



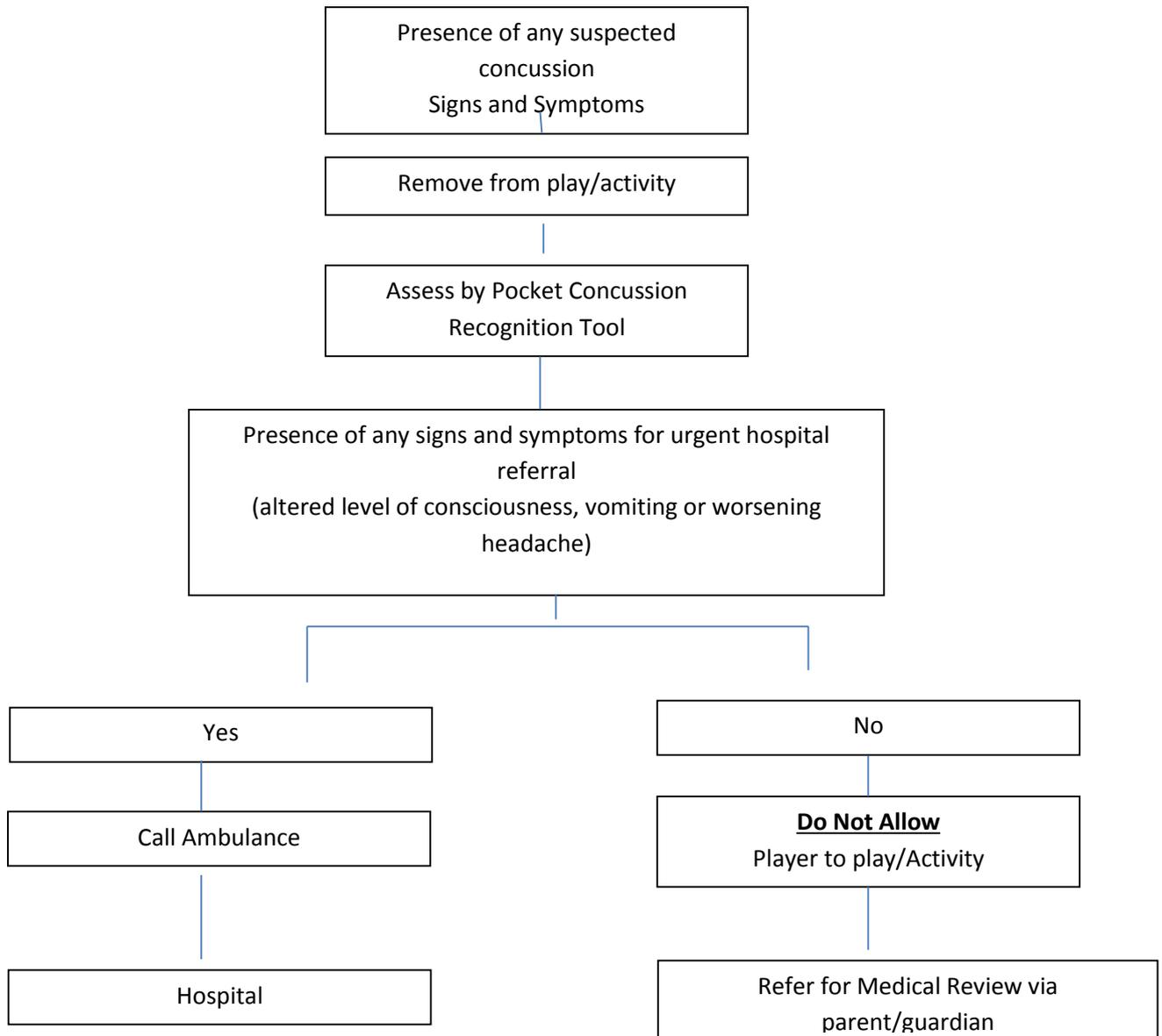
Guidelines for Concussion Policy

Launceston Church Grammar School has adopted guidelines for the recognition and management of concussion based on the AFL Guidelines 2013. Concussion is a traumatic brain injury which alters the way the brain functions. The effects are usually temporary, most people usually recover fully.

