**DRAFT HEAD INJURY PROTOCOLS**

|  |
| --- |
| **CONCUSSION FACTS**   * A concussion is a brain injury. * All concussions are serious. * Concussions can occur without loss of consciousness. * All students with any symptoms following a head injury must be removed from playing or training and must not return to activity until all symptoms have cleared. * Specifically, return to play on the day of any suspected concussion is forbidden. * Recognise and remove to help prevent further injury or even death. * Concussion can be fatal. * Most concussions recover with physical and mental rest. * Only a Doctor can diagnose concussion |

**What is concussion?**

Concussion is a traumatic brain injury resulting in a disturbance of brain function. There are many symptoms of concussion, common ones being headache, dizziness, memory disturbance or balance problems.

Loss of consciousness, being knocked out, occurs in less than 10% of concussions. Loss of consciousness is not a requirement for diagnosing concussion.

Typically standard brain scans are normal.

**What causes concussion?**

Concussion can be caused by a direct blow to the head, but can also occur when blows to other parts of the body result in rapid movement of the head, e.g. whiplash type injuries.

**Who is at risk?**

Concussions can happen at any age. However, children and adolescents**:**

* are more susceptible to concussion
* take longer to recover
* have more significant memory and mental processing issues
* are more susceptible to rare and dangerous neurological complications, including death caused by a single or second impact

Athletes with a history of **two or more concussions** within the past year are at greater risk of further brain injury and slower recovery and should seek medical attention from practitioners experienced in concussion management before return to play.

**Onset of symptoms**

It should be noted that the symptoms of concussion can present at any time but typically become evident immediately or in the first 24-48 hours following a head injury.

**How to recognise a concussion**

If any of the following signs or symptoms are present following an injury the student should be suspected of having a concussion and immediately removed from play or training.

At Richard Johnson Anglican School, reference is made to the use of the **Concussion Recognition Tool 5.0** for assisting in the recognition of concussion. (See Appendix A)

**Visible clues of concussion - what you see**

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

* Dazed, blank or vacant look
* Lying motionless on ground/slow to get up
* Unsteady on feet/balance problems or falling over/incoordination
* Loss of consciousness or responsiveness
* Confused/not aware of plays or events
* Grabbing/clutching of head
* Seizure (fits)
* More emotional/Irritable than normal for that person

**Symptoms of concussion - what you are told**

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

* Headache
* Dizziness
* Mental clouding, confusion, or feeling slowed down
* Visual problems
* Nausea or vomiting
* Fatigue
* Drowsiness/feeling like "in a fog"/difficulty concentrating
* "Pressure in head"
* Sensitivity to light or noise

**What questions to ask students 12 years old and above**

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?"

**Recognise and remove and if in doubt, sit them out.**

**Students under 12 years of age should be observed for visible signs of concussion and an assessment made.**

**Management of a suspected concussion at school, on excursion, at training or during a match**

**If on school grounds**, any student with a suspected concussion should be taken to Student Reception so an assessment can be made.

**If on an excursion**, any student with a suspected concussion should be assessed against the Concussion Recognition Tool 5.0 and RJAS Student Reception called to be informed of incident. Staff will be directed further by Student Reception.

If at training or during a sporting match, any student with a suspected concussion should be **IMMEDIATELY REMOVED FROM PLAY,** using appropriate emergency management procedures.

Once safely removed from play, the injured student must not be returned to activity that day and not to train or play at all until they are assessed medically.

If a neck injury is suspected, the student should only be removed by emergency healthcare professionals with appropriate spinal care training.

Any student, team mates, coaches, match officials, team managers, administrators or parents who suspect a student may have concussion MUST do their best to ensure that the student is removed from the field of play in a safe manner.

**Side line management of a suspected concussion**

Students with a suspected concussion:

* should not be left alone in the first 24 hours.
* should not consume alcohol in the first 24 hours and thereafter should avoid alcohol until proved with medical or healthcare professional clearance or, if no medical or healthcare professional advice is available, the injured athlete should avoid alcohol until symptom free
* should not drive a motor vehicle and should not return to driving until provided a with medical or healthcare professional clearance or, if no medical or healthcare professional advice is available, should not drive until symptom free

If ANY of the following are reported, then the student should be transported for urgent medical assessment at the nearest hospital:

* Complaining of severe neck pain
* Deteriorating consciousness (more drowsy)
* Increasing confusion or irritability
* Severe or increasing headaches
* Repeated vomiting
* Unusual behavior change
* Seizure (fit)
* Double vision
* Weakness or tingling/burning in arms or legs.

In all cases of suspected concussion, it is recommended that the student is referred to a medical or healthcare professional for diagnosis and guidance, even If the symptoms resolve.

**Managing a concussion or suspected concussion – REST THE BODY, REST THE BRAIN**

Rest is the cornerstone of concussion treatment. This involves resting the body - ‘physical rest’ - and resting the brain - ‘cognitive rest’. This means avoidance of:

* Physical activities such as running, cycling, swimming, etc.
* Cognitive activities, such as school work, homework, reading, television, video games etc.

This complete rest should be for a minimum of 24 hours and until reviewed by the student’s doctor or attending physician.

Before restarting activity, the student must be symptom free at rest. Medical or approved healthcare provider clearance is recommended before restarting activity.

Children and adolescents should be managed more conservatively. The International Rugby Board recommend children and adolescents should not play or undertake contact training for a minimum of 2 weeks following cessation of symptoms. Students must have returned to school or full studies before recommencing exercise.

After the minimum rest period AND if symptom free at rest, a graduated return to school program (GRTS) or a graduated return to play program (GRTP) should be followed.

**Graduated Return to School (GRTS) Program**

Concussion may impact on a child’s ability to learn at school. This must be considered, and medical clearance is required before the child may return to school. It is also reasonable for a child to miss a day or two of school after concussion, but extended absence from school is uncommon.

Teachers working with students who have sustained a concussion and who are on a graduated return to school program, should take into account some of the following considerations:

* Extra time to complete assignments/tests
* Quiet room to complete assignments/tests
* Avoidance of noisy areas such as assembly halls, cafeterias, sporting events, music class
* Frequent breaks during class, homework, tests
* No more than one exam per day
* Shorter assignments
* Repetition/memory clues
* Use of peer helper/tutor
* Reassurance from teachers that the student will be supported through their recovery through accommodations, workload reduction, alternate forms of testing
* Later start times, half days, only certain classes

**Graduated Return to Play (GRTP) Program**

A graduated return to play (GRTP) program is a progressive exercise program that introduces an athlete back to sport in a step wise fashion. This should only be started once the student is symptom free and off treatments that may mask concussion symptoms, for example drugs for headaches or sleeping tablets.

The GRTP program consists of six distinct stages:

* The first stage is the recommended rest period
* The next four stages are training based restricted activity
* Stage 6 is a return to play

Under the GRTP program, the student can proceed to the next stage only if there are no symptoms of concussion during rest and at the level of exercise achieved in the previous GRTP stage.

If any symptoms occur while going through the GRTP program, the student must return to the previous stage and attempt to progress again after a minimum 24-hour period of rest without symptoms.

The International Rugby Board recommends that a medical practitioner or approved healthcare professional confirm that the student can take part in full contact training before entering stage 5.

**Table 1: GRTP protocol – each stage is a minimum of 24 hours**

|  |  |  |
| --- | --- | --- |
| **Rehabilitation stage** | **Exercise allowed** | **Objective** |
| 1. Minimum rest period | Complete body and brain rest without symptoms | Recovery |
| 1. Light aerobic exercise | Light jogging for 10-15 minutes, swimming or stationary cycling at low to moderate intensity. No resistance training. Symptom free during full 24 hour period | Increase heard rate |
| 1. Sport-specific exercise | Running drills. No head impact activities | Add movement |
| 1. Non-contact training drills | Progression to more complex training drills, e.g. passing drills. May start progressive resistance training | Exercise, coordination, and cognitive load |
| 1. Full contact practice | Normal training activities | Restore confidence and assess functional skills by coaching staff |
| 1. Return to play | Player rehabilitated | Recover |

**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.**

A comprehensive medical concussion evaluation may include:

* An analysis of symptoms
* A general and neurological examination
* Verbal cognitive (memory) tests
* A balance assessment
* Computerised brain function tests

Each of these **is useful** in contributing to a diagnosis and return to play decision but no one test stands alone in determining return to play.

At Richard Johnson Anglican School, the School manages concussions and GRTS/GRTP for all students in consultation with the student’s GP or attending physician. No student can return to training or playing sport without a medical clearance from the student’s doctor.