

POLICIES AND PROCEDURES



Concussion Management and Minor Head Injury Policy

Date March 2024

Review March 2026

1. Definition

Concussion is a brain injury resulting in a disturbance of brain function. Concussion can cause an array of physical, cognitive and demonstrative symptoms.

A concussion occurs through a collision with another person or object where bio-mechanical forces to the head, or anywhere on the body, transmit an impulsive force to the head/brain, resulting in transient neurological impairment. Concussion can also occur with relatively 'minor' knocks. Concussion is an evolving injury with symptoms changing over hours or days following the injury.

2. Preamble

Many people who sustain a concussion have no observable signs, which can make a diagnosis difficult. Recognising the condition often depends on the affected person reporting the symptoms they are experiencing. These can occur immediately after the head injury, minutes to hours later or even some days later.

This policy endeavors to provide some understanding of concussion and by following the protocols outline, Lauriston Girls' School staff will be better positioned to support the affected person.

3. Guiding Principles

When there is suspected concussion, First Aid principles apply. A systematic approach to the assessment of airways, breathing, circulation, disability and exposure applies in all situations.

The student suspected of sustaining a concussion should immediately be removed from the sporting, Physical Education or Outdoor Program environment and should not be permitted to return to physical activity until they have been assessed by a medical practitioner.

The CRT6 is a simplified summary of the key signs and symptoms and 'red flags' that should raise a concern about a possible concussion. Twenty symptoms are listed in the CRT6 and these are:

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

POLICIES AND PROCEDURES



Concussion Management and Minor Head Injury Policy

4. Recording Information

To assist the treating doctor, it is helpful to note the following details at the time of the injury:

1. **When:** What time did the incident/injury take place?
2. **How:** How did the incident/injury occur? For example, is the injury from the head hitting the ground?
3. **Where:** Where on the body was the hit? For example, the temple, shoulder, back of head, or a full body collision?
4. **What:** What occurred next? Include any symptoms that have been witnessed or described by the student such as loss of consciousness, convulsions, amnesia, severe or increasing headache, vomiting or confusion?

Additional useful information: Any further symptoms such as behavioural changes, loss of memory, visual or hearing disturbance may be helpful to provide to the treating doctor if these have been observed.

5. Immediate Management of Concussion

Immediately following a suspected concussion, it is important to exclude 'red flags' (signs that suggest the child/young person should go straight to the hospital). Once 'red flags' have been excluded, staff should contact the child/young person's parents or caregivers and they should be referred to a health care practitioner for immediate care.

Return to sport, outdoor program and learning activities commences with a short period of rest of 24-48 hours, followed by a gradual return to sport, outdoor program and learning as mapped out in the Graded Return to School/Outdoor Program/Sport plan. It is important to provide rest for both the body (physical rest) and the brain (cognitive rest).

The **flow chart** (blow) provides an overview of management at a sport activity, outdoor program activity or in the residential setting when there is a suspicion of concussion.

Students with the suspicion of concussion should not:

