IRFU Submission

Oireachtas Joint Committee on Health & Children

Concussion in Sport

Presented by

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INTRODUCTION

The Irish Rugby Football Union welcomes the Oireachtas Joint Committee on Health and Children’s invitation to this meeting on concussion and the opportunity to address the committee.

I am here in my capacity as Head of Medical Services with the Irish Rugby Football Union. I am also Director of Medicine at the Irish Institute of Sport and Medical Officer at the Olympic Council of Ireland, I have also been Medical Officer to Wicklow Intercounty Football GAA team and a member of the GAA’s Medical Scientific and Welfare Committee.

Medical information about concussion in sport has already been presented to this committee, for this reason I will present how the IRFU is managing concussion in rugby in Ireland.

Concussion is a very important issue which affects many sports, including rugby, and recreational activities it is an issue the IRFU takes extremely seriously.

Concussion education and management sits at the very top of the IRFU’s player welfare strategy aimed at educating, supporting and protecting players at all levels of the game.

Rugby operates a zero-tolerance stance towards playing with concussion and the message to all is “Stop – Inform – Rest – Return”. Any player with clear or suspected concussion should be removed from the field of play and must not return that day.

The strategic vision ‘intent’ of the IRFU is: **That all players, coaches, referees and medical personnel involved in rugby union in Ireland understand the importance of concussion, how to recognise concussion and manage it, therefore enhancing player welfare.**

The union is providing leadership to change the culture within rugby. The culture that we aspire to, is one in which - **Concussion is considered a serious injury, actively monitored for, recognised and proactively managed with player safety the ultimate consideration.**

We are working to achieve this vision and culture change by concussion education, regulation, prevention, management and research.
CONCUSSION EDUCATION

Education is at the heart of driving awareness and cultural change and the IRFU’s “Stop – Inform – Rest – Return” and “Recognise and Remove” campaign features educational and guidance materials, a concussion roadshow and our Standard Approach to Field Emergencies in rugby (SAFE Rugby) courses.

The IRFU is delivering its educational programme in the following ways:

- **Concussion Roadshows:**
  - Almost 2,000 people have attended 54 concussion road show talks nationwide, to professional players and in the club and school game.

- **Standard Approach to Field Emergencies in rugby (SAFE Rugby):**
  - Almost 900 participants have attended one of 46 SAFE rugby courses. This is a one day practical course with one instructor to every six participants. The IRFU has a network of 28 instructors nationwide, all with expertise in pre-hospital care.
  - SAFERugby aims to provide rugby specific, pitch side emergency care training and skills to medical and non-medical individuals involved in rugby.
  - Courses at all levels include concussion management protocols, Basic Life Support/AED (defibrillator) training and first aid management of sport injuries.

- **Poster and Wallet Card distribution:**
  - 30,000 concussion education wallet cards and posters were distributed last season. These cards were delivered to every club and school in July 2013 and January 2014 and the major emergency departments in Ireland January 2014.

- **IRFU Medical Website:**
  - The medical section of the IRFU website was redesigned with educational content on concussion. We are at present developing ‘child friendly’ material.

- **Medical community:**
  - The IRFU’s medical staff have presented educational talks to the Emergency Medicine Doctors, The Faculty of Sports & Exercise Medicine and The Irish College of General Practitioners Summer School.

Research tells us that education should be ‘user- specific, context-specific, impact-oriented and an interdisciplinary process.’ The IRFU is targeting schools, adolescent children, coaches and referees with educational material specific to each group to inform them of their role in concussion management, with specific guidance for each.
CONCUSSION REGULATION

Rugby recognises the association between concussion and CTE (Chronic traumatic encephalopathy). Regulation, which includes mandatory components, coupled with strong education is key to mitigating the risks.

Concussion management strategies have been supported and reinforced by the following mandatory components:

- The IRFU introduced mandatory time out of the game for those with a suspected or confirmed concussion at adult (21 days) and underage (23 days) level.
- All coaches attending an IRFU coaching course must complete an online concussion educational module.
- Club and school funding has been linked to completion of concussion education by coaches.
- Referee reporting of all concussion and suspected cases of concussion in the Ulster Bank League.

