Head Injury & Concussion Policy & Procedure

1. Purpose

The purpose of this document is to outline the College's approach and response to the management of head injuries and concussions.

2. Guiding Principles

2.1 The College recognises that staff, coaches, volunteers, and external providers owe a duty of care for the safety and welfare of students involved in school activities, or, for those who are present for the purposes of school activity.

2.2 The College recognises the importance of head injury first aid, and the recognition and management of students who may have suffered a concussion or suspected concussion in the course of any activity.

2.3 The College acknowledges that head injuries and resultant concussions can occur in a range of scenarios within the school environment. The most common causes of head injuries and resultant concussions in schools are accidents or injuries on a sporting field, however, head and body collisions can occur at other times within the school environment.

3. Head Injury & Concussion Identification

Heads injuries can be associated with serious and potentially fatal brain injuries, and hence it is important that possible head injuries and concussions are identified.

3.1 Children and adolescents often 'bump' or 'bang' their heads, and it can be difficult to tell whether this results in a head injury. For the purpose of this policy, any 'knock' to the head by a student engaged in a College program or activity is considered a head injury.

3.2 All staff should suspect a 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 relatively minor knocks.

3.3 The presence of any one or more of the following signs and symptoms may suggest a concussion:

3.3.1 Signs of a Concussion (what may be 'seen'):

- Loss of consciousness, or, unresponsive
- Lying motionless on the ground, or, slow to get up
- Unsteady on feet, or, falling over
- Confused, not aware of play or what is happening
- Seizure (fits)
- Grabbing/clutching of head
- Irritability
- Dazed, blank, or vacant look
- Slurred speech

- Difficulty remembering

3.3.2 Symptoms of a Concussion (what a person may report):

- Neck pain
- Headache
- Dizziness or balance problems
- Mental clouding/fogginess/drowsiness
- Blurred vision
- Sensitivity to light/sound
- Feeling of 'pressure in the head'
- Ringing in ears
- Fatigue
- Nausea
- Reports of 'not feeling right'
- More emotional or irritable than usual
- Sadness

3.3.3 Concussion can impact memory. Some questions that can be asked to identify a possible concussion include:

- Where are we right now?
- What lesson have you come from?
- What day of the week is it?
- Have we had a lunch break today?
- Which half are we in?
- Who scored last in the game?
- What team are we playing now?
- Who did we play last week?

3.4 The Concussion Recognition Tool 5 (CT5) is a tool that can be used to 'identify' a suspected concussion; it is not designed to 'diagnose' a concussion (see **Appendix A – The Concussion Recognition Tool 5 (CT5)**).

4. Head Injury & Concussion Management Response

A concussion is the most common form of brain injury. If managed appropriately, most symptoms and signs of concussion resolve spontaneously. However, complications can occur, including prolonged symptoms and increased susceptibility to further injury.

4.1 Any student who has suffered a concussion or suspected concussion must be removed immediately from play and assessed as soon as possible after the injury or accident. The staff member in attendance should err on the side of caution in such instances. Where an assessment is confirmed that the injury is a suspected concussion, they must not be allowed to return to the activity, game, or training session without medical assessment and clearance from a registered Medical Doctor. Students with minor head injuries may return to the activity, game, or training session following appropriate reporting, notification, and monitoring requirements.

4.2 An immediate assessment must be undertaken by a first aider/staff member present at the venue, a local general practice, or the hospital emergency department. This must be provided to the Health Centre, Head of Sport, and Head of House by parents or caregivers.

The Adelaide Concussion Clinic is recommended as the preferred clinic for concussion clearance, management, and recovery support.

4.3 A concussed student must never be left alone and must remain in the care of a staff member until the student can be left in the care of a responsible parent or adult after the activity concludes.