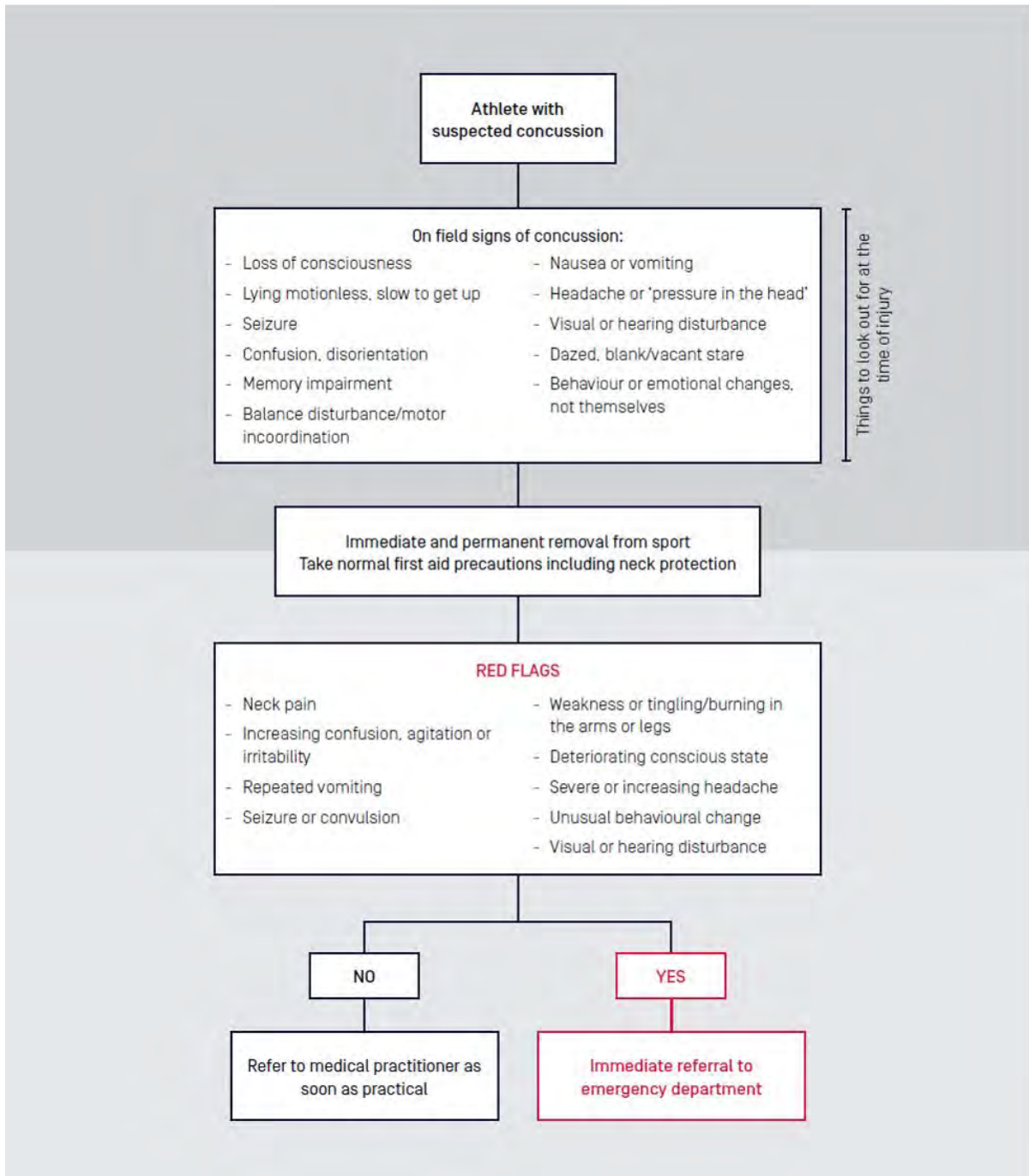
- Be left alone initially (at least 3 hours). Worsening symptoms should lead to immediate medical attention.
- Be sent home by themselves, if they are Armadale students. They need to be with a responsible adult.
- Use any medication unless prescribed by their healthcare practitioner.
- If they have a driver's license, not be allowed to drive a vehicle unless cleared to do so by a healthcare practitioner.

5.1 On Field Concussion Recognition Decision Tree

The **flow chart** provides an overview of management at a sport activity, outdoor program activity or in the residential setting when there is a suspicion of concussion.

