Lowther Hall

ANGLICAN GRAMMAR SCHOOL

All about the girl

Head Injury and Concussion Policy

Date of last review:	2026
Review cycle:	3 yearly
Review and approval responsibility:	Executive
Category:	Medical
VRQA required:	No
Locations:	O:Drive, LowtherLink, Website

PURPOSE

The purpose of this policy is to ensure the safety and well-being of all students at Lowther Hall Anglican Grammar by outlining clear guidelines for the identification, management, and prevention of head bumps and concussions. This policy aims to promote a safe learning environment and ensure that students who experience head trauma are managed appropriately in accordance with best practices in concussion care. This policy applies to all students, staff, and visitors at Lowther Hall Anglican Grammar School including during any school-related activities, including physical education, extracurricular activities, recess, and camping events.

SCOPE

Children often bump or bang their heads, and it can be difficult to tell whether an injury is serious or not. Any injury to the head from the base of the neck up is considered a head injury and **reporting to the school and parents is mandatory**.

Head injuries are classified as mild, moderate or severe. Many head injuries are mild and simply result in a small lump or bruise. If a child has received a moderate or severe injury to the head, an emergency medical response is required by calling 000.

A student may appear well immediately after sustaining a head injury but show signs of complications later in the day. School staff/coaches must remain vigilant and take the appropriate action if the child develops a problem.

DEFINITION

Concussion – a traumatic brain injury that alters the way the brain functions due to the brain moving within the skull. Effects of concussion are usually temporary, but can include altered levels of consciousness, headaches, confusion, dizziness, memory loss of events surrounding the injury, and visual disturbance.

Loss of consciousness – when a person is unable to open their eyes, speak or follow commands. They have no awareness of stimulation from outside their body and cannot remember the immediate periods before and after the injury.

The severity of a concussion is categorised using a severity system, denoted as mild, moderate and severe. A head injury may present different symptoms depending on its severity.

Mild Concussion Symptoms

In a mild concussion, there is no loss of consciousness. However, individuals with mild concussion can experience various symptoms, which may persist for minutes, hours, or days after the injury. These symptoms can include:

- Headaches
- Bruising (unless bruising is behind the ears)
- Minor bleeding (unless from the ears)
- Dizziness
- Nausea
- Memory loss
- Difficulty focusing
- Sensitivity to light or noise
- Mild confusion
- Fatigue
- Irritability
- Sleep disturbances

Moderate Concussion Symptoms

In a moderate concussion, the symptoms can be more severe in terms of degree and duration. In addition to the symptoms of a mild concussion, additional symptoms may include:

- Headaches
- Ringing in the ears (tinnitus)
- Momentary amnesia
- More pronounced irritability
- Loss of balance or coordination
- Slurred speech
- Longer-lasting memory problems
- Moderate confusion
- Longer-lasting fatigue
- Difficulty with complex tasks

Severe Concussion Symptoms

The most severe type of traumatic brain injury with the highest risk of long-term or permanent symptoms require a more extensive recovery period. In a severe concussion, the person may lose consciousness, often for longer durations with added symptoms such as:

- Amnesia lasting 24 hours or more
- Visual disturbances (seeing stars or double vision)
- Frequent vomiting
- Severe headache
- Profound confusion
- Prolonged fatigue
- Inability to stay awake or arousable
- Loss of coordination and motor skills
- Bleeding from the ears or bruising behind the ears

MANAGEMENT OF A HEAD INJURY

Staff are to apply First Aid principles (DRSABCD) and act within the scope of their training and expertise. The Concussion recognition tool (CRT6) can be used by people without medical training for the identification and immediate management of suspected concussion.

STEP 1: Recognition

The Concussion recognition tool (CRT6) **Appendix 1.**

STEP 2: Remove

If there is any reasonable suspicion about whether a person is concussed or has suffered a head injury, they should be immediately removed from the activity, if safe to do so.

STEP 3: Refer

Follow instructions for Red Flags: **CALL AN AMBULANCE** if the criteria are met.
A concussion should be suspected if the presence of any one of the 3 areas identified are evident, using the CRT6 evaluation protocol.

Please refer to **CRT6:**

1. Red Flags
2. Visible clues
3. Symptoms – Physical/ Emotional or Thinking
4. Cognitive Awareness

In these cases, the staff or student should be referred to a health professional for assessment and diagnosis.

Neck injuries should be suspected if there is any loss of consciousness, neck pain or a mechanism that could lead to spinal injury. Persons in this type of situation shouldn't be moved without guidance from appropriately trained individuals or if medically necessary due to airway clearance, see **Appendix 2.

STEP 4: Rest

Where concussion in confirmed, recovery begins with a brief period of cognitive and physical rest during the acute period post injury. The current recommendation for rest is 21 days but this may be less following clearance by a qualified health professional.

STEP 5: Return to learn

Returning to learn should be a priority. A detailed return to learn letter of advice or medical clearance must be provided by a GP or specialist.

