



Policy Name	Concussion Management Policy	Approval date	18 April 2024
Policy Owner	School Nurses	Next review	18 April 2026
Approved by	Principal		

Introduction

Concussion and, in particular, sport-related concussion, is a growing health concern in Australia. Concussion is a type of brain injury caused by a blow to the head or anywhere on the body, which transmits a force to the head. Most commonly, it causes temporary impairment, and the symptoms may 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. Cognitive functions in children and adolescents may be affected for up to two months following concussion.

Most concussive injuries will occur during sporting activities, but the principles and guidelines set out in this policy apply to all incidents of suspected concussion that occur in or around the school, or during any school activity. The procedures should be followed whenever a student is suspected to have sustained a concussion, and decisions regarding a student's return to school/activities/sport after sustaining a concussion will be subject to receiving appropriate medical clearance.

This policy and the procedures contained within have been developed with regard to the *AGSV Concussion in Sport Policy and Procedures (April 2024)* and the *AIS Concussion and Brain Health Position Statement 2024*.

Purpose

The aims of this policy are to ensure that staff, students, sport coaches and parent/guardians are aware of:

- how to recognise and appropriately manage suspected concussion within the school setting; and
- how to appropriately support a student who has sustained a concussion to return to learning, activities and sport.

Scope

It is important that all stakeholders have sufficient knowledge about recognising concussion and understanding its implications. Accordingly, this policy applies to:

- students;
- all staff who would reasonably have any supervisory responsibilities at school, at sport or during any school activity or event;
- sport coaches; and
- parents/guardians who are present at sport training/games or other school activity.



Policy

Trinity Grammar School, Kew (the **School**) acknowledges that it is not feasible to eliminate the risk of concussion in sport. However, it is 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. It is our policy that:

- a student suspected of having concussion will be removed from sport and not allowed to return to sport that day;
- a student who has been hit on the head or the body showing some symptoms where concussion cannot be ruled out, will be treated as if they have concussion - 'if in doubt, sit them out';
- the School will work together with parents to ensure that a student with actual or suspected concussion obtains medical attention and only returns to school and to sport under appropriate guidance;
- any student who has a diagnosed concussion will commence a graded return to sport no sooner than 48 hours after the incident;
- there will be no return to unrestricted sport activity until the student has been symptom-free, at rest, for 14 consecutive days. Contact sports will require a further 7 days of unrestricted training before returning to match play;
- when recovering from concussion, the priority will be for the student to return to learning before returning to sport;
- students are encouraged to wear helmets, mouth guards or other protective equipment, even though they may not be instrumental in preventing concussion, as they do prevent other types of head injuries such as skull fracture and subdural haematoma;
- staff will be trained in how to identify the possible symptoms of concussion and the immediate action they will need to take to ensure the safety of students who are suspected of being concussed;
- staff will be briefed on how to treat a student returning to school and physical activity following a concussion; and
- a student who has been concussed who returns to school will be provided with a modified learning program if required, and a graduated return to sport.



Procedure for managing suspected concussion

The following procedure will apply in all situations where a student is suspected to be concussed.

Step 1: Recognise a suspected concussion

Recognising concussion can be difficult; it is important to know when to suspect concussion, because appropriate response and management can help prevent further injury. Onlookers should suspect concussion when an injury results from 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.

While all concussions are serious and should be assessed by a doctor, most will resolve without the need for specific treatment. Rest, followed by gradual, guided return to activity is the main treatment.

Signs and symptoms of concussion can be very subtle and may present as nothing more than the person reporting that they do not 'feel right'.

The following table¹ can be used as a guide to help with the identification of concussion:

CRITICAL SYMPTOMS/SIGNS
<p>If any of the following signs are observed or complaints are reported after an impact to the head or body the student should be immediately removed from play/game/activity and taken to the nearest emergency department.</p> <ul style="list-style-type: none"> • neck pain or tenderness • seizure, fits or convulsion • loss of vision or double vision • loss of consciousness • increased confusion or deteriorating conscious state (becoming less responsive; drowsy) • weakness or numbness/tingling in more than one arm or leg • repeated vomiting • severe or increasing headache • increasingly restless, agitated or combative • visible deformity of the skull
VISIBLE CLUES AND SYMPTOMS OF SUSPECTED CONCUSSION
<p>If there are no red flags, identification of possible concussion should proceed as follows. Concussion should be suspected after an impact to the head or body where the student seems different than usual. Such changes include the presence of any one or more of the following:</p>