CONCUSSION PREVENTION

The promotion of correct playing techniques, strong laws and strict refereeing (no hits above the shoulders, no tip tackles) and a medically supervised graduated return-to-play protocol, that recognises the importance of treating youths more conservatively, is at the heart of our approach.

Coaches are being educated on proper tackle techniques and appropriate training schedules, while referees are being educated on their role in injury prevention and the dangers of foul play.

CONCUSSION MANAGEMENT

The IRFU operates a zero-tolerance stance towards playing with concussion and the message is “Stop – Inform – Rest – Return” and “Recognise and Remove”. Any player with any symptoms of concussion must be removed immediately and cannot return to play that day. Any player who is even suspected of having a concussion must be removed immediately and must not return to play that day.

Under IRB law 3.9 if the referee decides (with or without the advice of a doctor or other medically qualified person) that a player is so injured that they should stop playing, the referee may order that player to leave the playing area. The referee may also order an injured player to leave the field to be medically assessed. Referees have been reminded of their powers under this law and its use in suspected concussion cases.
The IRFU is continually updating its concussion management strategy in line with new developments in this evolving area of sports medicine. We are at all times guided by the Zurich Guidelines of 2012 and ongoing research.

We have introduced mandatory time out of the game for those with a suspected or confirmed concussion at adult (21 days) and underage (23 days) level. These times out of the game have been followed by other rugby unions.

The IRFU Club Support Scheme which provides financial support to clubs and schools has introduced concussion education by coaches as criteria for release of funding. For clubs to receive the participation and coaching grant, named coaches must have completed the IRB ‘concussion Management for the General public’ module and be fully aware of the IRFU's Graduated Return to Play Policy.

The IRFU is also developing bespoke adult education videos for Irish coaches.

**CONCUSSION RESEARCH**

Research drives IRFU’s concussion policies. This research will inform the IRFU about how effective its concussion strategy has been and guide future developments in concussion management.

The IRFU is currently supporting an epidemiological study of schools rugby injuries (including concussion) in Ulster Rugby.

The Union have developed an on-line reporting system to allow referees to advise us on any suspected or confirmed concussions during a game. This enables us to audit the incidences and engage directly with the player to ensure return to play guidelines are observed.

The IRFU has also undertaken two research studies on the professional game in recent years and these studies have recently been published in international peer reviewed medical journals as follows:


The IRFU is at present looking at supporting concussion research in the areas of cognitive (mental) rehabilitation, General Practitioner knowledge, injury biomechanics and knowledge and attitudes within the women's game.

**CONCLUSIONS AND RECOMMENDATIONS**

The extent of sports concussion in Ireland is unknown. The IRFU is at present supporting research to provide some answers to this question.
The IRFU is leading the drive to change the culture within Irish Rugby with regards to concussion and its management. The Union has been proactive in driving a concussion awareness campaign, which has been underpinned by an initial broad based educational programme. This is now moving to focused education at multiple levels of the game and supported by mandatory components.

Recognising the role that General Practitioners, Emergency Medicine doctors, Sports Physicians and Physiotherapists play in the recognition and management of concussion and suspected concussion, the IRFU has proactively interacted with these bodies to support education of these important groups.

We all need to understand our role in managing this injury; the IRFU has stressed the role and responsibility of all by including particular emphasis on the role of all players, coaches and referees in its educational campaign and by highlighting the need to adhere to injury prevention strategies.

We Recommend the following considerations:

1. The development and distribution of concussion education material throughout the schools system.

2. The development of ‘return to learn’ guidelines for schools, similar to the return to sport guidelines and education of teachers and parents on the importance of this part of management.

3. Concussion education and training of all medical personnel who are involved in managing this issue. This includes Sports Doctors, GPs, Emergency Medicine Doctors and physiotherapists in sport.