POLICIES AND PROCEDURES

Concussion Management and Minor Head Injury Policy



POLICIES AND PROCEDURES

Concussion Management and Minor Head Injury Policy



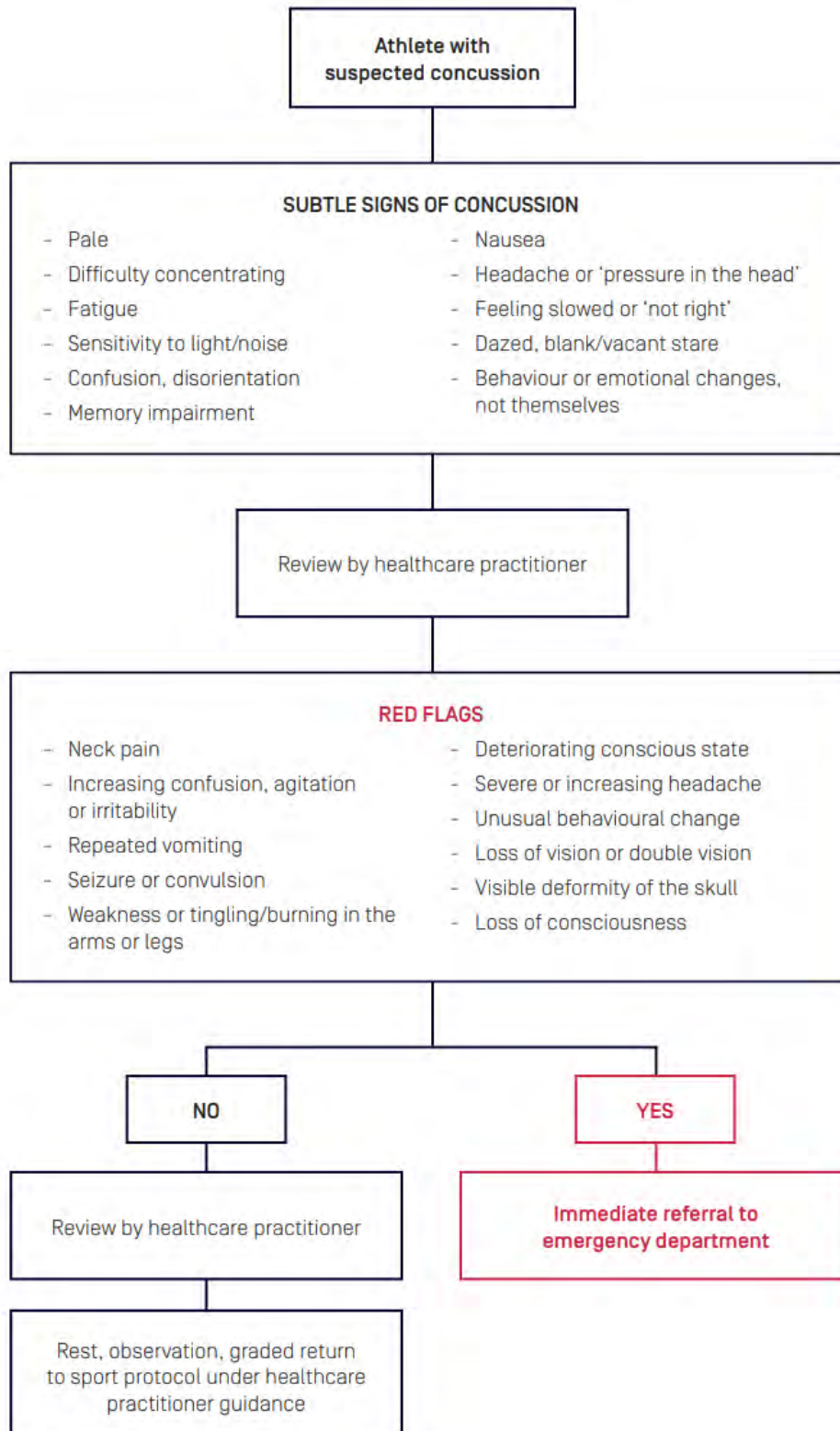
5.2 Off Field (days after the incident) Concussion Recognition Decision Tree

On some occasions, concussion is not detected or suspected at the time of injury. The young person may present two or three days later at home, the Howqua campus or at school, with subtle changes in their behaviour.

It is important for teachers, coaches, peers who have contact with the young person and support staff to understand the subtle symptoms and signs that may suggest an individual has suffered concussion.

POLICIES AND PROCEDURES

Concussion Management and Minor Head Injury Policy



POLICIES AND PROCEDURES

Concussion Management and Minor Head Injury Policy



6. Concussion Recognition Tool CRT6

The CRT6 is a simplified summary of the key signs and symptoms and 'red flags' that should raise a concern about a possible concussion. This tool may be used at both the Armadale and Howqua campuses for all activities in which students may be engaged, including living in a residential environment at our Howqua campus.

POLICIES AND PROCEDURES

Concussion Management and Minor Head Injury Policy



What is the Concussion Recognition Tool?

A concussion is a brain injury. The Concussion Recognition Tool 6 (CRT6) is to be used by non-medically trained individuals for the identification and immediate management of suspected concussion. It is not designed to diagnose concussion.

