All sports staff are to be made aware of this procedure. The coach assigned to each match, activity or training session is responsible for the implementation of this procedure.

DEFINITION

Concussion is a temporary impairment of normal neurological function that heals by itself with time. The functional disturbance of the brain is caused by trauma to the head. Such disturbance may be manifestly obvious and demonstrated by symptoms listed below or, may be subtle and of delayed onset. The functional disturbance may be of relatively short duration and usually resolves spontaneously. More severe injuries can result from a seemingly innocuous blow. Regardless of the severity of the injury it is essential that patients who sustain a head injury / concussion undergo medical assessment and surveillance in the hours following injury. Careful observation is required to ensure that they remain stable and there is no evidence of a complication associated with a neurological or structural or functional head injury.

CLINICAL MANIFESTATIONS

Signs and symptoms can include any of the following:
- There may or may not be loss of consciousness
- Memory disturbance
- Confusion & disorientation
- Slurred speech
- Headache
- Double or blurred vision. Unequal pupil size
- Balance problems, giddiness
- Nausea or vomiting
- Occasionally, seizures

Some symptoms of concussions may be immediate or delayed in onset by hours or days after injury:
- Concentration and memory complaints
- Irritability and other personality changes
- Sensitivity to light and noise
- Sleep disturbances
- Psychological adjustment problems and depression
- Disorders of taste and smell

Concussion should also be suspected when a player complains of being ‘dazed’, or says ‘I don’t feel right’. Being unaware of what happened, even for a few moments at the time of the injury is a common indicator the player has been concussed.

RECOMMENDED MANAGEMENT

1. Immediate Management
- If player unconscious:
  - Take care when checking airway in case of suspected neck injury
  - Ensure ambulance is called
  - Commence basic first aid principles according to Life Support Flow Chart i.e. D.R.S.A.B.C.D
- In the much more common situation where there has been no loss of consciousness:
  - Any player with a suspected concussive injury must leave the playing arena
  - If the suspicion based on the above symptoms is confirmed, the player should not return to the playing arena
  - Complete “Incident Report Form” as soon as practical (within 24 hours)

2. Ongoing Management

The spectrum of severity of concussion is broad and whilst most cases incurred during school sport are at the milder end of the spectrum this protocol is orientated to a practice that offers the safest, optimal initial management of the concussed student and minimizes the risk of very uncommon, but potentially serious complications.

Ensure that the player has received medical clearance before allowing a return to sporting activity, usually a graded return. The following important principles should be followed:
- The concussed player should not be left alone as he is often confused and a deteriorating state of consciousness may indicate a more urgent problem
- The parents should be notified as soon as possible
- Prompt medical assessment is very important
- Unless the student has ready access to a medical practitioner, immediate arrangements should be made for the student to be assessed & observed in hospital. For the less severely concussed student whose parents are present it may be appropriate for the student to be transported to hospital (without delay) by the parents.

Otherwise, transport by ambulance is appropriate

Absolute indications for prompt ambulance transport to hospital are as follows:
- Any player who has lost consciousness, no matter what the duration.
- Prolonged confusion (> 30 minutes)
- Deterioration of conscious state (e.g. increased drowsiness or fatigue).
- Persistent vomiting or increasing headache
- Numbness or weakness in arms or legs

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Procedures for the Management of Concussion Sustained during School Sport

Just as the spectrum of concussive illness is broad, so too the recovery phase is variable in its duration. Accordingly, it is imperative that the concussed student be monitored and managed by a medical practitioner and a clearance obtained from that practitioner before the student is allowed to resume sporting activities.

SUMMARY

The key components of management include:

- Evaluation with a high index of suspicion for the diagnosis of concussion in any player with symptoms such as confusion or headache after a knock to the head.

- Player must leave the playing arena for evaluation. If the suspicion of concussion is confirmed, the player should not return to the playing arena and
  - Prompt referral of the player for medical evaluation (ambulance, medical practitioner, observation in hospital)
  - Ensure the player receives medical clearance before allowing a return to all future sporting activities (usually a graded return)

See also: Concussion Management in Australian Football:


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