

# **Management of Concussion Guidelines**

Concussion is a traumatic brain injury, induced by biomechanical forces to the head, or anywhere on the body which transmits an impulsive force to the head. It causes short-lived neurological impairment, and the symptoms may evolve over the hours or days following the injury.

Managing concussion is a shared responsibility between the student, teacher, parents, carers and medical practitioner. Open communication is essential, and information should be shared.

- For students who have been concussed outside of school activities, it is the responsibility of the parent or guardian to inform the school of the students' condition.
- CBC Fremantle will follow the "AUSTRALIAN CONCUSSION GUIDELINES FOR YOUTH AND COMMUNITY SPORT" for concussions, in school and out of school.
- Any boy who has received diagnosis of concussion from any activity, whether inside or outside of school, will be registered on the school's concussion register by the students Head of House and the Head of Sport, Head of Physical education and the students Head of House will be notified.

### **GUIDELINES**

- Rest is recommended immediately following a concussion (24–48 hours).
  - o Rest means not undertaking any activity that provokes symptoms.
  - o Including school/learning, computer and phone use, television and gaming consoles.
- Once your son has been symptom free for 48 hours he can commence a gradual return to school, play and sporting activities as shown below.
- If your son remains symptom free, he can progress to the next stage; however, if he develops any symptoms he should move back one stage and try again after a further 24 hrs.

Clearance by a medical doctor after 14 days of no symptoms is required before returning to full contact and simulation sessions.

Return to Play cannot occur until the 21<sup>nd</sup> day after the day on which the concussion was suffered.



# NON-HEALTHCARE PRACTITIONER <u>ON FIELD</u> CONCUSSION RECOGNITION DECISION TREE



Athlete with suspected concussion

# On field signs of concussion:

- Loss of consciousness
- Lying motionless, slow to get up
- Seizure and tonic posturing
- Confusion, disorientation
- Memory impairment

ON FIELD

SIDELINE

- Balance disturbance/motor incoordination
- Nausea or vomiting

- Headache or 'pressure in the head'
- Visual or hearing disturbance
- Dazed, blank/vacant stare
- Behaviour or emotional changes, not themselves
- Falling unprotected to the playing surface
- Facial injury

\*refer to CRT6

Immediate removal from sport with no return on that day Take normal first aid precautions including neck protection

# **RED FLAGS**

- 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
- Loss of vision or double vision
- Visible deformity of the skull
- Loss of consciousness

# \*refer to CRT6

NO YES

ATHLETES SHOULD NOT:

 Be left alone initially (at least for 3hrs).
 Worsening symptoms should lead to immediate medical attention

Refer to healthcare practitioner

as soon as practical

- Be sent home by themselves. They need to be with a responsible adult
- Drink alcohol, use recreational drugs or drugs not prescribed by their healthcare practitioner

Immediate referral to

emergency department

- Drive a motor vehicle until cleared to do so by a healthcare practitioner

Things to look out for at the time of injury

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# **GRADED RETURN TO SPORT FRAMEWORK** FOR COMMUNITY AND YOUTH Each stage, highlighted in orange or green below, should be at least 24 hours and symptoms should return to baseline prior to commencing the next activity or stage. Incident Day = 0 Recognise, remove from play, rest for 24-48 hours. No contact. Avoid training environment temporarily. Diagnosis of concussion Resumption of activities of daily living [Mild temporary symptoms are acceptable] Light aerobic exercise Start graded return to school or work [Consider modifying days/hours or environment, e.g. working from home, social exposures with school recess or lunch) Healthcare practitioner review recommended at day 3-4 to include SCOAT6 Stationary sport-specific skills with minimal head movements [e.g. partner passing drills from front on only] NO CONTACT OR HIGH-RISK ACTIVITIES Moderate walk or stationary bike [moderate = breathing heavily, but able to maintain a short conversation] Introduction of sport-specific skills involving head movements TO HEALTHCARE PROVIDER FOR REVIEW [e.g. partner passing drills with directional changes, rotations or whilst walking or jogging] Do any activities bring on or exacerbate symptoms? YN Can athlete complete 1-minute of sport-specific skills with head movement without ANY symptoms? Y N Add resistance training Increase cardiovascular activities up to 80% HRmax Initiate sport-specific training drills Increase sport-specific training drills, up to 90% HRmax REFER Return to full capacity of school or work Up to 90% HRmax Up to 90% of full training [NO CONTACT OR HIGH-RISK ACTIVITY] CHECKPOINT When symptom-free for at least 14 days Have you remained concussion symptom-free? Y N Is skill-level below what is expected? N Y Do you get symptoms during or after activity? NY Do you simply "not feel right"? NY Healthcare practitioner review for clearance to return to contact and high risk activities Return to full contact training Return to competition simulation Return to competition Not before day 21 post concussion AND must have remained symptom free for at least 14 days

A student who receives two concussions in a 3-month period or a minimum of three concussions in a 12-month period must see a medical doctor experienced in concussion management to follow an individual management plan before he can return to playing sport. A recommended starting point for return to sport after second concussion within three months, would be 28 days symptom-free before return to contact training and a minimum of six weeks from the time of the most recent concussion until return to competitive contact.

Some high-performance athletes may have access to appropriately trained Healthcare Practitioners experienced in multi-system concussion rehabilitation. These athletes may be cleared earlier if their sports concussion protocol allows. Refer to the graded return to sport framework for advanced care settings.

Note, athletes aged under 19 years should NOT have access to earlier clearance available in advanced care settings.



# Examples of return to sport timeframes

## KEY:

# Note:

Symptomatic

Incident

> Day of concussive incident is considered 'Day 0'.

Symptom-free

> Examples below assume a sport where competition (competitive contact) occurs weekly on a Saturday.

Contact training

> The 14-day symptom-free period does not start until the first day that the athlete is symptom-free.

Full competition

### Example 1. Athlete symptom-free on day 3

Week 1	Week 2	Week 3	Week 4	Week 5
Saturday	5. Saturday	12. Saturday	Saturday	Saturday
Sunday	6. Sunday	13. Sunday	Sunday	Sunday
Monday	7. Monday	14. Monday	Monday	Monday
1. Tuesday	8. Tuesday	Tuesday	Tuesday	Tuesday
2. Wednesday	9. Wednesday	Wednesday	Wednesday	Wednesday
3. Thursday	10. Thursday	Thursday	Thursday	Thursday
4. Friday	11. Friday	Friday	Friday	Friday

In example 1, the athlete has symptoms for 3 days (orange) in Week 1, including the day of the incident. They become symptom-free on the Tuesday of Week 1. They complete their 14-day symptom-free period (yellow) by the Monday of Week 3. The athlete then completes 4 days of contact training (blue) without difficulty in week 3. The healthcare practitioner is satisfied. The athlete is cleared to return to full competitive contact (green) on the Saturday of Week 4.

Example 2. Athlete symptom-free on day 7

Week 1	Week 2	Week 3	Week 4	Week 5
Saturday	1. Saturday	8. Saturday	Saturday	Saturday
Sunday	2. Sunday	9. Sunday	Sunday	Sunday
Monday	3. Monday	10. Monday	Monday	Monday
Tuesday	4. Tuesday	11. Tuesday	Tuesday	Tuesday
Wednesday	5. Wednesday	12. Wednesday	Wednesday	Wednesday
Thursday	6. Thursday	13. Thursday	Thursday	Thursday
Friday	7. Friday	14. Friday	Friday	Friday

In example 2, the athlete had symptoms for 7 days (orange). They became symptom-free on the Saturday of Week 2. They completed their 14-day symptom-free period (yellow) by the Friday of Week 3. However, they could not be cleared to play on the Saturday of Week 4 because, as per the graded return to sport framework (Figure 3) above, once the athlete has completed their 14-day symptom-free period, *they must do some contact training* to Demonstrate that they can tolerate contact training without developing symptoms. The athlete cannot go straight from non-contact training to playing matches.



# **RELATED DOCUMENTS**

- CBC Fremantle Student Pastoral Care Policy
- EREA Child Protection Policy
- AUSTRALIAN CONCUSSION GUIDELINES FOR YOUTH AND COMMUNITY SPORT <u>ASC</u>
  <u>Concussion Guidlines</u>
- GRADED RETURN TO SPORT FRAMEWORK FOR COMMUNITY AND YOUTH <u>Graded Return</u>
  Framework
- The Concussion Recognition Tool (CRT6) (sma.org.au)