Concussion Policy

Relevant Legislation	
Commencement Date	25 November 2015
Review Date	25 November 2018

1. Purpose

The purpose of this concussion policy is to assist in the provision of safe and enjoyable environments for everyone involved in sport and co-curricular at The Hutchins School.
The effects of concussion on a student's return-to-school experience are unique to each student.

2. Scope

This policy applies to all Hutchins students involved in the Kindergarten- year 12 sport and co-curricular program. Whilst at this point in time the Policy only applies to sport and co-curricular programs, the steps for managing concussion listed in this policy may serve as a useful reference when managing concussions outside of the context of sport and co-curricular.

3. Objectives

It is essential that all coaches, staff, carers, volunteers and families are provided with appropriate information and resources to ensure the safety and wellbeing of individuals that suffer a head injury resulting in some degree of concussion or suspected concussion.

This policy also aims to:

- Ensure academic outcomes
- Return to learn, return to play
- Focus primarily on learning
- Ensure safe and supportive environments

4. Definitions

Concussion[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 the brain cells and creating chemical changes in the brain. While some 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 students will have symptoms that last for a few days or a week. A more serious concussion can last for weeks, months or even longer. Latest research now shows that the majority of concussion symptoms dissipate, the neurocognitive performance returning to pre-concussion levels, neuronal (brain function signalling) may remain abnormal, for up to several weeks to years post injury
Acquired Brain Injury	Acquired brain injury, or "ABI", refers to any damage to the brain that occurs after birth[2]. That damage can be caused by an accident or trauma, disease, alcohol and drug abuse, near drowning, stroke and other non-specific incidents[3].

5. Policy Information

5.1 Responsibilities

Responsibilities – The Hutchins School

- Regularly communicate this policy to staff and the Hutchins community
- Regularly review this policy
- Ensure that parents/carers are notified of a concussion that occurs during Hutchins sport and co-curricular programs

Responsibilities – Parents / Carers

- Notify the School of a concussion that occurs outside of School organised events or where the School would not reasonably have had knowledge of a concussion
- Ensure their son does not participate in training or matches prior to receiving medical clearance following a concussion
- Ensure that a medical clearance is obtained prior to their son returning to school

[1] Alan J Pearce, Daniel Corp, Charlotte B Davies, Brendan P Major, Jerome J Maller 2014 Cognitive Neuroscience Laboratory, School of Psychology, Deakin University, Vic, Australia

[2] State of Victoria, Department of Human Services 2004, Getting your head around ABI Resource Manual, http://www.dhs.vic.gov.au/__data/assets/pdf_file/0009/595737/Disability_abi_resourcemanual_201205.pdf

[3] *Australian Institute of Health and Welfare. (2007) Disability in Australia: acquired brain injury. Bulletin no. 55. Cat no. AUS 96. Canberra: AIHW;* Australian Institute of Health and Welfare (2008). Hospital separations due to traumatic brain injury, Australia 2004-05. Retrieved on 11 October, 2009, fromhttp://www.aihw.gov.au/publications/index.cfm/title/10505; Brian Injury Association of America. Frequently Asked Medical Questions (2008); Powell, T. 1994. Head Injury; A Practical Guide, United Kingdom: Winslow Press (In BIAQ Library)

5.2 On field /sideline management of suspected concussion

The following steps should be followed in the event a student sustains a knock to the head or neck during sport/training[4] :

- The injured student should be assessed using standard emergency first aid principles (airway, breathing and heart function) with particular attention to excluding cervical spine injury;
- Once first aid protocols have been addressed, the injured student should be removed from the game/training and assessed for concussion using a recognised concussion assessment tool (such as Sports Concussion Assessment Tool (SCAT3)).
- The injured student should be reviewed by a registered medical practitioner if concussion is suspected. If there is any doubt the injured student should be sent by ambulance to hospital. The injured student should be closely monitored.
- The injured student should not be left alone following the injury and constant monitoring is essential over the initial few hours. Such advice is to be made with parents/guardians/emergency contact
- A student who has sustained a concussion or suspected concussion is not permitted to return play (including competition and training) until cleared by a medical practitioner.
- Rested from learning, sport, Physical Education, training for at least 48 hours

A concussed player is not permitted to return to school or return to training before having a medical clearance[5].

5.3 Concussion Management

Current evidence supports a gradual return to learning and sport following a head injury, with a stepwise return to classroom and play.

