

Policy Statement

Loreto College Ballarat has developed this head injury policy to provide guidance and information for students and staff to be made familiar with and informed about how to manage a head injury.

Detail

Children and adolescents often bump or bang their heads and most injuries are trivial in nature.

Where a knock to the head has occurred, this could result in the possibility of a concussion.

Staff can suspect concussion when an injury results in a knock to the head or body that transmits a force to the head. A hard knock is not required, concussion can occur from relatively minor knocks.

The occurrence of concussion in children and adolescents is greatest during activities where collision may occur, such as in sports.

Glossary of Terms

Head injury: Any knock to the head is considered a head injury.

CRT5: Concussion Recognition Tool 5. A tool to help identify concussion in children, adolescents, and adults.

A trivial head injury: is a minor knock to the head, no jarring or the head or neck occurs. There might be a small lump or bruise, but student is otherwise normal with no signs symptoms or memory assessment failures as per the CRT5

Delayed Possible concussion: Possible concussion with symptoms that are not immediately present following a head injury and may take up to 24 hours to be identified

Possible Concussion: Defined as where a student has received a knock to the head or body that transmits a force to the head and when assessed under the CRT5 has signs symptoms or memory assessment failures.

Concussion: a mild traumatic brain injury that alters the way the brain functions. Effects of concussion are usually temporary, but can include altered levels of consciousness, headaches, confusion, dizziness, memory loss of events surrounding the injury, and visual disturbance. Concussion can only be diagnosed by a medical professional.

Loss of consciousness: 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

Medical practitioner: We often refer to medical practitioners as 'doctors'. They are responsible for diagnosing and treating physical and mental illnesses, disorders and injuries recommending preventative action, referring patients to specialists, other health care workers, and social, welfare and support workers.

<https://www.health.gov.au/topics/doctors-and-specialists/about>

Concussion diagnosis: made by a medical practitioner. They will take a clinical history and conduct an examination taking into account how the person was injured, symptoms and signs, cognitive functioning and neurological assessment.

Duty of Care

Loreto College Ballarat cannot guarantee head injuries will not occur; however, we endeavour to minimise the risk of head injuries through:

1. A clear treatment pathway;
2. Greater awareness and education of head injuries in the school community;
3. Effective communication between families and the school;
4. Ensuring supervision at high-risk events, such as sports; and
5. Students wearing appropriate protective equipment

This policy applies to all students, staff and visitors at Loreto College Ballarat.

Parent/Carers Duty of Care

Parents and carers have a duty of care to inform the College of any concussions to students that occur outside of school activities (e.g., weekend sport activities).

Policy Requirements

Part 1 – First Aid

Where a head injury has occurred, first aid is to be applied in accordance with Loreto College First Aid Policy.

Reminder: Where a head injury has occurred neck injuries should be suspected if there is any loss of consciousness, neck pain or a mechanism that could lead to spinal injury. Students in this type of situation shouldn't be moved without guidance from appropriately trained individuals.

Part 2 – Assessment of Possible Concussion

After first aid has been applied to head injury, an assessment of possible concussion is to be completed by utilising the CRT5.

Call an ambulance if any 'Red Flags' as per the CRT5 are noted. If no red flags continue with the CRT5 assessment.

Possible Concussion identified: If a possible concussion has been identified as per the CRT5, student is required to be removed from activity and if playing sport cannot be returned for remainder of match.

Possible Concussion not identified: If a student has had a head injury that is not considered a trivial head injury and a possible concussion has not been identified as per the CRT5, student is still required to be removed from sporting activity for 24 hours due to the possibility of a delayed possible concussion.

Part 3 – Possible Concussion

All students assessed under the CRT5 tool as having a possible concussion are recommended to see a medical professional for further assessment and treatment.

Head injuries are classified as being mild, moderate or severe and treatment will differ between each classification. Only a medical practitioner is skilled to be able to diagnose the classification of a head injury.

Any student assessed as having a possible concussion as per the CRT5 tool cannot return to sport until a clearance is provided from a medical professional.

Part 4 – Medications for Head Injury

The Royal Children's Hospital provides information regarding medication. RCH advises that your child may have a headache after a head injury. RCH advises that paracetamol (not ibuprofen or aspirin) every six hours if needed to relieve pain. https://www.rch.org.au/kidsinfo/fact_sheets/Head_injury/

Part 5 – Return to School

1. Students may need support in returning to normal school learning.
2. Loreto College will support students in return to school by utilising the return to learn guidance 'Return to learn' provided by Concussion in sport shown at Appendix 2 and other relevant resources.
3. The Assistant Principal Wellbeing in conjunction with Year Level Co-Ordinator's and First Aid Officer will
 - Liaise with families
 - We may develop a wellbeing support plan to assist their return to school
 - We will inform relevant teachers of the wellbeing support plan.

