

ST JOSEPH'S COLLEGE GEELONG
POLICY 4.13 CONCUSSION MANAGEMENT

INTRODUCTION

Background

1. Concussion is a significant and complex health issue. The treatments and protocols to protect our students are paramount in our Duty of Care.

Rationale

2. The purpose of this policy is to ensure that all students with a suspected or confirmed concussion receive timely and appropriate advice and care to safely return them to everyday activities including classroom learning and school sport.

POLICY

Definition

3. Concussion is a type of brain injury caused by a blow to the head or anywhere on the body, which transmits a force to the head. Most commonly, it causes temporary impairment and the symptoms may develop over the hours or days following the injury. This means that it may be difficult to determine, by either staff, parents or medical practitioners, immediately after the injury whether a person is concussed. Cognitive functions in children and adolescents may be affected for up to the 2 months following concussion.

4. Concussion occurs most often in sports which involve body contact, collision or high speed. In most cases a person will recover from concussion without intervention, provided they have an adequate period of rest in order to recover.

Guiding Principles

5. St Joseph's College acknowledges that it is not feasible to eliminate the risk of concussion particularly in activities such as Physical Education, Outdoor Education or sport. However, it is committed to responding to suspected or actual concussion in a way that facilitates the recovery of the student and does not put them at risk of further harm.

6. Employees must recognise that the College must communicate effectively whilst maintaining a professional standard and protecting student's privacy. The following guiding principles will support this policy:

- a. A student suspected of having concussion will be removed from sport and not allowed to return to sport that day.
- b. A student who has been hit in the head or the body showing some symptoms where concussion cannot be ruled out, will be treated as if they have concussion.
- c. The College will work together with parents to ensure that a student with actual or suspected concussion obtains medical attention and only returns to school and to sport under appropriate guidance.
- d. Any student who has a diagnosed concussion will not return to contact or collision sport until a min of 14 days after all of the symptoms of concussion have cleared.
- e. Whilst a student is experiencing concussive or post concussive symptoms they are to avoid activities with a risk of contact, fall or collision that may increase the risk of sustaining another concussion during the recovery period.
- f. When recovering from concussion, the priority will be for the student to return to learning before returning to sport.
- g. To properly rest, time off school or work may be needed. Mental rest may include refraining from playing computer games, reading and watching television.

- h. Students are encouraged to wear helmets, mouth guards or other protective equipment, even though they may not be instrumental in preventing concussion, as they do prevent other types of head injuries such as skull fracture and subdural hematoma.
- i. Staff will be trained in how to identify the possible symptoms of concussion and the immediate action they will need to take to ensure the safety of students who are suspected of being concussed.
- j. Staff will be briefed on how to treat a student returning to school and physical activity following a concussion.
- k. A student who has been concussed who returns to school will be provided with a modified learning program if required, and a graduated return to sport.

Immediate Symptoms

7. The following symptoms may be present immediately or may develop over the hours or days following the injury, therefore careful monitoring may be required:

- a. loss of consciousness;
- b. lying motionless, slow to get up;
- c. seizure;
- d. confusion, disorientation;
- e. memory impairment;
- f. balance disturbance;
- g. nausea or vomiting;
- h. headache or 'pressure' in the head;
- i. visual or hearing disturbance;
- j. dazed, blank/vacant stare; and/or
- k. behaviour or emotional changes, 'not themselves'.

8. Staff will be issued with the Concussion Recognition Tool to assist them with making a tentative diagnosis (attachment 1).

Initial Response

9. There should be immediate referral to an emergency department (either via ambulance or parent transport depending on severity) if any of the following occurs:

- a. neck pain;
- b. increasing confusion or irritability;
- c. repeated vomiting;
- d. seizure or convulsion;
- e. weakness or tingling/burning in the arms or legs;
- f. deteriorating conscious state;
- g. severe or increasing headache;
- h. unusual behavioural change; and/or
- i. visual or hearing disturbance.

10. For all other concussion symptoms, the following action should be taken:

- a. immediate and permanent removal from sport or activity on that day;
- b. take normal first aid precautions including neck protection; and

- c. refer to medical practitioner as soon as practical.

To Assist the Treating Doctor

11. To assist the treating doctor, it is helpful to note the following details at the time of the injury:
 - a. **When:** what time did the incident / injury take place?
 - b. **How:** How did the incident / injury occur? For example, is the injury from a knock to the head by a cricket bat or by an opponent's shoulder or by the head hitting the ground?
 - c. **Where:** Where on the body was the hit? For example, the temple, shoulder, back of the head or a full body collision?
 - d. **What:** What occurred next? Include any symptoms that have been witnessed or described by the student such as loss of consciousness, convulsions, amnesia, severe or increasing headache, vomiting or confusion?
 - e. **Additional useful information:** Any further symptoms such as behavioural changes, loss of memory visual or hearing disturbance?

