



Catholic Education
Diocese of Rockhampton

Management of Concussion in Catholic Schools and Colleges Procedures

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Scope: This procedure applies to all in Catholic Kindergartens, Schools and Colleges conducted by Catholic Education - Diocese of Rockhampton (referred to as CEDR in the document).

Purpose

These guidelines are based on information produced at the 6th International Conference on Concussion in Sport held in Amsterdam, 2022. The provided procedures are to be followed by all CEDR kindergartens, schools and colleges.

While the focus for recognition and treatment of concussion is generally on sport, concussion can occur in a variety of settings. These guidelines are relevant whenever concussion is suspected and focus on timely recognition and management of a concussion.

The most important element in the management of concussion **MUST ALWAYS** be the welfare of the student, in both the short and long term.

What is Concussion

Concussion is a disturbance in brain function resulting from trauma that is transmitted to the brain caused by an impact to either the head, neck or body. There is no absolute need for direct head impact for a concussion to occur. Concussion involves temporary neurological impairment where symptoms may evolve over the hours or days following the injury.

- A student does not have to lose consciousness to have concussion.
- All students with concussion or suspected of having a concussion need **URGENT** medical assessment.
- Recent studies indicate that concussion and especially multiple concussions may cause long-term consequences – ‘If in doubt, sit them out.’
- If a concussion or potential concussion is the result of a sporting injury, the student who has suffered the injury should be taken out of the game, training session or school activity immediately and not return to play in the same game (or on the same day), even if they appear to have recovered.
- Complications can occur if the student is allowed to continue playing in a game or participating in normal activities before they have fully recovered from a concussion. These could include prolonged duration of symptoms and increased susceptibility to further injury.
- The management of head injuries may be difficult for non-medical personnel. It is often unclear whether you are dealing with concussion, or there is a more severe structural head injury, especially in the early phases of an injury. Concussion is considered a medical condition and therefore needs to be assessed and managed by an appropriately qualified doctor.
- All concussions should be assessed by a doctor although most will resolve without the need for specific treatment. A short period of relative rest, followed by gradual return to activity is the main treatment.

Steps in Management of Concussion

Recognise the Injury

Symptoms of Suspected Concussion		
Critical symptoms/signs (Call 000 for assistance)	Visible Clues of Suspected Concussion	Subtle symptoms/signs
<ul style="list-style-type: none"> • Neck Pain • Increasing confusion, agitation or irritability • Repeated vomiting • Seizure or convulsion • Weakness or tingling/burning in the arms or legs • Deteriorating conscious state • Severe or increasing headache • Unusual behavioural change • Double vision 	<ul style="list-style-type: none"> • Loss of consciousness or responsiveness • Lying on the ground – motionless or slow to get up after a direct or indirect hit to the head • Falling unprotected to the playing surface • Disorientation or confusion, staring or limited responsiveness, or an inability to respond appropriately to questions / not aware of plays or events • Seizure, fits, or convulsions • Unsteady on feet / balance problems / poor coordination / wobbly • Facial injury • Dazed, blank or vacant look 	Physical Symptoms
		<ul style="list-style-type: none"> • Headache • “Pressure in head” • Balance problems • Nausea or vomiting • Drowsiness • Dizziness • Blurred vision • Sensitivity to light or noise • Fatigue or low energy • “Don’t feel right” • Neck Pain
		Changes in Emotions
		<ul style="list-style-type: none"> • More emotional • More Irritable • Sadness • Nervous or anxious
		Changes in Thinking
		<ul style="list-style-type: none"> • Difficulty concentrating • Difficulty remembering • Feeling slowed down • Feeling like “in a fog”

Loss of consciousness, confusion and disturbance of memory are classical features of concussion, but it is important to remember that they are not present in every case and symptoms can be more subtle. Symptoms and signs of a concussion may evolve over minutes, hours or days. Parents and teachers need to be alert for evidence that an injured student is behaving unusually or out of character or exhibiting any of the above symptoms over the following hours and days.

