



THE HUTCHINS SCHOOL

Concussion Policy

Relevant legislation	(none)
Commencement date	25 November 2015
Last review date	15 February 2024

1. Purpose

The purpose of this policy is to support the health and wellbeing of staff, students and community members of The Hutchins School (the School) and to outline practical responsibilities in respect to the monitoring and management of concussions.

2. Scope

This policy applies to school staff, students and community, and requires collaboration between all parties for its implementation.

3. Objectives

This policy exists to inform staff (including volunteers and coaches), parents and carers of the School's approach to managing head injuries (particularly in children or young people) that result in concussion or suspected concussion.

This policy also aims to:

- prioritise the health of students, staff and community members;
- support a 'return to learn, return to play' approach to concussion; and
- support safe and healthy environments.

4. Definitions

Children and young people	The phrase "children and/or young people" is used within this policy to describe any person below the age of 18 years of age.
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<p>Concussion</p>	<p>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.</p> <p>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.</p> <p>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.</p>
<p>Staff</p>	<p>For this policy, 'staff' refers to all people engaged with the School, whether in a paid or unpaid capacity. This includes volunteers, coaches and contractors.</p>

5. Policy statement

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.

Responsibilities: The Hutchins School

The School is committed to:

- regularly communicating this policy to staff, volunteers and the School community;
- regularly reviewing this policy;
- ensuring that parents/carers are notified of the School's approach to concussion; and
- ensuring that parents/carers are notified of concussions that occur during Hutchins sport and co-curricular programs.

Responsibilities: Hutchins staff

While the majority of concussions at the School occur within a sporting context, accidents and incidents may occur at any time. To mitigate this risk, the School provides first aid training to all staff, which includes training around the recognition and response to concussions. Staff are therefore expected to:

- maintain their first aid training with the support of the School;
- be familiar with and understand the requirements of this policy;

- be prepared to implement the procedures and processes contained within this document and the associated Concussion Action Plan;
- be prepared to make academic and practical adjustments to support the recovery of children and young people from concussions; and
- do their utmost to support the health and safety of children and young people in their care.

Responsibilities: parents and carers

Parents and carers of the School community are expected to:

- notify the School of a concussion that occurs outside of school-organised events or where the School would not reasonably have known about a concussion;
- support their child's recovery process by adhering to the timelines detailed both in this policy and in the [Concussion Action Plan](#);
- ensure that a medical clearance is obtained before their child returns to school;
- ensure that their child does not return to sport for full contact training, until 14 days after all symptoms of concussion have completely resolved;
- ensure that their child does not return to competitive sport until 21 days after the resolution of symptoms; and
- ensure that their child does not return to sport of any kind whether recreational, training or competition before receiving medical clearance.

Responsibilities: coaches and volunteers

Coaches and volunteers associated with the School and its sporting or co-curricular programs are required to be familiar with this policy and its expectations. The responsibilities listed in this document for 'staff' also apply to coaches and volunteers where relevant.

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'.

Where a child or young person has received a blow to the head - even if a concussion is not suspected - coaches 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'*.

A conservative approach to concussion is essential. The School follows the Australian Institute of Sport's [Concussion Guidelines for Youth and Community Sport](#). Under these standards:

- a return to full contact training must not occur until after 14 days from the time when all symptoms of concussion have resolved; and
- a return to competitive sport must not occur until 21 days after the cessation of symptoms.

The timeline for a resolution of symptoms will vary from child to child and incident to incident. The timeline for return to sport and training must not vary.

Medical clearance will always be required of a student who has suffered a concussion before a return to full contact training or competition.

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:

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 classic 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 convulsions;
- 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 person may report the following:

- headaches;
- nausea;
- blurred vision;
- balance problems or dizziness;
- feeling dazed;
- sensitivity to light or noise;
- emotional changes (irritability, or trouble regulating emotions);
- nervousness/anxiousness;
- neck pain;
- feeling slowed down, 'foggy'; or
- difficulty concentrating or remembering.

While staff must be familiar with these signs and symptoms, only a medical professional is qualified to diagnose a concussion. Where there is any doubt, call an ambulance.

Where a staff member observes any of the following conditions, an ambulance must be called 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/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.

2. Remove

The primary responsibility of a staff member in the case of an injury is to support the health and safety of the injured party.

Where the injured person is conscious:

Provided that they have not suffered a loss of consciousness at any point, the injured party should be removed from all activity and (where possible) moved to a quiet location. 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. A child or young person suffering a possible concussion must be continuously monitored until cleared by a medical professional.

Where the injured person is unconscious or has suffered a loss of consciousness at any time:

The injured party must only be moved by a qualified health professional. Staff must 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.

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.

Returning to learning/return to play

Return to learning and play likewise follows a three step plan. These steps are:

1. 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 here.

The initial rest period for any person who has suffered a concussion is 24-48 hours. Young children must be treated conservatively and may require the full 48 hours before a return to school. Adolescents may show signs of significant recovery within 24 hours, but must not return to school or play before the minimum 24-hour rest period.

The Australian Institute of Sport recommends a graded return to school/work activities after a concussion irrespective of the presence of low-level symptoms, taking into consideration activity level, cognitive and emotional demand and fatigue levels for the affected party.

A brief and mild exacerbation of symptoms post-concussion is deemed acceptable, provided that the exacerbation is temporary and symptoms return to baseline before the next physical/cognitive challenge presents. Where severe or persistent symptoms are present post-activity, review with a healthcare practitioner is recommended.

2. Recover

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

The School will not permit any student who has suffered a concussion to return to full contact training until 14 days after all symptoms of the concussion have resolved, and to competitive activity until 21 days from the cessation of symptoms.

The timeline for complete resolution of symptoms will be different for each child. In addition to the completion of this compulsory recovery period, the School must also receive medical clearance for return to full contact training and competition.

A return to training and/or competitive sport is not measured 14 or 21 days from the concussion, but from the day on which the injured person becomes symptom-free.

3. Return

At the completion of the rest and recovery periods, the person who has suffered a concussion will be permitted to return to normal work, learning and/or play.

6. Supporting/related documents

Australian Institute of Sport: [Australian Concussion Guidelines for Youth and Community Sport](#)

Australian Institute of Sport: [Concussion and Brain Health Position Statement](#)

Australian Institute of Sport: [Concussion in Australian Sport](#)

[The Hutchins School Concussion Action Plan](#)

7. Record keeping

This policy is to be kept for three (3) years until review except where legislative or organisational change demands earlier review.

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

8. Policy owner

9. Principal Document History

Version #	Date	Changes Made
1.0	25/11/2015	Initial release
1.1	25/11/2017	No changes noted.
2.0	14/9/2020	Updated; placed in new policy template, full textual review. Significant changes made for clarity and simplicity; new procedure included. Inserted the requirement for medical clearance to be received by the School before the return to full contact sport. 18/19 day minimum rest period removed.
2.1	9/11/2020	Added requirement that the injured person should not be moved where a loss of consciousness (however brief) has occurred.
2.2	25/2/2021	14-day rest period following resolution of symptoms instated.
2.3	1/08/2023	Minor textual review, updates to dot point layouts and headers. No policy change.
2.4	15/02/2024	Minor textual and layout review, but significant policy update: 14-day period for return to training, now 21 days for a return to competitive sport.