



# CONCUSSION POLICY

<b>Title</b>	Carmichael College Concussion Policy
<b>Category</b>	Medical
<b>Policy Owner</b>	Principal
<b>Approver</b>	Executive Committee
<b>Related Documents</b>	<ul style="list-style-type: none"><li>• <i>Work Health and Safety Act 2011 (Qld)</i></li><li>• <i>Work Health and Safety Regulation 2011 (Qld)</i></li><li>• <i>How to manage concussion   Australian Sports Commission (concussioninsport.gov.au)</i></li><li>• <i>Concussion   Sports Medicine Australia (sma.org.au)</i></li><li>• <i>Sports Medicine Aust - Position Statement: Concussion</i></li><li>• Carmichael College Concussion Action Plan – Appendix 2</li><li>• Head Injury Flow Chart -Appendix 3</li></ul>
<b>Published Location</b>	<b><u>Internal</u></b> - Dropbox > Carmichael College> Policies > Current > Medical <b><u>External</u></b> – Carmichael College Website

Revision Record					
Version	Approval Date	Approved By	Effective Date	Review Cycle	Next Review
February 2023	February 2023	Executive	February 2023	Annual	February 2024

## 1. Purpose and Scope

- 1.1 The purpose of this policy is to assist in preserving the health and wellbeing of staff, students and community members of Carmichael College and to outline practical responsibilities in respect to the monitoring and management of concussions.
- 1.2 This policy applies to college staff, students and community, and requires collaboration between all parties for its implementation.

## 2. Objectives

- 2.1 This policy exists to inform staff, carers, coaches, volunteers and families of information and resources designed to support the safety and wellbeing of individuals (and particularly children or young people) that suffer a head injury resulting in some degree of concussion or suspected concussion.
- 2.2 This policy also aims to:
  - 2.2.1 prioritise the health of students, staff and community members,
  - 2.2.2 support a 'return to learn, return to play' approach to concussion, and
  - 2.2.3 support safe and healthy environments.

## 3. Definitions

- 3.1 Children and young people:
  - 3.1.1 Any person below the age of 18 years of age.
- 3.2 Concussion:
  - 3.2.1 A concussion is a type of traumatic brain injury (TBI) that results from a bump, blow, or jolt to the head (or by a hit to the body) that causes the head and brain to move rapidly back and forth. This sudden movement can cause the brain to bounce around or twist in the skull, stretching and damaging cells and causing chemical changes.  
  
While research shows that the young brain can be resilient, it may also be more susceptible to the chemical changes that occur in the brain after a concussion. These changes can lead to a set of symptoms affecting the student's cognitive, physical, emotional, and sleep functions.  
  
Concussions affect people differently. Most children and young people will have symptoms that last for a few days or a week. A more serious concussion can last for weeks, months or even longer. Research shows that while the majority of concussion symptoms dissipate and neurocognitive performance returns to pre-concussion levels relatively rapidly, neuronal activity may remain abnormal for weeks to years post injury.

## 4. Policy Statement

- 4.1 The School is committed to ensuring the health and safety of all of its staff, students and community members while engaged in the life of the School. The principles and values contained within this document are based upon conservative best-practice and apply to all concussion related incidents.

## 5. Responsibilities

- 5.1 Carmichael College
  - The College will:
    - 5.1.1 regularly communicate this policy to staff, volunteers and the college community,

- 5.1.2 regularly review this policy,
- 5.1.3 ensure that parents/carers are notified of a concussion that occurs during the College's sport and co-curricular programs and playground activities, and
- 5.1.4 Provide First Aid training to all staff which includes training on the recognition and response to concussions or suspected concussions.

## 5.2 College Staff

Staff will:

- 5.2.1 maintain their First aid training with the support of the College,
- 5.2.2 be familiar with and understand the requirements of this policy,
- 5.2.3 be prepared to implement the procedures and processes contained within this document and the associated Concussion Action Plan,
- 5.2.4 be prepared to make academic and practical adjustments to support the recovery of children and young people from concussions; and
- 5.2.5 do their utmost to support the health and safety of children and young people in their care.

