



PRINCE ALFRED COLLEGE

CONCUSSION MANAGEMENT POLICY

Prepared by:	<i>A Thomson and members of the Risk and Compliance Committee</i>
Approved by:	<i>The Executive Team</i>
Approval Date:	<i>This policy/procedure was ratified by the Executive Team in February 2024</i>
Revision Date	<i>February 2027</i>

1 PURPOSE

The purpose of the policy is to support student health care in the event of a potential or confirmed concussion diagnosis and to identify and minimise health risks, within the context of the College's resources and the assistance available from specialist medical services.

The 2023 review of PAC's Concussion Management Policy arose following the release of evidence reviewed at the 6th International Conference on Concussion in Sport held in Amsterdam in October 2022. Updated Best Practice guidelines for the management of Concussion in Sport were developed at this conference and subsequently released in scientific journals in June 2023, and have been adopted by the Sports Medicine community and Sporting codes throughout Australia. Some websites have yet to be updated with the new guidelines and readers should be aware that only the 2023, or beyond, 'concussion statements' are considered current best practice.

This policy acknowledges the limitations of the constantly evolving research and recommendations in Australia's concussion management guidelines. The policy will be reviewed as new evidence or changes in clinical guidelines emerge. Due to the rapidly changing concussion guideline recommendations, this policy should be reviewed every two years, at a minimum.

2 POLICY STATEMENT

Prince Alfred College is committed to promoting and protecting the health, safety and welfare of the students and staff in its care.

Concussion is a serious injury with both short and long-term potential adverse health outcomes.

It commonly occurs through sporting injury but can also result from playground activities, accidents, falls etc. and can occur at any age.

It requires careful management by all those involved in caring for our students (students, teachers, coaches, parents, health practitioners)

Most concussion resolves spontaneously and fully without long-term sequelae, especially if managed correctly at the outset.

Current evidence suggests absolute rest following a concussion event may not provide the best outcome, hence the adoption of the concept of "relative rest" in the first 24 - 48 hours after injury.

It is our policy that:

- A student who has been hit in the head, or elsewhere in their body with force transmitted to the head, shall be removed from the activity until reviewed by a medical practitioner or school nurse: *'if in doubt, sit them out'*.
- If concussion is suspected:
 - the student should be continually observed and monitored by a responsible adult
 - the student should be referred for an assessment by a medical practitioner with sports medicine experience eg: a medical practitioner who works at a concussion clinic.
 - The medical practitioner should be encouraged to utilise the [SCAT 6](#) or [Child SCAT 6](#) Assessment Tool as soon as practicable and within the first week after the head injury.
 - a [Head Injury Notification Form](#) should be given to the student's responsible adult
 - arrangements should be made with parents /guardians/Boarding Staff/emergency contact to ensure the student is not left alone
 - the student should not drive a vehicle or consume alcohol.
 - the student should avoid the use of aspirin, ibuprofen (eg Nurofen) and other anti-inflammatory medication as this may increase bleeding.
- Parents/guardians/Senior Boarding Staff must be advised of any blow to the head where signs or symptoms of concussion may potentially develop, and an online Accident Report must be completed.
- For Boarding students: the [Concussion Checklist for Boarding Students](#) should be implemented to observe for any potential deterioration in condition.
- Children and adolescents take longer to recover from concussion than adults and are more vulnerable than adults, both to concussion events and to recurrent concussions. As there is limited research and evidence on the management of concussion in children and youth, a more conservative management approach is taken for students at PAC.
- Students are required to be symptom free for at least 14 days prior to seeking medical clearance to return to contact/collision training or high-risk activity.
 - Students need a clear capacity to perform all normal activities of daily living, including non-contact exercise, without significant exacerbation of symptoms, before they return to the field of play.
 - Students need a mandatory minimum period of 21 days from the date of the concussion incident until returning to competitive contact/collision sport. The date of the concussion incident is Day 0.
 - (See page 9: [Concussion Guidelines for Community and Youth](#))
- The key to understanding and managing Concussion to achieve the best health outcomes for our boys lies in educating our Community.
 - The College will endeavour to provide opportunities for education for all of our stakeholders' groups regularly throughout the school year.
 - Staff and parents will be provided with information by the Head of Sport/or his/her delegate on how to identify the possible symptoms of concussion and the requirements of PAC's Concussion Management Policy.
- Parents/guardians must notify the College of any concussion occurring outside of school activities and communicate the recommendations of their son's Medical Practitioner to the [PAC Health Centre](#).