Recognise and Remove

Red Flags: CALL AN AMBULANCE

If **ANY** of the following signs are observed or complaints are reported after an impact to the head or body the athlete should be immediately removed from play/game/activity and transported for urgent medical care by a healthcare professional (HCP):

- Neck pain or tenderness
- Seizure, 'fits', or convulsion
- Loss of vision or double vision
- Loss of consciousness
- Increased confusion or deteriorating conscious state (becoming less responsive, drowsy)
- Weakness or numbness/tingling in more than one arm or leg
- Repeated Vomiting
- Severe or increasing headache
- Increasingly restless, agitated or combative
- Visible deformity of the skull

Remember

- In all cases, the basic principles of first aid should be followed: assess danger at the scene, check airway, breathing, circulation; look for reduced awareness of surroundings or slowness or difficulty answering questions.
- Do not attempt to move the athlete (other than required for airway support) unless trained to do so.
- Do not remove helmet (if present) or other equipment.
- Assume a possible spinal cord injury in all cases of head injury.
- Athletes with known physical or developmental disabilities should have a lower threshold for removal from play.

This tool may be freely copied in its current form for distribution to individuals, teams, groups, and organizations. Any alteration (including translations and digital re-formatting), re-branding, or sale for commercial gain is not permissible without the expressed written consent of BMJ.

If there are no Red Flags, identification of possible concussion should proceed as follows:

Concussion should be suspected after an impact to the head or body when the athlete seems different than usual. Such changes include the presence of **any one or more** of the following: visible clues of concussion, signs and symptoms (such as headache or unsteadiness), impaired brain function (e.g. confusion), or unusual behaviour.



POLICIES AND PROCEDURES

Concussion Management and Minor Head Injury Policy

CRT6 Concussion Recognition Tool To Help Identify Concussion in Children, Adolescents and Adults

1: Visible Clues of Suspected Concussion

- Visible clues that suggest concussion include:
- Loss of consciousness or responsiveness
 - Lying motionless on the playing surface
 - Falling unprotected to the playing surface
 - Disorientation or confusion, staring or limited responsiveness, or an inability to respond appropriately to questions
 - Dazed, blank, or vacant look
 - Seizure, fits, or convulsions
 - Slow to get up after a direct or indirect hit to the head
 - Unsteady on feet / balance problems or falling over / poor coordination / wobbly
 - Facial injury

2: Symptoms of Suspected Concussion

Physical Symptoms	Changes in Emotions
Headache	More emotional
"Pressure in head"	More Irritable
Balance problems	Sadness
Nausea or vomiting	Nervous or anxious
Drowsiness	
Dizziness	Changes in Thinking
Blurred vision	Difficulty concentrating
More sensitive to light	Difficulty remembering
More sensitive to noise	Feeling slowed down
Fatigue or low energy	Feeling like "in a fog"
"Don't feel right"	
Neck Pain	Remember , symptoms may develop over minutes or hours following a head injury.

3: Awareness

- (Modify each question appropriately for each sport and age of athlete)
- Failure to answer any of these questions correctly may suggest a concussion:
- "Where are we today?"
 - "What event were you doing?"
 - "Who scored last in this game?"
 - "What team did you play last week/game?"
 - "Did your team win the last game?"

Any athlete with a suspected concussion should be - IMMEDIATELY REMOVED FROM PRACTICE OR PLAY and should NOT RETURN TO ANY ACTIVITY WITH RISK OF HEAD CONTACT, FALL OR COLLISION, including SPORT ACTIVITY until ASSESSED MEDICALLY, even if the symptoms resolve.

- Athletes with suspected concussion should **NOT**:
- Be left alone initially (at least for the first 3 hours). Worsening of symptoms should lead to immediate medical attention.
 - Be sent home by themselves. They need to be with a responsible adult.
 - Drink alcohol, use recreational drugs or drugs not prescribed by their HCP
 - Drive a motor vehicle until cleared to do so by a healthcare professional

POLICIES AND PROCEDURES



Concussion Management and Minor Head Injury Policy

7. Incident Reporting and Record Keeping at Armadale and Howqua Campuses

- Staff members must report the incident/injury and any actual or possible concussion as soon as practicable.
- Incident forms must be completed via SchoolBox
- All incidents of concussion/injury must be recorded in the student's school notes

Parents/caregivers should update their child/daughter's medical information on Consent2Go to reflect the incident and outcome.

7.1 Head Injuries out of school hours for Armadale campus students:

It is the responsibility of the parent/caregiver to:

- notify the Vice Principal-Head of Junior School or Head of Senior School as soon as practicable if their child has a suspected/diagnosed concussion, which was sustained outside of school hours
- seek prompt medical assessment of their daughter for suspected concussion
- on return to school, submit a Concussion Assessment and Return to School/Sport Plan, regardless of diagnosis to the Vice Principal-Head of Junior School or the Head of Senior School
- provide a medical certificate of clearance to the Vice Principal-Head of Junior School or the Head of Senior School before the student returns to full contact practice/sport if a concussion diagnosis was made.