Signs and symptoms of suspected concussion			
Presence of any one or more of the following signs and symptoms may suggest concussion:			
<ul style="list-style-type: none"> • Loss of consciousness 	<ul style="list-style-type: none"> • Headache 	<ul style="list-style-type: none"> • Seizure or convulsion 	<ul style="list-style-type: none"> • Dizziness
<ul style="list-style-type: none"> • Balance problems 	<ul style="list-style-type: none"> • Confusion 	<ul style="list-style-type: none"> • Nausea or vomiting 	<ul style="list-style-type: none"> • Feeling slowed down
<ul style="list-style-type: none"> • Drowsiness 	<ul style="list-style-type: none"> • "Pressure in head" 	<ul style="list-style-type: none"> • More emotional 	<ul style="list-style-type: none"> • Blurred Vision
<ul style="list-style-type: none"> • Irritability 	<ul style="list-style-type: none"> • Sensitivity to light 	<ul style="list-style-type: none"> • Sadness 	<ul style="list-style-type: none"> • Amnesia
<ul style="list-style-type: none"> • Fatigue or low energy 	<ul style="list-style-type: none"> • Feeling like "in a fog" 	<ul style="list-style-type: none"> • Nervous or anxious 	<ul style="list-style-type: none"> • Neck Pain
<ul style="list-style-type: none"> • "Don't feel right" 	<ul style="list-style-type: none"> • Sensitivity to noise 	<ul style="list-style-type: none"> • Difficulty remembering 	<ul style="list-style-type: none"> • Difficulty concentrating

(AFL 2013)

Management Guidelines for Suspected Concussion



*Note : for any player with loss of consciousness, basic first aid principles should be used (I.e Airways, Breathing, CPR...) Care must also be taken with the player's neck, which may have also been injured in the collision. An ambulance should be called, and these players transported to hospital immediately for further assessment and management.

Management Guideline for Suspected Concussion

Day of Incident

Student receives 'knock to the head' that results in being taken off for the duration of the game.



First aid measures, notify parent/ guardian. Student is supervised until parent / guardian arrives. Incident form completed by person in charge of activity.



- Handover care to parent/ guardian. Ensure parent/ guardian is given "notification of knock to the head" form.
- Ensure parent understands required documentation for return to school/ sport.
- Notify Head of Senior School that a form has been issued



Return to School

Student required medical attention



Medical practitioner provides written recommendation and/or clearance



Follow these recommendations

Student did NOT require medical attention



- Parent/Guardian sign statement to allow student to return to full activity.
- Parent/Guardian provide written recommendation of care



No written documentation provided to the School then the Head of House to follow up with parents/ guardian to request written documentation

Key Messages

1. Concussion is a temporary dysfunction of the brain following trauma
2. Suspect concussion if student is irritable, nauseated, excessively fatigued, have a headache, or just not feeling their usual self.
3. Seek medical attention – urgently if the symptoms or signs are getting worse.
4. Rest is the best treatment followed by a gradual return to physical activity and work/study.

Children require a different approach to adults with management of concussion, as their brains are still developing.

The priority is the student's wellbeing and their return to school, learning and sports.

IF IN DOUBT SIT THEM OUT

AFL Medical Office's Association 2013

APPENDIX

- Pocket Concussion Recognition Tool (AFL 2013)
- An Alert of a Suspected Concussion Letter
- Return to School Clearance Letter

References

AFL Australian Football League 2013

AFL Medical Office's Association 2013

The Management of Concussion in Australian Football with Specific Provisions for Children 15-17 years. *Gavin Davis, Michael Makkissi, Paul McCory March 2013*

Appendix: 1

Pocket CONCUSSION RECOGNITION TOOL™

To help identify concussion in children, youth and adults



RECOGNIZE & REMOVE

Concussion should be suspected **if one or more** of the following visible clues, signs, symptoms or errors in memory questions are present.