4.4 Students must self-report any symptoms or signs of injury to the relevant staff member in attendance.

4.5 Parents have a Duty of Care to notify the College if a student has sustained a head injury outside of their school commitments

4.6 If occurring during school hours, staff must notify the Health Centre immediately.

4.7 If occurring outside of school hours, staff must notify parents/caregivers, College Nurses, and the Head of Boarding when boarding students are involved.

4.8 If occurring at a sporting event, staff must notify the Head of Sport & College Nurses.

4.9 A concussed student must not return to school or to activity without formal medical clearance.

4.10 The supervising staff member must complete an *Accident and Injury Report* on Rapid Global to be reviewed by the College Nurses as soon as possible after the injury and within 48 hours.

4.11 All incident reports are to be reviewed by the College Nurses, who will follow up care for the student and relevant documentation.

4.12 See **Appendix C – Minor Head Injury Management Flow Chart** and Appendix **B – Concussion Management Flow Chart** for a summary of the procedures for managing head injuries and concussions. See **Appendix D – Head Injury Management in the Boarding House Setting**

5. Unconscious Student Management Response

Basic first-aid rules should be used when dealing with any unconscious student.

5.1 Care must be taken with the student's neck, which may have been injured during the incident.

5.2 An unconscious student must only be moved by qualified health professionals trained in spinal immobilisation techniques. If there is no qualified health professional on-site, then do not move the player and await the arrival of an ambulance.

5.3 If an unconscious player is wearing a helmet, do not remove the helmet unless trained to do so.

5.4 Urgent hospital referral is necessary if there is any concern regarding the risk of a structural head or neck injury.

5.5 Urgent hospital transfer is required for a student with any of the following:

- Neck pain or tenderness
- Double vision
- Weakness or tingling/burning in the arms or legs
- Severe or increasing headache
- Seizures or convulsions
- Loss of consciousness
- Deteriorating conscious state
- Vomiting
- Increasing restlessness, agitation, or combative behaviour
- Unusual behavioural change
- Visual or hearing disturbance

6. Recovery Protocols and Ongoing Management

6.1 Parents and caregivers must always be notified of a suspected injury and told to watch for signs and symptoms of concussion (signs and symptoms of concussion may not show up until 24-48 hours after the head injury).

6.2 A written medical clearance certificate is required before a student returns to school or to an activity when symptoms of concussion are present, or a concussion diagnosis has been obtained.

6.3 When a student has a diagnosis of concussion, ongoing monitoring of the student should occur until final medical clearance for a full return to school and sport is given.

6.4 A medical practitioner should be involved in the recovery plan, along with the parents, the student, College Nurses, and key staff at the school. During the recovery phase, adjustments to learning via a graduated return to school/sport plan will be supported and communicated with relevant staff via SEQTA Wellbeing notes by the Health Centre.

Appendix A – The Concussion Recognition Tool 5 (CT5)

Davis GA, *et al*. Br J Sports Med 2017; 0:1. Doi:10.1136/bjsports-2017-097508CRT5

CONCUSSION RECOGNITION TOOL 5©

To help identify concussion in children, adolescents and adults

Supported by FIFA FEI

RECOGNISE & REMOVE

Head impacts can be associated with serious and potentially fatal brain injuries. The Concussion Recognition Tool 5 (CRT5) is to be used for the identification of suspected concussion. It is not designed to diagnose concussion.

STEP 1: RED FLAGS —CALL AN AMBULANCE

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

- 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

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Assessment for a spinal cord injury is critical.
- Do not attempt to move the player (other than required for airway support) unless trained to so do.
- Do not remove a helmet or any other equipment unless trained to do so safely.