Informing Key Staff Members at Armadale Campus

The Vice Principal-Head of Junior School or Head of Senior School will notify the following staff members of the incident and provide any management plan or follow up required:

- Principal
- Armadale Nurses (Health Centre)
- Director of Sport
- Junior School Coordinator of Sport
- Year Level Coordinators
- Junior School Classroom teacher
- House Tutors

7.2 Head Injuries out of school hours for Howqua campus students:

It is the responsibility of the Howqua Nurse or Howqua member of staff to:

- Undertake prompt assessment of the student for suspected concussion which would include consultation with the Howqua Nurse and in some cases referral to an ambulance
- notify the Vice Principal-Howqua Campus as soon as practicable when a student has a suspected/diagnosed concussion, which was sustained outside of school hours

POLICIES AND PROCEDURES



Concussion Management and Minor Head Injury Policy

- the Vice Principal-Howqua campus will make contact with the parents of the student
- on return to school, submit a Concussion Assessment and Return to School/Sport/Outdoor Program Plan, regardless of diagnosis to the Vice Principal-Head of Howqua campus
- provide a medical certificate of clearance to the Vice Principal-Head of Howqua campus before the student returns to full contact sport or outdoor program if a concussion diagnosis was made.

Informing Key Staff Members at Howqua campus

The Vice Principal-Howqua campus will notify the following staff members of the incident and provide any management plan or follow up required:

- Principal
- Howqua Nurses (Health Centre)
- Director of Outdoor Programs
- Howqua Management team
- Howqua House Tutor
- Howqua teachers

8. Concussion Officer for School Environments

All school staff and school community should be aware of the concussion management protocols and pathways relevant to their sport, outdoor program activities and community, including their role in the identification and management of concussion.

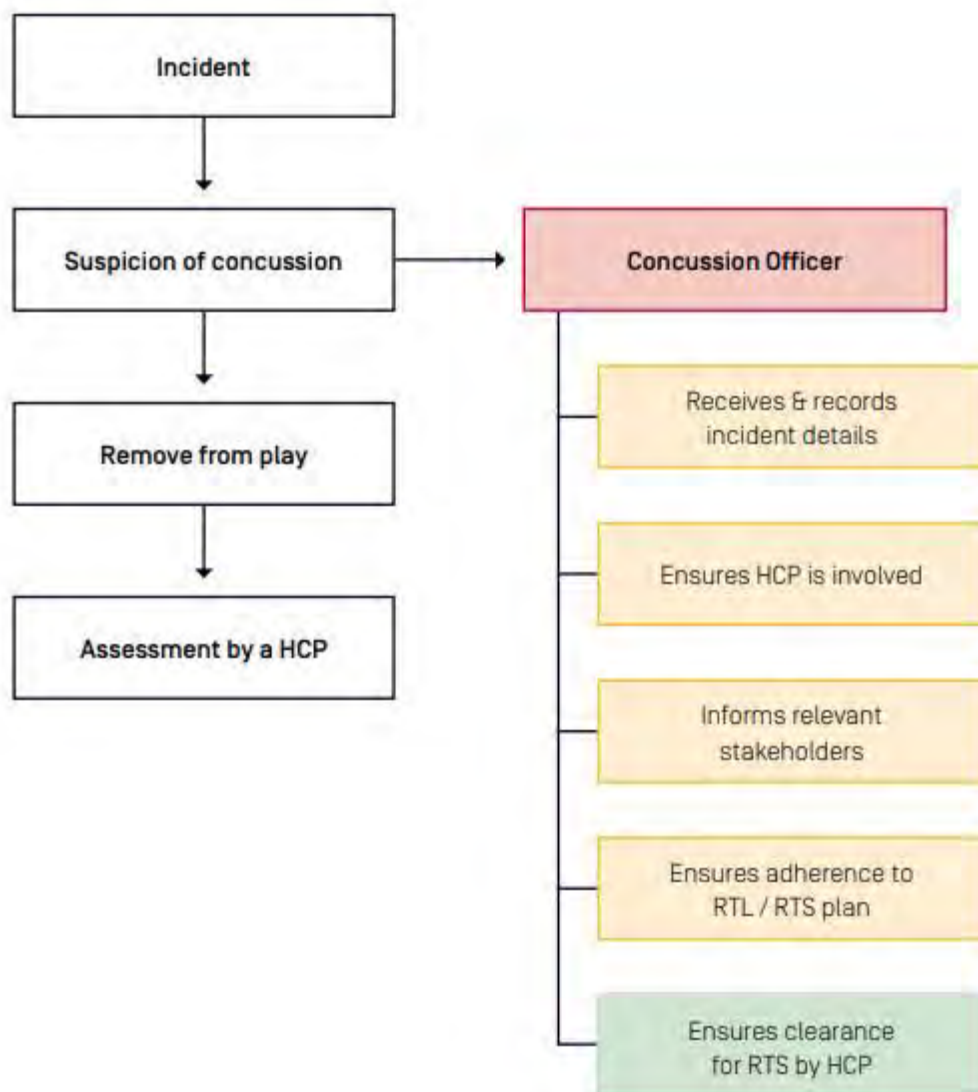
An Armadale/Howqua Nurse has been appointed the 'concussion officer' as the single point of contact and manages the coordination of matters related to concussion. The Armadale/Howqua Nurse is not a concussion expert and is not expected to diagnose concussion.