The [Concussion Recognition Tool 6 \(CRT6\)](#) is recommended as an aid to recognise the signs and symptoms of concussion. This document can be freely downloaded. Place a copy on the wall within the First Aid room and within all first aid kits.

Remove the Student from the Activity

- Initial management must always follow normal first aid precautions, including airway, breathing, circulation and spinal immobilisation.
- Any student who is suspected of having a concussion must be removed from all activities and be assessed by a first aider. If Concussion symptoms are indicated, the student should be assessed by a medical practitioner.
- A student participating in sport who has suffered a concussion must not be allowed to return to play in the same game (or any time on the same day). The assessor should not be swayed by the opinion of the player, coaching staff or anyone else suggesting premature return to play. Concussion is an evolving condition and symptoms and signs can vary over minutes to hours and days.
- Incident to be recorded in RiskMan at the earliest opportunity and communicate with the School/College Concussion officer.

Communication With Parents

- Parents should be contacted as soon as possible – a student should not be left unsupervised, if suspected of having a concussion, for at least three (3) hours.
- Any student with suspected or confirmed concussion should remain in the company of a responsible adult and not be allowed to drive. Both parents and the student should be advised that the student avoid alcohol and check medications with their doctor. Specifically, they should avoid aspirin, anti-inflammatories, sleeping tablets and sedating pain medications.
- Parents should be informed of the symptoms to watch out for, which indicate a worsening condition and advised to contact a medical professional if they do so.

Refer the Student to a Medical Practitioner for Assessment

- The management of head injury is difficult for non-medical personnel. Following an injury it is often not clear if you are dealing with a concussion or with a more severe underlying structural head injury.
- Therefore, ALL students with concussion or a suspected concussion need an URGENT medical assessment by a medical practitioner. This can be done by a doctor present at the venue (if available) or local general practice or medical centre or hospital emergency department.
- It is helpful to note the following details at the time of the injury to assist the treating health practitioner:
 - When: The time the injury occurred.
 - How: What caused the injury? E.g.: a knock to the head by a cricket bat or opponent's shoulder.
 - Where: Where on the body was hit?
 - What occurred next? Symptoms such as loss of consciousness, convulsions, amnesia etc.
 - Additional useful information: further symptoms such as behavioural changes or memory loss
- If any of the following red flags are present, the player should be immediately referred to the emergency department, via ambulance – call 000.

○ Neck Pain	○ Deteriorating conscious state
○ Increasing confusion, agitation or irritability	○ Severe or increasing headache
○ Repeated vomiting	○ Unusual behavioural change
○ Weakness or tingling/burning in the arms or legs	○ Double vision
	○ Seizure or convulsion