4. Improved access to specialist care e.g. neurologists and the establishment of concussion management clinics.

5. A consensus on minimum return to play timelines across all sports nationally.

**IN CONCLUSION:**

The IRFU operates a zero-tolerance stance towards playing with concussion and the message to all is ‘Stop-Inform-Rest-Return’. The IRFU has been proactive in its management of concussion in rugby and continues to evolve its strategic approach to managing concussion which is based on the most up to date scientific evidence.
Player welfare is of paramount importance to the Irish Rugby Football Union (IRFU). The IRFU medical department is implementing a strategic plan to manage concussion in Irish rugby. This plan outlines the vision, aims and implementation of concussion management in rugby union in Ireland.

Vision (intent):
That all players, coaches, referees and medical personnel, involved in rugby union in Ireland, understand the importance of concussion, how to recognise and manage it, therefore enhancing player welfare.

What success looks like:
That all players with concussion, or suspected concussion, are removed from the field of play for appropriate management.

Strategic Objectives (attention to)

1. Leadership
   To change the attitude and culture within Irish rugby with regards to concussion.

   Aim: The culture that we aspire to is one in which;
   - Concussion is considered a serious injury, actively monitored for,
     Recognised and proactively managed with player safety the ultimate consideration.

2. Education
   To educate players, coaches, referees, parents, officials and medical personnel about the following:
   b. How to recognize concussion in players.
   c. On and off-field management of concussion or suspected concussion.
   d. Return to play protocol.

   Aim: That all parties understand the importance of concussion, how to recognise concussion and manage it, therefore enhancing player welfare.
3. **Work in partnership**
   - To work in collaboration with the other healthcare professionals working in the management of concussion in Irish rugby union (e.g. ICGP, Emergency medicine department)
   - To work with the professional structures, IRUPA, branches, clubs, schools in the delivery of the concussion strategy.
   - To work closely with the International Rugby Board so as to align our strategy with the international governing body.

   **Aim:** That all bodies deliver an agreed message about concussion importance, recognition and management.

4. **Communication:**
   **Internal:** To inform IRFU and provincial staff of initiatives related to concussion being undertaken by the IRFU and provinces to develop a collective and consistent approach.

   **External:** To inform clubs, schools and media of the initiatives related to concussion being undertaken by the IRFU and provinces.

   **Aim:** That the agreed message is delivered in a user friendly format to all players, coaches, referees, parents, medical personnel and officials involved in Irish Rugby Union.

5. **Research/Audit:**
   To contribute to and undertake research in the area of concussion in both the amateur and professional rugby game in Ireland.

   **Aim:** To monitor the effectiveness of this strategy and aid development of best practice concussion management.

The IRFU follows the International Rugby Board (IRB) concussion guidelines.
### Roles, Responsibilities & Authority

<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibility</th>
<th>Authority</th>
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</thead>
<tbody>
<tr>
<td>Referee</td>
<td>To remove any player who, to his knowledge, has suspected concussion from the field of play and to ensure they do not return to the same game.</td>
<td>To remove any player from the field of play.</td>
</tr>
</tbody>
</table>
| Coach Manager Mentor | To ensure any player with suspected concussion is removed from field of play and does not return until medically cleared or 3 weeks has passed.  
To not select a player for a game until medically cleared. | Team selection. 
Law / Governance to ensure same |
| Player        | To report to their parents / coach / medical person any symptoms suggestive of concussion.  
To engage honestly with medical staff.  
To not return to play until medically cleared.  
To report to the referee / coach any signs in another player suggestive of concussion. | To report to the referee / coach a suspected concussion. |
| Doctor        | To safely manage any player with concussion or suspected concussion.  
To abide by a referees decision to remove a player from the field of play. | To make a diagnosis of concussion.                        
To declare a player medically fit to return to play after GTP process. |
| Club/School   | To ensure all players / coaches / teachers and officials are aware of the importance /management of concussion. | The education / appointment of coaches, teachers and officials. |
| Branches      | To enact the policy on concussion management as decided by the IRFU.            | To enforce sanctions within the game as deemed appropriate. |
| IRFU          | To provide leadership / policy on concussion management to the Branches.       | To enforce sanctions within the game as deemed appropriate. |
APPENDIX 2

IRFU Concussion Strategy Plan
2014/15 Season

The IRFU has during the 2013/14 season developed and delivered a significant strategy to address the issue of concussion in rugby in Ireland. This strategy has included:

- A very significant educational programme aimed at all constituents of the game including nationwide concussion roadshow talks, SAFE-Rugby, distribution of concussion posters and wallet cards to every club, school and emergency department in Ireland.

