

Concussion Management Policy

Purpose

Concussion (also known as mild traumatic brain injury) refers to a head injury with a temporary loss of brain function. Concussion can cause an array of physical, cognitive and demonstrative symptoms. Concussion is the result of direct trauma to the head, such as from falling, getting hit or being in an accident.

The purpose of this policy is to outline the processes that Casey Grammar will follow should a student suffer a direct head trauma.

Scope

This Policy applies to all staff, students, parents/guardians, volunteers and contractors.

Incident Response

Where a student suffers a direct head trauma in the course of sport/physical activity the student must be removed from the game/activity immediately. All students with suspected concussion need urgent medical assessment.

Formal diagnosis of a concussion can only be made by a Medical Professional. The Concussion Recognition Tool (Appendix A) can be used to help in the recognition of a concussion. It is important to note, however, that brief evaluation tools are not designed to formally diagnose concussion and cannot replace a comprehensive medical assessment.

Where a student exhibits any of the following symptoms (known as RED FLAGS), an ambulance must be called immediately:

- Loss of consciousness or suspected loss of consciousness.
- Deteriorating conscious state.
- Amnesia/Temporary memory loss.
- Seizure or convulsion.
- Nausea or vomiting.
- Neck pain or tenderness.
- Blurred vision, dizziness or sensitivity to light and/or noise.
- Weakness or tingling/burning in limbs.
- Pressure in head/headache.

Onsite

When head trauma occurs, onsite staff must make immediate contact with the School Nurse or designated Medical Response to allow for assessment of the student. If the head trauma occurs after School Hours, or the School Nurse/Medical Response is unavailable, staff should assess the student's symptoms in accordance with the Concussion Recognition Tool and determine if an ambulance should be called.

Bright minds, kind hearts.

Casey Grammar School

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Where an ambulance has been called staff are required to provide appropriate first aid until such time as it arrives and handover to ambulance services can be completed.

Offsite

Where the head trauma occurs offsite (school activity, camp or excursion) staff must administer first aid and, if available, seek designated Medical Response. Where Medical Response is unavailable an ambulance must be called.

Where an ambulance has been called staff are required to provide appropriate first aid until such time as it arrives and handover to ambulance services can be completed.

Contact with the School Nurse should be made as soon as practicable to ensure that the incident has been recorded appropriately and that the School Nurse can monitor the return to learning and return to sport process.

Unconscious Students

Where a student is unconscious first aid should be commenced, however, the student should only be moved by qualified health professionals, trained in spinal immobilisation techniques. Where no such professional is present an ambulance must be called.

Referral to Healthcare Practitioner

Following any head trauma at a school event (on or off site) the School Nurse will complete an Australian Institute of Sport (AIS) *Concussion Referral & Clearance Form*. This form requires full diagnostic from the student's healthcare practitioner. A copy of this form is included in Appendix B.

Parent Notification

Parents are to be notified in the event of any Head Trauma (including where concussion isn't suspected).

Where concussion is suspected but an ambulance was not called parents will be directed to collect their student and take them for medical assessment.

Outside Activities

Parents must report to the School Nurse occurrences of Concussion outside of Casey Grammar activities. Once notified, Casey Grammar will only allow a student to return to Learning and/or Sport in accordance with guidelines outlined below.

Staff have a duty of care to pass any information received regarding out-of-school hours head knocks to the School Nurse for follow-up.

Return to Learning

Following a concussion, a student should not return to learning until a doctor's medical clearance. This is to be provided to the School Nurse and actioned as per "Communications".

Return to Sport

Casey Grammar follows the Australian Institute of Sport (AIS) *'Graded return to Sport Framework'* and is reliant on a student's Healthcare Practitioner for determining when a student may return to sport. In accordance with these guidelines no student may return to sport for a minimum period of 21 days since the head trauma.

Return to Sport may only be determined by the student's Healthcare Practitioner and must be recorded on the *AIS Concussion Referral & Clearance Form* and provided to the School Nurse. Clearance will be actioned as per 'Communications'.

Communications

Notification of Concussion (and consequential limited from Sport) together with Return to Learning and/or Return to Sport is delegated by the Principal to the School Nurse.

Upon Notification of Concussion the School Nurse will circulate a communication to all staff notifying them of the student having suffered concussion, including an image of the student to aid identification, and confirming that the student is not to participate in Sport or physical activity until such time as the School Nurse advises of clearance to do so.