If there are no Red Flags, identification of possible concussion should proceed to the following steps:

STEP 2: OBSERVABLE SIGNS

Visual clues that suggest possible concussion include:

- Lying motionless on the playing surface
- Slow to get up after a direct or indirect hit to the head
- Disorientation or confusion, or an inability to respond appropriately to questions
- Blank or vacant look
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Facial injury after head trauma

STEP 3: SYMPTOMS

- Headache
- "Pressure in head"
- Balance problems
- Nausea or vomiting
- Drowsiness
- Dizziness
- Blurred vision
- Sensitivity to light
- Sensitivity to noise
- Fatigue or low energy
- "Don't feel right"
- More emotional
- More Irritable
- Sadness
- Nervous or anxious
- Neck Pain
- Difficulty concentrating
- Difficulty remembering
- Feeling slowed down
- Feeling like "in a fog"

STEP 4: MEMORY ASSESSMENT

(IN ATHLETES OLDER THAN 12 YEARS)

Failure to answer any of these questions (modified appropriately for each sport) correctly may suggest a concussion:

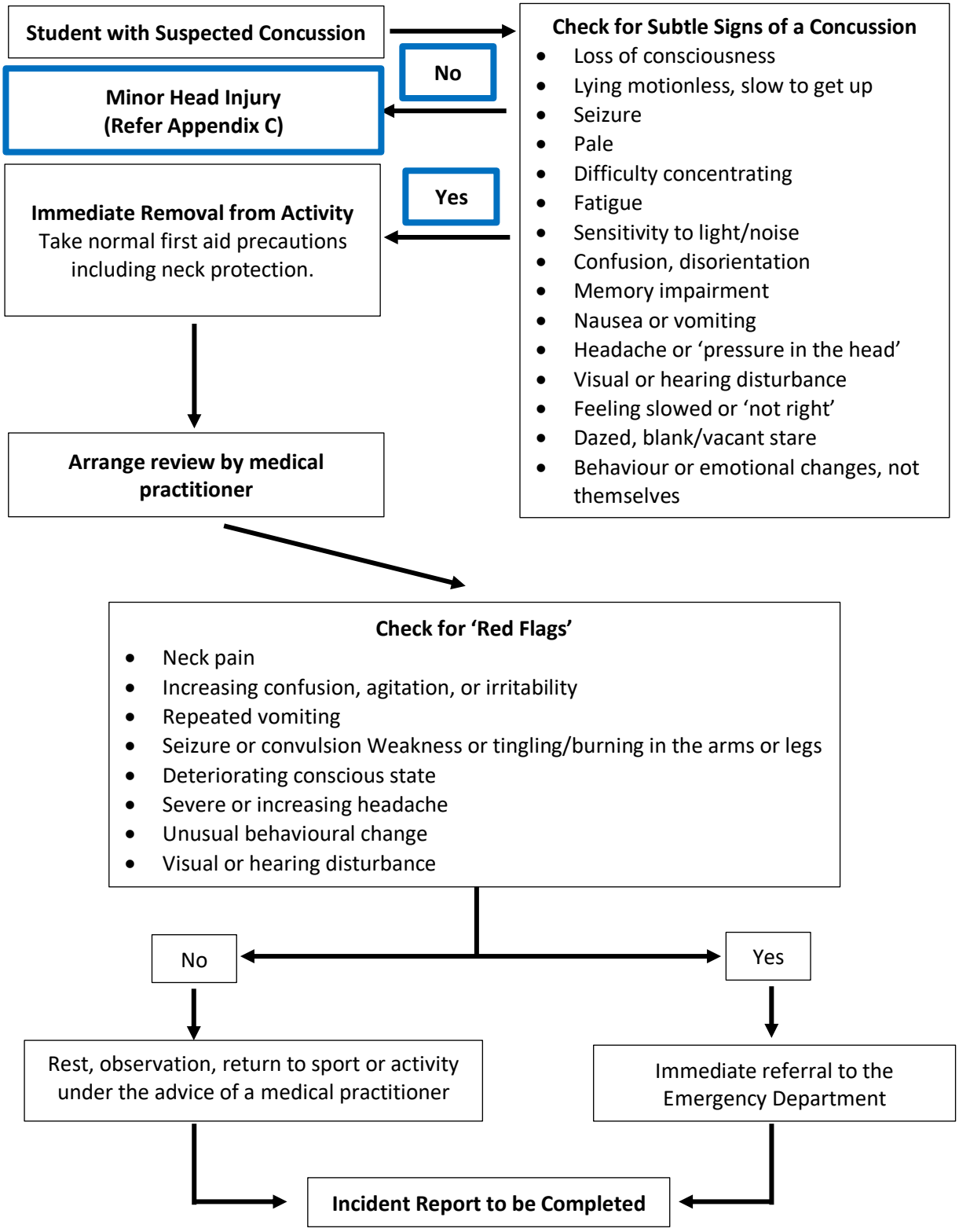
- "What venue are we at today?"
- "Which half is it now?"
- "Who scored last in this game?"
- "What team did you play last week/game?"
- "Did your team win the last game?"