¹ Adapted from the [CRT6™ Concussion Recognition Tool](#)



<p>Visible clues that suggest concussion include:</p> <ul style="list-style-type: none"> • loss of consciousness or responsiveness • lying motionless on the playing surface • falling unprotected to the playing surface • disorientation or confusion, staring or limited responsiveness, or inability to respond appropriately to questions • dazed, blank or vacant look • seizure, fits or convulsions • slow to get up after a direct or indirect hit to the head • unsteady on feet/balance problems or falling over/poor concentration/wobbly • facial injury 	<p>Symptoms of suspected concussion include:</p> <ul style="list-style-type: none"> • headache • “pressure in head” • balance problems • nausea or vomiting • drowsiness • dizziness • blurred vision • more sensitive to light • more sensitive to noise • fatigue or low energy • “don’t feel right” • Neck pain • More emotional • More irritable • Sadness • Nervous or anxious • Difficulty concentrating • Difficulty remembering • Feeling slowed down • Feeling like “in a fog” 	<p>Student’s awareness: Failure to answer any of these questions correctly may suggest a concussion (modify questions appropriately for each sport/activity and age of student)</p> <ul style="list-style-type: none"> • Where are we today? • What event/activity were you doing? • Who scored last in this game? • What team did you play last week/game? • Did your team win the last game?
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Step 2: Remove student from game or activity

If there is any reasonable suspicion about whether a student is concussed, the student should be immediately removed from the field of play/activity and not be allowed to return to sport/activity until cleared by a qualified medical practitioner. Staff/coaches should not be swayed by the opinion of the student, other staff, parents or others regarding the return of the student to play.

Any student who has been hit on the head or body and shows signs/symptoms where concussion cannot be ruled out, will be treated as though they have concussion.

The School will adopt a conservative approach of:

If in doubt, sit them out!



Initial assessment

First-aid principles apply in the management of a student with suspected concussion. This includes observing first aid principles for protection of the spine. Neck injuries should be suspected if there is any loss of consciousness, neck pain or a mechanism that could lead to spinal injury. Anyone in this type of situation shouldn't be moved without guidance from appropriately trained individuals.

Any student with suspected or confirmed concussion should:

- remain in the company of a responsible adult;
- not be allowed to drive;
- be advised to avoid alcohol; and
- check their medications with their doctor.

Specifically, concussed athletes should avoid:

- aspirin;
- anti-inflammatories (such as ibuprofen, diclofenac or naproxen);
- sleeping tablets; and
- sedating pain medications.

The student will be assessed by relevant staff using the '*Sport Concussion Assessment Tool (SCAT6™)*' and/or the HeadCheck phone app. This will be provided to the parent/guardian or other responsible adult.

Second Assessment

Approximately 2 -3 hours after the initial assessment, the student should be reassessed using the **SCAT6™**. This will be done by the parent/guardian or other responsible adult.

Incident Report

An Incident Report must be completed by staff whenever a student is suspected to have sustained a concussion. The Incident Report is distributed to:

- the Director of Sport (Senior School) /Head of Sport (Junior School);
- the relevant Head of School;
- the Director of Business;
- student's classroom teacher/Head of Year;
- the Head of Physical Education;
- School Nurses; and
- any other relevant staff.

The Incident Report should note the following details at the time of the injury:



- When: what time did the injury take place?
- How: how did the injury occur? Citing the mechanism of injury where possible (i.e.: Is the injury from a knock to the head by a cricket bat, by an opponent's shoulder, or a fall?)
- Where: where on the body was hit? (i.e.: the temple, shoulder, or back of head?)
- What: what occurred next? (Include observable symptoms such as loss of consciousness, convulsions, amnesia, vomiting or confusion)
- Include additional useful information (e.g. any further symptoms such as behavioural changes or loss of memory)
- Confirmation that the initial assessment (using the SCAT6™ or Headcheck app) was done and include the results of that assessment.