Their job as the Armadale/Howqua Nurse is to provide first aid and as the concussion officer, to be the recipient of information in relation to concussion and to ensure that the concussion protocol is enacted.

POLICIES AND PROCEDURES

Concussion Management and Minor Head Injury Policy

9. Systems for managing the concussed student in the school environment



POLICIES AND PROCEDURES

Concussion Management and Minor Head Injury Policy



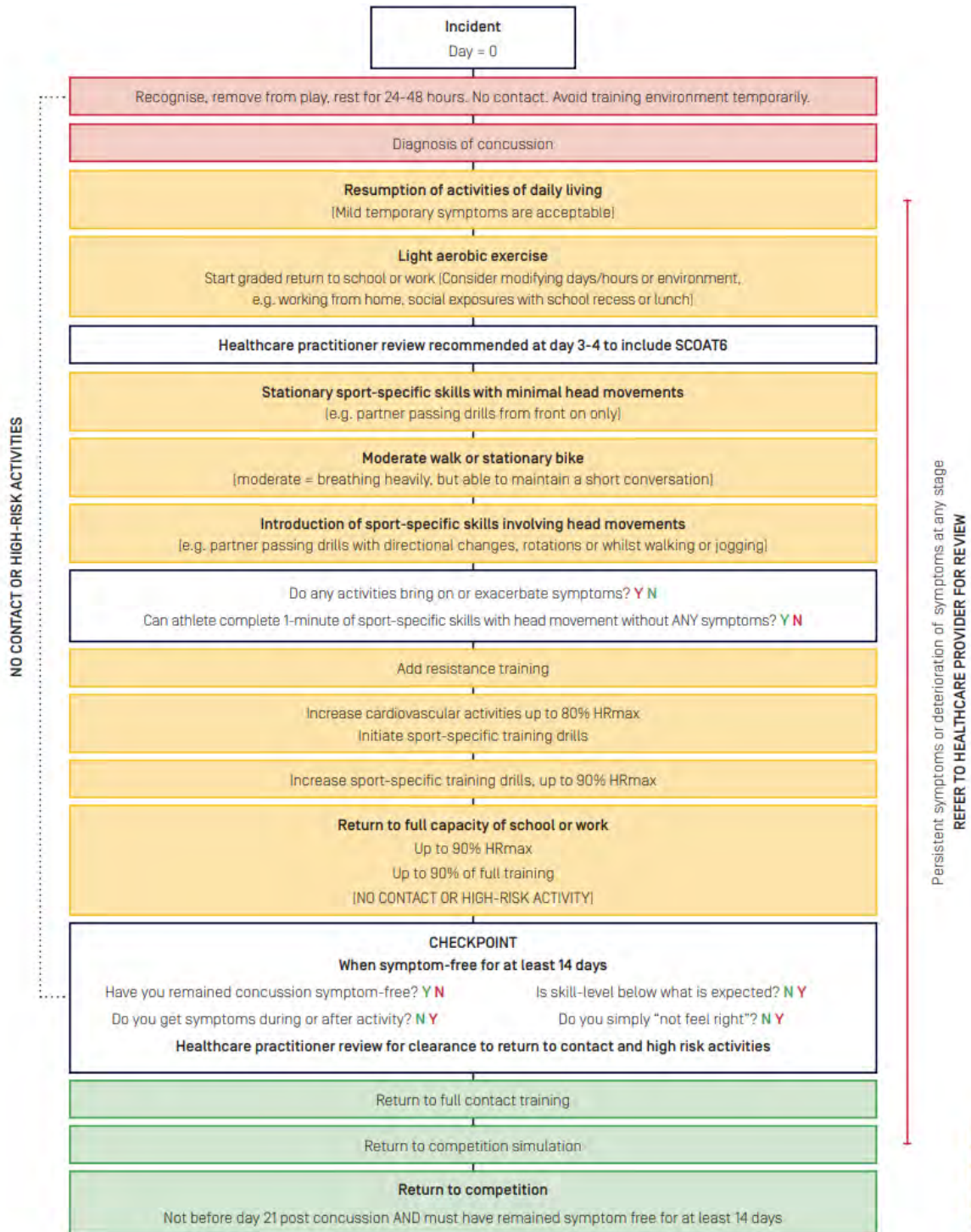
10. Graduated Return to School on the Armadale and Howqua campuses