- Parents are responsible for obtaining the [Head Injury Clearance Form](#), where applicable, from the College and arranging for its completion and return to the College.
- The College's Concussion Officer will ensure head injury protocols are followed and will check the student's return-to-play timeline is adhered to according to the guidelines.
- Accredited recommendations for practices that reduce the likelihood of head injury, eg: amendments to coaching or training practices, wearing of mouthguards or applicable protective equipment etc, will be incorporated into PAC's sports management as they become endorsed by the concussion specialised medical community.
- Coaches, managers and parents are encouraged to utilise evidence-based resources such as the [HeadCheck App](#).
- This policy and protocol are designed to implement currently accepted best practice to ensure the optimum management of head injuries and applies to all diagnosed concussions of which we are aware.

3 IMPLEMENTATION

Concussion is a traumatic brain injury caused by a direct or indirect blow to the head, face, neck or elsewhere with the force transmitted to the head. Most commonly, it may cause temporary impairment of some brain skills, such as memory and thinking abilities. It is not necessary to have a loss of consciousness, "be knocked out", to receive a concussion.

The signs or symptoms of concussion may present immediately or develop over the hours or days following the injury. This means that it may be difficult to determine, by either staff, parents or medical practitioners, immediately after the injury, whether a person is concussed. In the vast majority of cases, a person will recover from concussion without intervention, provided they have an adequate period of cognitive rest in order to recover and avoid further head injury. However, cognitive functions in children and adolescents may be affected for a prolonged period following concussion.

Prince Alfred College is committed to taking all reasonable steps to ensure the safety and welfare of all in our school community. The College remains committed to responding to suspected or actual concussion in a way that facilitates the recovery of the student and does not put them at risk of further harm.

3. 1 Recognising a suspected concussion

The '[Concussion recognition Tool 6](#)' (CRT6) is to be used by school staff for the identification and immediate management of a suspected concussion. The CRT6 will be distributed to all coaches and sports managers at the beginning of each season by the Head of Sport/or his/her delegate.

Prince Alfred College will conduct annual education sessions by the Head of Sport/or his/her delegate on concussion recognition and management.

Symptoms of Concussion

Students should be immediately referred to an Emergency Department if any of the following “Red Flag” signs or symptoms are present:

- Increasing drowsiness, difficulty rousing, deteriorating conscious state or loss of consciousness;
- Neck or spinal pain;
- Increasing confusion, disorientation or irritability;
- Noticeable memory loss;
- Slurred speech;
- Repeated vomiting;
- Weakness or tingling/numbness in the arms or legs;
- Severe or increasing headache;
- Unusual behavioural change: eg increasingly agitated or combative; and/or
- Seizure or convulsion.

Call an ambulance, if necessary, for any of the above and apply routine first aid principles and DRSABCD guidelines.

If there are no “Red Flags”: identification of “possible” concussion:

The following signs or symptoms may be present immediately or develop over minutes or hours following a head injury:

- Lying motionless, slow to get up;
- Inability to respond appropriately to questions;
- Visual or hearing disturbance;
- Memory or concentration impairment;
- Balance disturbance or unsteady on feet;
- Persistent dizziness;
- Development of nausea or vomiting;
- Headache or 'pressure' in the head;
- Development of visual or hearing disturbance;
- Sensitivity to light or noise;
- Dazed, blank/vacant stare;
- Behaviour or emotional changes, 'not themselves'

- Facial injury or neck pain;

For all possible concussion symptoms, the following action should be taken:

- Immediate and permanent removal from sport or activity on that day;
- Take normal first aid precautions including neck/spinal protection if needed; and
- Refer to a medical practitioner with sports medicine experience, eg: a medical practitioner who works at a concussion clinic as soon as practicable as per the policy above.

Concussion in Sport Australia has easy-to-follow algorithms to assist with managing concussion events (see: [Concussion in Sport Australia](#) or [Appendix 1](#) or [Appendix 2](#)).