Step 3: Refer the student to a medical practitioner² / emergency department for assessment

If the student shows any 'red flag' signs/symptoms, the student must be immediately referred to a local emergency department for assessment. 'Red flag' signs and symptoms include:

- neck pain or tenderness
- seizure, fits or convulsion
- loss of vision or double vision
- loss of consciousness
- increased confusion or deteriorating conscious state (becoming less responsive; drowsy)
- weakness or numbness/tingling in more than one arm or leg
- repeated vomiting
- severe or increasing headache
- increasingly restless, agitated or combative
- visible deformity of the skull

In **all** cases of suspected concussion, the student must be referred to a medical practitioner for assessment and diagnosis, ideally within 2-3 days of the incident (except where the student exhibits 'red flag' symptoms, in which case the student needs to be taken to the nearest emergency department).

Parents/guardians are required to provide the School with written confirmation from a medical practitioner to confirm whether the student has a diagnosis of concussion.

The Medical Clearance Form – Concussion referral (see Appendix 1) should be completed and signed by a medical practitioner and promptly returned to the School Concussion Officer.

² For the purposes of this policy, 'medical practitioner' means a health practitioner registered with AHPRA to practice medicine in Australia.



Parents/guardians can consult with the Health Centre if they require further guidance in relation to obtaining medical clearance.

Procedure for managing confirmed concussion

The current principles of concussion management involve a brief period of cognitive and physical rest during the acute period post injury, followed by a gradual increase in activities of daily living and cognitive activity, prior to a progressive return to sport.

There is evidence that abstaining from screen time during the first 48 hours of recovery is associated with a shorter duration of symptoms.

Children and adolescents aged 18 years or younger take longer to recover from concussion than adults, so a more conservative approach to concussion management should be taken. Most people will usually recover from a concussion within 10-14 days, however it is not abnormal for children and adolescents to experience symptoms for longer.

Return to learn

‘Return to learn’ refers to a concussed student’s gradual return to their usual program at school. Having rested for 24 - 48 hours after sustaining a concussion, students can return to school or study, as long as these activities don’t worsen symptoms. Thinking or concentrating for long periods can bring on or worsen symptoms of concussion. Gradually increasing the load on the brain without provoking symptoms is recommended. Where symptoms are exacerbated but do not resolve within an hour or two of rest, the student should be referred to a medical practitioner.

Graduated return-to-school strategy		
Aim	Activity	Goal of each step
Daily activities at home that do not give the child symptoms	Typical activities of the child during the day as long as they do not increase symptoms (e.g., reading, texting, screen time). Start with 5–15 min at a time and gradually build up.	Gradual return to typical activities
School activities	Homework, reading or other cognitive activities outside of the classroom.	Increase tolerance to cognitive work
Return to school part-time	Gradual introduction of schoolwork. May need to start with a partial school day or with increased breaks during the day.	Increase academic activities
Return to school full time	Gradually progress school activities until a full day can be tolerated	Return to full academic activities and catch up on missed work



Consensus statement on concussion in sport - The 5th International conference on concussion in sport held in Berlin, October 2016 - McCrory P, Meeuwisse W, Dvorak J, et al. Br J Sports Med. 2018;51:838–847.

School programs may need to be modified to include more regular breaks, rests and increased time to complete tasks. Exams during that period may need to be postponed. An appropriate return to learning strategy will be discussed with parents, having regard to medical advice.

Returning to school and learning will be prioritised over returning to sport. A concussed student should not return to full sporting activity until they have successfully returned to normal school activities.

Return to sport / activities

'Return to sport' refers to the student's gradual return to full sporting and recreational activity.

Having rested for 24 – 48 hours after sustaining a concussion, the student can begin light physical activity as long as the activity doesn't worsen symptoms. Some mild recurrence of symptoms can be expected; if the symptoms do not resolve with adequate rest, referral to a medical practitioner is recommended.

Once symptoms have cleared, as confirmed by a medical practitioner, the student can begin a staged return to sport. This will take no less than 14 days.

Graduated return-to-sport (RTS) strategy			
Stage	Aim	Activity	Goal of each step
1	Symptom-limited activity	Daily activities that do not provoke symptoms	Gradual reintroduction of work/school activities
2	Light aerobic exercise	Walking or stationary cycling at slow to medium pace. No resistance training	Increase heart rate
3	Sport-specific exercise	Running or skating drills. No head impact activities	Add movement
4	Non-contact training drills	Harder training drills, e.g., passing drills. May start progressive resistance training.	Exercise, coordination and increased thinking
5	Full contact practice	Following medical clearance, participate in normal training activities.	Restore confidence and assess functional skills by coaching staff
6	Return to sport	Normal game play	

Consensus statement on concussion in sport - The 5th International conference on concussion in sport held in Berlin, October 2016 - McCrory P, Meeuwisse W, Dvorak J, et al. Br J Sports Med. 2018;51:838–847.