STEP 6: Return to physical activities including sport

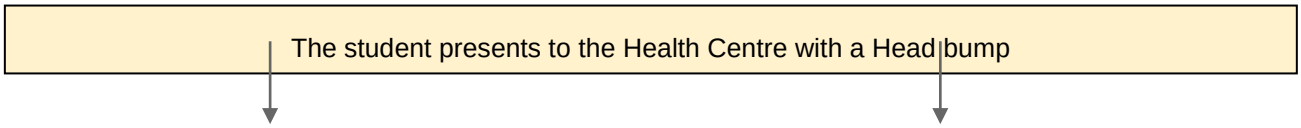
Once return to learning has occurred, a detailed return to physical activity letter of advice or medical clearance must be provided by a GP or specialist.

ASSESSING A HEAD INJURY

Where a head injury has occurred at GSV, please follow the GSV concussion in sport policy, See Appendix 3.

Head Injury

On site head injuries should follow the below protocol:



No concussion suspected or mild head bump

- A white wrist band for Junior School students (Prep- 12) with the today's date is applied to the presenting student
- A text message is sent to Contact 1 & 2 (see Appendix 2) to the families of Junior School (Prep- 6) and Senior School, **Appendix 4**
- A phone call will be made home for each incident for students in Kinder

Moderate - Severe head bump

- Contact 1 is called for the child to be collected and reviewed by a medical practitioner or 000 contacted based off the assessment of the first aider or nurse on duty.
- If unable to make contact with Contact 1, persist with a phone call to Contact 2 or emergency contacts until contact has been made. If no contact has been made with Contact 1 or 2, emergency contacts will be made.
- Send 'Suspected moderate-severe concussion' email with the advice that a clearance letter needs to be obtained prior to the student returning to school and sporting activities.

Email sent to the Contacts of student who require clearance with a Moderate- Severe head bump

Dear ***Contact 1 and Contact 2***,

We are writing to inform you of an important requirement for students who have experienced a moderate to severe concussion. In accordance with our school policies and to ensure the safety and well-being of your daughter, we kindly ask that you provide a clearance letter from a medical practitioner before your child can return to school activities, including academic work, sports, and other extracurricular activities.

The clearance letter should confirm that the General Practitioner has assessed your child's condition and cleared them for participation in both learning and physical activities. This is to ensure that your child has fully recovered and is ready to resume their normal routine safely.

Please submit the clearance letter to the School Nurse at nurse@lowtherhall.vic.edu.au prior to her return to avoid any delays in your child's return to activities. If you have any questions or need further information, please don't hesitate to contact the School Nurse.

The General Practitioner should follow the latest Royal Children's Hospital advice for returning to school and activities after a head injury https://www.rch.org.au/kidsinfo/fact_sheets/Head_injury-return_to_sport/

Thank you for your cooperation in keeping all of our students safe and healthy.

Kind regards,

School nurse sign off

Clearance Letter

A clearance letter must be sighted and retained on Student file by the School Nurse prior to the return to school or sport.

This letter must include:

- Latest advice that reflects the current RCH guidelines available at: https://www.rch.org.au/kidsinfo/fact_sheets/Head_injury-return_to_sport/
- a date to return to school and learning
- a date to return to physical activity

Text message template for mild head bump to Contact 1

This is a courtesy notification to advise that ***Insert child name**** has received a minor head bump at school today. There are no immediate concerns for your daughter's wellbeing. Please visit https://www.rch.org.au/kidsinfo/fact_sheets/Head_injury/ for more information.

STAFF COMMUNICATION

Call for health centre staff if on site #5205 and dial 000 if offsite. Heads of School should be notified as early as possible using the ambulance alert WhatsApp group.

After 000 has been called, and the situation is under control, a staff member will contact parents/ emergency contact of the student to notify them of condition and medical treatment information eg. Ambulance on the way or transport to the emergency department is underway.

Once the immediate medical emergency is managed, an accident report or clipboard incident should be completed and returned to the health centre within 12hrs of the incident.

After school hours: Use the CRT6 and the "Headcheck concussion app" (please note: app requests to send report to parents, always select NO).

IF SPINAL AND NECK INJURY SYMPTOMS ARE PRESENT:

- Spinal immobilisation and cervical collar should only be applied by qualified staff members.
- If the patient is unconscious as a result of a head injury, you should always suspect a spinal injury.
- DO NOT move a patient with a suspected spinal injury unless they are in danger. Movement can cause further injury.
- Twisting, compressing or bending an injured spine can increase the damage. If the patient must be moved (eg. To clear an airway, ie. vomit), take extreme care to keep the spine straight and avoid twisting or bending. Where the neck is involved, support the head and neck with your hands.
- See attached **Appendix 2.**

RETURN TO LEARNING AND PHYSICAL ACTIVITY

STAFF

Staff including coaches who have been diagnosed with concussion should inform the Health Centre and Human Resources to seek assistance regarding a supported return to work plan.

Appendix 5: Department of Health – Better Health Channel – Head injuries and concussion – Fact sheet. (adult)

STUDENTS

It is essential that a child is assessed and provided with a letter of advice from the GP or specialist treating team to advise how long a child needs Brain rest from learning and physical activity. Return to learning must take priority over sport and exercise. “Brain rest” includes no physical activities or activities that require mental concentration including computer use, television, texting, iPad and play-stations.

