IRFU Concussion & Injury Guidelines for Match Officials



The safety of players is paramount and the referee must blow the whistle and stop play if:

- Any situation appears to be or is dangerous.
- · A player is or may be seriously injured.

Safety takes precedence over any other aspect of the game!

If a player is injured in underage rugby the referee should not restart the game after a stoppage until that player is fit to continue or has been removed from the field of play.

If any injury appears serious then extreme caution should be exercised. Do not attempt to move the player and seek medical assistance immediately.

If a player has a suspected concussion they **must** be removed from the field of play and not be allowed to return. Knowing your role as a referee in managing this is paramount. You need to be familiar with **World Rugby Law 3.10** and the **IRFU Concussion Guidelines for Referees**.



Law 3

Number of Players - The Team

3.10 THE REFEREE'S POWER TO STOP AN INJURED PLAYER FROM

If the referee decides – with or without the advice of a doctor or other medically qualified person – that a player is so injured that the player 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 in order to be medically examined.

Please see www.irishrugby.ie/concussion for the concussion guideline video for referees.

IRFU Concussion Guidelines for Referees

What is Concussion?

- Concussion is a traumatic brain injury. It is a complex process in which forces are transmitted to the brain and result in temporary impairment of brain function.
- Concussion can have a significant impact on the short and long term health of a player if not managed correctly.

Concussion must 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.
- Returning to play before complete resolution of the concussion exposes the player to recurrent concussions that might take place with ever decreasing forces.
- Repeat concussions could potentially shorten a player's career and may have the potential to result in permanent neurological (brain) impairment.
- There is no such thing as a minor concussion or "knock to the head".

What causes concussion?

Concussion can be caused by a direct blow to the head or body and/or from an indirect force such as whiplash type movements of the head and neck that can occur when a player is tackled or collides with another player or the ground. Immediately following a suspected concussion, the brain is susceptible to further significant damage in the event of another impact.



Therefore the player with suspected concussion:

- Must be immediately <u>REMOVED</u> from activity
- And must <u>NOT RETURN</u>

There is no head injury assessment in the domestic game!

Recognise & Remove - The Handover of Care.

The referees role is crucial in the recognition of concussion and then the removal and handover of care of the injured player. Therefore the referee must be aware of the visible clues and the signs and symptoms of concussion. Should their be any suspicion of concussion the player must be removed.



A useful phase in this situation could be:

"I am removing this player from the field of play with a suspected concussion. He/She needs to be monitored and should be assessed medically".

Should there be disagreement (even by a medically trained person) with the referees decision to seek the removal of the player then the referee must apply Law 3.10 and order the player to leave the playing area. The situation should always be handled courteously and in a sensitive manor with all involved.

What are the signs and symptoms of a concussion?

- · Loss of consciousness
- · Seizure or convulsion
- · Balance problems
- · Nausea '(feeling sick) or vomiting
- Drowsiness
- · Player is more emotional
- · Irritability
- Sadness
- · Fatigue or low energy
- · Player is more nervous or anxious

- Confusion
- · "Don't feel right"
- Headache
- Dizziness
- Feeling slowed down
- "Pressure in head"
- Blurred vision
- Sensitivity to light
- Amnesia
- · Feeling like "in a fog"

Concussion

Do you know the signs and symptoms?

Do you know the visible clues?

Do you know your role as referee in the removal and handover of care?

Do you know law 3.10?

What are the visible clues of a suspected concussion?

- · 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 plays or events
- · Suspected or confirmed loss of consciousness
- · Loss of responsiveness



There is no head injury assessment in the domestic game. If a player is removed with a suspected concussion they <u>MUST</u> not return!