



THE HUTCHINS SCHOOL

Concussion Policy

Relevant legislation	(none)
Commencement date	25 November 2015
Last review date	14 September 2020

1. Purpose

The purpose of this policy is to assist in preserving the health and wellbeing of staff, students and community members of The Hutchins School (the School) and to outline practical responsibilities in respect to the monitoring and management of concussions.

2. Scope

This policy applies to school staff, students and community, and requires collaboration between all parties for its implementation.

3. Objectives

This policy exists to inform coaches, staff, carers, volunteers and families of information and resources designed to support the safety and wellbeing of individuals (and particularly children or young people) that suffer a head injury resulting in some degree of concussion or suspected concussion.

This policy also aims to:

- prioritise the health of students, staff and community members;
- support a 'return to learn, return to play' approach to concussion; and
- support safe and healthy environments.

4. Definitions

Children and young people	The phrase "children and/or young people" is used within this policy to describe any person below the age of 18 years of age.
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Concussion	<p>A concussion is a type of traumatic brain injury (TBI) that results from a bump, blow, or jolt to the head (or by a hit to the body) that causes the head and brain to move rapidly back and forth. This sudden movement can cause the brain to bounce around or twist in the skull, stretching and damaging cells and causing chemical changes. While research shows that the young brain can be resilient, it may also be more susceptible to the chemical changes that occur in the brain after a concussion. These changes can lead to a set of symptoms affecting the student's cognitive, physical, emotional, and sleep functions.</p> <p>Concussions affect people differently. Most children and young people will have symptoms that last for a few days or a week. A more serious concussion can last for weeks, months or even longer. Research shows that while the majority of concussion symptoms dissipate and neurocognitive performance returns to pre-concussion levels relatively rapidly, neuronal activity may remain abnormal for weeks to years post injury.</p>
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5. Policy statement

The School is committed to ensuring the health and safety of all of its staff, students and community members while engaged in the life of the School. The principles and values contained within this document are based upon conservative best-practice, and apply to all concussion related incidents.

Responsibilities: The Hutchins School

The School is committed to:

- regularly communicating this policy to staff, volunteers and the School community;
- regularly reviewing this policy; and
- ensuring that parents/carers are notified of a concussion that occurs during Hutchins sport and co-curricular programs.

Responsibilities: Hutchins staff

While it is understood that the majority of concussions occur within a sporting context, the School nonetheless recognises that accidents and incidents may occur at any time. As such we are committed to providing First aid training to all of our staff, which includes training around the recognition and response to concussions. Staff are therefore expected to:

- maintain their First aid training with the support of the School;
- be familiar with and understand the requirements of this policy;
- be prepared to implement the procedures and processes contained within this document and the associated Concussion Action Plan;
- be prepared to make academic and practical adjustments to support the recovery of children and young people from concussions; and

- do their utmost to support the health and safety of children and young people in their care.

Responsibilities: parents and carers

Parents and carers of the School community are expected to:

- notify the School of a concussion that occurs outside of school organised events or where the School would not reasonably have had knowledge of a concussion;
- support their child's recovery process by adhering to the timelines detailed both in this policy, and in the [Concussion Action Plan](#);
- ensure that a medical clearance is obtained prior to their child returning to school;
- ensure that their child does not return to sport for full contact training, or to competition, until 14 days after all symptoms of concussion have completely resolved; and
- ensure that their child does not return to sport of any kind whether recreational, training or competition prior to receiving medical clearance.

Responsibilities: coaches and volunteers

Coaches and volunteers associated with the School and its sporting or co-curricular programs are required to be familiar with this policy and its expectations.

Where a coach or volunteer suspects that a child or young person in their care may have suffered a concussion, they must follow the steps outlined below in 'recognising and managing a suspected concussion'.

Where a child or young person has received a blow to the head and a concussion is not suspected, coaches are nonetheless advised to encourage the child's family to monitor them closely for the next 24 hours. Where any doubt exists, err on the side of caution. 'If in doubt, sit them out'.

The School has determined that a conservative approach is essential, and that a return to full contact training and/or competition must not occur until after 14 days from the time when all symptoms of concussion have resolved. The time for resolution of symptoms will vary from child to child and incident to incident. Medical clearance will always be required of any student who has suffered a concussion prior to any return to full contact training or competition.

Recognising and managing a suspected concussion

The School employs the use of a simple three-step process for the management of concussion, or suspected concussion. These steps are:

1. Recognise

Concussions can present with any number of signs and symptoms, but not all will be present in every case. Loss of consciousness, confusion and memory disturbance are three of the classical symptoms, but these cannot be relied upon for a definitive diagnosis.

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

- loss of consciousness or responsiveness;
- lying motionless on the ground/slow to get up;
- vomiting;
- seizures or convulsion;
- unsteadiness on feet/balance problems/lack of co-ordination;
- grabbing/clutching at their head;
- dazed, confused or blank look;
- confused/not aware of plays or events; or
- facial injury.

In addition to these, the injured person may report the following:

- heacaches;
- nausea;
- blurred vision;
- balance problems or dizziness;
- feeling dazed;
- sensitivity to light or noise;
- emotional changes (irritability, or trouble regulating emotions);
- nervousness/anxiousness;
- neck pain;
- feeling slowed down, 'foggy'; or
- difficulty concentrating or remembering.

While it is important that Hutchins coaches and staff are familiar with these signs and symptoms, it is understood that only a medical professional is qualified to diagnose a concussion. Where there is any doubt, call an ambulance.

Where a coach or staff member observes any of the following conditions, an ambulance must be called immediately:

- loss of consciousness;
- structural head or neck injury;

- neck pain or tenderness;
- weakness or tingling/burning in the arms or legs;
- severe or increasing headache;
- seizure or convulsions;
- deteriorating conscious state;
- vomiting; or
- increased restlessness/agitation/irritability/combatative behaviour.

Where a loss of consciousness or potential structural head or neck injury occurs, the injured party should not be moved, except by a medical professional.

2. Remove

The primary responsibility of any coach or volunteer in the case of an injury is to support the health and safety of the unjured party. Where the injured person is conscious, and *provided that they have not suffered a loss of consciousness at any point*, they should be removed from all activity and (where possible) moved to a quiet location. Coaches and/or staff should assess their condition according to the list above (also included in the Concussion Action Plan) and monitor for signs and symptoms of concussion. A child or young person suffering a possible concussion must be continuously monitored until cleared by a medical professional.

Should the injured person be unconscious, or where the injured person has suffered a loss of consciousness as a result of the injury, they must only be moved by a qualified health professional. Coaches or staff should call an ambulance and stay with the injured person to monitor their condition, following basic first aid protocols. Immobilisation of the neck in a cervical collar may be required.

3. Refer

In any circumstance where a concussion is suspected, or where doubt exists regarding a possible concussion, the injured person must be referred for urgent medical assessment.

Returning to learning/return to play

Return to learning and play likewise follows a three step plan. These steps are:

1. Rest

In the context of a concussion, 'rest' is defined as a reduction of physical and mental activity to allow the signs and symptoms of the injury to settle. The process of returning to school and play involves several stages of rest that are incorporated into the following steps.

The initial rest period for any child or young person who has suffered a concussion is 24-48 hours. Young children must be treated conservatively, and may require the full 48 hours prior to a return to school. Adolescents may show signs of significant recovery within 24 hours, but must not return to school or play prior to the minimum 24 hour rest period. Children or young people who have suffered a concussion must not return to school or play until they have

stopped all medication required for managing their concussion symptoms, e.g. pain killers for headaches. That is, after all symptoms of the concussion have resolved.

2. Recover

The recovery process will be managed by a doctor or medical professional. A six-step process that might be used in monitoring the recovery of a child or young person who has suffered a concussion is included in the School's Concussion Action Plan. The intent of this period is to ensure adequate physical and cognitive rest before allowing for a full return to learning and play. The School will not permit any student who has suffered a concussion to return to full contact training or competition until 14 days after all symptoms of the concussion have resolved. The time for complete resolution of symptoms will be different for each child. In addition to the completion of this compulsory recovery period, the School must also receive medical clearance for return to full contact training and competition.

3. Return

At the completion of the rest and recovery periods, a child or young person who has suffered a concussion will be permitted to return to normal learning and play.

6. Supporting/related documents

[Concussion in Sport Australia: 'How to Manage Concussion'](#)

[Sports Medicine Australia](#)

[Sports Medicine Australia – Position Statement: Concussion](#)

[The Hutchins School Concussion Action Plan](#)

7. Record keeping

This policy is to be kept for three (3) years until review, unless there is a significant legislative or organisational change requiring earlier review.

The master copy is kept in SharePoint Online in read-only in PDF form. All printed copies are uncontrolled.

8. Policy owner

Headmaster

9. Document History

Version #	Date	Changes Made
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1.0	25/11/2015	Initial release
1.1	25/11/2017	No changes noted.
2.0	14/9/2020	Updated; placed in new policy template, full textual review. Significant changes made for clarity and simplicity; new procedure included. Inserted the requirement for medical clearance to be received by the School prior to the return to full contact sport. 18/19 day minimum rest period removed.
2.1	9/11/2020	Added requirement that the injured person should not be moved where a loss of consciousness (however brief) has occurred.
2.2	25/2/2021	14 day rest period following resolution of symptoms instated.