Parents will be notified of any head injury experienced at school or during a school activity as per the **Head bump protocol** above. Should the recommendation be made by a Lowther Hall staff member that a student has a suspected concussion, the return to learning and physical activity procedure must be adhered to as per the “**Email sent to the Contacts of student with a Moderate- Severe head bump”.**

- Students will be logged on the “*Concussion and clearance*” google doc managed by the Health Centre
- Senior school students will be logged into Clipboard with a return to play alert added to their file
- Prior to the return of a student, a clearly documented letter of advice must state the return to learning date and a return to physical activity date. This document should follow the latest RCH guidelines for head injury management
- The letter of advice and/ or a medical clearance letter must be provided to the School Nurse at nurse@lowtherhall.vic.edu.au as a matter of urgency.

The School Nurse will distribute the letter of advice and/or clearance letter to:

- The Director of Sport
- Relevant Head of School
- Year Level Coordinator
- Classroom or home Group Teachers
- Senior School personal assistant: email advice for Briefing sheet
- Junior School personal assistant: email advice for Briefing sheet

In the event that a student or staff member received a head injury not during school hours or activities, eg. At a weekend sporting activity, the same return to learning and physical activity procedures apply.

KINDERGARTEN

While it is common for children in this age group to bump their heads during everyday play, it is difficult to determine whether the injury is serious or not. CRT6 – is not an appropriate tool to be used at this developmental stage.

In the event of a student head injury in the ELC, first aiders will administer first aid, and parents will be called and advised of the head bump, they will be advised to collect their child for closer monitoring if there are

concussion symptoms present. Parents are advised to follow guidelines set outby the Royal Children's Hospital – Kids Health Information - Head injury – general advice (child) and seek formal assessment by a health professional as directed by RCH.

ELC students who suffer a head injury will be removed from sport and high-risk activities for a minimum of 48 hours following a sustained head injury (unless earlier clearance is obtained by a qualified health professional).

ELC Staff should initiate an emergency response and call for an ambulance and support from the Health Centre if the head injury meets any of the following criteria.

- has had a head injury involving high speed or height greater than a metre, for example, a car crash, a high-speed accident or falling from playground equipment.
- loses consciousness (passes out).
- has a seizure, convulsion or fit.
- is increasingly confused, has memory loss or is less responsive or drowsy.
- has loss of vision or double vision.
- has weakness or numbness/tingling in more than one arm or leg.
- has neck pain or tenderness.
- seems unwell and vomits more than once.
- has a severe or increasing headache.
- is increasingly restless, agitated, or combative.

Adapted from RCH: Head injury – General Advice Parent Factsheet

PREVENTION

- The school will promote safe practices in physical activities, including the use of appropriate protective gear, such as helmets for sports or activities that involve a risk of head injury.
- Regular safety audits will be conducted to ensure that facilities and equipment are safe for all students.
-

CONCLUSION

The health and safety of students are the highest priority at Lowther Hall Anglican Grammar School. By adhering to this policy, the school aims to prevent, identify, and manage concussions appropriately, ensuring that students receive the care and attention they need to recover fully before returning to activities.

APPENDIX 1

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.

CRT6™

Developed by: The Concussion in Sport Group (CISG)

Supported by:

International Olympic Committee · FEI · FIA · FIFA · IIHF · World Rugby

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

British Journal of Sports Medicine

APPENDIX 2

St John

First aid fact sheet

Spinal and neck injury

- If the patient is unconscious as a result of a head injury, you should always suspect a spinal injury.
- DO NOT move a patient with a suspected spinal injury unless they are in danger. Movement can cause further injury.
- Twisting, compressing or bending an injured spine can increase the damage. If the patient must be moved, take extreme care to keep the spine straight and avoid twisting or bending. Where the neck is involved, support the head and neck with your hands.
- Do not apply a cervical collar.

Signs and symptoms

- pain at or below the site of the injury
- tenderness over the site of the injury
- absent or altered sensation below the site of the injury, such as tingling in hands or feet
- loss of movement or impaired movement below the site of the injury

What to do

Unconscious breathing patient

1. Follow DRSABCD.
2. Call Triple Zero (000) for an ambulance.
3. Place the patient in the recovery position. Carefully support their head and neck, and avoid twisting or bending during movement.
4. Ensure the patient's airway is clear and open.
5. Hold the patient's head and neck steady to prevent twisting or bending of the spine.

Conscious patient

1. Follow DRSABCD.
2. Call Triple Zero (000) for an ambulance.
3. Keep the patient in the position found. Only move if in danger.
4. Reassure the patient. Ask them not to move.
5. Loosen any tight clothing.
6. Hold the head and neck steady to prevent twisting or bending of the spine.

In a medical emergency call Triple Zero (000)

DRSABCD Danger ▶ Response ▶ Send for help ▶ Airway ▶ Breathing ▶ CPR ▶ Defibrillation

You could save a life with first aid training • www.stjohn.org.au • 1300 360 455

APPENDIX 3

GIRLS SPORT VICTORIA (GSV)
CONCUSSION IN SPORT POLICY

Last Review: February 2025	**Constructed / Reviewed by:** Clayton Utz Law Firm/GSV Committee of Management
Next Review: February 2027 or subject to changes in legislation	**Approval Required:** GSV Committee of Management/Principals
	COM Sign Off Date: February 2025

1. Introduction

1.1 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.