Students should have a period of physical and mental rest ("brain rest"). This includes avoiding sporting activities but also includes activities that require mental concentration and rapid eye movement including computer use, television, Mobile phone use and game stations such as Xbox. Also bright light, colour or busy surrounds and classroom learning should be minimised or avoided in this time as far as is reasonably practicable.

Once the student has been symptom free for at least 48 hours and feels back to normal, they can commence a gradual return to classroom and sporting activities; in consultation with a doctor; as shown below.

Parents and carers have a significant role to play in the management of concussion as they are the primary carer of a concussed player. Therefore it is the parent/carer that is responsible for ensuring a concussed student follows the concussion management steps listed in this policy and the table below.

[4] Sports Medicine Australia – Position Statement: Concussion, viewed 8 September 2015, http://sma.org.au/wp-content/uploads/2015/09/SMA-Position-Statement_Concussion-190815.pdf

[5] AFL Development 2015, Concussion, viewed 28 July 2015 http://www.aflcommunityclub.com.au/index.php?id=66

STAGE	ACTIVITY	AIM OF STAGE
STAGE 1: (For first 48-72 hrs after injury) No activity complete rest	Complete physical rest (sedentary behaviours) and cognitive rest, sleep when required, observation recommended	Initial rest and recovery both cognitive and physical
STAGE 2: (72- 96hrs) 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 *upright*) Cognitively to start with low level simple communication, still no electronic hand held devices, low level TV for short periods, introduce short bursts of rapid eye movement (REM), rest or sleep if necessary	**Physically** -Gentle increase in heart rate and movement, some basic balance assessment and eye focus tests and small ROM head movement to test vestibular capabilities **Cognitively**- to allow the brain to absorb stimulus at a level that it can handle without creating neural fatigue
STAGE 3: (96 - 120hrs) Sport-specific exercise-learning return Modified and assessed academic or technological interventions	Sport specific drills at football codes, cricket, basketball, hockey, track and field, etc, (no contact of game play in team sports, heading in soccer, avoid excessive competitive jumping in basketball). Introduce modified learning and hand held electronic devices, desktop computers, reading, e reading and additional recall functions such as memory games etc	**Physically** -Adds movement with more intensity, broader skills, REM challenges in sport/exercise **Cognitively**-Reduced academic workload still recommended, no testing or homework and reduced hours in the day ** *at this stage assessment of stake holders should determine progression, if symptomatic progression does not occur till asymptomatic*
STAGE 4: (120 hrs +) *If cleared by medical* professional 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	**Physically** - Adds co-ordination and High Intensity Training and elevated Heart Rate **Cognitively-** return to normal academic activity if asymptomatic
STAGE 5: (144hrs +) *If cleared by medical professional and symptom free* Full contact practice Return to normal learning but monitored	Participate in normal training activities including full contact Graduated academic involvement with monitoring	**Physically** -Restores confidence and allows coaching staff to assess progress **Cognitively –** return to full assisted academic capacity including testing and increased workloads

STAGE	ACTIVITY	AIM OF STAGE
STAGE 6: (168hrs+) *If cleared by medical professional and symptom free* Return to play Return to normal learning with assessment capacity inclusions	Normal game play Normal classes and study loads	**Physically** -Restores confidence and allows player to return to normality without fear of re-injury **Cognitively –** return to full unassisted academic capacity including testing and increased workloads

*Each stage should last 24-48 hours.

If students remain symptom-free, they can move up to the next stage. If they develop/display any symptoms (headache, dizziness, cognitive or vestibular confusion, nausea or tiredness), they should move back a stage and try to progress again after a further 24-48 hour period of rest.

Where there are any doubts about full return to play, the student should seek advice from their GP. If the student has persistent symptoms, they should be reassessed by their GP or referred for more specialised assessment.

6. Supporting Procedures/Guidelines

Work Health & Safety

Sport & Co-curricular Policy

7. Related Documents/Systems

Smart Head Play

Sports Medicine Australia

Sports Medicine Australia – Position Statement: Concussion

Pocket Concussion Recognition Tool

AFL Concussion Guidelines

8. Record Keeping

This procedure is to be kept for three (3) years until review unless there is a significant legislative organisational change requiring earlier review.

The master copy is kept on SharePoint and is read-only in PDF form. All printed copies are uncontrolled.

9. Policy Owner

Headmaster

10. Policy Review Details

25 November 2015 Policy ratified by The Hutchins School Board.

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