The graded return to sport/outdoor activities framework will be used at the Armadale and Howqua Campuses.

Each stage which is highlighted in orange or green should be at least 24 hours and should symptoms return the student will return to the baseline prior to commencing the next activity or stage.

POLICIES AND PROCEDURES

Concussion Management and Minor Head Injury Policy



POLICIES AND PROCEDURES



Concussion Management and Minor Head Injury Policy

Examples of return to sport timeframes

Note:

- > Day of concussive incident is considered 'Day 0'
- > Examples below assume a sport where competition occurs weekly on a Saturday
- > The 14 day symptom free period does not start until the first day that the athlete is symptom free

Key:

Incident
Symptomatic
Symptom-free
Contact training
Full competition

Athlete symptom-free on day 3 [Tuesday of the 1st week]				
Saturday	5. Saturday	12. Saturday	Saturday	Saturday
Sunday	6. Sunday	13. Sunday	Sunday	Sunday
Monday	7. Monday	14. Monday	Monday	Monday
1. Tuesday	8. Tuesday	Tuesday	Tuesday	Tuesday
2. Wednesday	9. Wednesday	Wednesday	Wednesday	Wednesday
3. Thursday	10. Thursday	Thursday	Thursday	Thursday
4. Friday	11. Friday	Friday	Friday	Friday

Athlete symptom-free on day 7 [Saturday of second week]				
Saturday	1. Saturday	8. Saturday	Saturday	Saturday
Sunday	2. Sunday	9. Sunday	Sunday	Sunday
Monday	3. Monday	10. Monday	Monday	Monday
Tuesday	4. Tuesday	11. Tuesday	Tuesday	Tuesday
Wednesday	5. Wednesday	12. Wednesday	Wednesday	Wednesday
Thursday	6. Thursday	13. Thursday	Thursday	Thursday
Friday	7. Friday	14. Friday	Friday	Friday

POLICIES AND PROCEDURES



Concussion Management and Minor Head Injury Policy

11. Return to Learn

Concussion affects the way the brain functions. Different people can be affected in different ways.

It is common for concussed children or adolescents to have difficulty concentrating and paying attention in class. They may require more time to complete school work.

When a concussed child or adolescent starts to concentrate for long periods, the 'load' on the brain can bring on or worsen the symptoms of concussion. Gradually increasing the load on the brain without provoking symptoms is recommended.

During recovery from concussion, it is recommended that students:

- avoid physical activity during the first 24-48 hours
- resume non-contact/collision activity as tolerated. This should be increased in a graduated fashion, according to symptoms.
- Avoid extensive screen time, especially during the first 48 hours following concussion including computer use, texting, video games, television.

Ways to help students in the classroom recover from concussion include:

- Regular breaks from class
- Shortened school day
- Postponing exams
- Additional time to complete exams and assessments
- Additional time to complete tasks in class

12. Protocol for students with multiple suspected concussions

A student with a history of multiple concussions is at risk of experiencing prolonged symptoms before the return to sport/outdoor program. Those who suffer from multiple concussions within a short period of time should be managed more conservatively and be assessed by a clinical management team with specific training and expertise in concussion.