1.2 Participant safety and welfare is paramount when dealing with all concussion incidents, both in the short term and long term.

1.3 Complications can occur if a player continues playing before they have fully recovered from a concussion.

2. Definition

2.1 Concussion is a complex process caused by trauma that transmits force to the brain either directly or indirectly and results in temporary disturbance or impairment of brain function. It can happen from an impact that is not directly to the head, and concussion does not always cause loss of consciousness.

2.2 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 typically take up to 4 weeks to recover.

2.3 Concussion occurs most often in sports which involve body contact, collision or high speed.

3. Purpose

3.1 The purpose of this policy is to raise awareness about concussion related issues and the impact of repeated head traumas and ensure GSV Member Schools carefully follow a suitable and appropriate course of management for a suspected concussion sustained during GSV sporting matches or activities.

4. Accountability

4.1 All GSV Member Schools are required to adopt and implement the GSV Concussion in Sport policy and GSV Concussion in Sport Procedures/Guidelines (Guidelines) whilst competing in GSV sport and activities.

5. 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
Concussions and repeated head trauma in contact sports
https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Headtraumainsport/Report
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-of-concussion-in-rugby-league_final_v20.pdf
Pocket Concussion Recognition Tool 5 -
http://www.aflcommunityclub.com.au/fileadmin/user_upload/Health_Fitness/2017_Communtiy_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_mouthgaurds.pdf
GSV Concussion in Sport Procedures/Guidelines

6. Implications for Practice

6.1 At Board Level

To properly implement this Policy, GSV must:

6.1.1 ensure that this Policy and the Guidelines are endorsed on an annual basis and following significant incidents if they occur;

6.1.2 ensure that copies of this Policy and the Guidelines are made available to all staff;

6.1.3 ensure that this Policy and the Guidelines are incorporated into the Board's record of current policies;

6.1.4 ensure that this Policy and the Guidelines are incorporated into GSV's induction program, to ensure that all staff are aware of the Policy and Guidelines, have read and understood the Policy and Guidelines, and acknowledge their commitment to comply with the Policy and Guidelines;

6.1.5 ensure that this Procedure is accessible to the public (including children and parents).

6.2 At Other Levels

To properly implement this Policy, all GSV staff must ensure that they abide by this Policy and the Guidelines and assist GSV in the implementation of the Policy and Guidelines.

6.3 At GSV Member School level

The GSV will require Member Schools to sign an annual attestation of compliance with this policy and the Guidelines.

CONCUSSION IN SPORT PROCEDURE/GUIDELINES

7. Introduction

7.1 These guidelines have been created to assist members of the GSV in the management of concussion.

7.2 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.

7.3 Participant safety and welfare is paramount when dealing with all concussion incidents.

7.4 Complications can occur if a player continues playing before they have fully recovered from a concussion.

7.5 Member schools of Girls Sport Victoria (GSV) must take their duty of care to students seriously. 8. Students

8. What is concussion?

8.1 Concussion is a complex process caused by trauma that transmits force to the brain either directly or indirectly and results in temporary disturbance or impairment of brain function. It can happen from an impact that is not directly to the head, and concussion does not always cause loss of consciousness.

8.2 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 typically take up to 4 weeks to recover.

8.3 Concussion occurs most often in sports which involve body contact, collision or high speed.

9. Concussion in Children and Adolescents

9.1 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.

9.2 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.

9.3 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.

10. Guidelines: Pre-Match Procedures

10.1 Education

GSV Member Schools should conduct an annual process to educate staff members involved in sport about concussion. This should include information regarding:

10.1.1 what is concussion;

10.1.2 causes of concussion;

10.1.3 common signs and symptoms;

10.1.4 steps to reduce the risk of concussion;

10.1.5 procedures if a student has suspected concussion or head injury; and

10.1.6 return to school and sport medical clearance requirements.

10.2 Information

10.2.1 GSV Member Schools should also maintain information regarding students' concussion history to help identify players who fit into a high-risk category. Such information should be handled and treated confidentially and in accordance with the School's relevant privacy policy.

10.2.2 Prior to any event or match, GSV Member Schools should ensure that all relevant staff are provided with information regarding local health services in the event of an incident, including:

- local doctors or medical centres;
- local hospital emergency departments; and
- ambulance services.

10.3 Designation

While all staff members have a role to play recognising and managing concussions, GSV Member Schools should designate:

- a concussion officer to oversee general concussion management at the school; and
- a coordinator at each game or event who can ensure that concussion protocol is communicated and followed. Ideally and when resources permit, a medical practitioner, first aid provider or sports trainer should be assigned this task.

10.4 Guidelines: Match Day Procedures

In the early stages of injury, it is often not clear whether you are dealing with a concussion or there is a more severe underlying structural head injury. For this reason, the most important steps in initial management and beyond include:

10.4.1 Recognise – recognising a suspected concussion

10.4.2 Remove – removing the person from the game or activity

10.4.3 Refer – referring the person (parents/guardian) to a qualified doctor for assessment

10.4.4 Return – returning to either training or games

Any player who has suffered a concussion or is suspected of having a concussion must be medically assessed as soon as possible after the injury and must NOT be allowed to return to play in the same game/practice session.

1. RECOGNISE – Recognise a suspected concussion

Recognising concussion can be difficult. 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. Watch for when a player collides with another player, a piece of equipment, or the ground.