- A communication strategy including use of media (TV and radio), website, social media (@IRFUSportsMed), mailshots to all clubs and schools, In Touch magazine and the international match day programme.

- Working in partnership with – IRFU and provincial staff, professional medical staff, coaches, referees, emergency medicine Doctors, ICGP, IRUPA, clubs and schools.

- Mandatory components – Time out of game and coach certification (IRB Concussion module).

As well as continuing to deliver the concussion strategy, for the 2014 / 2015 season the medical department has decided to specifically target key areas of strategy delivery as follows:

- Clarity of message
- Early season focus on awareness and education
- Focus on coach and referee education
- Development and use of online resources
- Audit of injuries
- Player registration form
- Enforcement
- Linking with other bodies – sporting / governmental
1. Clarity of message:
   To develop a succinct, memorable message as a guideline to all.

   STOP – INFORM – REST - RETURN.
   
   RECOGNISE AND REMOVE.
   
   IF IN DOUBT, SIT THEM OUT.

2. Early Season focus:
   To specifically drive the above message and education for the period from mid August to end October 2014.
   - Roadshow talk (s).
   - Concussion ambassador.
   - Launch of message.
   - Communication with clubs / branches.
   - Opening round AIL games – wallet card distribution.

3. Referee and coach focus:
   To specifically target coaches and referees in our education drive.
   - Coach specific education session – with focus on identification, hand over of care and return to play guidelines.
     o AIL coach specific directives.
   - Referee specific education sessions with focus on identification, removal from field of play and hand over of care.
     o Presenting at national referees conference in July 2014
     o Referee specific video presentation on-line.

4. Schools / child Focus:
   To specifically target children and the schools rugby system in a child friendly way.
   - Child friendly online educational module and brochure.
   - Target the education of schools and underage coaches.
     o Specific email and phone call follow up of schools re concussion education.
     o Schools specific educational sessions.

5. On line resource:
   To develop an IRFU specific online concussion module that incorporates recognition of concussion (visible clues and signs/symptoms) and the IRFU return to play guidelines. A separate module to make the guidelines more user and child friendly will also be developed.
6. Audit / research:
To establish an audit / research on the incidence and management of concussion within one area of the game in Ireland.

7. Player registration:
For players who sign a club/school registration form, the addition to this form of the following:

‘I confirm that I have read the IRFU – A guide to concussion in Rugby Union (available on the website www.irishrugby.ie/medical) and that I agree to follow the guidelines’.

8. Enforcement:
a). Condition of entering a competition:
- Team coach has read IRFU – A guide to concussion in Rugby Union and agrees to follow the guidelines.
- Coach has to complete online module on concussion.
- Coach agrees to report all suspected concussions - on-line reporting system.

b). In AIL games – the referees reports game, club, name of any player removed with suspected concussion to IRFU Medical department which maintains a central register.

9. Linking with other bodies:
Focus on physiotherapists in rugby.
Continued interactions with:
1) Emergency Medicine Doctors,
2) ICGP
3) FSEM.
4) Dept of Education.
APPENDIX 3

STRATEGIC PLAN IMPLEMENTATION TO DATE

1. LEADERSHIP:

   - The ‘Concussion history and reporting rates in Elite Irish Rugby Union players’ research paper contributes to identifying and understanding the present culture with regards to concussion within the IRFU.
   - The IRFU is leading by:
     - Introduction of minimum mandatory periods out of rugby in the amateur game post concussion or suspected concussion (where a doctor has not assessed) of 23 days for the under 20 yrs and 21 days for the adult amateur player (exceeding IRB guidelines in this area).
     - Production of a concussion guide recognized for its value.
     - Use of video analysis at Aviva for the assessment of potential concussive injuries.

