



IF IN DOUBT, SIT THEM OUT.

What is concussion?

Concussion is a mild traumatic brain injury (mTBI) and can be caused by a direct or indirect blow to an individual's head or body. Concussion typically results in an immediate onset of short-lived signs and symptoms. Most concussions occur without a loss of consciousness. However, in some cases, the signs and symptoms of concussion may evolve over a number of minutes or hours.

- Concussion must be taken very seriously.
- Any individual with a suspected concussion **MUST** be removed immediately from the session.
- The individual should be medically assessed.
- They **MUST** not be left alone.

What causes concussion?

Concussion can be caused by a direct blow to the head or body that can occur when an individual is hit by a boom or when the body or head collide with any part of the boat or solid object. Immediately following a suspected concussion, the brain is susceptible to further significant damage in the event of another impact, therefore the individual **MUST** be **immediately removed** from the water.

If any of the following symptoms are present - call an ambulance

If you notice **any** of the following signs or someone tells you they are suffering from any of these signs or symptoms after a blow to the head or body, you must **immediately** remove them from any physical activity and call an ambulance.

Signs and symptoms to look for:

- neck pain or tenderness
- seizure, 'fits' or convulsion
- loss of vision or double vision
- loss of consciousness
- increased confusion or deteriorating conscious state (becoming less responsive, drowsy)
- weakness or numbness or tingling in more than one arm or leg
- repeated vomiting
- severe or increasing headache
- increasing restless, becoming agitated or combative
- visual deformity of the skull.

IF IN DOUBT, SIT THEM OUT.**Signs and symptoms of concussion – what you see or are told**

Following an injury, if an individual does not have any of the signs or symptoms listed in the previous table, they may still have a concussion. Symptoms may develop over minutes or hours following the injury, so you need to keep a close eye on the person. If a concussion is suspected, the individual should be immediately removed from the activity. In all cases of suspected concussion, it is recommended that the individual is referred to a medical or healthcare professional for diagnosis and advice, even if the symptoms resolve.

If the person complains of any one or more of the following, they may have a concussion:

Physical symptoms:

- headache
- feeling of “pressure in head”
- balance problems
- nausea or vomiting
- drowsiness, fatigue or low energy
- dizziness
- blurred vision
- more sensitive to light or noise
- not ‘feeling right’
- neck pain
- Changes in emotions:
 - more emotional
 - more irritable
 - feeling sad
 - feeling nervous or anxious
- Changes in thinking:
 - difficulty concentrating
 - difficulty remembering
 - feeling slowed down
 - feeling as if ‘in a fog’

Sample questions to ask the injured person:

- “What venue are we at today?” or “Where are we now?”
- “Approximately what time of day is it?”
- “How did you get to here today?”
- “What was your last competition?”
- “What were you doing this time last week?”

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What must happen the person after they have a suspected concussion?

DO	DO NOT
Remove the person from activity immediately	Continue with the activity
Call an ambulance if any of the symptoms listed on page one are present	Ignore or “shrug it off”
Hand over to a responsible person ashore, explaining what happened	Leave the person alone (especially on pier/pontoon/shoreside)
Inform parents immediately (if U18)	Drive, consume alcohol or take drugs
Seek medical attention before returning to sailing activities	Resume sailing activities without following the Return to Play protocols

Ongoing management of a concussion or a suspected concussion

Most concussions typically resolve within one month, but anyone returning to sailing activity after suffering a concussion should do so under the guidance of a healthcare professional using a structured, graduated plan. These plans typically follow a 6-step *Return to Play* model, outlined below, with each step taking a minimum of 24 hrs.

1. Symptom-limited activity
2. Light aerobic activity
3. Sport-specific exercise
4. Non-contact drills
5. Full contact practice
6. Return to sport

Further detail on each step is included overleaf in the Return to Sport strategy which should only be followed under the guidance of a healthcare professional.

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Returning to sailing activities after suffering a concussion

The following table is taken from SCAT6 Supplement: Guidelines to using the Sport Concussion Assessment Tool 6, as issued by Sport Ireland in their Guidance for recognising and managing concussion in grassroots sports (2025) and should only be used in collaboration with a healthcare professional.

Step	Exercise Strategy	Activity at Each Step	Goal
1	Symptom-limited activity.	Daily activities that do not exacerbate symptoms (e.g., walking).	Gradual reintroduction of work/school.
2	Aerobic exercise 2A – Light (up to approx. 55% max HR) then 2B – Moderate (up to approximately 70% max HR)	Stationary cycling or walking at slow to medium pace. May start light resistance training that does not result in more than mild and brief exacerbation* of concussion symptoms.	Increase heart rate.
3	Individual sport-specific exercise NOTE: if sport-specific exercise involves any risk of head impact, medical determination of readiness should occur prior to step 3.	Sport-specific training away from the team environment (e.g., running, change of direction and/or individual training drills away from the team environment). No activities at risk of head impact.	Add movement, change of direction.
Steps 4-6 should begin after resolution of any symptoms, abnormalities in cognitive function, and any other clinical findings related to the current concussion, including with and after physical exertion.			
4	Non-contact training drills.	Exercise to high intensity including more challenging training drills (e.g., passing drills, multiplayer training). Can integrate into team environment.	Resume usual intensity of exercise, coordination, and increased thinking.
5	Full contact practice.	Participate in normal training activities.	Restore confidence and assess functional skills by coaching staff.
6	Return to sport.	Normal game play.	

maxHR = predicted maximal Heart Rate according to age (i.e., 220-age)

Age Predicted Maximal HR= 220-age	Mild Aerobic Exercise	Moderate Aerobic Exercise
55%	220-age x 0.55= training target HR	
70%		220-age x 0.70= training target HR

NOTE: *Mild and brief exacerbation of symptoms (i.e., an increase of no more than 2 points on a 0-10 point scale for less than an hour when compared with the baseline value reported prior to physical activity). Athletes may begin Step 1 (i.e., symptom-limited activity) within 24 hours of injury, with progression through each subsequent step typically taking a minimum of 24 hours. If more than mild exacerbation of symptoms (i.e., more than 2 points on a 0-10 scale) occurs during Steps 1 -3, the athlete should stop and attempt to exercise the next day. If an athlete experiences concussion-related symptoms during Steps 4-6, they should return to Step 3 to establish full resolution of symptoms with exertion before engaging in at-risk activities. Written determination of readiness to RTS should be provided by an HCP before unrestricted RTS as directed by local laws and/or sporting regulations.

Reviewed By:

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Date:

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