One or more individuals at a sporting event should be identified as the person responsible for concussion related activity. However, all individuals including other staff members, parents and other students should report any suspected concussion.

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.

10.5 Step 1: Red Flags

If there is concern after an injury, including whether any of the following signs are observed or complaints are reported, then the player should safely be removed from the game or activity. If no licensed healthcare professional is available, call an ambulance for urgent medical assessment:

Neck pain or tenderness	**Loss of consciousness**
Double vision	**Deteriorating conscious state**
Weakness or burning/tingling in arms or legs	**Vomiting**
Severe or increasing headache	**Increasingly restless, agitated or combative**
Seizure or convulsion	

Where a player 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 player (other than required for airway support) unless trained to do so.

If, at any time, there is any doubt regarding a student's health, they should be referred to hospital.

10.6 Step 2: Observable Signs

Sometimes there will be clear signs that a player has sustained a concussion. If they display any of the following clinical features, immediately remove the player from sport:

Lying motionless on ground or slow to get up after a direct or indirect hit to the head	**Dazed, blank or vacant look**
Inability to appropriately respond to questions	**Disorientation, confusion or no awareness of game/events**
Unsteady on feet or balance problems or Falling over (incoordination)	**Facial injury after head trauma**

Note: Loss of consciousness, confusion and memory disturbance are clear features of concussion. The problem with relying on these features to identify a suspected concussion is that they are not present in every case.

10.7 Step 3: Symptoms

Suspect a concussion and act immediately if a player displays any of these symptoms:

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**	

10.8 Step 4: 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 team did you play last week/last game?"**
"Which half is it now?"	**"Did your team win the last game?"**
"Who scored last in the game?"	

2. REMOVE – Remove the person from the game or activity

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. Initial management must adhere to the first aid rules, including airway, breathing, circulation and spinal immobilisation.

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.

3. REFER – Refer the person to a qualified doctor for assessment

The player should be assessed by a medical doctor present at the game or training session.

Where possible, the initial responder should describe the incident to the doctor or qualified first aider and notify them of the player's responses to any questions asked of them.

If a doctor is not present, the player should be assessed by a qualified first aider at first chance. They then should be sent to a local general practice or local hospital emergency department, particularly if there is any doubt on the condition.

At this time, ensure the player is closely monitored and escorted for referral. Students should not be sent home by themselves and should not drive a motor vehicle. Stay with the student until a thorough hand over is made to the their parent or guardian and it is clear that the person can be collected.

4. RETURN – Return to either training or games, and school

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 takes precedence over returning to sport. A student should not return to full contact sport activities until they have successfully completed a full return to learning activities.

A student who sustains a confirmed concussion is subject to the following protocols:

- once the student has been symptom free for 14 days (at rest), a family can seek formal clearance from a medical practitioner to return to contact or collision training;
- If there is no recurrence of symptoms 24 hours after the resumption of full contact training, then a return to contact sport can be considered;
- the student must wait a minimum 21 day recovery period from the time of concussion before returning to competitive contact/collision sport. For clarity, the minimum 21 day recovery period is not inclusive of the 21st day (i.e. the student may return on the 21st day, subject to the required clearances below);
- the student may be reviewed and cleared by a medical practitioner to return to competitive contact/collision sport, provided the student has been symptom free for at least 14 days and 21 days has passed from the time of concussion.

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**".

10.9 Medical Clearance:

10.9.1 Parents are required to provide the school with medical clearance in writing.
This form can be used Concussion Referral and Clearance Form

10.9.2 As a matter of cause and follow up, the GSV Member School must contact parents for consent to participate in subsequent training or games.

10.9.3 During the next training session or game, a staff member 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.

10.9.4 Managing concussion is a shared responsibility between the player, coach, sports trainer/medic, parents and medical practitioner. Open communication is essential and information should be shared. Always refer the player and their parents, to a qualified medical practitioner with some expertise in the management of concussion. A player who has suffered a concussion

should return to sport gradually. They should increase their exercise progressively, as long as they remain symptom-free.

10.10 Return to Learn

10.10.1 Children require a different approach from adults because their brains are developing, and they need to continue learning and acquiring knowledge. Cognitive simulation such as screens, reading and undertaking learning activities should be gradually introduced after 48 hours of the concussion.

10.10.2 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.

10.10.3 Parents should discuss with their doctor and child's school, an appropriate return-to-school strategy.

10.11 Rest and Recovery

10.11.1 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.

10.11.2 Most people will recover from a concussion within 10 to 14 days. 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.

10.11.3 For children and adolescents, it is suggested the graduated return to play protocol should be extended such that a child does not return to contact/collision activities less than 14 days from the resolution of all symptoms (and not return to competitive contact/collision sport prior to 21 days from the time of concussion).

10.11.4 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.

10.11.5 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.