Multiple concussions can be a **minimum of two concussions within a three month period, or a minimum of three concussions in a twelve month period.**

There is no evidence regarding specific time frames for return to sport/outdoor program following multiple concussions. The timeframes will be influenced by factors such as the severity of the most injury, the number of previous concussions and the general medical history of the student.

A recommended starting point for return to sport/outdoor program after a second concussion within three months, **would be 28 days symptom-free before return to contact training and a minimum of six weeks from the time of the most recent concussion until return to competitive contact.**

In situations where more than two concussions have occurred within a twelve month period, consideration needs to be given to missing a season of contact/collision sport.

POLICIES AND PROCEDURES



Concussion Management and Minor Head Injury Policy

13. Role of Parents/Carers

The risk of complications from concussion is increased if a child is permitted to return to sport or outdoor program before they have fully recovered. The graded return to sport framework (GRTSF) for community and youth assists children/ coach/parents/teachers with concussion management through the recovery process and time frames for a safe return to sport/outdoor program.

Parents/carers are instrumental in working with the School to manage student concussion. While watching students, parents/carer may also see an injury or a delayed sign or symptom that a School staff member or the Armadale or Howqua Nurse did not witness and therefore provide important information.

Parents/Carers are key in the process of establishing appropriate care by:

- On enrolment and on an ongoing basis, parents/carers should notify the School of all medical conditions including details regarding previous concussions and any other relevant medical conditions relating to their child.
- Respond in a timely manner and collect their child from school, sport event or Howqua Campus if requested by staff.
- Comply with staff direction for review of the student by a medical practitioner if a head injury has occurred.
- Notify the School if the student has suffered concussion at a non-school event as well as any measures put in place by a medical practitioner.
- In accordance with the Lauriston Concussion policy provide clearance document (see attachment 1) from the medical practitioner when requested by the School as a precondition to returning the student to school, school sport or outdoor activities at Howqua campus.
- Parent/carers are to comply with the return to school and sport plan and as briefly described below:
 - Introduction of light exercise after an initial 24-48 hours of relative rest.
 - Several checkpoints are to be cleared prior to progressing to the next stage.
 - Gradual reintroduction of learning and work activities. As with physical activity, cognitive stimulation such as using screens, reading, undertaking learning activities should be gradually introduced after 48 hours.
 - At least 14 days symptom free (at rest) before return to contact/collision training. The temporary exacerbation of mild symptoms with exercise is acceptable, as long as the symptoms quickly resolve at the completion of exercise, and as long as the exercise-related symptoms have completely resolved before resumption of contact training.
 - A minimum period of 21 days until the resumption of competitive contact/collision sport.
 - Consideration of all symptom domains (physical, cognitive, emotional, fatigue, sleep) throughout the recovery process.

POLICIES AND PROCEDURES

Concussion Management and Minor Head Injury Policy



14. Attachment 1

LAURISTON GIRLS SCHOOL CLEARANCE TO RETURN TO SPORT and Howqua Program

Concussion Assessment:

Today ____/____/____ I have examined _____ who experienced a head injury on ____/____/____.

After a concussion examination, I have deemed ARE NOT demonstrating signs or symptoms of concussion and is therefore cleared to return to full school and sport commitments. No further review required.

Doctor's Name: _____ Doctor's signature _____
Provider Number: _____

OR

Concussion Confirmed:

Today ____/____/____ I have examined _____ who experienced a head injury resulting in concussion symptoms on ____/____/____.

Doctor's Name: _____ Doctor's signature _____
Provider Number: _____

POLICIES AND PROCEDURES

Concussion Management and Minor Head Injury Policy



Post-Concussion Clearance:

Today ____/____/____ I have examined _____ who
in accordance with the Lauriston Girls School "Graded Return to School/Sport Plan Concussion Plan" I
have found them to **NOT BE DISPLAYING** any ongoing symptom of concussion and agreed that they
have by all reports been **SYMPTOM FREE FOR 14 DAYS**

It is therefore my opinion that they have clearance to return to **FULL CONTACT SPORT TRAINING for 7
DAYS** and if **NO SYMPTOMS** of concussion return, and **NOT** before day 21 post-concussion, they are
cleared for FULL CONTACT SPORT.

This date will be ____/____/____

Doctor's Name: _____ Doctor's signature _____

Provider Number: _____