## 5.3 Parents and Carers

Parents and carers will:

- 5.3.1 notify the College of a concussion that occurs outside of a college organised events or where the College would not reasonably have had knowledge of a concussion,
- 5.3.2 support their child's recovery process by adhering to the timelines detailed both in this policy, and in the Concussion Action Plan,
- 5.3.3 ensure that a medical clearance from the treating doctor is obtained and provided to Carmichael College prior to their child returning to school,
- 5.3.4 ensure that a medical clearance from the treating doctor is obtained and provided to Carmichael College if your child plans to return to sport for full contact training, or to competition, in under 14 days after all symptoms of concussion have completely resolved, and
- 5.3.5 ensure that their child does not return to sport of any kind whether recreational, training or competition prior to receiving medical clearance.

## 5.4 Supervisors of Sport, Coaches and Volunteers

- 5.4.1 The College has determined that a conservative approach to the treatment of concussion is essential, and that a return to full contact training and/or competition must not occur until after 14 days from the time when all symptoms of concussion have resolved or following receipt of medical clearance from the treating doctor clearly stating that it is safe for the student to return to full contact training and/or competition. The time for resolution of symptoms will vary from child to child and incident to incident.
- 5.4.2 Medical clearance will always be required of any student who has suffered a concussion prior to any return to full contact training or competition.
- 5.4.3 Supervisors, coaches and volunteers associated with the College and its sporting or co-curricular programs are required to be familiar with this policy and its expectations.
- 5.4.4 Where a coach or volunteer suspects that a child or young person in their care may have suffered a concussion, they must follow the steps outlined below in 'recognising and managing a suspected concussion'.
- 5.4.5 Where a child or young person has received a blow to the head and a concussion is not suspected, supervisors, coaches and volunteers are nonetheless advised to encourage the

child's family to monitor them closely for the next 24 hours. Where any doubt exists, err on the side of caution. 'If in doubt, sit them out'.

## 6. Recognising and managing a suspected concussion

The School employs the use of a simple three-step process for the management of concussion, or suspected concussion. These steps are:

### 6.1 Recognise

Concussions can present with any number of signs and symptoms, but not all will be present in every case. Loss of consciousness, confusion and memory disturbance are three of the classical symptoms, but these cannot be relied upon for a definitive diagnosis. Any one or more of the following visual clues may indicate a concussion:

- 6.1.1 loss of consciousness or responsiveness,
- 6.1.2 lying motionless on the ground/slow to get up,
- 6.1.3 vomiting,
- 6.1.4 seizures or convulsion,
- 6.1.5 unsteadiness on feet/balance problems/lack of co-ordination,
- 6.1.6 grabbing/clutching at their head,
- 6.1.7 dazed, confused or blank look,
- 6.1.8 confused/not aware of plays or events, or
- 6.1.9 facial injury.

In addition to these, the injured person may report the following:

- 6.1.10 headaches,
- 6.1.11 nausea,
- 6.1.12 blurred vision,
- 6.1.13 balance problems or dizziness,
- 6.1.14 feeling dazed,
- 6.1.15 sensitivity to light or noise,
- 6.1.16 emotional changes (irritability, or trouble regulating emotions),
- 6.1.17 nervousness/anxiousness,
- 6.1.18 neck pain,
- 6.1.19 feeling slowed down, 'foggy', or
- 6.1.20 difficulty concentrating or remembering.

It is important that Carmichael College coaches and staff are familiar with these signs and symptoms, however it is understood that only a medical professional is qualified to diagnose a concussion. Where there is any doubt, call an ambulance.

Where a coach or staff member observes any of the following conditions, an ambulance MUST be called immediately:

- 6.1.21 loss of consciousness,
- 6.1.22 structural head or neck injury,
- 6.1.23 neck pain or tenderness,
- 6.1.24 weakness or tingling/burning in the arms or legs,
- 6.1.25 severe or increasing headache,
- 6.1.26 seizure or convulsions,
- 6.1.27 deteriorating conscious state,

6.1.28 vomiting, or

6.1.29 increased restlessness/agitation/irritability/combatative behaviour.