11. References

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 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-of-concussion-in-rugby-league_final_v20.pdf

Pocket Concussion Recognition Tool 5
http://www.aflcommunityclub.com.au/fileadmin/user_upload/Coach_AFL/Injury_Management/2013_Pocket_Concussion_Recognition_Tool__CRT_.pdf

Role of Helmets and Mouthguards in Australian Football -
http://www.aflcommunityclub.com.au/fileadmin/user_upload/Health_Fitness/Role_of_helmets_and_mouthgaurds.pdf

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

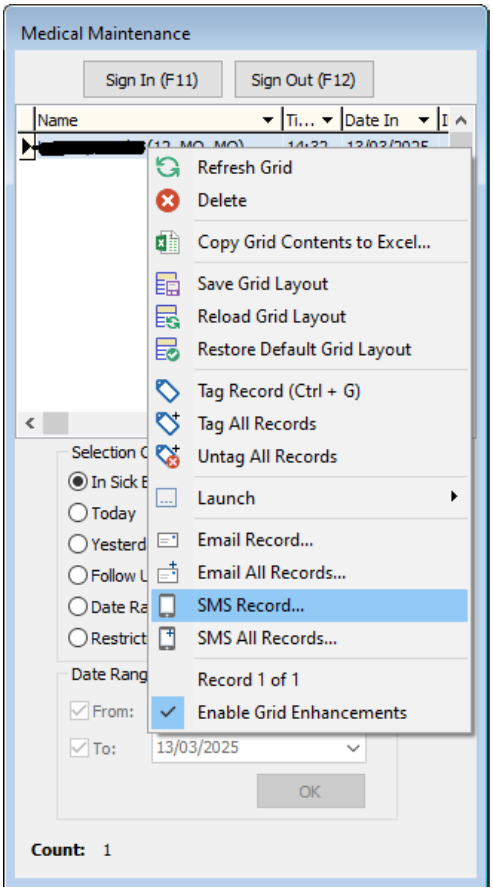
12. Disclaimer

These guidelines do not create any binding obligations on the GSV. The GSV has no control over the implementation of these guidelines and cannot be held liable where schools or individuals fail to follow any aspect of these guidelines, during participation in school sport, personal sport, or club sport.

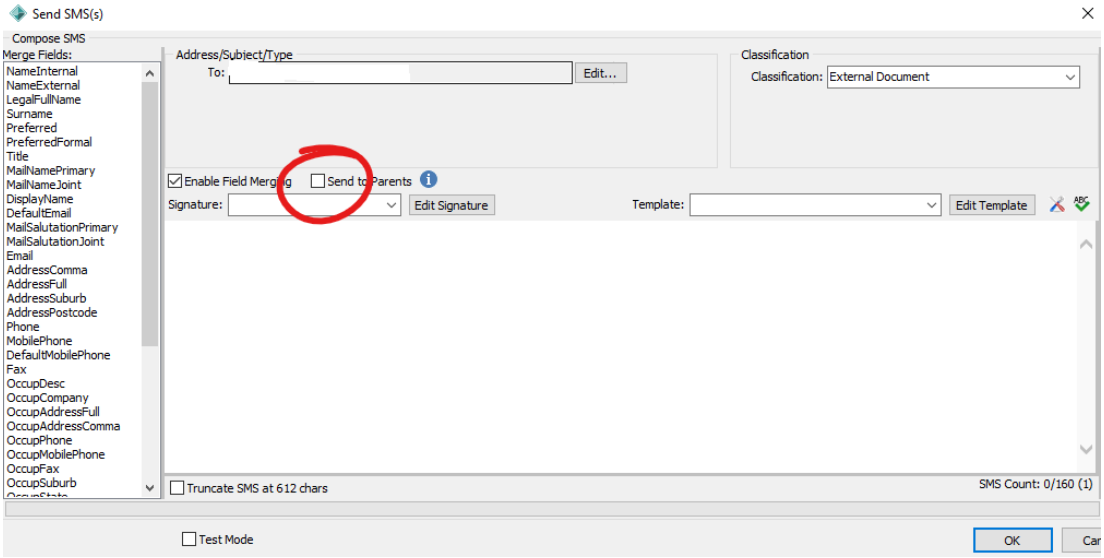
APPENDIX 4

PROCESS TO SEND SMS

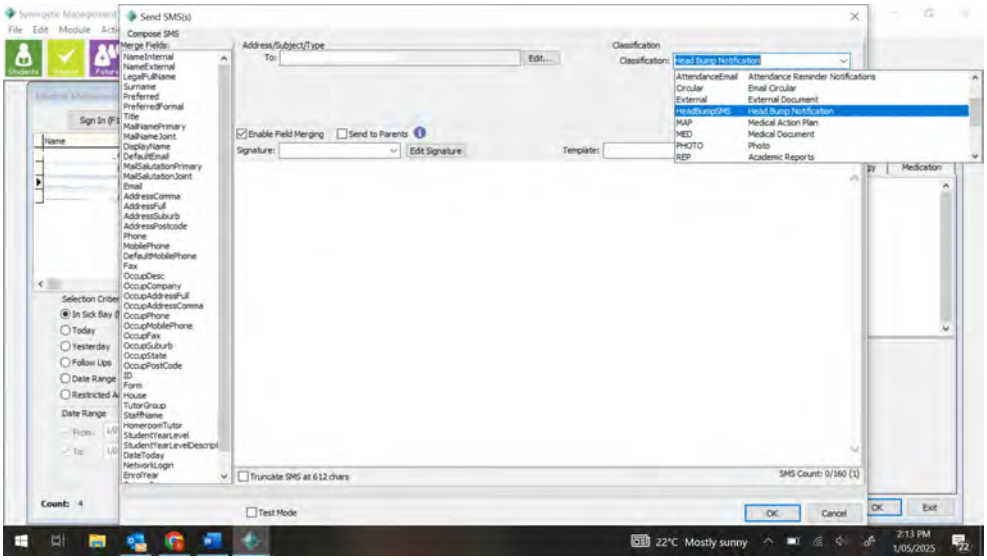
- *Right Click* the correct student and select ***SMS Record***



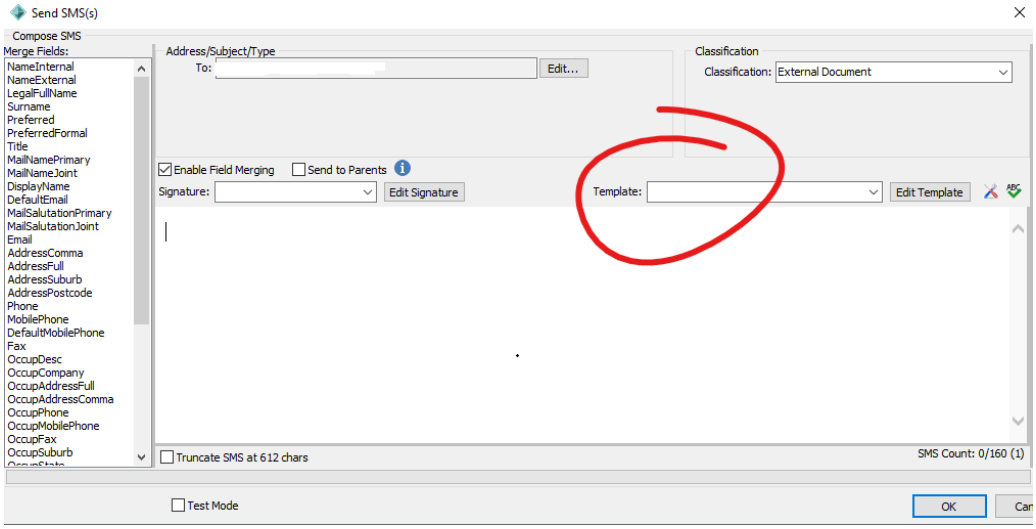
- Check *Send to Parents*



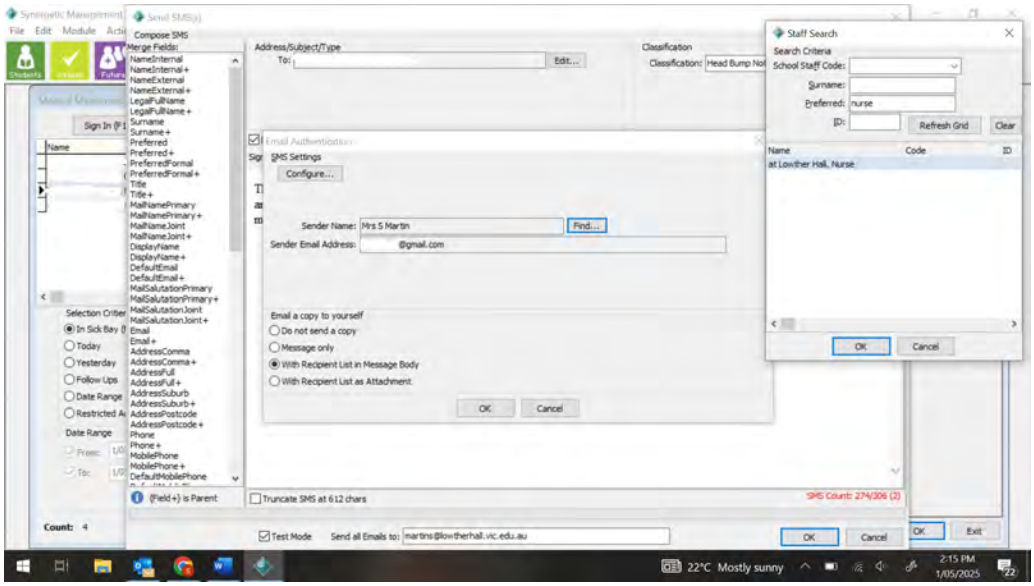
- Set the classification: HeadBumpSMS: Head Bump Notification



- Select the **SMS- *Head Bump Notification*** template:



- On *OK* select the user to send as: **Nurse at Lowther Hall, preferred: nurse**



APPENDIX 5

BetterHealth Channel VICTORIA

Head injuries and concussion

Summary

- Always seek medical attention for a head injury.
- There is no specific treatment for mild head injury other than plenty of rest and not overdoing things. It can take some time for the brain to recover from a head injury and during this time, headaches, dizziness and mild cognitive (thought) problems are common.
- Don't go to work or school, or resume sporting activity until you have fully recovered.

About head injuries and concussion

Any knock to the head is considered a head injury.

The hard skull and facial bones protect the brain, which is a soft organ. If the skull is injured, then the brain becomes more vulnerable.

When someone has a knock to the head, the brain moves about and can knock against the skull and facial bones. This type of injury may cause the brain to swell and even bleed.