Part 6 – Return to Sports

1. Students who have been identified as sustaining a possible concussion can not return to sport until a written clearance from a medical professional is provided.
2. Students cannot return to sports until they have successfully returned to school full-time.
3. Loreto College will utilize guidance on return to sport as provided by Concussion in sport Australia shown at Appendix 3 and other relevant resources.
4. Assistant Principal Wellbeing in conjunction with Director of Sport will
 - liaise with families
 - develop the return to sport plan
 - inform relevant teachers of the return to sport plan.

Part 7 – Review

1. Loreto College Ballarat is committed to the continuous review and improvement of all its operations, including this policy.
2. It is the responsibility of the Leadership Team to regularly monitor and review the effectiveness of the Head Injury Policy to ensure it is working in practice and revise the policy when required.

Appendix 1 - CRT5

CONCUSSION RECOGNITION TOOL 5[®]

To help identify concussion in children, adolescents and adults



FIFA[®]

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RECOGNISE & REMOVE

Head impacts can be associated with serious and potentially fatal brain injuries. The Concussion Recognition Tool 5 (CRT5) is to be used for the identification of suspected concussion. It is not designed to diagnose concussion.

STEP 1: RED FLAGS – CALL AN AMBULANCE

If there is concern after an injury including whether ANY of the following signs are observed or complaints are reported then the player should be safely and immediately removed from play/game/activity. If no licensed healthcare professional is available, call an ambulance for urgent medical assessment:

- Neck pain or tenderness
- Double vision
- Weakness or tingling/burning in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness
- Deteriorating conscious state
- Vomiting
- Increasingly restless, agitated or combative

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Assessment for a spinal cord injury is critical.
- Do not attempt to move the player (other than required for airway support) unless trained to do so.
- Do not remove a helmet or any other equipment unless trained to do so safely.

If there are no Red Flags, identification of possible concussion should proceed to the following steps:

STEP 2: OBSERVABLE SIGNS

Visual clues that suggest possible concussion include:

- Lying motionless on the playing surface
- Slow to get up after a direct or indirect hit to the head
- Disorientation or confusion, or an inability to respond appropriately to questions
- Blank or vacant look
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Facial injury after head trauma

STEP 3: SYMPTOMS

- Headache
- "Pressure in head"
- Balance problems
- Nausea or vomiting
- Drowsiness
- Dizziness
- Blurred vision
- Sensitivity to light
- Sensitivity to noise
- Fatigue or low energy
- "Don't feel right"
- More emotional
- More Irritable
- Sadness
- Nervous or anxious
- Neck Pain
- Difficulty concentrating
- Difficulty remembering
- Feeling slowed down
- Feeling like "in a fog"

STEP 4: MEMORY ASSESSMENT

(IN ATHLETES OLDER THAN 12 YEARS)

Failure to answer any of these questions (modified appropriately for each sport) 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?"

Athletes with suspected concussion should:

- Not be left alone initially (at least for the first 1-2 hours).
- Not drink alcohol.
- Not use recreational/ prescription drugs.
- Not be sent home by themselves. They need to be with a responsible adult.
- Not drive a motor vehicle until cleared to do so by a healthcare professional.

The CRT5 may be freely copied in its current form for distribution to individuals, teams, groups and organisations. Any revision and any reproduction in a digital form requires approval by the Concussion in Sport Group. It should not be altered in any way, rebranded or sold for commercial gain.

ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY, EVEN IF THE SYMPTOMS RESOLVE

Appendix 2 – Return to Learn



RETURN TO LEARN

Concussion affects the way the brain functions. Different people can be affected in different ways.

It is common for concussed children or adolescents to have difficulty concentrating and paying attention in class. They may require more time to complete school work.

When a concussed child or adolescent starts to concentrate for long periods, the 'load' on the brain can bring on or worsen the symptoms of concussion. Gradually increasing the load on the brain without provoking symptoms is recommended.

During recovery from concussion, it is recommended that students avoid:

- > physical activity: PE classes, school sport, and playground activity
- > extensive screen time: including computer use, texting, video games, television
- > loud music and music through headphones.

Ways to help students in the classroom recover from concussion include:

- > regular breaks from class
- > shortened school day
- > postponing exams
- > additional time to complete exams and assessments
- > additional time to complete tasks in class.