Communications from other sources (including students and/or parents) that indicates a student may return to Learning and/or Sport are not to be actioned or relied upon, but to be referred to the School Nurse for discussion.

Other Head Trauma

Where a student suffers a head trauma that does not meet the threshold for a concussion response (e.g. minor bump with another child with no concerning symptoms) appropriate First Aid should be applied and contact made with the student's parents.

Record Keeping

Casey Grammar maintains a record of all concussions on Synergetic.

Review

This policy is to be reviewed and approved every three (3) years, as a minimum.

Last approved June 2024.

Next Review June 2027.

This policy is subject to change without notice at the sole discretion of Casey Grammar School/ CSV Limited.

Printed hardcopies of this policy are considered uncontrolled.

CRT6™



Concussion Recognition Tool

To Help Identify Concussion in Children, Adolescents and Adults

What is the Concussion Recognition Tool?

A concussion is a brain injury. The Concussion Recognition Tool 6 (CRT6) is to be used by non-medically trained individuals for the identification and immediate management of suspected concussion. It is not designed to diagnose concussion.

Recognise and Remove

Red Flags: CALL AN AMBULANCE

If **ANY** of the following signs are observed or complaints are reported after an impact to the head or body the athlete should be immediately removed from play/game/activity and transported for urgent medical care by a healthcare professional (HCP):

- 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/tingling in more than one arm or leg
- Repeated Vomiting
- Severe or increasing headache
- Increasingly restless, agitated or combative
- Visible deformity of the skull

Remember

- In all cases, the basic principles of first aid should be followed: assess danger at the scene, check airway, breathing, circulation; look for reduced awareness of surroundings or slowness or difficulty answering questions.
- Do not attempt to move the athlete (other than required for airway support) unless trained to do so.
- Do not remove helmet (if present) or other equipment.
- Assume a possible spinal cord injury in all cases of head injury.
- Athletes with known physical or developmental disabilities should have a lower threshold for removal from play.

If there are no Red Flags, identification of possible concussion should proceed as follows:

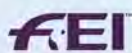
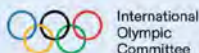
Concussion should be suspected after an impact to the head or body when the athlete seems different than usual. Such changes include the presence of **any one or more** of the following: visible clues of concussion, signs and symptoms (such as headache or unsteadiness), impaired brain function (e.g. confusion), or unusual behaviour.

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CRT6™

Developed by: The Concussion in Sport Group (CISG)

Supported by:



**CRT6****Concussion Recognition Tool**
To Help Identify Concussion in Children, Adolescents and Adults**1: Visible Clues of Suspected Concussion**

Visible clues that suggest concussion include:

- Loss of consciousness or responsiveness
- Lying motionless on the playing surface
- Falling unprotected to the playing surface
- Disorientation or confusion, staring or limited responsiveness, or an inability to respond appropriately to questions
- Dazed, blank, or vacant look
- Seizure, fits, or convulsions
- Slow to get up after a direct or indirect hit to the head
- Unsteady on feet / balance problems or falling over / poor coordination / wobbly
- Facial injury

2: Symptoms of Suspected Concussion**Physical Symptoms**

Headache
 "Pressure in head"
 Balance problems
 Nausea or vomiting
 Drowsiness
 Dizziness
 Blurred vision
 More sensitive to light
 More sensitive to noise
 Fatigue or low energy
 "Don't feel right"
 Neck Pain

Changes in Emotions

More emotional
 More Irritable
 Sadness
 Nervous or anxious

Changes in Thinking

Difficulty concentrating
 Difficulty remembering
 Feeling slowed down
 Feeling like "in a fog"

Remember, symptoms may develop over minutes or hours following a head injury.

3: Awareness

(Modify each question appropriately for each sport and age of athlete)

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

"Where are we today?"

"What event were you doing?"

"Who scored last in this game?"

"What team did you play last week/game?"

"Did your team win the last game?"

Any athlete with a suspected concussion should be - IMMEDIATELY REMOVED FROM PRACTICE OR PLAY and should NOT RETURN TO ANY ACTIVITY WITH RISK OF HEAD CONTACT, FALL OR COLLISION, including SPORT ACTIVITY until ASSESSED MEDICALLY, even if the symptoms resolve.

