



Malvern Primary School

Concussion POLICY

Drafted: 17th May 2023

Introduction

There has been an increase in awareness and a growing concern regarding the short and long-term ramifications of sport/non sport related concussion in children, teenagers, and adults. The overall view by the medical profession is that if concussion is diagnosed and managed promptly, safely, and appropriately then recovery is quicker and long-term complications are dramatically reduced.

If concussion is mismanaged, then complications such as prolonged duration of symptoms and increased susceptibility to further brain injury can occur.

What is concussion?

Concussion is a mild traumatic brain injury usually resulting from a knock to the head causing the brain to hit the inside of the skull and altering the way the brain functions and is often considered as a mild trauma. There is no medication and or medical treatment that can cure concussion except for rest and time. Adults tend to recover from concussion relatively quickly (approx. 2 weeks), whilst children under the age of 18 usually take longer.

It is important to note that the symptoms of concussion may develop within minutes, hours, days and or weeks of the initial event. The Victorian Department of Education together with the Royal Children's Hospital have developed the "Head Injury Return to School and Sport" procedure to minimise any prolonged symptoms and to provide strategies for effective and successful recovery.

The Purpose of the Policy and Procedure

The concussion policy and procedure document has been developed to support the short -term and long term mental health and wellbeing of a student who has been diagnosed with a concussion.

Policy

This policy is divided into two sections

1.Head Injury at School

2. Return to School Policy

1. Head Injury Management at Malvern Primary School.

If a student receives a knock to the head

- a) An ambulance will be called if the student is experiencing.
 - a. Neck pain and or tenderness
 - b. Double vision
 - c. Weakness /tingling/ burning in both arms
 - d. Severe headache
 - e. Seizure/convulsion
 - f. Loss of consciousness
 - g. Deteriorating conscious state
 - h. Vomiting and or increasing restless and or agitated

A medical clearance will be required for that child to return to school

- b) Parents will be contacted and asked to take their child to be assessed by a doctor if they display the signs and symptoms of a concussion.
 - a. Headache
 - b. Pressure in the head
 - c. Balancing problems
 - d. Nausea/vomiting
 - e. Drowsiness
 - f. Dizziness
 - g. Blurred vision
 - h. “Don’t feel right”
 - i. Difficulty concentrating.

· A Medical Clearance will be required for that child to return to school.

- c) Parents will be verbally contacted if the child sustains a head knock but does not display any signs and symptoms of Concussion

Policy 2 : Head Injury Return to School and Sport

If your child has been diagnosed by a doctor with a mild head injury, such as concussion, they will need time to rest and recover (see our fact sheet [Head injury – general advice](#)). This fact sheet provides advice for safely returning your child to school and sport if they have had a mild head injury.

For moderate or severe head injuries, follow your doctor’s advice for returning your child to their normal activities.

Signs and symptoms of concussion

While your child is gradually being returned to school or sport, monitor them for these signs and symptoms of concussion:

- vomiting
- headache
- feeling like they are in a fog
- just not 'feeling right' or 'feeling down'
- balance problems or dizziness
- sleep disturbances or drowsiness
- being bothered by light or noise
- confusion, difficulty concentrating or remembering.
- slowed reaction times.
- easily upset or moody.

Care at home

Children with concussion can take up to four weeks to recover, but most concussions will get better on their own over several days. Rest is important in the first 24 to 48 hours.

Physical exercise such as walking or stationary cycling, and other activities such as reading or passive screen time (e.g. watching a movie; not gaming or smart phone use), can be introduced gradually as long as your child is not experiencing any symptoms of concussion.

Graduated return to school

Only move onto the next step if your child is not showing any symptoms of concussion. If your child does begin to experience symptoms, go back to the previous step. If your child cannot advance to the next step without showing symptoms of concussion, take them to see a doctor.

Step	Goal
1. Daily activities at home Start your child on typical daily activities, such as reading or gentle walking. Begin with 5 to 15 minutes at a time and gradually build up.	A gradual return to typical activities.
2. School activities at home Introduce homework, school reading or other educational activities at home.	To increase tolerance to cognitive work.
3. Return to school part time Your child may need to start with a shorter school day or have increased breaks during the day. School tests may need to be delayed.	To increase academic activities.

<p>4. Return to school full time</p> <p>Gradually increase school activities until your child can tolerate a full day.</p>	<p>Return to full academic activities and catch up on missed work.</p>
---	--

Graduated return to sport

Children and adolescents should not return to sport until they have successfully returned to school. Allow at least 24 hours for each step, and a total of one week after the injury before your child returns to normal game play. Only move onto the next step if your child is not showing any symptoms of concussion.

Step	Goal
<p>1. Symptom-limited activity</p> <p>Simple daily activities that do not provoke symptoms.</p>	<p>A gradual return to typical activities.</p>
<p>2. Light aerobic exercise</p> <p>Gradually introduce walking, swimming or stationary cycling at a slow to medium pace. Do not allow resistance training at this stage.</p>	<p>To gradually increase heart rate.</p>
<p>3. Sport-specific exercise</p> <p>Your child can begin activities such as running, warm-up drills and practicing ball skills (with a soft ball). Do not allow any activities that involve head contact.</p>	<p>To add movement.</p>
<p>4. Non-contact training drills</p> <p>Introduce harder training drills, such as passing drills. Your child may start progressive training.</p>	<p>To introduce exercise, coordination, and increased thinking.</p>
<p>5. Full contact practice</p> <p>Following medical clearance, participate in normal training activities.</p>	<p>Restoring confidence and allowing coaching staff to assess functional skills.</p>
<p>6. Return to sport</p> <p>Your child can now progress to normal game play.</p>	<p>Resume regular sporting activity</p>

When to see a doctor

Seek urgent medical attention at your local hospital emergency department if during your child's recovery they have any of the following:

- unusual or confused behaviour, or irritability
- severe or persistent headache that is not relieved by paracetamol
- frequent vomiting
- bleeding or discharge from the ear or nose
- a fit or convulsion, or spasm of the face, arms or legs
- difficulty in waking up
- difficulty in staying awake
- they are making you worried for any reason.

If your child's symptoms worsen or your child is experiencing new symptoms of concussion, seek urgent medical attention.

Key points to remember

- The majority of concussions will get better on their own over several days.
- Follow the return to school and return to sport steps carefully, ensuring at least 24 hours for each return-to-sport step.
- Only move onto the next step if your child is not experiencing any symptoms of concussion.
- Talk to your doctor if you are unsure whether your child is ready for the next stage or if they can fully return to playing sport.
- **Seek urgent medical attention if your child's symptoms get worse or they develop new symptoms of concussion.**
- Most children recover well after a mild head injury. If your child is still requiring support to return to everyday activities after two weeks following a mild head injury, they should be reviewed by their GP for a medical assessment. Children with ongoing symptoms can be referred to the RCH Victorian Paediatric Rehabilitation Service (VPRS). GPs can make referrals to your local outpatient VPRS services via its [website](#).
- If you have any questions regarding accessing outpatient VPRS, you can contact the RCH VPRS outpatient coordinator by calling 03 9345 9300 or emailing rehab.services@rch.org.au

This policy was ratified at the School Council Meeting on _____