



Concussion Action Plan

The Hutchins School follows three simple steps for the management of a 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 co-ordination;
- 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:
Rest:	STAGE 1: (minimum 24 - 48hrs) <ul style="list-style-type: none"> 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
Recover: minimum two week period (14 days) - not to commence until after complete resolution of concussion symptoms	STAGE 2: <ul style="list-style-type: none"> 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	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: <ul style="list-style-type: none"> 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.	Physically: Add 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
	STAGE 4: <i>If cleared by medical professional</i> <ul style="list-style-type: none"> 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: Add co-ordination and HIT and elevated HR Cognitively: Return to normal academic activity if asymptomatic.
Return:	STAGE 5: <i>If cleared by medical professional:</i> <ul style="list-style-type: none"> Return to play Return to normal learning 	Normal game play Normal classes and study loads. A return to full contact training or competition cannot occur until 14 days after complete resolution of all concussion symptoms.	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.

*For sources and further information, please refer to the Concussion Policy.