1. Visible clues of suspected concussion

Any one or more of the following visual clues can indicate a possible concussion:

Loss of consciousness or responsiveness
Lying motionless on ground/Slow to get up
Unsteady on feet / Balance problems or falling over/Incoordination
Grabbing/Clutching of head
Dazed, blank or vacant look
Confused/Not aware of plays or events

2. Signs and symptoms of suspected concussion

Presence of any one or more of the following signs & symptoms may suggest a concussion:

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

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3. Memory function

Failure to answer any of these questions 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?"

Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, and should not be returned to activity until they are assessed medically. Athletes with a suspected concussion should not be left alone and should not drive a motor vehicle.

It is recommended that, in all cases of suspected concussion, the player is referred to a medical professional for diagnosis and guidance as well as return to play decisions, even if the symptoms resolve.

RED FLAGS

If ANY of the following are reported then the player should be safely and immediately removed from the field. If no qualified medical professional is available, consider transporting by ambulance for urgent medical assessment:

- | | |
|--|---------------------------------|
| - Athlete complains of neck pain | - Deteriorating conscious state |
| - Increasing confusion or irritability | - Severe or increasing headache |
| - Repeated vomiting | - Unusual behaviour change |
| - Seizure or convulsion | - Double vision |
| - Weakness or tingling/burning in arms or legs | |

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the player (other than required for airway support) unless trained to do so
- Do not remove helmet (if present) unless trained to do so.

from McCrory et. al, Consensus Statement on Concussion in Sport. Br J Sports Med 47 (5), 2013

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Appendix 2: An Alert of a Suspected Concussion

Date/ Time of Injury _____

Dear Parents/ Guardians

Your child _____ sustained a head injury during a School activity. At that time first aid measures were performed and your child did not experience any problems. However, problems related to a head injury may not always occur right away. If you see any of the symptoms listed below, contact your healthcare provider immediately. Be sure to inform them that your child recently sustained a head injury.

- Unusual sleepiness or drowsiness
- Nausea and/or vomiting
- Convulsions (fits) (seizures)
- Bleeding or discharge from the ear
- Double vision, blurred vision, or pupils of different sizes
- Weakness or numbness of arms or legs or trouble with walking
- Change in behaviour such as being confused or breathing irregularly, or dizziness
- Continued severe headache.

If medical advice is sort, the doctor will need to sign the Return to School Clearance form.

If medical advice is not sort, parents are required to complete the Non Medical School Clearance form.

Appendix 3: Return to School Clearance

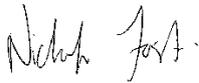
Dear _____

As part of our duty of care to our students it is routine that we write to parents/ guardians of students returning after an extended period of illness/ injury. As the illness/injury your child has experienced has been significant we seek clearance for their full return to all activities, importantly, those involving strenuous exercise.

As such, we request you have your medical practitioner complete the form below and return it to Mr Nick Foster.

Thank you for your assistance in this matter.

Yours sincerely



Mr Nick Foster
Head of Senior School

Name of Doctor: _____ Date: _____

I _____ certify that _____
is fit to return to all school activities, including school sport and physical education.

Note: If student is fit to return to school only but not involve themselves in full sporting/ physical education, please advise restrictions below:

Doctor's Signature: _____

CC: Health Centre

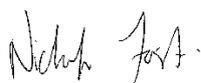
Appendix 4: Non Medical Return to School Clearance

Dear _____

As part of our duty of care to our students it is routine that we write to parents/ guardians of students returning after an extended period of illness/ injury. As the illness/injury your child has experienced has been significant we seek clearance for their full return to all activities, importantly, those involving strenuous exercise.

Thank you for your assistance in this matter.

Yours sincerely



Mr Nick Foster
Head of Senior School

Name of parent: _____ Date: _____

I _____ advise that _____

Did not seek medical advice but believe _____ is fit to return to all school activities, including school sport and physical education.

Note: If student is fit to return to school only but not involve themselves in full sporting/ physical education, please advise restrictions below:

Parent's Signature: _____

CC: Health Centre