Follow Up Management

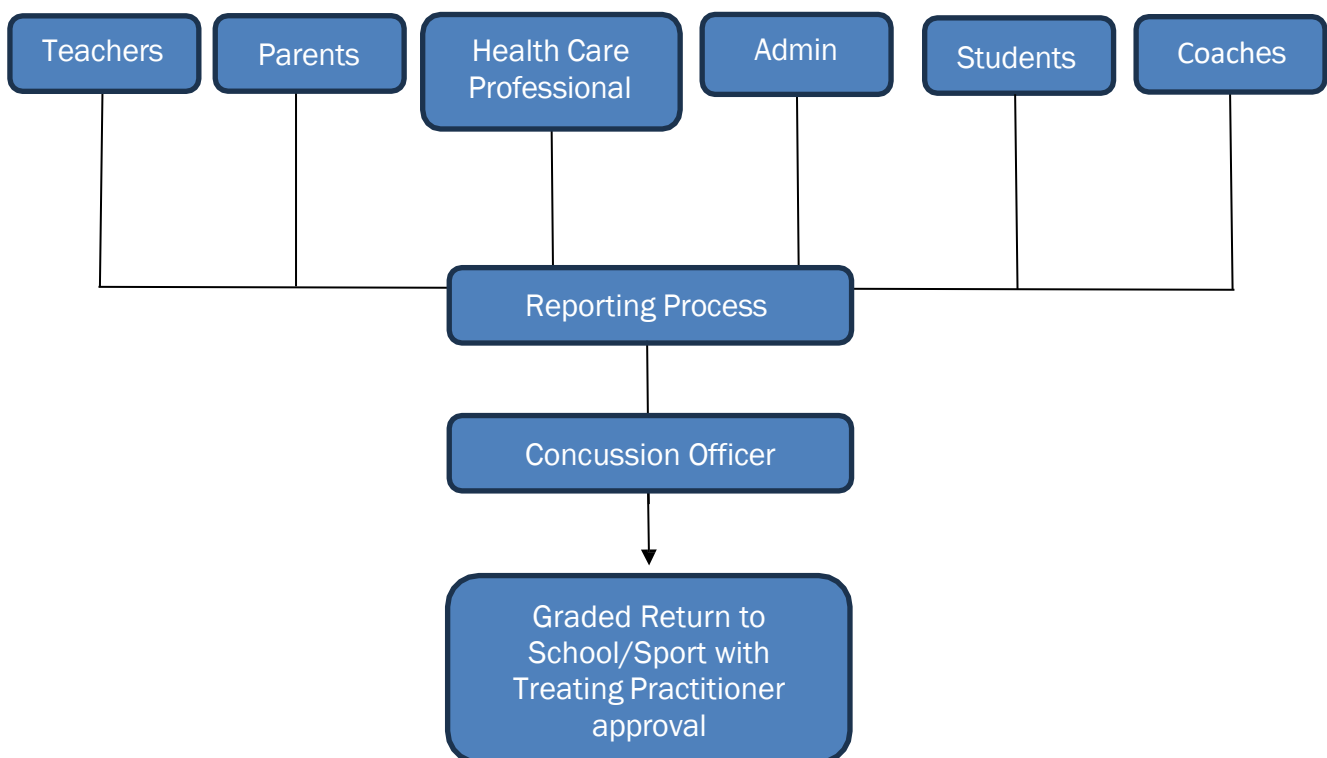
The risk of complications from concussion is increased if a player is permitted to return to sport before they have fully recovered. A graded return to normal activity should be followed guided by a medical practitioner.

- If diagnosed with concussion, the injured person will require physical and mental rest to allow the brain to recover. This can be 24 to 48 hours or relative rest after the concussion.
- Return to regular activity should commence gradually. If symptoms increase during this time, then activity should be stopped until symptoms subside.
- Students who return to school after a suspected or confirmed concussion should be monitored for the following symptoms and their parents contacted if they display relevant symptoms.
 - Pale
 - Difficulty concentrating
 - Fatigue
 - Sensitivity to light/noise
 - Confusion, disorientation
 - Memory impairment
 - Nausea
 - Headache or 'pressure in the head'
 - Feeling slowed or 'not right'
 - Dazed, blank/vacant stare
 - Behaviour or emotional changes, not themselves
- A student who has sustained a concussion (including during sporting or non-sporting activities) **MUST NOT** be allowed to return to any sport training or games before getting a medical clearance.
 - This should be at least 14 days symptom free before return to contact/collision training.
 - A minimum period of 21 days until the resumption of competitive contact/collision sport.
- In cases of uncertainty about the player's recovery always adopt a more conservative approach, "if in doubt sit them out"
- Rehabilitation after a concussion should be supervised by a medical practitioner and should follow Graded Return to Sport Framework for Community and Youth. A rehabilitation program can look like the following:
 - Relative Rest — includes physical and mental rest (24 - 48 hours is recommended for 18 years or younger).
 - Light aerobic activity can be started after 24 - 48 hours of relative rest
 - Gradual reintroduction of learning and work activities. This includes the use of screens and reading and learning activities gradually introduced after 48 hours.
 - Light, non-contact training drills slowly introduced. Monitor any return of symptoms. Mild symptoms with exercise are acceptable, if the symptoms quickly resolve at the completion of exercise.
 - At least 14 days symptom free (at rest) before return to contact/collision training.
 - A minimum period of 21 days until the resumption of competitive contact/collision sport. — after medical clearance only.
 - If symptoms return, then the player should drop back to the previous symptom free stage.
- See Appendix A for example 'Graded Return to School/Sport tracking sheet.'
- For children and adolescents 18 years old and younger, it is recommended that each stage should be a minimum of 48 hours duration, meaning a period of 14 to 16 days as a minimum time frame to return to full contact sport.
- An athlete who sustains multiple concussions within a short period of time should be managed more conservatively and be assessed by a medical practitioner with expertise in concussion. Multiple concussions can be a minimum of two concussions within a 3-month period, or a minimum of three concussions in a 12-month period.

Concussion Officer

Concussion Officers should be appointed by the Principal to oversee the management of concussion. The Concussion Officers are a single point of contact and manage the coordination of matters related to concussion. The Concussion Officer's role is to ensure that anyone diagnosed with concussion follows the organisations agreed concussion protocol. The Concussion Officer would receive information in relation to concussion and to ensure that the concussion procedures are being followed.

System for Managing Concussion in Students



Staff Training and Awareness

First aid officers and sports coaches must be aware of the concussion management procedures, including their role in the identification and management of concussion. Staff must complete the concussion training annually on iRok.

The concussion procedure is to be related to all staff during inductions at the beginning of the year and as new staff commence throughout the year.

References

- [Concussion Recognition Tool \(CRT 6\)](#)
- [Australian Institute of Sport and Australian Medical Association Concussion in Sport Position Statement 2024](#)
- [AIS – Australian Concussion Guidelines for Youth and Community Sport](#)
- [NRL – Guidelines for the Management of Concussion in Rugby League](#)

Appendix A – Example ‘Graded Return to School/Sport tracking sheet’

Concussion Protocol – 18 Years & Under		
Name: _____		
Date	Days Post Concussion	Exercise
	0	Incident occurs and student removed from activity – Diagnosis of concussion confirmed
Game DR or Sports trainer		
	1	Complete Rest
	2	Complete Rest
	3	Resumption of activities of daily living (Mild temporary symptoms are acceptable)
	4	Start Graded return to school and work Light aerobic exercise (eg short walks)
Recommended review with HCP on day 3-4 (SCOAT6)		
	5	Stationary sport – specific skills with minimal head movements
	6	
	7	Moderate walk or stationary bike up to 70% HR NO GYM
	8	Introduction of sport-specific skills involving head movement. Eg partner passing drills with direction changes. NO GYM
	9	
	10	If tolerating previous steps with no significant exacerbation of symptoms, add resistance training (if relevant)
	11	Increase cardiovascular activity up to 80% HRmax. Initiate sport specific training drills
	12	Increase sport specific training drills, up to 90%HRmax
	13	Return to full capacity of school or work Up to 90% of full training No Contact or high-risk activity
	14	
Checkpoint – When symptom free for 14 days Review by health care practitioner		
	16	Return to full Contact Training. Must be cleared by a healthcare practitioner to do so
	17	
	18	Return to competition simulation
	19	
	20	
	21	Return to Competition – Not before 21 days post-concussion AND must have remained symptom free for at least 14 days

NO CONTACT OR HIGH RISK ACTIVITIES

Persistent symptoms or deterioration of symptoms at any stage
REFER TO HEALTHCARE PROVIDER FOR REVIEW

- If symptoms return, then the player should drop back to the previous symptom free stage.
- Symptoms may include:** Headaches, Dizziness, Feeling faint/the room spinning, Blurred or Double Vision, Nausea, Neck Pain, Feeling tired, Feeling easily distracted/confused/forgetful, Feeling foggy etc.