



Procedure for Head Injury (Suspected Concussion)

St Francis Xavier College procedures are designed to enable the College to enact the policies of the Diocese of Sale Catholic Education Limited (DOSCEL).

All College Procedures intentionally promote a child safe culture which prioritises the safety and wellbeing for all students.

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Purpose

The purpose of this Procedure is to outline the response to a head injury and suspected concussion. Head impacts can be associated with serious and potentially fatal brain injuries. Following a head injury or knock to the head, children and adolescents may be more susceptible to concussion and take longer to recover.

Scope

The procedure includes care for any member of the College community who has experienced a head injury or has a suspected concussion at the College.

Context

Optional section - Broad reasons and principles about why this procedure is needed.

Definitions

Concussion	<p>Concussion is a complex process caused by trauma that transmits force to the brain either directly or indirectly and results in temporary disturbance or impairment of brain function. It can happen from an impact that is not directly to the head, and concussion does not always cause loss of consciousness.</p> <p>Concussion most commonly causes temporary impairment, and the symptoms may develop over the hours or days following the injury. This means that it may be difficult to determine, by either staff, parents, or medical practitioners, immediately after the injury whether a person is concussed. Cognitive functions in children and adolescents typically take up to 4 weeks to recover.</p> <p>Concussion occurs most often in sports which involve body contact, collision, or high speed.</p> <p>The Concussion Recognition Tool, provided at Appendix One, outlines the recommended process to assist in identifying concussion, however, formal assessment by a Medical Professional is required.</p>
Head Injury	<p>A significant knock or impact to the head.</p>
Loss of consciousness	<p>When a person is unable to open their eyes, speak or follow commands. They have no awareness of stimulation from outside their body and cannot remember the immediate periods before and after the injury.</p>
Red Flags	<p>A serious indication that there is a suspected concussion which requires the immediate support of an ambulance and medical professionals.</p>

Procedure

1. First Aid Principles

In the case of any head injury the following should be prioritised:

- The basic principles of first aid should be followed.
 - DRSABC – Danger, Response, Send for Help, Airway, Breathing, Circulation.
- Assessment for spinal cord injury should be followed.
- Do not attempt to move the individual other than required for airway support.
 - Consider the possibility of spinal injury in all cases of head injury. Signs of a possible spinal injury include neck pain and loss of feeling or sensation in parts of the body.
 - Do not attempt to remove a helmet (if present) or other equipment.
- When it is safe to do so the patient should be moved away from regular activity and kept in a quiet spot (eg: first aid area). All head injuries should receive a first aid assessment from a first aid attendee.
- The patient should always be accompanied by the first aid attendee or their delegate who will watch for changes to health. In the case of students, this will continue until the patient is in the care of their guardian or guardian contact has confirmed that they can be sent back to class (where concussion is not suspected).
- In all cases of head injury to students, the College will advise the guardian/emergency contact of the incident.

2. Following a head injury

Following a head injury:

- The student must be assessed by a First Aid trained staff member using the Concussion Recognition Tool 6
- Any knock to the head must be reported to the Student Health Officer as a matter of priority

Following a head injury (no suspicion of a concussion):

- The student must be monitored so that action can be taken if any symptoms appear
- The student must be exempt from sporting activities for the rest of the day (they do **not** go back into a game or activity)
- The parent should be contacted and informed of the injury and that the Concussion Recognition Tool 6 has been used to assist with the identification of a suspected concussion (and no symptoms present)
- With parent permission, the student may return to other activities

If a concussion is suspected:

- The student must not return to sporting / physically rigorous activities
- The student must be monitored for at least 3 hours
- The parent should be contacted and informed of the injury and that the Concussion Recognition Tool 6 has been used to assist with the identification of a suspected concussion.
 - Information about symptoms should be shared.
 - Information about indicators of concussion and seeking medical assistance should be provided (ie: provide CRT6)
- The parent must be advised that the student should be formally assessed for concussion by a health practitioner (even if the symptoms improve) and clearance to return to sport must be provided to the college in writing (eg: email or medical certificate)
- The student must be collected by a parent or their delegate who can monitor the student
- An ambulance may be called if deemed necessary

If concussion 'red flags' are present:

- An ambulance must be called
- Usual processes for notification to parents should be followed
- The student should be formally assessed for concussion by a health practitioner (even if the symptoms improve) and clearance to return to sport must be provided to the college in writing (eg: email or medical certificate) – Parent permission alone cannot clear a student to return to sporting activities after a concussion

3. Red Flags for moderate to severe head injury or concussion – Call an ambulance

The first step following heady injury should be to assess for Red Flags of a moderate or severe head injury / suspected concussion.