Following Diagnosis of Concussion

12. Following a diagnosis of concussion, the student should have complete physical and cognitive rest. They should only return to learning after being symptom free for at least 48 hours - as long as these activities don't worsen symptoms. Thinking or concentrating for long periods can bring on or worsen symptoms of concussion. Gradually increasing the load on the brain without provoking symptoms is recommended.

13. School programs may need to be modified to include a reduced work load and /or more regular breaks, rests and increased time to complete tasks. Exams during that period may need to be postponed.

14. Children and adolescents aged 18 years or younger take longer to recover so a more conservative approach to concussion management should be taken. Concussive symptoms usually resolve in less than four weeks.

15. Parents are required to provide a clearance from the medical practitioner where requested by the College as a precondition to returning the student to school and school sport.

16. If there is a recurrence of concussion symptoms, the student should return to complete cognitive and physical rest. Return to sport should be graduated along the following steps, and any recurrence of symptoms will require a return to the previous step for at least 24 hours. At this point the College may require guidance from the medical practitioner:

- a. **Step 1.** After the student has returned to learning without a recurrence of concussion symptoms, after 24 - 48 hours they may participate in light aerobic activity;
- b. **Step 2.** If there is no recurrence of symptoms after a further 24 – 48 hours, then the student may participate in basic sport-specific drills which are non-contact and no likelihood of head impact;
- c. **Step 3.** If there is no recurrence of symptoms after a further 24 - 48 hours, then the student may participate in more complex sport-specific drills which are non-contact (this may include resistance training);
- d. **Step 4.** A minimum of 14 days after complete absence of any concussion symptoms a return to full contact training may occur; parents may be requested by the college to provide a medical clearance from the student's treating practitioner
- e. **Step 5.** If there is no recurrence of concussion symptoms 24 - 48 hours after full contact training then the student may return to the sport.

Role of Parents/Carers

17. Parents/carers are instrumental in working with the College to manage student concussions. While watching students, parents/carers may also see an injury or a delayed sign or symptom that a College staff member or first aid officer did not witness and therefore provide important information.

18. Parents/carers are required to:

- a. On enrolment and on an ongoing basis notify the College of all medical conditions including details regarding previous concussions and any other relevant medical conditions to ensure the school has the correct procedures in place.
- b. Notify the College (via Operoo (previously CareMonkey) if the student has suffered concussion at a non-College event as well as any measures put in place by a medical practitioner.
- c. Provide clearance from the medical practitioner where requested by the College as a precondition to returning the student to school and school sport.

19. Where concussion occurred at a College activity the parent/carer should:

- a. Notify the College of the medical treatment and advice received from a medical practitioner.
- b. Provide clearance from the medical practitioner where requested by the College as a precondition to returning the student to school and school sport.
- c. Comply with staff directions for time out of College for the student's condition if required in accordance with this policy.

Incident Reporting and Record – Keeping

20. Staff must report (via CompliSpace Safety Incident Injury/Illness/Near Miss form) any actual or possible case of concussion as soon as practicable.

Implementation

21. This policy is implemented through a combination of:

- a. staff training;
- b. communication and coordination with parents/carers;
- c. incident notification; and
- d. initiation of strategies to address students returning from concussion.

Consequences of Breaching this Policy

22. Non-compliance with this policy may be grounds for disciplinary action. Depending on the seriousness of the circumstances, disciplinary action can be up to and including termination of employment.

CONCLUSION

23. Many people who sustain a concussion have no observable signs, which can make diagnosis difficult. Recognising the condition often depends on the affected person reporting the symptoms they are experiencing. These can occur either immediately after the head injury or minutes to hours later.

24. This policy provides a greater understanding of concussion and by following the protocols outlined, St Joseph's College staff will be better positioned to support the affected person.

25. The College expects that all employees and volunteers will abide by this policy and all related policies.

Related Policies

26. The Policy 4.13 Concussion has linkages to other relevant College policies and procedures, as follows:

- a. SJC First Aid Policy
- b. Injury and Incident Notification Procedure

Policy Review

27. The custodian of this Policy is the College Office Manager. It will be reviewed every year to take account of any changed expectations or practices.

Authority

28. This policy has been authorised by the St Joseph's College Board.

Attachments:

1. Concussion Recognition Tool
2. Concussion in Sport Infographic

References

The following references have been consulted in producing this policy:

- a. Concussion Recognition Tool
- b. Australian Institute of Sport and Australian Medical Association Concussion in Sport Position Paper
- c. Sports Concussion Australasia Headsmart Sports Concussion Program
- d. Sports Medicine Australia Position Statement on Concussion
- e. Sports Medicine Australia – Concussion in Sport Policy (V1.0 Jan 2018)
- f. PREDICT (Paediatric Research in Emergency Departments International Collaborative) - Australian and New Zealand Guideline for Mild to Moderate Head Injuries in Children (Summary) 2021 Version 1.0

CONCUSSION RECOGNITION TOOL 5[®]

To help identify concussion in children, adolescents and adults



Supported by



RECOGNISE & REMOVE

Head impact can be associated with serious and potentially fatal brain injuries. The Concussion Recognition Tool 5 (CRT5) 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
- Double vision
- Weakness or tingling/ burning in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness
- Deteriorating conscious state
- Vomiting
- Increasingly restless, agitated or combative

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 do so.
- Do not remove a helmet or any other equipment unless trained to do so safely.