   The IRFU recognizes the need for different criteria for the amateur game for the following reasons:
   (i). The lack of baseline assessment (available in the professional game).
   (ii). The limited access to medical staff at time of injury in amateur game.
   (iii). The limited access to medical staff and to neurocognitive testing (routinely used in the professional game) for the management of the incident and the graded return to play in the amateur game.
   (iv). The limited access to specialist medical opinions in the amateur game where appropriate.
   (iv). The greater lack of awareness of the significance of concussion within the amateur game.
   (vi). The amateur game includes children and adolescents, the group most at risk post concussive injury.

2. EDUCATION:

   Standard Approach to Field Emergencies in Rugby (SAFE-RUGBY)
   - SAFE Rugby is the IRFU national rugby specific first aid programme. It was launched in May 2013 with the appointment of the IRFU First Aid and Injury Prevention Coordinator.
   - To date over 850 medical and non-medical personnel from clubs and schools have attended 54 courses. All IRFU and provincial full-time on field staff have now received SAFE-Rugby training. There are three different levels of the course:
     • Level 1 (non-medical personnel i.e. coaches, parents, officials, players)
     • Level 2 (club/school medical personnel)
• Level 3 (national and provincial medical personnel)
  o These practically based courses include training in concussion, basic life support (BLS), automated external devices (AED), fracture management, and match day preparation. All attendees must complete the International Rugby Board (IRB) online concussion education module prior to attending the course.
  o Courses are schedule to take place between now and the end of the 2014-15 season.
  o As of December 2013, all coaches undertaking IRFU Coaching Courses must complete the IRB Online Concussion Module as part of their certification.

Poster and Wallet Card distribution:
  o 30,000 IRFU Guide to Concussion wallet cards outlining the diagnosis, management and return to play protocols is to be distributed to all professional players and all clubs and schools in early 2014.
  o The design and production of ‘A Guide to Concussion in Rugby Union’ in wallet card, A4 and online formats.
  o The design and production of a ‘concussion awareness’ poster.
  o Concussion education posters and wallet cards were delivered to every club, school in July 2013 and January 2014 and emergency department in Ireland January 2014.
  o Wallets cards were distributed at Clontarf V Barbarians and Ireland V France U19s matches.

IRFU Website
  o A dedicated section on Concussion is available on the IRFU medical website; www.irishrugby.ie/medical.
  o Items available to download include the following educational material; Pocket Concussion Recognition Tool, the IRFU Concussion Awareness poster, IRFU Guide to Concussion wallet card, the Zurich Consensus Statement on Concussion.
  o The IRB concussion guidelines and other information on concussion are available for download on the IRFU Medical Website www.irishrugby.ie/medical and on the IRB website (linked on IRFU website) www.irbplayerwelfare.com

Concussion Roadshow
  o 41 concussion road show talks have been delivered nationwide to the club and school game to over 1500 people in all four provinces, as well as to the national U20, U19, U18 Clubs and U18 Schools Teams.
  o 5 talks have been delivered to the referee associations in the four provinces and the National Referees Associations.
  o 5 talks entitled ‘Concussion its your call’ were delivered by an expert neurologist to all 250 professional senior and academy players and coaching staff in each of the four provincial teams and the national senior team.
  o 2 Talks were delivered by IRFU medical staff to age grade and women’s players.
5 education sessions were conducted with the Irish Emergency Medicine Training Association, Emergency Medicine consultants, the Irish College of General Practitioners and the Faculty of Sport & Exercise Medicine.

3. WORKING IN PARTNERSHIP:

Irish College of General Practitioners (ICGP)
- A formal approach has been made by the IRFU to the training committee of the ICPG for the IRFU to undertake a number of evening lectures with the ICGP to educate their members on concussion.
- A presentation was made at the ICGP Summer School, the main educational meeting of the college each year.

Emergency Department Staff
- The IRFU is currently engaged with Accident and Emergency staff to undertake training with their members to education them on concussion.
- We have presented to 50 A&E consultants (some of whom who are trainers of A&E doctors) on concussion.
- We have presented to the Irish Emergency Medicine Training Association.