An ambulance should be called immediately, and first aid administered, if an individual presents with any Red Flags of a moderate or severe head injury / suspected concussion.

In this case, a guardian/emergency contact will also be notified.

Red Flags of a moderate or severe head injury / suspected concussion include any of the following being observed in the patient or described by the patient:

- | | | |
|---|---------------------------------|---|
| ▪ neck pain or tenderness | ▪ severe or increasing headache | ▪ increased confusion or deteriorating conscious state (becoming less responsive, drowsy) |
| ▪ loss of vision or double vision | ▪ seizure, 'fits' or convulsion | ▪ repeated vomiting |
| ▪ weakness or numbness/tingling in more than one arm or leg | ▪ loss of consciousness | ▪ increasingly restless, agitated or combative |
| ▪ visible deformity of the skull | | |

4. Indicators of suspected concussion

First aid should be administered, and an ambulance may be called, if an individual presents with any indicators of suspected concussion.

In this case, a guardian/emergency contact will also be notified.

Note: symptoms may develop over minutes or hours following a head injury.

Indicators of a suspected concussion, in addition to the Red Flags, include any of the following being observed in the patient or described by the patient:

Physical symptoms:

- headache
- 'pressure' in head
- Balance problems
- Nausea or vomiting
- Drowsiness
- Dizziness
- Blurred vision
- More sensitive to light

Changes in emotions:

- More emotional
- More irritable
- Sadness
- Nervous or anxious

Changes in thinking

- difficulty concentrating
- Difficulty remembering
- Feeling slowed down
- Feeling like 'in a fog'

- More sensitive to noise
- Fatigue or low energy
- 'don't feel right'
- Neck pain

Other visual clues of suspected concussion:

- Lying motionless on a playing surface
- Falling unprotected
- Disorientation or confusion, staring or limited responsiveness, or an inability to respond appropriately to questions
- Dazed, blank or vacant look
- Slow to get up after a direct or indirect hit to the head
- Unsteady on feet / balance problems or falling over / poor concentration / wobbly
- Facial injury

5. Mild head injury (no concussion suspected)

First aid will be administered and a guardian/emergency contact should be notified if an individual presents with a mild head injury where concussion is not suspected based on the Concussion Recognition Tool 6. In cases of mild head injury, information about concussion and advice to seek further medical attention will be provided.

Indicators of a mild head injury:

- is alert and interacts with you
- may have bruises or cuts on their head
- is otherwise normal

If concussion is NOT suspected:

- The parent or carer should be contacted and informed of the injury and that the Concussion Recognition Tool 6 has been used to assist with the identification of a suspected concussion.
- Information about indicators of concussion and seeking medical assistance should be provided.
- After being informed of this process and information the parent or carer should be asked whether they wish to collect the student from school or have them return to normal activities.
- The student should still not play sport or engage in physical rigorous activities on the same day and should be reviewed by a Student Health Officer or activity First Aid Officer if symptoms start.

6. Exemption from sport or other rigorous activity (eg: dancing, bike riding)

6.1 Parents responsibilities

Regardless of the severity of the concussion, where a concussion is suspected (using the Recognition Tool 6), the student must:

- Be exempt from sport (or other rigorous activity) until cleared by a medical professional
- Provide the College with a medical clearance to return to sport (this must be in writing such as an email or a medical certificate)

In all instances of a student have a concussion or suspected concussion, where the injury happened outside of school or is not known to the school, parents should inform the school as a matter of priority.

6.2 School responsibilities (follow up actions)

Staff leading school activities with an increased risk of head injury should be familiar with the use of Concussion Recognition Tool 6 should receive training/brief on the use of the tool

When a student has a suspected concussion, the following should occur by the Student Health Officer should:

- Add the student details to the concussion register
- Contact parents to clarify that medical clearance is needed before the student can resume sport (or other rigorous activities) and check whether the student is in an SIS team
- Communicate with key staff that the student is exempt from sport (due to suspected concussion) until cleared to play sport. Key staff may include: Head of House, Care Group Teacher, Class teachers, SIS coach, Sport and Recreation Coordinator Team Leader.
- Any staff notified of a concussion is responsible to ensure the student does not participate in sport (or other rigorous activities) until cleared. This includes notifying any staff who may cover in their absences.
- A note should be put on the SIMON Student profile with an alert/flag for importance

When any head injury occurs and a concussion is not suspected, the following should occur by the Student Health Officer should:

- Check with the student if they have sport, PE, SIS or another physical activity the same day - If yes, notify the relevant staff and receive confirmation that they know the student cannot participate that day

7. Clearance following a concussion

Following parent provision of medical clearance to resume sporting activities the Student Health Officer should:

- Communicate with key staff that the exemption from sporting activities has been lifted and the student is cleared to participate.

Following a concussion, the College should make reasonable adjustments to support the student as guided by the student's treating medical team and provided by parents.

This may include:

- return to learning plans
- modifying school programs which may include more regular breaks, rests and increased time to complete tasks

8. Record keeping

7.1 Student medical record keeping

- The College will keep a record of all suspected concussions as well as all injuries to the head via the College's data registry (ie: Synergetic). This includes any follow up notes and a copy of the medical clearance to return to sporting activities.
- Any history of concussions should be noted on the student SIMON Medical Profile. This can be done by parents or staff.
- Any staff member who leads a school activity (eg: SIS Sport, PE Classes, etc) must ensure that notification of suspected concussion or any injury to the head, is provided to the Student Health Officer on the same day. This notification must include full details of symptoms, treatment notes, communications with parents, actions taken to assist the student.

7.2 Concussion register

The College will maintain a Concussion register which outlines key information such as:

- When the injury occurred
- When the concussion was suspected or confirmed
- The exemption period (if one is provided)
- Confirmation of clearance received from a medical professional (including the date)

9. Reporting

1. The description of the incident leading to the head injury, along with First Aid administration notes must be recorded by the Student Health Officer in the Student Health Register (Synergetic).
2. Any call for an ambulance must be communicated as soon as practicable to reception, the Deputy Principal – Head of Campus, and the Deputy Principal – Mission & Compliance.
3. Any concussion as a result of a reportable injury must have an Injury Form completed and returned as soon as feasible (within 24 hours).
4. Any clearances and return to school adjustments should be recorded in the Student's Profile (Simon) as well as in the First Aid Register (Synergetic).

Compliance

Key Responsibilities

All staff and families are to follow the procedures in this document including:

Student Health Officers/Attendees

- provide first aid (where present)
- complete reports (Synergetic)
- Send communications as needed (guardians, staff) - This includes the follow up, recording and communication to staff about concussion diagnosis and clearance following medical clearance

Teaching staff

- report any head injury using the appropriate channels in a timely manner

- monitor any student who has had a concussion
- support exemption from physical activities until cleared
- support return to learning plans

Implementation and monitoring

The procedure is informed by the following:

- Department of Education and Training Victoria - www.education.vic.gov.au
- Royal Children’s Hospital - www.rch.org.au
- Concussion in Sport Australia - <https://www.concussioninsport.gov.au/>
- Sport Concussion Australia - <https://sportconcussion.com.au/>
- SIS Concussion Policy and Procedure

Further Information

Further information can be obtained from: Deputy Principal Wellbeing

Status of Procedure	
College Leader Responsible	Deputy Principal Wellbeing
Implementation Date / Last Reviewed	February 2024
Review Date [Commonly 1 – 2 Years]	February 2026
Local Governing Authority Approval	College Executive Team

Record of Review

Details of Amendments	By Whom	Date
Review completed - No updates required	DP Wellbeing	Feb 2022
Significant update to several sections: <ul style="list-style-type: none"> - Definition updated - Update from Concussion recognition tool 5 to 6 - Symptoms lists updated to reflect the Concussion Recognition tool 6 - Addition of Record Keeping Section - Addition of requirement of medical clearance for return to sport 	DP Wellbeing	Feb 2024

CRT6™



Concussion Recognition Tool

To Help Identify Concussion in Children, Adolescents and Adults

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.

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.

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Developed by: The Concussion in Sport Group (CISG)

Supported by:





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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