to respond appropriately to questions.**
- **Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements**
- **Slow to get up after a direct or indirect hit to the head.**
- **Blank or vacant look**
- **Facial injury after head trauma**

STEP 3: SYMPTOMS		
• Headache **• "Pressure in head"** **• Balance problems** **• Nausea or vomiting** **• Drowsiness** **• Dizziness** **• Blurred vision**	**Sensitivity to light** **• Sensitivity to noise** **• Fatigue or low energy** **• "Don't feel right"** **• More emotional** **• More Irritable** **• Sadness**	**• Nervous or anxious** **• Neck Pain** **• Difficulty concentrating** **• Difficulty remembering** **• Feeling slowed down** **• Feeling like "in a fog"**
STEP 4: MEMORY ASSESSMENT (Players older than 12 years)		
Failure to answer any of these questions correctly may suggest a concussion:		**"Where are we today?"** **"Which half is it now?"** **"Who scored last in this game?"** **"What team did you play last week?"** **"Did your team win the last game?"**

<u>Players with suspected concussion should</u>:

- **Not be left alone initially (at least for the first 1-2 hours)**
- **Not drink alcohol.**

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- **Not use recreational/ prescription drugs.**
- **Not be sent home by themselves. They need to be with a responsible adult.**
- **Not drive a motor vehicle until cleared to do so by a healthcare professional.**

ANY PLAYER WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY,

EVEN IF THE SYMPTOMS RESOLVE