*Where a loss of consciousness or potential structural head or neck injury occurs, the injured party should not be moved, except by a medical professional.*

## 6.2 Remove

- 6.2.1 The primary responsibility of any coach or volunteer in the case of an injury is to support the health and safety of the injured party. Where the injured person is conscious, and if they have not suffered a loss of consciousness at any point, they should be removed from all activity and (where possible) moved to a quiet location. Coaches and/or staff should assess their condition according to the list above (also included in the Concussion Action Plan) and monitor for signs and symptoms of concussion.
- 6.2.2 A child or young person suffering a possible concussion must be continuously monitored until cleared by a medical professional.
- 6.2.3 Should the injured person be unconscious, or where the injured person has suffered a loss of consciousness because of the injury, they must only be moved by a qualified health professional. Coaches or staff should call an ambulance and stay with the injured person to monitor their condition, following basic first aid protocols. Immobilisation of the neck in a cervical collar may be required.

## 6.3 Refer

In any circumstance where a concussion is suspected, or where doubt exists regarding a possible concussion, the injured person must be referred for urgent medical assessment.

## 6.4 Rest

In the context of a concussion, 'rest' is defined as a reduction of physical and mental activity to allow the signs and symptoms of the injury to settle. The process of returning to school and play involves several stages of rest that are incorporated into the following steps:

- 6.4.1 The initial rest period for any child or young person who has suffered a concussion is 24-48 hours. Young children must be treated conservatively and may require the full 48 hours prior to a return to school.
- 6.4.2 Adolescents may show signs of significant recovery within 24 hours but must not return to school or play prior to the minimum 24-hour rest period.
- 6.4.3 Children or young people who have suffered a concussion must not return to school or play until they have stopped all medication required for managing their concussion symptoms, e.g., pain killers for headaches. That is, after all symptoms of the concussion have resolved.

## 6.5 Recover

The recovery process will be managed by a doctor or medical professional. A six-step process that might be used in monitoring the recovery of a child or young person who has suffered a concussion is included in the Carmichael College Concussion Action Plan. The intent of this process is to ensure adequate physical and cognitive rest before allowing for a full return to learning and play.

The College will not permit any student who has suffered a concussion to return to full contact training or competition until 14 days after all symptoms of the concussion have resolved. The time for complete resolution of symptoms will be different for each child. In addition to the completion of this compulsory recovery period, the College must also receive medical clearance for return to full contact training and competition.



## Appendix 1 - Summary of Key Changes

Version	Key Changes
February 2023	New Policy



## Appendix 2



# CONCUSSION ACTION PLAN

Carmichael College follows three simple steps for the management of suspected concussion. These steps are:

**Recognise:** Concussions can present with any number of signs and symptoms, but not all will be present in every case. Loss of consciousness, confusion and memory disturbance are three of the classical symptoms, but these cannot be relied upon for a definitive diagnosis.

**Any one or more of the following visual clues may indicate a concussion:**

- loss of consciousness or responsiveness.
- lying motionless on the ground / slow to get up.
- vomiting.
- seizures or convulsion.
- unsteadiness on feet/balance problems/lack of coordination.
- grabbing/clutching at their head.
- dazed, confused or blank look.
- confused/not aware of plays or events, or
- facial injury.

**In addition to these, the injured student may report the following:**

- headaches.
- nausea.
- blurred vision.
- balance problems or dizziness.
- feeling dazed.
- sensitivity to light or noise.
- emotional changes, nervousness/anxiety.
- neck pain.
- feeling slowed down, 'foggy', or
- difficulty concentrating or remembering.