Athletes with suspected concussion should **NOT**:

- Be left alone initially (at least for the first 3 hours). Worsening of symptoms should lead to immediate medical attention.
- Be sent home by themselves. They need to be with a responsible adult.
- Drink alcohol, use recreational drugs or drugs not prescribed by their HCP
- Drive a motor vehicle until cleared to do so by a healthcare professional



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Concussion Referral & Clearance Form

SECTION 1 DETAILS OF INJURED PERSON (please print clearly)

TEAM OFFICIAL TO COMPLETE (Manager, Coach or First Aid / Healthcare practitioner*) **AT THE TIME/ON THE DAY OF THE INJURY, BEFORE PRESENTING TO HEALTHCARE PRACTITIONER REVIEWING THE PLAYER**

| | |
|-----------------|----------------|
| Name of player: | Date of Birth: |
| Sport: | Club/School: |

Dear Healthcare Practitioner,

This person has presented to you today because they were injured on (day & date of injury) _____ in a (game or training session) _____ and suffered a potential head injury or concussion.

The injury involved: (select one option)

Direct head blow or knock

Indirect injury to the head
e.g. whiplash injury

No specific injury observed

The subsequent signs or symptoms were observed (Please select one or more):

Consult the referee/umpire if no signs and symptoms were observed by team official personnel

Loss of consciousness

Dazed or vacant stare

Ringing in the ears

Disorientation

Headache

Fatigue

Incoherent speech

Dizziness

Vomiting

Confusion

Difficulty concentrating

Blurred vision

Memory loss

Sensitivity to light

Loss of balance

Other: _____

Is this their first concussion in the last 12 months? Yes No

If NO, how many concussions in the last 12 months:

Name:

Role:

Signature:

Date:

INJURED PERSON or PARENT / LEGAL GUARDIAN CONSENT (for persons under 18 years of age)

I _____ (insert name) consent to _____ (insert Healthcare Practitioner's name) providing information if required to my Club/School regarding my head injury and confirm that the information I have provided the doctor has been complete and accurate.

Name:

Signature:

Date:



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SECTION 2 - INITIAL CONSULTATION

HEALTHCARE PRACTITIONER IDEALLY WOULD SEE THE INJURED PERSON WITHIN **72 HOURS** OF THE INJURY

AIS recommends that all persons who have suffered a concussion or a suspected concussion must be treated as having suffered concussion.

The person has been informed that they must be referred to a healthcare practitioner. **Your role as a healthcare practitioner is to assess the person and guide their progress over the remaining steps in the process.**

Detailed guidance for you, the healthcare practitioner, on how to manage concussion can be found at the Concussion in Australian Sport website www.concussioninsport.gov.au

Please note, any person who has been diagnosed showing signs and symptoms of concussion MUST follow the Graduated Return to Sport Framework (GRTSF) https://www.concussioninsport.gov.au/_data/assets/pdf_file/0006/1133466/GRADED-RETURN-TO-SPORT-FRAMEWORK-COMMUNITY-AND-YOUTH.pdf

FOR CHILDREN & ADOLESCENTS AGED UNDER 19, AND ADULTS IN COMMUNITY (NON-ELITE) SPORT, THE ATHLETE MUST BE SYMPTOM FREE FOR 14 DAYS BEFORE RETURN TO ANY CONTACT TRAINING. THE MINIMUM TIME FOR RETURN TO COMPETITIVE CONTACT IS 21 DAYS.

I have assessed the person and I have read and understood the information above.

Healthcare Practitioner's Name:

Signed:

Date:

SECTION 3 - CLEARANCE APPROVAL

I [healthcare practitioner's name] _____ have reviewed _____ [persons name] today and based upon the evidence presented to me by them and their family / support person, and upon my history and physical examination I can confirm:

- I have reviewed Section 1 of this form and specifically the mechanism of injury and subsequent signs and symptoms
- The person has been symptom-free for at least 14 days
- The person will not return to competitive contact in less than 21 days from the time of concussion
- The person has completed the Graduated Return to Sport Framework process without evoking any recurrence of symptoms
- The person has returned to school, study or work normally and has no symptoms related to this activity

I also confirm that I have read the Australian Concussion Guidelines for Youth and Community Sport https://www.concussioninsport.gov.au/_data/assets/pdf_file/0003/1133994/37382_Concussion-Guidelines-for-community-and-youth-FA-acc.pdf

I therefore approve that this person may return to full contact training and if they successfully complete contact training without recurrence of symptoms, the person may return to playing sport [competitive contact].

Healthcare Practitioner's Name:

Signature:

Date: