

MELBOURNE HIGH SCHOOL

CONCUSSION POLICY



Help for non-English speakers

If you need help to understand the information in this policy please contact the school on 98260711

PURPOSE

To ensure that Melbourne High School provides appropriate support to students with health care needs.

OBJECTIVE

To explain to Melbourne High School parents, staff and students the processes and procedures in place to support students with health care needs at our school.

SCOPE

This policy applies to:

- All staff, including casual relief teachers and volunteers
- All students who participate in contact sports, are diagnosed with a concussion and parents/carers

POLICY

The Melbourne High School concussion policy was developed to address the impact of concussion on students. Contact sports such as Rugby, AFL, Soccer, Futsal and Hockey can cause concussions. People can sustain concussions outside of sports e.g. a bang on the head from falling over, or from a sudden and vigorous movement of the head, such as a whiplash injury from a car accident.

The brain is a soft organ that is surrounded by spinal fluid and protected by the skull. If the head or body is hit hard, for example into the ground or into another person, the brain crashes into the skull and is injured. That is why all head knocks are referred to as a type of brain injury.

It is important to note that concussions don't just occur in contact sports. At Melbourne High School there are students who sustain a head injury and subsequent concussion from activities such as falling down the stairs and hitting heads on locker doors

What is Concussion

A concussion is a type of traumatic brain injury that is caused by a blow to the head or body, a fall, or another injury that jars or shakes the brain inside the skull. Although there may be cuts or bruises on the head or face, there may be no other visible signs of a brain injury.

Concussion Information- Important Points

- A concussion is a brain injury

- Concussion causes a disturbance in brain function
- Children and adolescents are more susceptible to concussion, take longer to recover, have more significant memory and mental processing deficits
- Concussion usually follows a head collision, however can occur with a collision to other parts of the body e.g. shoulder or neck.
- Symptoms can come on at any time, but usually within 24-48 hours after a collision
- Concussion can occur without a person being knocked- out, or losing consciousness
- If a person is knocked out, they have a concussion
- Most concussions recover with physical and mental rest
- Concussion that is ignored or is not recognised can be fatal
- All concussions should be taken seriously
- Children and adolescents must be treated more conservatively than adults
- All players with a potential head injury or concussion must be removed from the field immediately
- Return to play/training on the same day is not permitted for any suspected head injury/concussion

Concussion is categorised in 4 ways:

- 1.) Thinking and remembering -Not thinking clearly, feeling slowed down, not being able to concentrate, not being able to remember new information
- 2.) Physical - Nausea and vomiting ,headache, fuzzy or blurry vision, dizziness , sensitivity to light or noise, balance problems, feeling tired or having no energy
- 3.) Emotional and mood - Easily upset or angered, sad, nervous or anxious, more emotional than usual
- 4.) Sleep - Sleeping more than usual, sleeping less than usual, having a hard time falling asleep

Concussion Management and What to Look Out For

The management of concussion involves the following steps, and each step *must* be followed and completed before moving onto the next step. These are mainly for contact sports however they can be used for all other types of head injury

On the day of injury – Recognise, Remove, Record and Refer

On the days following – Rest, Recover, Record, Return

Step 1: Recognise

A suspected head injury or concussion must be acknowledged if a student has *any* of the following symptoms, or fails to answer any of the orientation or memory questions after a head or body collision

Signs (what may be seen)	Symptoms (players may report)	Memory (questions to ask)
Dazed, blank or vacant look	Headache/pressure in head	“What venue are you at today?”
Lying motionless on the ground/slow to get up	dizziness	“Which half is it now?”
Unsteady on feet/balance problems or falling over/uncoordinated	Mental clouding, confusion, or feeling slowed down	“Who scored last in this game?”

Loss of consciousness or unresponsiveness	Visual problems	What team did you play last week/game?"
Confused/not aware of plays or events	Nausea or vomiting	"Did your team win the last game?"
Grabbing/clutching head	Fatigue	
Seizures (fits)	Drowsiness/feeling like 'in a fog'/difficulty concentrating	
More emotional/irritable than normal for that person	Sensitivity to light or noise	

Step 2: Remove

- Any student with signs or symptoms of a suspected head injury or concussion **must be** removed from the field immediately or stopped from participating in what they are doing
- The player must not take further part in any game/training (including other sports) on this day
- Any player with a suspected head injury or concussion may also have a neck injury. If this is the case a medic/health care provider with spinal training must be used to remove the player (or support the players neck until paramedics arrive and don't move)
- Once a player has been removed from training or playing field with signs or symptoms of a suspected head injury or concussion, NO PERSON (e.g. physio, coach, trainer, or doctor) can order the player back onto the field!

Step 3: Record

The key determinant in acknowledging a player as being concussed or suspected of concussion is the presence of signs and symptoms (refer table above). Any concussed player is to be recorded on the team match scorecard or equivalent

Students sustaining head knocks in activities other than sport, are assessed and treated by the Nurse and all information is recorded in the daybook

Step 4: Refer

All players with a suspected head injury or concussion must be referred to a medical doctor or an emergency department within 72 hours of injury.

If there are any serious concerns about the player or warning signs ("red flags") of significant head injury, the player must be taken to the nearest emergency department or 000 is to be called

Red flags include:

- Deteriorating conscious state
- Increasing confusion or irritability
- Behaving unusually or a change in their normal behaviour
- Seizures or convulsions
- Double Vision
- Slurred speech
- Continuing unsteadiness on their feet
- Weakness or tingling/burning in arms or legs
- Severe or increasing headache

- Repeated vomiting (i.e. more than once)
- Severe or unusual neck pain

This applies to students being assessed in The Health Centre

Step 5: Rest

Rest is crucial to recover from a concussion

- The student must COMPLETELY rest for a minimum of 24 hours after injury
- The aim of this complete rest is to reduce the signs and symptoms to a level where all medications have stopped (i.e. analgesia such as Paracetamol for headaches)
- Please refer to the Gradual Return to Learn Protocols (in Appendix)

Rest for school students means the following – no screen time, including television, gaming, computers, phones etc; no study/homework/tutor; no reading; reducing the level of physical and mental activity to a level that symptoms can settle; complete physical and cognitive rest may mean missing a day or so at school (this should be discussed with the School Nurse); limit any tasks that require prolonged focus, memory or concentration; students must rest (physical and cognitive) for a minimum of 24 hours.

Step 6: Recover and Return

At Melbourne High School, we follow the ConcussionAware Protocols for Gradual Return to Learn (GRTL) and Gradual Return to Play (GRTP) (See appendix)

Students/players must be symptom free for 24 hours in each stage before progressing on to the next stage in each of the GRTL and GRTP protocols.

In rugby, players who sustain a head knock and suspected concussion are ineligible to play their next game for 19 days (VRSU Concussion guidelines)

The focus in the recovery phase is about getting back to normal life and school. Once symptoms have ceased and medications stopped, the player is able to resume their normal activities of daily living.

The rest phase is the most important and depending on the individual's progression, will determine how quickly they move onto the next phase. It is important this either is done in consultation with a doctor or with the School Nurse and the person is honest about their symptoms before progression can occur.

When it is determined the person can return to school, the concussion symptoms, such as headaches and nausea, may return. This is due to the amount of concentration and focus required in the classroom. The school nurse will monitor the management of a student's return to school. A note will be put onto Compass alerting staff to the student's head knock and concussion and the possibility of them experiencing further symptoms in the classroom. If this occurs, the student is to return to The Health Centre immediately for further assessment. This may mean the student is not ready to be back at school and will be sent home for symptoms to subside.

The School Nurse will notify the students SLC and provide them with the details surrounding their injury and the plan for their return to school. This will also be chronicled on the Student Management System *Compass*

It is important to note that symptoms of a concussion can take two or more weeks to subside, depending on the severity of the knock to the head.

If the student is involved in a sport, the relevant coach will be notified of the student's condition and a return to play date provided. The coach (rugby) will work with the player on their GRTP program and ensure they remain on track ensuring there is no exacerbating symptoms. The coach and the school nurse will keep in contact about the student to ensure the student does not return to play too soon.

Rugby at Melbourne High School

At the beginning of each season, each player will undertake a baseline cognitive function test. The test is based on a game-like format and is a series of four tests which measure attention, reaction, working memory and learning. If a student then sustains a head injury/concussion during the season, the student can be re-tested and the baseline test compared to the post-knock test to see if the head-knock has caused any cognitive changes. From this, an individual treatment plan is then devised.

Melbourne High School uses Optimus Health for the baseline cognitive testing and uses trained game day medics. The medics are trained in concussion awareness. If a player sustains a head knock during a match, the medic will remove the player from the field and monitor for signs and symptoms of a concussion. The player is NOT to resume play. At the end of the game, the medic will perform a SCAT5 test. As per Melbourne High School protocols, if a player sustains a head knock, the medic will contact the parents (if not at the game) and the parents are to come and collect the student from the game. The medic is to advise parents they must take the player for medical review within 72 hours of the injury and the School Nurse MUST review them when they return to school so the GRTL and GRLP can be commenced.

The medic will document the head knock/concussion (and all injuries) from game-day on First Aid Treatment Provided by a Game Day Medic document and forwarded to the school Nurse. The school Nurse reviews this on Monday morning. If a player 'forgets' to turn up for his review (which is possible with a concussion), the nurse is able to locate the student and bring him to The Health Centre for the review.

Communication

Melbourne High School is required to communicate their Policies to all stakeholders. Policies are published on The Melbourne High School Website and On the Student Management System, *Compass*.

Policy Review and Approval

Policy last reviewed	July 2022
Approved by	Principal – Dr Tony Mordini
Next scheduled review date	July 2026