3. 2 Return to Learn and Return to Play

Following a diagnosis, or provisional diagnosis of concussion, the student should have a period of “relative” physical and cognitive rest for 24-48 hours post injury. This includes limiting activities that require mental concentration, e.g: computer use, online games or mobile phone use.

After the initial ‘relative rest’ period, a graded return to school is advised. The return to learning may require that the student be given a reduced workload and /or more frequent breaks.

Low intensity exercise can be initiated during the 24-48 hour ‘relative rest’ period, following the [Graded Return to Sport Framework](#) (GRTSF). Each orange or green stage of the GRTSF should be at least 24 hours.

Mild exacerbations of symptoms may occur during this progression through the GRTSF. This is acceptable as long as these symptoms abate prior to the next exercise session. Medical review is recommended if symptoms persist.

Students are required to be symptom free for 14 days prior to medical clearance to return to contact/collision training or high-risk activity.

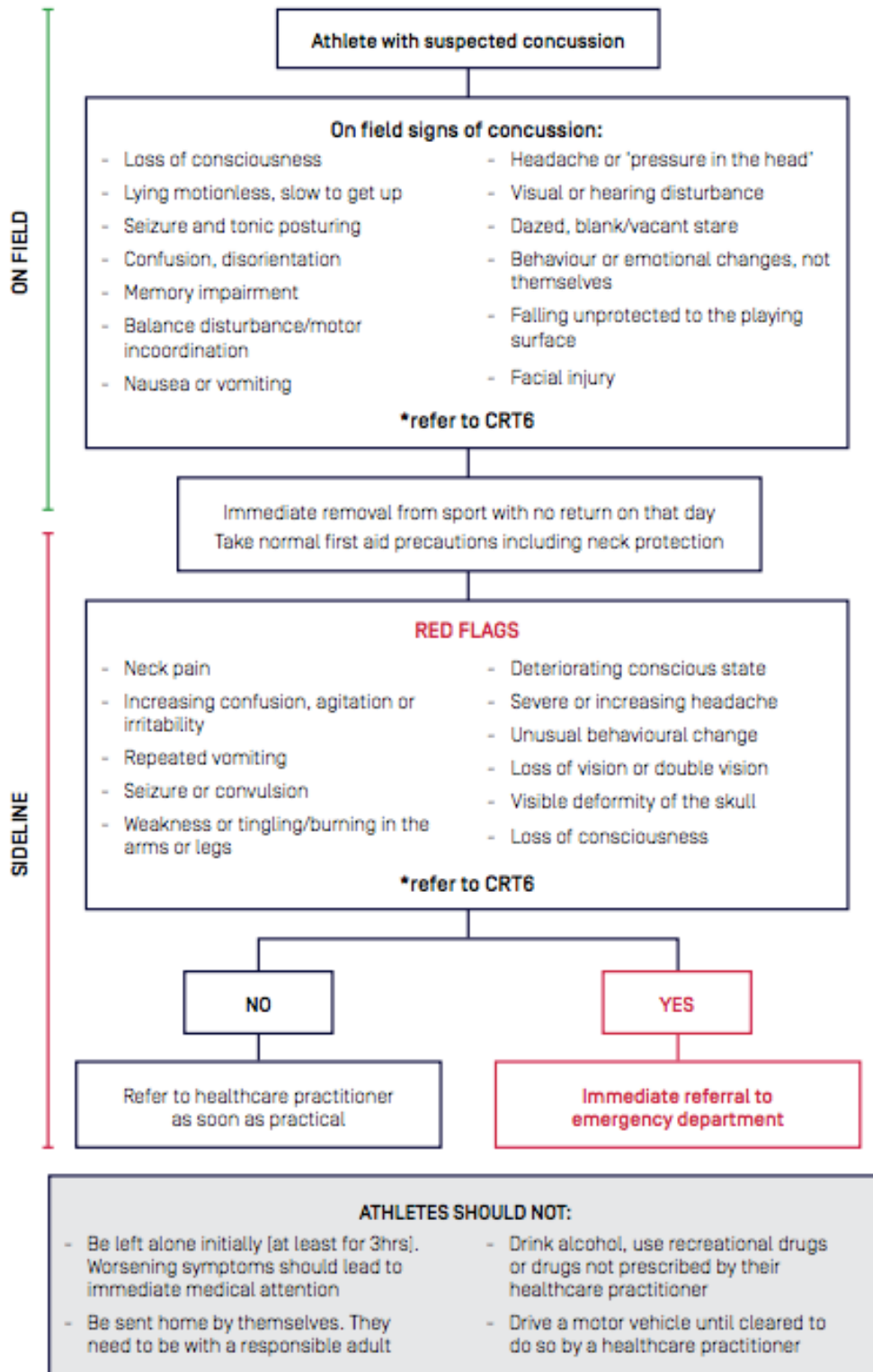
Students need a mandatory minimum period of 21 days from the date of the concussion incident until returning to competitive contact/collision sport. The date of the concussion incident is Day 0. (See page 9: [Concussion Guidelines for Community and Youth](#))