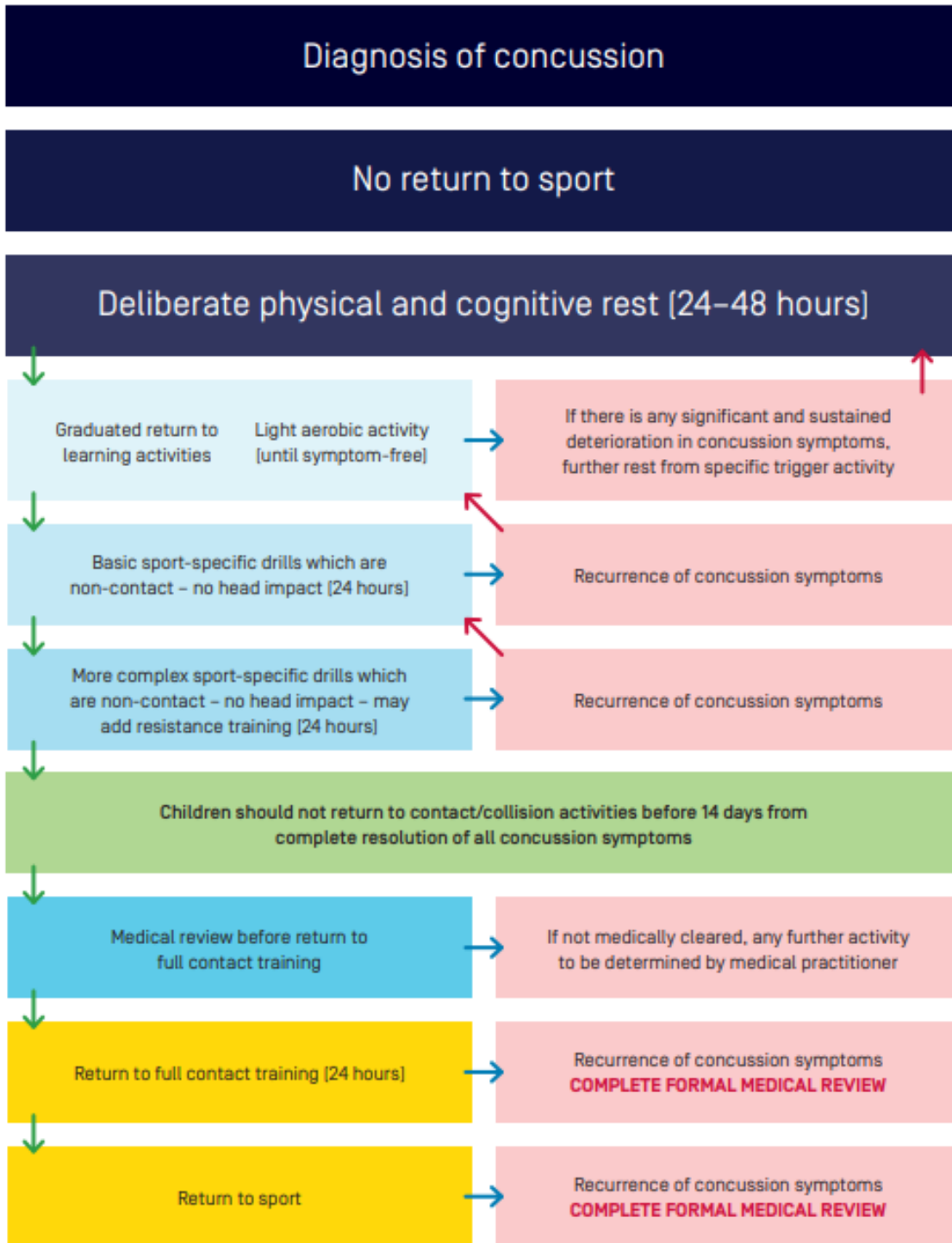
For more information visit concussioninsport.gov.au

"if in doubt, sit them out"

Appendix 3 – Return to Sport

Concussion in Sport Australia

Return to Sport Protocol for **children** 18 years of age and under



Appendix 4 – Further Resources

Australian Government - Concussion in Sport

Information for parents and teachers

https://www.concussioninsport.gov.au/parents_and_teachers#how_to_recognise_concussion

Royal Children Hospital

Head injury – General advice

https://www.rch.org.au/kidsinfo/fact_sheets/Head_injury/

Head injury – return to school and sport

https://www.rch.org.au/kidsinfo/fact_sheets/Head_injury_return_to_school_and_sport/