The most common type of head injury is concussion. Concussion is a mild traumatic brain injury which alters the way the brain functions, usually temporarily.

Concussion may or may not include loss of consciousness (blackout). The loss of consciousness is often brief and is normally followed by a rapid and complete recovery.

Always seek medical attention for a head injury.

Symptoms and signs of concussion

Signs and symptoms of concussion include:

- loss of consciousness after trauma to the head

- confusion
- **headache** (http://www.betterhealth.vic.gov.au/health/conditionsandtreatments/headache)
- nausea or vomiting
- **dizziness** (http://www.betterhealth.vic.gov.au/health/conditionsandtreatments/dizziness-and-vertigo)
- blurred vision
- loss of short-term memory
- saying the same thing repetitively.

First aid for concussion

If you think someone may have concussion, use the following steps:

1. Check to make sure the scene is safe.
2. Check for loss of consciousness.
3. If the person is unconscious, check their airway and breathing.
4. Do not move the person unless absolutely necessary.
5. Check the person's mental awareness.
6. Check the person's eyes.
7. Watch for vomiting.
8. Keep the person awake for a period of time to see if their condition gets worse.
9. Be aware that complaints can subside only to appear later on and be worse.
0. Be aware that children can become worse very quickly.

In an emergency, always call triple zero (000).

Treatment for a head injury and concussion

Anyone suspected of having concussion should be assessed by a doctor.

While in the emergency department at hospital, you can expect:

- observation
- mild painkillers for any headache
- to have nothing to eat or drink until further advised

- anti-nausea tablets for any nausea or vomiting
- an **x-ray** (http://www.betterhealth.vic.gov.au/health/conditionsandtreatments/x-ray-examinations) of the neck, if you have any neck pain
- a **CT scan** (http://www.betterhealth.vic.gov.au/health/conditionsandtreatments/ct-scan), if needed
- for a mild head injury, to be discharged home with family or friends. Ask for a certificate for work, if needed.

Taking care of yourself at home

Be guided by your doctor, but self-care suggestions include:

- Don't drive home from the hospital. Ask someone to give you a lift or catch a taxi.
- Rest quietly for the day.
- Use icepacks over any swollen or painful area.
- Take simple painkillers such as paracetamol for any headache. Check the packet for the right dose.
- Arrange for someone to stay with you for the next 24 hours, in case you need help.
- Don't eat or drink for the first 6 to 12 hours, unless advised otherwise by the doctor.
- Once you can eat again, have small amounts of light food and drink in moderation.
- Avoid alcohol for at least 24 hours.
- Don't take sedatives or other drugs unless instructed by your doctor.
- Children are allowed to sleep, but should be woken every 4 hours to check their condition and gauge their reaction to familiar things.

What to expect after a head injury and concussion

There is no specific treatment for mild head injury other than plenty of rest and not overdoing things. Keep in mind that:

- It is common to not be able to remember the events surrounding the head injury.
- It is normal to feel more tired than usual.
- It can take some time for the brain to recover from a head injury. During this time, headaches, dizziness and mild cognitive (thought) problems are common.
- Brain function problems can include mood changes and difficulties with concentrating, remembering things and performing complex tasks.

- Most people make a full recovery and the symptoms only last a few days.
- Some people have ongoing symptoms. If this is the case, visit your local doctor.

When to seek urgent medical care for head injuries and concussion

Seek urgent medical care if you have:

- severe headaches
- vomited more than twice
- memory problems
- blackouts
- a seizure (fit or spasm of arms, legs or face)
- difficulty staying awake
- blood or clear fluid coming from your ears or nose
- neck stiffness
- numbness, tingling, pins and needles, or weakness in your arms or legs
- confusion, slurred speech or unusual behaviour
- blurred or double vision
- dizziness
- a high temperature, which may indicate the presence of infection
- any other concerns.

Resuming activities after a head injury and concussion

It is best to wait until you are feeling better before you go back to your normal activities. Don't go to work or school until you have fully recovered. The length of time to wait varies, as it depends on the type of work or study that you do and how severe the head injury was. Ask your doctor for advice.

Don't return to sport until all symptoms have gone and you are feeling better. This is because reaction times and thinking will often be slower, so you are at risk of further injury. If you have another head injury before you have fully recovered, this may be even worse than the first head injury.

A second concussion that occurs before your brain recovers from the first –

usually within a short period of time (hours, days or weeks) – can slow recovery or increase the likelihood of having long-term problems.

In rare cases, repeat concussions can result in brain swelling (oedema), permanent brain damage and even death.

Where to get help

- In an emergency, always call triple zero (000)
- Your GP (doctor) (http://www.betterhealth.vic.gov.au/health/serviceprofiles/general-practitioner-services)
- Emergency department of your nearest hospital
- BrainLink (https://www.brainlink.org.au/)

References

- Concussion (https://www.emedicinehealth.com/concussion/article_em.htm) , eMedicineHealth.

This page has been produced in consultation with and approved by:

VICTORIA State Government | Department of Health

(https://www.health.vic.gov.au/)

BrainLink

(http://www.brainlink.org.au/)

View all brain and nerves →
(http://www.betterhealth.vic.gov.au/conditionsandtreatments/brain-and-nerves)

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