Students will not be allowed to resume contact sport until a written clearance certificate from a medical practitioner has been received by the College. The doctor is encouraged to clear the player utilising the [SCOAT 6](#) or [Child SCOAT 6](#) Assessment Tool as per [the AIS guidelines for Concussion Management in Youth and Community Sport](#).

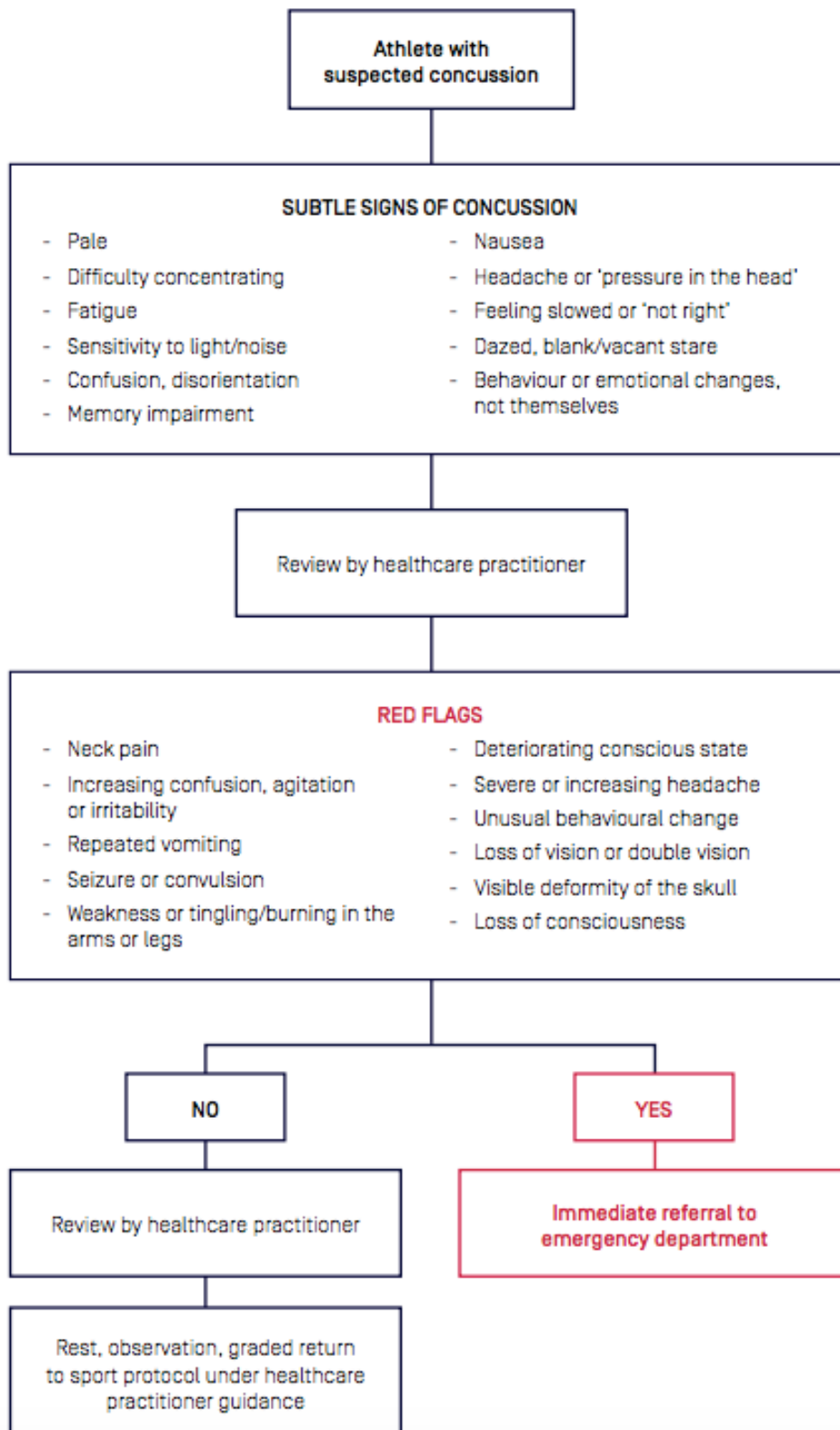
4 REFERENCES

- [AIS Concussion and Brain Health Position Statement 2024](#)
- Australian Sports Commission: [Concussion in Australian Sport](#)
- South Australian Sports Medicine Association (SASMA): [Concussion](#)
- The 6th International Conference on Concussion in Sport [Consensus Statement](#)

5 APPENDIX 1: CONCUSSION MANAGEMENT FLOW CHART (ON-FIELD)

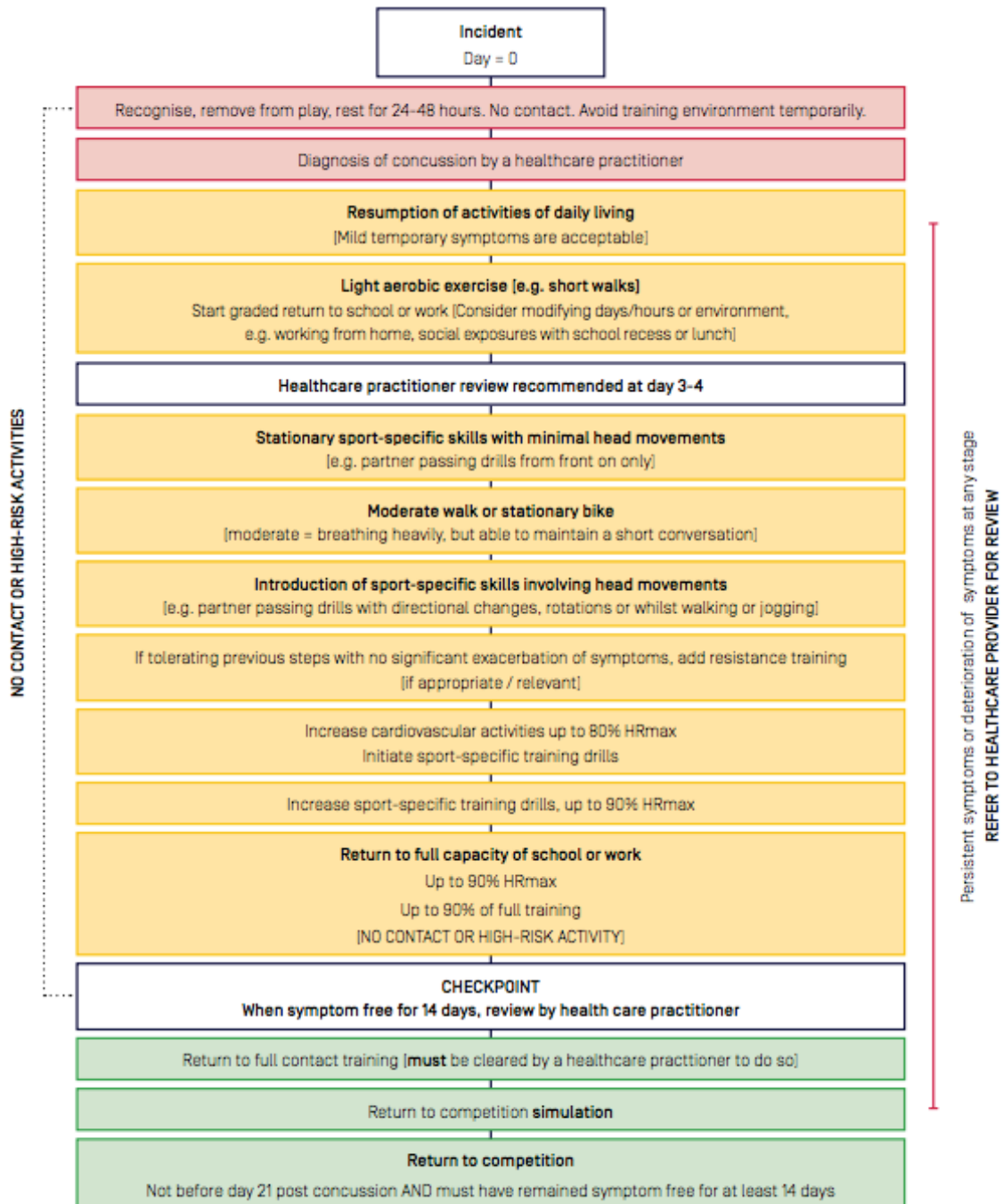


6 APPENDIX 2: CONCUSSION MANAGEMENT FLOW CHART (OFF-FIELD)



7 APPENDIX 3: GRADED RETURN TO SPORT

(Australian Concussion Guidelines for Youth and Community Sport 2024)



8 APPENDIX 4: HEAD INJURY NOTIFICATION FORM



PRINCE ALFRED COLLEGE

PRINCE ALFRED COLLEGE: HEAD INJURY NOTIFICATION

To: _____ Date: _____

Student: _____ Details: _____

IS A CONCUSSION SUSPECTED? Yes / No

WHAT IS CONCUSSION? Concussion is a traumatic brain injury caused by a direct or indirect blow to the head, face, neck or elsewhere with the force transmitted to the head.

A loss of consciousness does not need to occur for a concussion to occur.

SUBTLE SIGNS AND SYMPTOMS OF CONCUSSION:

- Excessively pale
- Difficulty concentrating
 - Fatigue
- Sensitivity to light / noise
- Confusion / disorientation / increasing dizziness
 - Memory impairment
 - Nausea
- Headache or 'pressure in the head'
 - Feeling slowed or 'not right'
 - Dazed, blank, vacant stare
- Behaviour or emotional changes; not themselves

**IF ANY OF THESE SYMPTOMS OCCUR: STUDENT MUST BE REVIEWED
BY A MEDICAL PRACTITIONER**

RED FLAG SIGNS AND SYMPTOMS OF CONCUSSION THAT REQUIRE IMMEDIATE REFERRAL TO AN EMERGENCY DEPARTMENT:

- 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
 - Visual or hearing disturbances

GUIDELINES FOR THE NEXT 48 HOURS:

- Student should be monitored closely. If he is sleeping, he should be easily rousable.
- Avoid driving for at least 24 hours, prolonged reading, or screen time.
- Avoid caffeine such as coffee, tea, dark chocolate and cola drinks