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

STEP 2: OBSERVABLE SIGNS

Visual clues that suggest possible concussion include:

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

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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

(IN ATHLETES OLDER THAN 12 YEARS)

- Failure to answer any of these questions (modified appropriately for each sport) correctly may suggest a concussion:
- "What venue are we at today?"
 - "Which half is it now?"
 - "Who scored last in this game?"
 - "What team did you play last week/game?"
 - "Did your team win the last game?"

Athletes with suspected concussion should:



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

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ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY, EVEN IF THESE SYMPTOMS RESOLVE

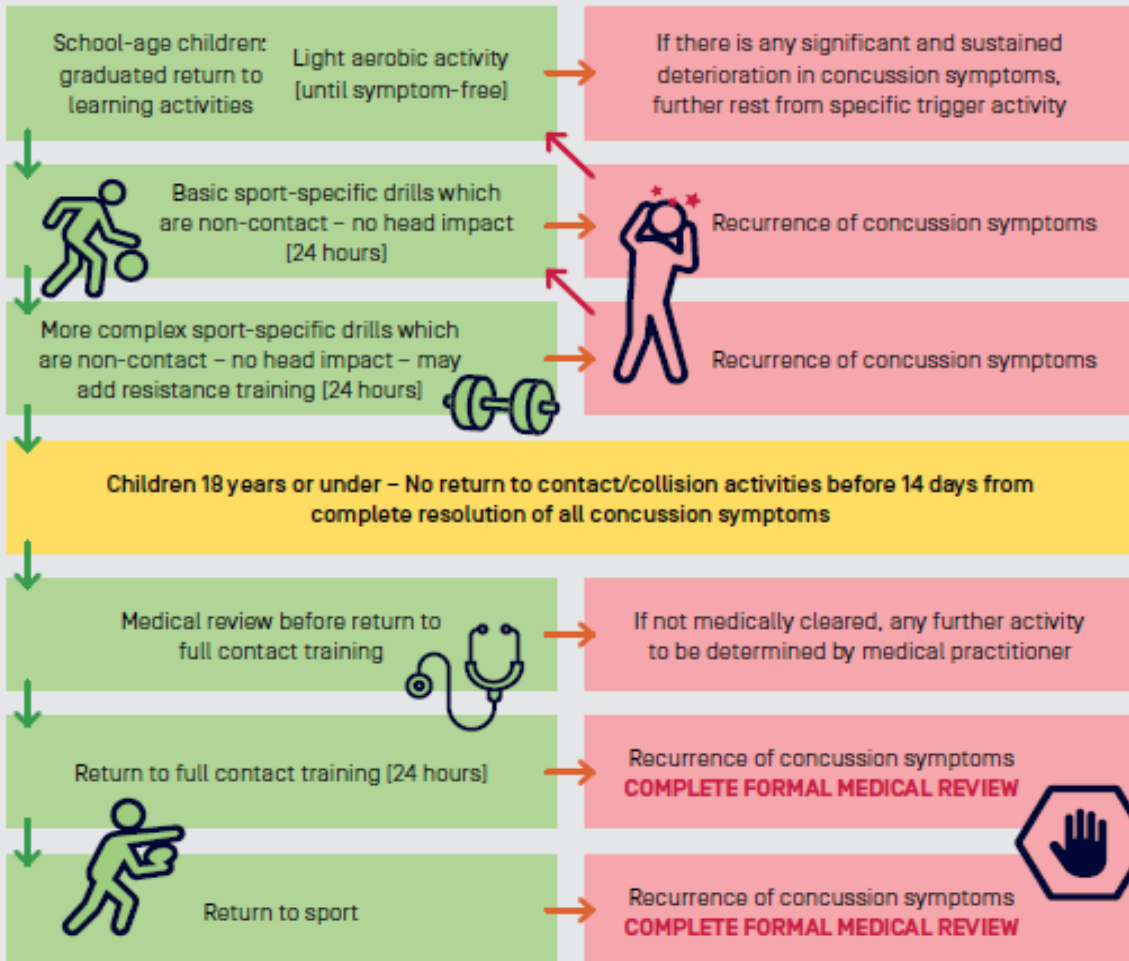
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CONCUSSION IN SPORT

 **Diagnosis of concussion** 

No return to sport

Deliberate physical and cognitive rest [24–48 hours]



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