Coaches (Rugby/Fitness) and Referees
- The mandatory completion of IRB online module as part of certification for coaches (rugby/fitness).
- The development of a referee specific concussion educational video and referees and also the mandatory viewing of the Referee Department safety video.
- The delivery of concussion education programmes where possible e.g. lectures at national/provincial meetings etc.

IRB
Use of IRB information and modules for dissemination and also ongoing contact with IRB Concussion Subgroup.

Other bodies:
- The IRFU is working in partnership with the following bodies:
  - Other National rugby union medical departments (Scottish Rugby Union, Rugby Football Union, Welsh RU, Australian Rugby Union).
  - Professional players union (IRUPA)
  - The provincial branches, clubs and school
4. **COMMUNICATION:**

**Internal**
- Meeting of IRFU staff from all departments related to the area of concussion and outline of concussion information and education initiatives to these staff for dissemination to their own and provincial staff and feedback on these.
- Strategy has been presented to the IRFU management committee, the provincial CEOs and IRFU directors.

**External**
- A communication strategy to promote concussion awareness and the IRFU guide to concussion was undertaken including the use of media:
  - National and local TV
  - National and local radio
  - The national print media
  - The IRFU website
  - Social media including the medical department Twitter handle (@IRFUSportsMed) with 1300+ followers
  - Mailshots to all clubs and schools
  - In Touch magazine
  - International match day programmes
- In December 2013 there was a media launch of strategy and in September 2014 a practical educational morning on the Head Injury Assessment protocol was run for the sports media

5. **CONFERENCES / RESEARCH:**

**Conferences**
- The IRFU has held a bi-annual sports medicine conference and this will be next held in April 2014. The topic of concussion is central to this meeting, and international and national level experts deliver presentations on concussion.
  - The IRFU supported the European Brain Injury and Sport Conference in the AVIVA Stadium in December, 2013.

**Research**
- The IRFU is currently support an epidemiological study of schools rugby injuries in Ulster Rugby including concussion.
- The IRFU has also undertaken two research studies on the professional game in recent years and these studies have recently been published in international peer reviewed medical journals:

6. PROFESSIONAL GAME:

- All of our medics and physiotherapists working with provincial, age-grade and women’s teams follow the current IRB protocols and have undergone SAFE-Rugby Level 2 or 3 training.
- All professional players undertake ImPACT neurocognitive testing at baseline and following a suspected concussion.
- Video Analysis – introduced during the 2013 November series games, the National senior team utilize live video analysis of players with suspected concussion as part of the IRB Head Injury Assessment (HIA). This facility enhances the identification of concussion related incidents in the game assisting the medical team. It is planned to roll out this initiative to the provincial teams following this trial.
- Match-Day Doctors - All IRFU match day doctors must undertake the IRB Match Day Doctor online module.

7. MANDATORY COMPONENTS:

- The IRFU introduced mandatory time out of the game for those with a suspected or confirmed concussion at adult (21 days) and underage (23 days) level.
- As of January 2014, all coaches undertaking an IRFU coaching course must complete the IRB online concussion education module in order to receive their certification.
- IRFU Club Support Scheme: Criteria for release of funding to Clubs and schools are now dependent on completion by coaches of concussion education. (Point iv – Concussion Awareness: for clubs to receive the participation and coaching grant, named coaches must have completed the IRB ‘concussion Management for the General public’ and be fully aware of the IRFU Graduated Return to rugby Policy).
**Components for Specific Groups:**

The IRFU undertook the following with each of these groups in the 2013/14 season:

**Medical Doctors:**
- SAFE Rugby Level 2 and 3
- Education sessions with the Irish Emergency Medicine Training Association, the Irish College of General Practitioners, the Emergency Medicine Consultants and the Faculty of Sports & Exercise Medicine
- Concussion education posters and wallet cards sent to emergency departments nationwide
- IRFU medical website resource

**Coaches:**
- SAFE Rugby Level 1
- Concussion road show talks
- Concussion education posters and wallet cards
- IRFU medical website resource
- Mandatory IRB online concussion module certification prior to coaching course certification