**If you observe any of the following conditions, you should call an ambulance immediately:**

- **loss of consciousness.**
- **structural head or neck injury.**
- **neck pain or tenderness.**
- **weakness or tingling/burning in the arms or legs.**
- **severe or increasing headache.**
- **seizure or convulsions.**
- **deteriorating conscious state.**
- **vomiting, or**
- **increased restlessness, agitation, irritability or combative behaviour**

## Remove:

Where the injured party is unconscious, or has suffered a loss of consciousness, they must only be moved by a qualified health professional. Stay with the student to monitor their condition and follow basic first aid protocols. Immobilisation of the neck in a cervical collar may be required.

Where the injured party is conscious (and has *not* suffered a loss of consciousness), remove them from all activity and retreat to a quiet location. Coaches and/or staff should assess the student and monitor for signs and symptoms of concussion. A student suffering a possible concussion must be continuously monitored until cleared by a medical professional.

When possible/practical parent/carers of the child should be contacted and informed.

**Students with a suspected concussion must not be permitted to return to regular or sporting activity under any circumstances prior to clearance from a medical professional.**

## Refer:

In any circumstance where a concussion is suspected, or where doubt exists regarding a possible concussion, students must be referred for urgent medical assessment.

## Gradual return to learning and play.

The following table exists as a guide only. In case of a concussion, your doctor will help you develop a return to learning and play plan that is tailored to your needs. Each of these stages should last 24-48 hours. If symptom-free, move up to the next stage. If any symptoms develop, move back a stage and try to progress again after 24-48 hours.

	Stage	Activity	Aim of Stage
<b>Rest:</b>	<b>STAGE 1:</b> (Minimum 24 - 48hrs) • No activity, complete rest	Complete physical rest (sedentary behaviours) and cognitive rest, sleep when required, observation recommended. No use of electronic devices recommended.	Initial rest and recovery both cognitive and physical
<b>Recover:</b> minimum two-week period (14 days) - not to commence until after complete resolution of concussion symptoms	<b>STAGE 2:</b> • Light aerobic exercise / communication • No academic or technological interventions	Light walking, low level swimming, stationary cycling, stretching (head to stay in sagittal axis and plane <i>upright</i> ). Cognitively to start with low level simple communication, still no electronic handheld devices, low level TV for short periods, introduce short bursts of rapid eye movement (REM), rest or sleep if necessary	<b>Physically:</b> Gentle increase in heart rate and movement, some basic balance assessment and eye focus tests and small ROM head movement to test vestibular capabilities <b>Cognitively:</b> To allow the brain to absorb stimulus at a level that it can handle without creating neural fatigue
	<b>STAGE 3:</b> • Sport-specific exercise • Modified and assessed academic or technological interventions	Sport specific drills at football codes, cricket, basketball, hockey, track and field etc. (no contact in team sports or heading in soccer, avoid excessive competitive jumping in basketball) Introduce modified learning and handheld electronic devices, desktop computers, reading, e-reading and additional recall functions such as memory games etc.	<b>Physically:</b> Add movement with more intensity, broader skills, REM challenges in sport/exercise <b>Cognitively:</b> Reduced academic workload still recommended, no testing or homework and reduced hours in the day
	<b>STAGE 4:</b> <i>If cleared by medical professional</i> • Non-contact training drills • Return to normal learning but monitored	Game based drills requiring rapid eye movement and elevated HR at football codes, cricket, basketball, hockey, etc. Still no heading for soccer. Graduated academic involvement with monitoring	<b>Physically:</b> Add co-ordination and HIT and elevated HR <b>Cognitively:</b> Return to normal academic activity if asymptomatic.
<b>Return:</b>	<b>STAGE 5:</b> <i>If cleared by medical professional:</i> • Return to play • Return to normal learning	Normal game play Normal classes and study loads. <b>A return to full contact training or competition cannot occur until 14 days after complete resolution of all concussion symptoms.</b>	<b>Physically:</b> Restores confidence and allows player to return to normality without fear of re-injury. <b>Cognitively:</b> Return to full unassisted academic capacity including testing and increased workloads.

\* For sources and further information, please refer to Carmichael College Concussion Policy

## Appendix 3