- No alcohol
- Paracetamol (eg: Panadol) may be used for headaches –
Avoid the use of Aspirin, Ibuprofen (eg nurofen) and other anti-inflammatory medication as this may increase bleeding.
**Any headache requiring stronger pain relief than paracetamol must be investigated by a medical practitioner.
- Carer should monitor mental state by asking questions such as: What day is it? What did you do yesterday?

PRINCE ALFRED COLLEGE: CONCUSSION POLICY summary:

Given the complexity of diagnosis and management of a potential concussion injury, all students with suspected Concussion need to be reviewed by a suitable medical practitioner, eg. a medical practitioner with sports medicine experience, and/or who works at a concussion clinic.

Students should have a period of “relative rest” for 24- 48 hours. The return to learning may require that the student be given a reduced workload and /or more frequent breaks.

Return to sport is guided by the Graded Return to Sport Framework (see Concussion Policy)

PAC’S Concussion Policy requires students to be symptom free for 14 days PRIOR to receiving medical clearance to resume contact/collision training. The ‘Head Injury Clearance Form’ must be completed by your medical practitioner and returned to the College before your son can resume contact contact/collision training.

To return to competition sport – your son must have remained symptom free for at least 14 days AND be at least 21 days post-concussion.

Please Note: A **REPEAT** concussion that occurs before the brain has recovered can be dangerous. It may increase the likelihood of your son suffering long term problems.