Athletes with suspected concussion should:

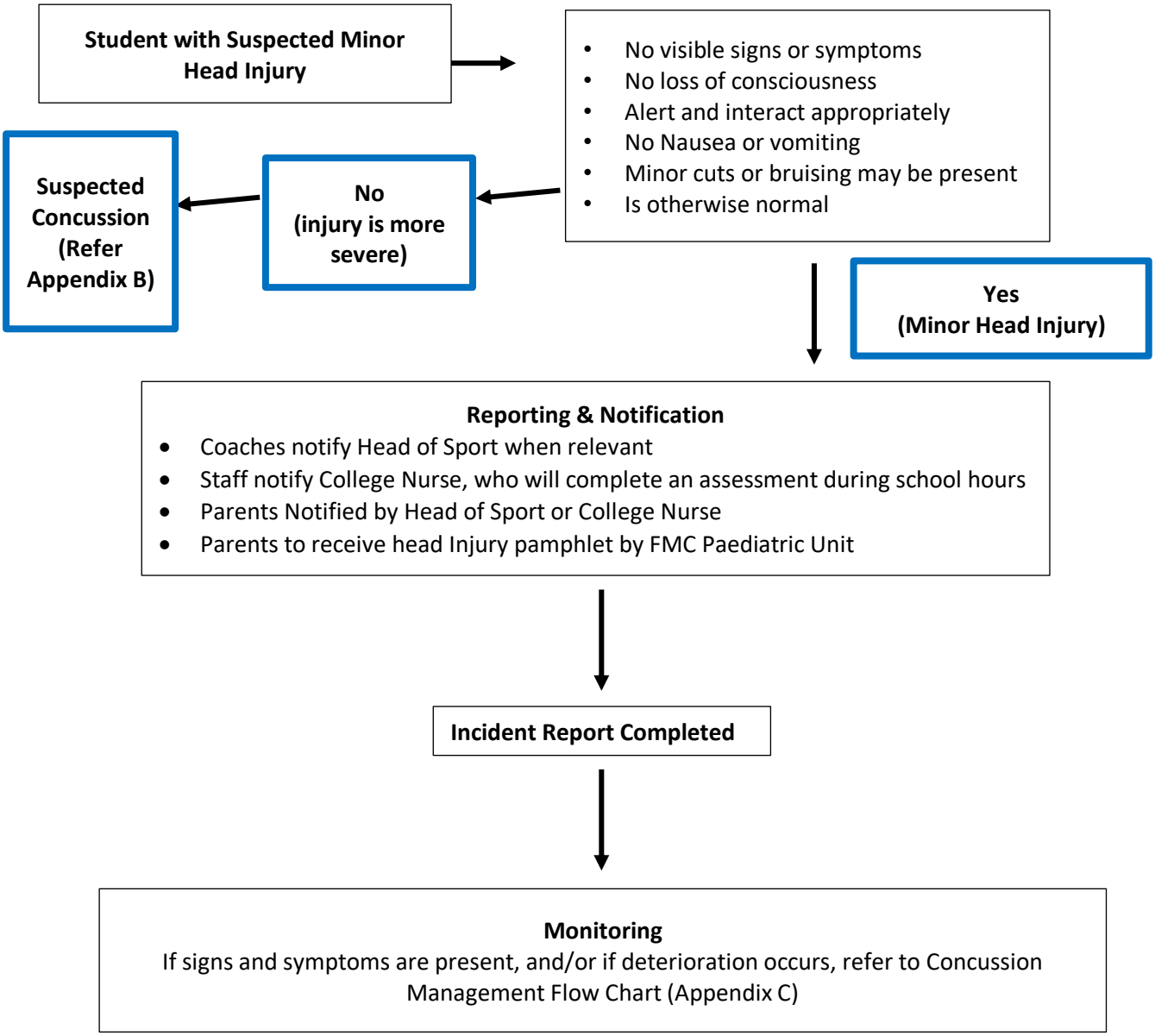
- Not be left alone initially (at least for the first 1-2 hours).
- Not drink alcohol.
- Not use recreational/ prescription drugs.
- Not be sent home by themselves. They need to be with a responsible adult.
- Not drive a motor vehicle until cleared to do so by a healthcare professional.

ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY, EVEN IF THE SYMPTOMS RESOLVE

Appendix B – Concussion Management Flow Chart



Appendix C – Minor Head Injury Management Flow Chart



Appendix D – Head Injury Management in the Boarding House Setting

This appendix contains references by The Royal Children's Hospital Melbourne and is designed to be used by Boarding House staff to care for students in "the home" setting in conjunction with Scotch College Head Injury and Concussion Policy & Procedure.

Head injury – general advice

- Children and adolescents often bump or bang their heads, and it can be difficult to tell whether an injury is serious or not. Any knock to the head is considered a head injury.

Head injuries are classified as mild, moderate, or severe. Many head injuries are mild and simply result in a small lump or bruise. Mild head injuries can be managed at home, but if your child has received a moderate or severe injury to the head, they need to see a doctor.

Seek help immediately by calling an ambulance if:

- The child has had a head injury involving high speeds or heights greater than a metre, for example, car crashes, high-speed skateboard accidents, or falling from playground equipment
- The child loses consciousness (passes out)
- The child seems unwell and vomits more than once after hitting their head.

Glossary of head injury terms

Concussion – a mild traumatic brain injury that alters the way the brain functions. 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.

Signs and symptoms of head injury

The symptoms experienced straight after a head injury are used to determine how serious the injury is. The information below is a guideline.

Moderate to severe head injury

If your child has a moderate or severe head injury, they may:

- lose consciousness

- be drowsy and not respond to your voice
- be dazed or shocked
- not cry straight after the knock to the head (younger children)
- be confused, have memory loss or loss of orientation about place, time, or the people around them
- experience visual disturbance
- have unequally sized pupils or weakness in their arm or leg
- have something stuck in their head, or a cut causing bleeding that is difficult to stop, or a large bump or bruise on their head
- have a seizure, convulsion, or fit
- vomit more than once.

You should call an ambulance immediately if your child has a moderate or severe head injury.

Mild head injury

A mild head injury or concussion is when your child:

- may display an altered level of consciousness at the time of the injury
- is now alert and interacts with you
- may have vomited, but only once
- may have bruises or cuts on their head
- is otherwise normal.

You should seek medical advice if the child has any of the above symptoms of mild head injury, and you are worried about them. Otherwise, continue to observe the child for any of the signs and symptoms listed under care at home.

Care at 'home' or in the Boarding House setting

Children and adolescents with concussions can take up to four weeks to recover, but most concussions will get better on their own over several days. Following a mild head injury, your child will need to get plenty of rest and sleep, particularly in the first 24 to 48 hours.

Your child may have a headache after a head injury. Give them paracetamol (not ibuprofen or aspirin) every six hours if needed to relieve pain.

Usually, there is no need to wake the child during the night unless you have been advised to do so by a doctor, however in the Boarding House setting it is recommended to check a minimum of once overnight. **Call an ambulance immediately if you have any difficulty waking your child.**

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

If your child experiences any of the following symptoms, take them to the doctor or the nearest hospital emergency department immediately:

- vomiting more than once
- bleeding or any discharge from the ear or nose
- fits/seizures/twitching/convulsions
- blurred or double vision
- poor coordination or clumsiness
- any new arm or leg weakness, or any existing weakness that gets worse or does not improve
- difficulty swallowing or coughing when eating or drinking
- sensitivity to noise
- slurred or unclear speech
- unusual or confused behaviour
- severe or persistent headache that is not relieved by paracetamol.

If your child has had a head injury, they should return to school and sports gradually. For moderate to severe head injuries, your doctor will advise you. For advice on returning your child to their usual activities if they have had a mild head injury.

Cognitive fatigue

Cognitive fatigue is a common problem that can happen after a head injury. When a child has cognitive fatigue, it means their brain must work harder to concentrate on tasks it used to be able to do easily, for example watching TV, playing computer games, or having a long conversation. Cognitive fatigue is not related to a child's intellectual capacity or physical energy levels. It can lead to behavioural problems, mood swings and educational difficulties. In the Boarding House setting, mobile phone use and other screentime access should be restricted.

The child may experience some or all the following symptoms of cognitive fatigue:

- slowness when thinking, understanding, and responding to questions or commands
- problems concentrating
- difficulties with memory
- difficulty thinking of the right words to say
- being more demanding than usual, and becoming easily frustrated
- being more fearful and anxious
- changed sleep patterns
- mood swings and irritability.

If the child's cognitive performance or behaviour is very different from normal, or it is getting worse, take them back to the doctor or your nearest hospital emergency department.

Children and adolescents experiencing cognitive fatigue should have complete rest – for their brain and body. This means no watching TV or playing on mobile electronic devices. Allow your child to gradually return to reading and other activities that require periods of greater concentration or thinking.

Key points to remember

- Head injuries can be mild, moderate, or severe.
- **Call an ambulance if your child has had a head injury involving high speeds or heights, or if after a knock to the head, they lose consciousness or vomit more than once.**
- Your child may develop several different symptoms in the weeks after a head injury. Many of these require immediate medical attention.
- Children with cognitive fatigue need complete rest to recover.
- Most children recover well after a mild head injury. If the child is still requiring support to return to everyday activities after two weeks following a mild head injury, they should be reviewed by their GP for a medical assessment. Children with ongoing symptoms can be referred to the Adelaide Concussion Clinic (Wakefield Hospital)

Where to get help after hours

College Nurses are available for advice over the phone on their personal mobiles if needed

Paisley Lowe - 0401 180 545 **Jo Teakle - 0448 865 088**

- Marion Domain Medical & Dental Centre

Address: 453 Morphett Rd, Oaklands Park SA 5046

Hours: Open · Closes 8 pm **Phone:** (08) 8375 7000

Appointments: hotdoc.com.au (fees may apply)

- Mount Barker Hospital Emergency Department,

Address: 87 Wellington Rd, Mount Barker SA 5251 **Phone:** (08) 8393 1777

- Flinders Medical Centre Emergency Department

Address: 1 Flinders Dr, Bedford Park SA 5042 **Phone:** (08) 8204 6065

- Calvary Adelaide Hospital Emergency Room

Address: 120 Angas St, Adelaide SA 5000 **Phone:** (08) 8227 7000 (fees may apply)

- Adelaide Concussion Clinic (Wakefield Sports)

- **Address:** Wakefield Sports + Exercise Medicine Clinic, 120 Angas St, Adelaide SA 5000

Hours: 7 days a week in winter **Phone:** (08) 8232 5833

Appointments: adelaideconcussionclinic.com.au (fees apply)