**Referees:**
- SAFE Rugby Level 1
- Referees circulated re enforcement of rule 3.9 which gives them the power to remove any player from play for concerns about their health.
- Concussion presentations to Branch Referee Associations and National Referee Panel with specific emphasis on the role of the referee.
- Concussion education posters and wallet cards
- IRFU medical website resource

**Players:**
- SAFE Rugby Level 1
- Concussion road show talks amateur and professional players
- Concussion education posters and wallet cards
- IRFU medical website resource
- Mandatory time out of game periods for amateur players

**Schools and Clubs:**
- Funding now linked to completion of concussion education by coaches.
- Distribution of SAFE Rugby and Concussion awareness posters and wallet cards to all rugby schools and clubs on two occasions last season.
- Proactive offering of Concussion talks and SAFE rugby courses to schools.
APPENDIX 4

Dr Rod McLoughlin (Short Biography)
MB, DCH, DObS, Dip Pall Med, MRCGP, MSc (Sport Med), FFSEM (Ire & UK).

Dr McLoughlin Graduated from UCD 1984 and completed a General Practice training in 1991. He then completed a fulltime one year University course in Sport & Exercise medicine at the London Hospital. On returning to Ireland in 1991 he set up practice as a Sports and Exercise Medicine Physician at O’Neills Sports Medicine now based at Dublin City University and University College Dublin. He is on the Specialist Register of Sports and Exercise medicine.

At present he is Head of Medical Services at the IRFU, Director of Medicine at the Institute and Medical Officer Olympic Council of Ireland. He was Medical Officer for the Beijing and London Olympics.

Dr McLoughlin lectures on the Diploma and BSc courses in Sports Management, at University College Dublin and is a member and past chair of the Accreditation Committee of the Faculty of Sports and Exercise Medicine, RCSI and RCPI. He is an examiner on the Intercollegiate Diploma in Sports and Exercise Medicine in the UK.

In the past he has been Medical Officer to Wicklow Intercounty Gaelic Football and Monkstown Rugby Club. He has been President of the Irish Sports Medicine Association, board member and Treasurer of the Faculty of Sports and Exercise Medicine, RCSI and RCPI and a member of the GAA medical & scientific committee.
CONCUSSION

Any player with a suspected concussion must be removed immediately from training/play and should be medically assessed. They should not be left alone or drive a vehicle. If you or another player experiences any one of the visual clues or signs of concussion listed below you should:

- **STOP** training or playing immediately
- **INFORM** your team medic, coach, parent, teammates
- **REST** until your symptoms of concussion have resolved completely
- **RETURN** when you have been cleared to do so by a medical practitioner as per IRFU graduated return to play guidelines

**VISUAL CLUES OF SUSPECTED CONCUSSION:**
- Loss of consciousness or responsiveness
- Lying motionless on ground
- Slow to get up
- Unsteady on feet
- Balance problems or falling over
- Grabbing/Clutching head
- Dazed, blank or vacant look
- Confused/Not aware of play or events

**SIGNS AND SYMPTOMS OF SUSPECTED CONCUSSION:**
- Difficulty remembering
- Headache
- Dizziness
- Confusion
- Feeling slowed down
- “Pressure in head”
- Blurred vision
- Sensitivity to light
- Amnesia
- Feeling like “in a fog”

Download the Pocket Concussion Recognition Tool and see further information on concussion and our SAFE Rugby Programme at [www.irishrugby.ie/medical](http://www.irishrugby.ie/medical) and [www.irbplayerwelfare.com](http://www.irbplayerwelfare.com) or contact [saferrugby@irishrugby.ie](mailto:saferrugby@irishrugby.ie)
The aim of this pocket guide is to provide information on concussion to those involved in rugby union in Ireland.

Why MUST concussion be taken extremely seriously?
- Ignoring the signs and symptoms of concussion may result in death, a more serious brain injury or a prolonged recovery period.
- The potential for serious and prolonged injury emphasizes the need for comprehensive medical assessment and follow-up until the concussion has fully resolved.
- Retiring to play before complete resolution of the concussion exposes the player to recurrent concussions that might take place with even decreasing forces.
- Repeat concussions could shorten a player’s career and may have some potential to result in permanent neurological (brain) impairment.
- There is no such thing as a minor concussion or ‘knock to the head’.