For more information on concussion management: please see the Australian Government’s Concussion in Sport site: www.concussioninsport.gov.au

If you have any queries regarding concussion management,
or your son’s return to sport or learning -
contact the PAC Health Centre: 8344 1205 / healthcentre@pac.edu.au

9 APPENDIX 5: HEAD INJURY CLEARANCE FORM



Prince Alfred College

Head Injury: Medical Clearance Form

This record is to be completed by a medical practitioner. Given the complexity of diagnosis and management of a potential concussion injury, we encourage families to consider attending a doctor with sports medicine experience. Please tick (✓) the appropriate box, and print your answers clearly in the blank spaces where indicated.

Personal Details

Student's name:
 (SURNAME) (FIRST NAME)

Date of birth:/...../..... PAC Year Level:

Name of Assessing Medical Practitioner:

Medical Practitioner's Contact details or stamp:

Date(s) of Head Injury: /...../..... /...../..... /...../.....

Head Injury details:

.....

.....

.....

.....

After assessing the above named student today – I declare that he is: (please (✓) below)

Cleared Fit to recommence contact/collision training – with no precautions and has been symptom free for a MINIMUM of 14 days.
Please attach a copy of the student's completed SCOAT 6 or Child SCOAT 6 form

Able to recommence "non-contact" training only – with the following precautions:

Additional comments:

.....

.....

.....

OR

Unfit to recommence training/sport until further review

Additional comments:

.....

.....

.....

Signature of Medical Practitioner:

Today's Date:.....

10 APPENDIX 6: CONCUSSION CHECKLIST FOR BOARDING STUDENTS

Danger Signs
(Call an Ambulance 000 Immediately):

Be alert for symptoms that worsen over time. The student should be transferred to an Emergency Department immediately if he has:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or ongoing nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognising people or places
- Increasing confusion, restlessness, or agitation
- Unusual behaviour
- Loss of consciousness (no matter how brief - must be taken seriously)

Concussion Checklist for Boarders

PRINCE ALFRED COLLEGE

Student's name: _____ D.O.B: _____

Date/Time of Injury: _____

Description of Injury: _____

OBSERVED SIGNS	0 Minutes	30 Minutes	1 Hour	2 Hr	3 Hr
Observation Time					
Appears dazed or stunned					
Is confused about events					
Repeats questions					
Answers questions slowly					
Can't recall events prior to the hit, bump, or fall					
Can't recall events after the hit, bump, or fall					
Loses consciousness (even briefly)					
Shows behaviour or personality changes					
Forgets class schedule or assignments					
PHYSICAL SYMPTOMS					
Headache or "pressure" in head					
Nausea or vomiting					
Balance problems or dizziness					
Fatigue or feeling tired					
Blurry or double vision					
Sensitivity to light					
Sensitivity to noise					
Numbness or tingling					
Does not "feel right"					
COGNITIVE SYMPTOMS					
Difficulty thinking clearly					
Difficulty concentrating					
Difficulty remembering					
Feeling more slowed down					
Feeling sluggish, hazy, foggy, or groggy					
EMOTIONAL SYMPTOMS					
Irritable					
Sad					
More emotional than usual					
Nervous					
NO SYMPTOMS					

PTO FOR INSTRUCTIONS ON HOW TO USE CHECKLIST

Concussion Checklist for Boarders (Page 2)

Directions

Use this checklist to monitor students with a head injury.

Students should be closely monitored for a minimum of 3 hours. Check for signs or symptoms and document.

After a bump, blow, or jolt to the head, students who experience one or more of the signs or symptoms of concussion (other than a short-lasting mild pain at the site of a knock) should be referred to a medical practitioner with experience in evaluating for concussion.

Please send a copy of this checklist with the student for the medical practitioner for their review.

Additional Information:

This checklist is also useful if a student appears to have sustained a head injury on a previous day.

In such cases, ask the student about possible sleep symptoms. Drowsiness, sleeping more or less than usual, or difficulty falling asleep may indicate a concussion.

Seek medical review for any of these symptoms.

Please see the PAC Concussion Policy [\(link\)](#) for more guidance on the management of suspected concussion.

Please ensure online accident form [\(link\)](#) is completed.

Outcome of Injury Assessment: (please tick)

Student returned to Boarding House / Room

Student sent home with parents/guardians

Student referred to medical practitioner with experience in evaluating for concussion

SIGNATURE OF STAFF MEMBER COMPLETING THIS FORM: _____

PRINTED NAME: _____

ROLE: _____ DATE: _____

Additional Comments: