

Concussion Management Policy

Last Review: May 2023	Constructed: Risk and Compliance Manager
Next Review: May 2025	Approval Required: Executive Motion
Policy Number: 36a	Executive Sign Off Date: 24 May 2023

1. Statement of Context and Purpose

Mentone Grammar is committed to ensuring that current, research-based protocols are followed in the event of one of their students or staff suffering a 'suspected' concussion injury whilst at School or playing at a sporting event. The purpose of this policy is to define concussion and outline the processes to be undertaken to ensure a safe recovery process is adhered to.

Sport Related Concussion (SRC) is a growing health concern in Australia. It affects athletes at all levels of sport, from the part-time recreational athlete to the full-time professional. Concerns about the incidence, and possible health ramifications for athletes, have led to an increased focus on the importance of diagnosing and managing the condition safely and appropriately.

Mentone Grammar has developed this Policy taking into account the AGSV Concussion in Sport Procedures/Guidelines

2. Objective

Mentone Grammar recognises that eliminating the risk of concussion, especially in sport is not feasible. It is committed to ensure our response to suspected or actual concussion facilitates the timely advice and care of the student to enable them to safely return to everyday activities and sport. Participant safety and welfare is paramount when dealing with all concussion incidents, both in the short term and long term. Complications can occur if a player continues playing before they have fully recovered from a concussion.

3. Application

This policy applies to:

- All staff, including coaches and casual relief staff, contractors and volunteers.
- All students who have been suspected with and/or diagnosed with concussion, who may require emergency treatment and their parents/carers.
- As per the AGSV Concussion in Sport Policy the school has established their own policy that aligns with the AGSV Concussion in Sport Policy

This policy applies to all Mentone Grammar employees, visitors and contractors at our sites.

4. Responsibilities

Executive Level

- Ensure that this Policy are endorsed on an annual basis and following significant incidents if they occur

- Ensure that copies of this Policy and the Guidelines are made available to all staff;
- Ensure that this Policy and the Guidelines are incorporated into the Induction Program, in particular for Sports and Health staff
- Ensure that this Procedure is accessible to the public (including children and parents).

Staff

- Staff must ensure that they abide by this Policy and the Guidelines

5. Training for Staff

To ensure the School meets its duty of care as set out in the Concussion Policy appropriate training will be provided to staff. In particular PE and sports coach staff will receive an annual briefing either as part of their Induction or at the commencement of Term 1.

6. Reference Points / Background Papers

- The Management of Concussion in Australian Football, with specific provisions for children aged 5-17 years
http://www.aflcommunityclub.com.au/fileadmin/user_upload/Health_Fitness/2017_Community_Concussion_Guidelines.pdf
- Concussion in Sport Policy Concussion In Sport Australia Position Statement
- An initiative of the Australian Institute of Sport, Australian Medical Association, Australasian College of Sport and Exercise Physicians and Sports Medicine Australia
- Dr Lisa Elkington, Dr Silvia Manzanero and Dr David Hughes - AIS
https://www.concussioninsport.gov.au/home#position_statement
- Concussion in Sport Policy, Issued by Sports Medicine Australia v1.0 January 2018
<https://sma.org.au/resources-advice/concussion/>
- Guidelines for the Management of Concussion in Rugby League, National Rugby League
https://www.playrugbyleague.com/media/3102/guidelines-for-the-management-ofconcussion-in-rugby-league_final_v20.pdf
- Pocket Concussion Recognition Tool 5 -
http://www.aflcommunityclub.com.au/fileadmin/user_upload/Health_Fitness/2017_Community_Concussion_CRT.pdf
- Role of Helmets and Mouthguards in Australian Football -
http://www.aflcommunityclub.com.au/fileadmin/user_upload/Health_Fitness/Role_of_helmets_and_mouthguards.pdf
- AGSV Concussion in Sport Procedures/Guidelines
- Sports Medicine Australia
- Australian Sports Commission: Information for Parents and Teachers
- RCH Fact Sheets – Head injury
- Concussion Recognition Tool
- AGSV Concussion in Sport Policy
- Concussion Recognition Tool 5 can be located and viewed via the following link:
<https://bjism.bmj.com/content/bjsports/early/2017/04/26/bjsports-2017-097508CRT5.full.pdf>

7. Policy Implementation

Concussion

Concussion is a brain injury caused by direct or indirect force to the head, face, neck or elsewhere with the force transmitted to the head. Concussion involves temporary neurological impairment. The

symptoms may evolve over the hours or days following the injury. A person does not have to be knocked unconscious to have a concussion. Loss of consciousness is seen in only 10-15% of cases.

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 and should be assessed by a doctor if there is a suspected concussion. Cognitive functions in children and adolescents typically take up to 4 weeks to recover. Concussion occurs most often in sports which involve body contact, collision or high speed.

The recovery process for concussion is variable and may take from just a few minutes through to several weeks or longer. A medical practitioner will provide medical advice on each diagnosed case and the process for recovery, however, for most students' symptoms will improve within 7 to 10 days. In order to recover the brain and body need rest. Once symptoms have resolved, the student must abstain from sports for 14 days.

Concussion in Children and Adolescents

The management of SRC in children (aged 5 to 12 years) and adolescents (aged 13 to 18 years) requires unique considerations suitable for the developing child. Children have physical and developmental differences, including less developed neck muscles, increased head to neck ratio, and brain cells and pathways that are still developing. Children and adolescents may have greater susceptibility to concussion. They may also take longer to recover and they may be at risk of severe consequences such as second impact syndrome. Managing concussion in children and adolescents therefore requires different standards and a more conservative approach.

Step 1: Recognise

Recognising a suspected concussion at the time of injury is extremely important to ensure appropriate management and to prevent further injury.

The signs and symptoms vary, are not always specific, and may be subtle. Onlookers should suspect concussion when an injury results in a knock to the head or body that transmits a force to the head. A hard knock is not required – concussion can occur from minor knocks. During sports - watch for when a player collides with another player a piece of equipment, or the ground. Non-sport related - Concussion can also result from a simple standing height fall or head vs pole for example

Supervising staff (including coaches, teachers, other carers) at any event (but in particular sporting events) should look out for and report any suspected concussion to the First aid officers.

The following steps should be used as a guide to help the identification of concussion. However, these guidelines only provide brief sideline evaluations of concussion and it is still imperative that a comprehensive medical assessment is conducted by an appropriately experienced medical practitioner. **Only a medical practitioner can definitively diagnose a concussion.**

Red flags — Call an ambulance

If there is concern after a head injury and if any of the following signs are observed or reported, student must be removed from the game or activity, first aid must be administered and if available a Registered Nurse will review in the first instance. An and an ambulance should be called for urgent medical assessment:

- increasingly restless, agitated or combative

- Central neck pain or tenderness
- double vision

Critical symptoms/signs	Obvious symptoms/signs	Subtle symptoms/signs
<ul style="list-style-type: none"> • Central neck pain • Increasing confusion, agitation or irritability • Repeated vomiting • Seizure or convulsion • Weakness or tingling/burning in the arms or legs • Deteriorating conscious state • Severe or increasing headache • Unusual behavioural change • Double vision 	<ul style="list-style-type: none"> • Loss of consciousness • No protective action in fall to ground directly observed or on video • Seizure or jerky movements after a knock • Confusion, disorientation • Memory impairment • Unsteady on feet or balance problems • Athlete reports significant, new or progressive concussion symptoms • Dazed or looking blank/vacant • Changed behaviour – may be more irritable, agitated, anxious or emotional than normal 	<ul style="list-style-type: none"> • Headache • ‘Pressure in the head’ • Generalised neck pain • Nausea or vomiting • Dizziness • Blurred vision • Balance problems • Sensitivity to light • Sensitivity to noise • Feeling slowed down • Feeling like ‘in a fog’ • ‘Don’t feel right’ • Difficulty concentrating • Difficulty remembering • Fatigue or low energy • Confusion • Drowsiness • More emotional • Irritability • Sadness • Nervous or anxious • Trouble falling asleep (if applicable)
<p>If a student displays these critical symptoms/signs they may have a more serious injury. They should be immediately taken to the nearest emergency department.</p>		

- weakness or tingling/burning in arms or legs
- severe or increasing headache
- seizure or convulsion
- loss of / altered consciousness
- repeated vomiting

Where a student is suspected of sustaining a severe head or spinal injury, call an ambulance immediately to take them to an Emergency department. Do not attempt to move the student (other than required for airway support) unless trained to do so as this may further damage the spine in the event that there is a spinal injury. If, at any time, there is any doubt regarding a student's health, they should be referred to hospital.

Observable signs — take appropriate action. Prompt medical review recommended

If there are no red flags but signs and symptoms suggest concussion as listed in the Concussion Recognition Tool 5 (that should be available in the first aid kit):

Some symptoms might be:

Headache	Dizziness	Feeling slowed down
'Don't feel right'	Confusion	Sadness
Pressure in the head	Blurred vision	Feeling like 'in a fog'
Difficulty concentrating	Drowsiness	Nervous or Anxious
Neck pain	Balance problems	More emotional
Difficulty remembering	Sensitivity to light	
Nausea or Vomiting	Sensitivity to noise	
Fatigue or Low energy	Irritability	

Memory

Where players are older than 12 years, they may be asked a number of questions to recognise suspected concussion. If a player fails to answer any of the following questions (modified as required) correctly, this may suggest a concussion:

- What venue/location are we at today?
- What day is it? What month are we on?
- What year is it?
- What are your parent's names?

If any of the above symptoms are displayed the following process must be followed:

- The student must be immediately removed from play or sport and not engage in further activity (for example, returning to a sporting game)
- If available, advice and support can be sort from a First Aid Provider
- Make contact with parents/guardians/next of kin as per below
- Stay and monitor the student/staff's condition and if there are any changes appropriate action must be taken (i.e. Calling 000 if the condition deteriorates)
- An incident report must be completed and provided to the Risk and Compliance Manager

Step 2: Remove

Any player suspected of having concussion must be removed from the game/training and should have no further involvement. Do not be swayed by the opinion of the player, trainers, coaching staff, parents or others regarding the return of the student to play. Organise the player to be assessed and monitored by a medical doctor or a qualified first aider.

First-aid principles still apply, and a systematic approach to assessment of airway, breathing, circulation, disability and exposure applies in all situations. Neck injuries should be suspected if there is any loss of consciousness, neck pain or a mechanism that could lead to spinal injury. Students in this type of situation shouldn't be moved without guidance from appropriately trained individuals.

A student with concussion or suspected concussion should not be left alone or be sent home by themselves and needs to be with a responsible adult. Students should not take prescription medication, including aspirin, anti-inflammatory medication, sedative medications or strong pain relieving medications. The student's parents or guardian should be contacted to inform them of the incident. An Incident Report must be completed for a concussion related incident and provided to the Risk and Compliance Manager.

Make contact with parents/carers/next of kin

Whenever the Concussion Recognition Tool 5 is used to assist with the identification of a suspected concussion, parents/guardians/next of kin must be contacted as soon as practicable and the following actions taken:

- If concussion is suspected:
Parent/guardian/next of kin must be contacted to collect the student from school and a medical assessment if recommended, even if symptoms resolve

Step 3: Refer

The student must be assessed by the most senior first aid person present or Registered Nurse where available. The first aid person will determine whether an ambulance is called based on their determination in Step 1: Recognise.

If an ambulance is deemed as not necessary, however concussion is still suspected parents/carers must be contacted and a medical review required.

At this time, the student must be closely monitored and should their situation deteriorate an ambulance to be contacted. Students should not be sent home by themselves and should not drive a motor vehicle. Staff must stay with the student until a thorough hand over is made to their parent or guardian and it is clear that the person can be collected.

Step 4: Return

A student should only return to school and/or sport once they have received medical clearance to do so. Only a medical doctor should provide medical clearance for the person to return to school or the game or training. A qualified first aider should not provide medical clearance.

Returning to learning and school should take precedence over returning to sport. A student must wait a minimum of 14 days after the complete resolution of all concussion symptoms before seeking formal clearance from a medical practitioner to return to contact activities (not full training). The student will then be reviewed by a medical practitioner before returning to full training that includes contact/collision. If there is no recurrence of symptoms 24 hours after full contact training, then a return to contact sport can be considered.

Even if medical clearance has been obtained, the school/staff member should not allow the player to return to play if their condition deteriorates or if the student advises that they are still feeling any symptoms of concussion.

Where there is uncertainty about a student's recovery, always adopt a more conservative approach, "if in doubt sit them out".

Medical Clearance:

Parents are required to provide the school with medical clearance in writing and this is can only be provided 14 days after the complete resolution of all concussion symptoms.

Depending on the circumstances either the student's mentor, sport staff or health centre staff to contact the parents for consent to participate in subsequent training or games. Managing

concussion is a shared responsibility. Open communication is essential and information should be shared.

Once the medical clearance has been obtained and the student has returned to their first game, the Coach should closely monitor the player. If they show any signs of concussion, the staff member should remove them from the game or training session and follow the procedures outlined above.

A student who has suffered a concussion should return to sport gradually. They should increase their exercise progressively, as long as they remain symptom-free.

Return to Learn

The priority when managing concussion in children should be returning to school and learning, ahead of returning to sport. Concussion symptoms can interfere with memory and information processing. This can make it hard for children to learn in the classroom. Parents should discuss with their doctor and child's school, an appropriate return-to-school strategy. This should be provided to the student's classroom teacher.

Following a confirmed concussion, schools may need to make reasonable adjustments, guided by the student or staff member's treating practitioner, including:

- Return to learning and return to sport plans for students
- Modifying school programs to include more regular breaks, rests and increased time to complete tasks.

Rest and Recovery

Rest is very important after a concussion because it helps the brain to heal. Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days or even weeks. A more serious concussion can last for months or longer.

Children and adolescents often take longer to recover from a concussion than adults, and it is not abnormal for symptoms to last up to 4 weeks for children or adolescents.

For children and adolescents, the graduated return to play protocol is such that a child does not return to contact/collision activities until 14 days from the resolution of all symptoms and with a medical clearance.

Rest is recommended immediately following a concussion (24–48 hours). Rest means not undertaking any activity that provokes symptoms. However, anyone who has suffered a concussion should be encouraged to become gradually and progressively more active as long as they do not experience any symptoms.

It is important that athletes do not ignore their symptoms and in general a more conservative approach be used in cases where there is any uncertainty.

8. Education

Mentone Grammar will ensure staff are educated in this Policy annually.

Appendix A – Parent Letter - Moderate -Serious Concussion / Head Injury

Dear Parent/Carer,

Your child may have received a possible concussion/head injury and they will require a medical assessment and diagnosis. If they are diagnosed with concussion, they will need to follow the Mentone Grammar Concussion Management policy which includes receiving medical clearance in writing (a medical certificate) prior to returning to school and sport.

In line with Mentone Grammar's and AGSV's policy, a student must wait a minimum of 14 days after the complete resolution of all concussion symptoms before seeking formal clearance from a medical practitioner to return to contact activities (not full training). The student must then be reviewed by a medical practitioner before returning to full training that includes contact/collision. If there is no recurrence of symptoms 24 hours after full contact training, then a return to contact sport can be considered.

Even if medical clearance has been obtained, school staff will monitor the student and will not allow the player to return to play if their condition deteriorates or if the student advises that they are still feeling any symptoms of concussion.

Where there is uncertainty about a student's recovery, the School will always adopt a more conservative approach, "if in doubt sit them out".

We would also like to provide you with some concussion signs and symptoms to look out:

The following signs and symptoms require urgent medical assessment (Ambulance recommended).
DO NOT ATTEMPT TO MOVE THE PATIENT.

- 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

The following signs are 'observable signs' and a medical review is recommended

Headache	Dizziness	Feeling slowed down
'Don't feel right'	Confusion	Sadness
Pressure in the head	Blurred vision	Feeling like 'in a fog'
Difficulty concentrating	Drowsiness	Nervous or Anxious
Neck pain	Balance problems	More emotional
Difficulty remembering	Sensitivity to light	
Nausea or Vomiting	Sensitivity to noise	
Fatigue or Low energy	Irritability	

Please find below a link to an information sheet from the Royal Children's Hospital on head injuries in children. This information sheet contains important information on head injuries and signs and symptoms to look out for.

https://www.rch.org.au/kidsinfo/fact_sheets/Head_injury/

Please contact our Health Centre on 9581 3242 or 0437 950 778 if you have any concerns.

Yours sincerely,

Eleanor Holland, Jane Williamson, Jackie Mitchell, Dani Begg, and Ruth Harig.

Mentone Grammar Health Centre

Phone: 0437 950 778

Appendix B Parent Letter – Mild Concussion/Head injury

Dear Parent/Carer,

Your child may have received a possible head injury / concussion whilst at school today.

Head injuries are classified as mild, moderate, or severe. Many head injuries are mild, and simply result in a small lump or bruise. But if your child has received a moderate or severe injury to the head, they need to see a doctor for review.

Children who have had a head injury may develop symptoms at various times therefore please continue to monitor your child. Some of the symptoms may begin minutes or hours after the initial injury, while others may take days or weeks to show up.

Please find below a link to an information sheet from the Royal Children's Hospital on head injuries in children. This information sheet contains important information on head injuries and signs and symptoms to look out for.

https://www.rch.org.au/kidsinfo/fact_sheets/Head_injury/

If you are at all concerned about your child please seek further medical assistance.

Please contact our Health Centre on 9581 3242 or 0437 950 778 if you have any further questions.

Yours sincerely,

Eleanor Holland, Jane Williamson, Jackie Mitchell, Dani Begg, and Ruth Harig.

Mentone Grammar Health Centre

Phone: 0437 950 778