

CONCUSSION CHECKLIST - WHAT YOU SHOULD DO

RECOGNISE

The signs and symptoms of concussion

REMOVE

The player from play

REFER

Them to a doctor for assessment

RECOGNISE THE SIGNS AND SYMPTOMS OF CONCUSSION

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

01 PHYSICAL SIGNS (WHAT YOU SEE)

- * Loss of consciousness or non-responsive
- * Lying on the ground not moving or slow to get up
- * Loss of balance / co-ordination
- * Disorientation / confusion
- * Visible injury to face or head (especially in combination with any other signs)
- * Grabbing / clutching of head
- * Dazed, blank or vacant look

02 MEMORY (WHAT THEY SAY)

Failure to answer any of these questions correctly may suggest a concussion.

- * What venue are we at today?
- * Which half/quarter is it now?
- * Who scored last in this game?
- * What team did you play last week/game?
- * Did your team win the last game?

03 CLINICAL SYMPTOMS (WHAT THEY FEEL)

If any of the following symptoms appear, concussion may be present.

- * Blurred vision
- * Neck pain
- * Nausea
- * Dizziness
- * Confusion
- * Difficulty sleeping
- * Headache/pressure in the head
- * Sensitivity to light &/or noise
- * Fatigue
- * Drowsiness/trouble sleeping
- * More emotional
- * Nervous or anxious
- * Irritability
- * Problems with memory
- * Reduced ability to think/concentrate

04 RED FLAGS (WHAT REQUIRES HOSPITALISATION)

If no qualified medical professional is available, consider transporting by ambulance for urgent medical assessment.

- * Player 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

REMOVE THE PLAYER FROM PLAY

Any player with a suspected concussion must be **IMMEDIATELY REMOVED FROM PLAY**, and must not be returned to activity until they are assessed medically and follow **THE RETURN TO PLAY STAGES**.

- * Apply first aid principles: **DRSABC** (Danger, Response, Send for help, Airway, Breathing, Circulation).
- * Treat as though they have a **neck injury**.

- * **ONLY be moved by a medical professional** trained in spinal immobilisation techniques.
- * Do not remove headgear (if present) unless trained to do so.
- * **Call 111** if there is concern regarding the risk of structural head or neck injury

Players with a suspected concussion should **not be left alone** and should **not drive a motor vehicle**.

REFER THEM TO A DOCTOR FOR ASSESSMENT

Anyone with a suspected head injury needs to see and be assessed by a medical doctor. Only a qualified medical doctor can assess and diagnose a concussion. This is essential to confirm the diagnoses of concussion and to assess the risk for more serious injury.

It is useful to have a list of local medical doctors, concussion clinics and emergency departments close to where the sport/activity is being played.

WHAT HAPPENS NEXT?

REST, RECOVER and RETURN

REST
Until symptom-free
RECOVER
By following your doctor's advice and following **THE RETURN TO PLAY STAGES**
RETURN

To the full demands of your sport when fully recovered & cleared by your doctor

RETURN TO PLAY STAGES

Rehab Stages		Minimum U19+	Time U19
1	Complete mental and physical rest until symptoms have cleared.	14 days	14 days
2	Once symptom-free, light aerobic exercise, such as walking or stationery cycling.	2 days	2 days
3	Rugby-specific exercise, such as running or ball handling activities only if symptom free. NO head impact activities.	1 day	1 day
4	Non-contact training drills until medical clearance given and only if symptom-free	1 day	2 days
5	Once medical clearance has been given, full contact training.	2 days	2 days
6	Return to play		

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