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- There is no such thing as a minor concussion or ‘knock to the head’.

APPENDIX 6 – FOLDED WALLET CARD
Following suspected concussion or a concussion, how does the player return to play?

The player should avoid activities that require concentration or attention until symptoms have been absent for a minimum of 24 hours. Symptoms may be masked by medications such as headache tablets, anti-depressants and/or sleeping medication and caffeine. The graduated return to play (GRTP) of a player following a concussion should be undertaken on an individual basis with the full cooperation of the player, clubs and schools.

**IRFU CONCUSSION GUIDELINES**

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<tr>
<th>AGE GROUP</th>
<th>MINIMUM REST PERIOD POST CONCUSSION (Days)</th>
<th>GRTP MINIMUM TIME OUT (Days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>U14-U19</td>
<td>14 Days</td>
<td>21 Days (5 Weekends/Full Weekend)</td>
</tr>
<tr>
<td>ADULT</td>
<td>14 Days</td>
<td>21 Days (5 Weekends/Full Weekend)</td>
</tr>
</tbody>
</table>

* under age (U15 – U19) players playing adult rugby must follow age group guidelines

Players may not return to play unless:
1. All their symptoms have subsided.
2. They have followed the GRTP protocol.
3. They have been medically cleared to return.

Clubs and schools should have the contact details and directions for a local doctor or emergency services listed on their noticeboard and provided to all coaches and parents.

**ISSUE**

<table>
<thead>
<tr>
<th>INJURY</th>
<th>RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUSPECTED CONCUSSION</td>
<td>Player MUST be immediately removed from activity and MUST NOT return.</td>
</tr>
</tbody>
</table>

**MANAGEMENT**

Recognize and Remove

| RETURN TO PLAY | Player rests as per concussion guidelines on previous page and undertakes graduated return to play (GRTP) protocol as per below table. |

Other players, parents, coaches and administrators should insist that the above guidelines are always followed and be vigilant for the return of symptoms, even if the GRTP protocol has been successfully completed. Please note that each stage in the GRTP protocol may take longer than the minimum period stated below. Players with concussion should not move to the next stage in the event that any symptoms are still present.

**Pocket CONCUSSION RECOGNITION TOOL**

To help identify concussion in children, youth and adults.

**RECOGNIZE & REMOVE**

Concussion should be suspected if the following visible clues, signs, symptoms or onset in memory questions are present.

1. Visible clues of suspected concussion

   - Loss of consciousness or temporary loss of consciousness
   - Memory or recent events
   - Severe headache
   - Severe or persistent vomiting
   - Severe confusion
   - Difficulty concentrating
   - Dizziness or feeling “off balance”
   - Nausea or vomiting
   - “Dazed” feel
   - Difficulty remembering things

2. Signs and symptoms of suspected concussion

   - Loss of consciousness
   - Severe or persistent headache
   - Nausea or vomiting
   - Severe dizziness
   - Severe confusion
   - Difficulty concentrating
   - Difficulty remembering things
   - Fatigued
   - Feeling “off balance”
   - Nastiness
   - Feeling “not right”
   - Feeling “on edge”

Red Flags

- Any of the following are reported then the player should be safely and immediately removed from the field. If no qualified medical professional is available, consider transporting by ambulance the urgent medical assessment.

- Blurred vision
- Disorientation
- Difficulty with speech
- Pale or gray skin
- Weakness or tingling in arms or legs

**1. Memory Function**

   - Return to normal and clear thinking days before symptom clearance.
   - What was your score test today?**
   - What was your score test last week?**

   "Did your team win the last game?"

Any athlete with a suspected concussion should BE IMMEDIATELY REMOVED FROM PLAY and should not be returned to activity until they are assessed medically. Athletes with a suspected concussion should not be left alone and should rest for a minimum of 24 hours. It is recommended that, in cases of suspected concussion, the athlete is referred to a medical professional for diagnosis and treatment as well as to play decisions, even if the symptoms resolve.

**Useful Contact Details**

Emergency Services: 999 or 112

O&A/School:

Doctor Name:

Toll: