

PROCEDURE

MANAGEMENT OF CONCUSSION PROCEDURE



All staff are to be made aware of the procedures contained within this document. The Teacher in Charge of the activity during which a concussion is sustained is responsible for the implementation of this procedure.

This procedure is orientated to a practice that offers the safest, optimal initial management of a concussed boy and minimises the risk of very uncommon, but potentially serious, complications.

This document should be read in conjunction with:

- The APS/AGSV Concussion in Sport Policy
- The APS/AGSV Management of Concussion in Sport Guidelines

What is Concussion?

Concussion is a traumatic brain injury, induced by biomechanical forces to the head, or anywhere on the body, which transmits an impulsive force to the head. It causes temporary neurological 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. Concussion occurs most often in sports and activities 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.

Recognising Concussion

Recognising concussion can be difficult. The symptoms and signs are variable, non-specific and may be subtle. There may be obvious signs of concussion such as loss consciousness, brief convulsions or difficulty balancing or walking. However, the signs of concussion can be more subtle. The following symptoms may indicate a concussion has been sustained:

Headache	Drowsiness
'Don't feel right'	Balance problems
'Pressure in the head'	Sensitivity to light
Difficulty concentrating	More emotional
Neck pain	Sensitivity to noise
Difficulty remembering	Irritability
Nausea or vomiting	Feeling slowed down
Fatigue or low energy	Sadness
Dizziness	Feeling like 'in a fog'
Confusion	Nervousness or anxiety
Blurred Vision	Trouble falling asleep

Managing Concussion

Scotch College acknowledges that it is not feasible to eliminate the risk of concussion in sport and activities. However, it is committed to responding to suspected or actual concussion in a way that facilitates the recovery of the boy and does not put him at risk of further harm.

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Initial Response

- Any boy suspected of having sustained a concussion will be removed from the sport or activity and not allowed to return to the sport or activity on that day.

- A boy 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 - 'if in doubt sit it out'.

There should be immediate referral to an emergency department if any of the following occurs:

- seizure or convulsion, or any loss of consciousness;
- neck pain;
- bleeding or discharge from the ear or nose;
- increasing confusion or irritability;
- vomiting;
- weakness or tingling/burning in the arms or legs;
- deteriorating conscious state;
- severe or increasing headache;
- unusual behavioural change; or
- visual or hearing disturbance.

For all other concussion symptoms, the following actions should be taken:

- immediate and permanent removal from sport or activity on that day;
- provision of normal first aid precautions, including neck protection;
- observation of the boy by an adult for at least four hours after the incident (i.e., the boy should not be left alone); and,
- referral to a medical practitioner as soon as practical.

The School will work with parents to ensure that a boy with actual or suspected concussion obtains medical attention and only returns to school, sport and activities under appropriate guidance.

The attached flowchart summarises the initial response to a suspected concussion*.

Ongoing Management/Concussion Record

The School will maintain a concussion record for each boy. This record would identify concussions sustained both whilst engaged in School activities and those sustained whilst involved in activities outside the School (e.g., local sport, bicycle riding). Parents/Guardians are asked to communicate to the School any concussion sustained by a boy in an outside activity. The Form Teacher or Head of House will be the point of contact for this information.

The Concussion record will include:

- the date the concussion was sustained;
- a description of the circumstances that caused the concussion;
- the name of the medical practitioner who gave clearance for the boy to resume physical activities; and,
- the date this permission was given.

When a boy sustains a concussion, the School will communicate with the parents, detailing the date when, and the circumstances under which, the concussion was sustained. The parents will also receive a copy of the boy's concussion record. The School will, in consultation with the parents and relevant medical practitioners, manage the boy's return to school and school activities.

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The attached flowchart* outlines the School's procedure for a boy who has been diagnosed as having sustained a concussion. The key components of this procedure are:

- to ensure a return to learning before a return to sport or activity. This may require adjustments to a boy's learning program, including a reduced work load and/or more frequent breaks;
- a graduated return to sport or physical activity; and,
- the obtaining of medical clearance, which notes the sighting of the boy's concussion history, before a return to full contact training.

***This flowchart is based on the procedure contained in the Concussion in Sport Australia Position Statement, an initiative of the Australian Institute of Sport, the Australian Medical Association, the Australasian College of Sport and Exercise Physicians and Sports Medicine Australia.**

Scotch College Return to Sport Procedure

Diagnosis of concussion

No return to sport

Deliberate physical and cognitive rest [24–48 hours]