Parents are required to provide the School with written medical clearance in writing confirming that the student is able to return to full contact practice/training³ (Stage 5). The Medical Clearance Form - Concussion referral should be completed and signed by a medical practitioner or a suitably qualified health practitioner.

If the student is cleared to return to full contact practice/training, the teacher in charge and the coach(es) will closely monitor the student. If the student shows any signs or symptoms of concussion, the teacher in charge will remove the student from the training session or game and follow the protocol.

Full participation in competitive matches is only permitted after the student has been symptom-free for a minimum of 14 days, plus 7 additional training days for contact sports⁴, before match day.

Multiple concussions

For the purposes of this policy, multiple concussions are defined as a minimum of two (2) concussions in a 3-month period, or three (3) or more concussions within a 12-month period. Where this occurs, the student should follow a more conservative return to sport protocol.

- Second concussion within 3 months – students must be symptom-free for 28 days before seeking medical clearance to make a return competitive contact training. Return to competitive contact sport should not occur for a minimum of 6 weeks from the time of the most recent concussion.
- Three concussions within a 12-month – the student must seek confirmation from a medical practitioner as to when they are able to return to competitive contact training and/or sport.

Concussion Record/Ongoing Management of Concussion

The School will maintain a concussion record for each student. The purpose of the concussion record is to assist staff to monitor students who have sustained a concussion, and to inform the student's return to learning and sporting activities.

³ Contact training in sport refers to the specific phase of training or athletic participation where athletes engage in practice sessions/activities that involve physical contact with teammates or opponents and simulation of game-like scenarios. This type of training is common in team sports where contact is a fundamental aspect of gameplay. Sports include, but are not limited to, basketball, Australian Rules Football, cricket, hockey, touch football, soccer, rugby.

⁴ Contact sport refers to any athletic activity or game where physical contact between players an integral part of the game's strategy or execution and where physical interaction between players is a fundamental aspect of gameplay. It often involves tackling, blocking, or other forms of bodily contact. Contact can range from incidental to full-body collisions, depending on the sport's rules and regulations.



The concussion record will identify concussions sustained by a student whilst engaged in School activities and whilst involved in external activities. The concussion record will include:

- the date the injury was sustained;
- a description of the circumstances that caused the injury, as best as can be provided (this should be part of the School's Incident Report);
- section 2 of the Medical Clearance Form – Concussion Referral, confirming the student's diagnosis of concussion and signed by a medical practitioner;
- section 3 of the Medical Clearance Form – Concussion Referral, clearing the student to return to full contact training and signed by a medical practitioner or suitably qualified health practitioner.

All concussion records will be handled in accordance with the School's Privacy Policy.

The School Concussion Officer (School Nurses) is responsible for completing the Concussion Records. Concussion Records are stored in Synergetic.

Concussion sustained at external events

Parents/guardians and students are expected to inform the School of any concussion sustained by a student during an external activity (such as local sport). This should be communicated to the Health Centre. The School Nurses will enter this information into the student's Concussion Record and advise relevant staff of the student's concussion, including:

- the Director of Sport (Senior School) /Head of Sport (Junior School);
- the relevant Head of School;
- student's classroom teacher /Head of Year;
- the Head of Physical Education; and
- any other relevant staff.

Key Responsibilities

All staff are responsible for recognising the signs of concussion and responding to suspected or confirmed concussion.

The School will conduct annual training for all staff, including information on:

- what is concussion;
- causes of concussion;
- common signs and symptoms of concussion;
- steps to reduce the risk of concussion;
- procedures to be followed if a student has suspected concussion or head injury;
- return to learning and return to sport protocols including medical clearance requirements.

The School will ensure all sport coaches are familiar with and trained on this policy.



The School Concussion Officer will have oversight of this policy and the procedures for managing suspected and diagnosed concussions. This role will be fulfilled by the School Nurses.

Communication

This policy is communicated and implemented through a combination of:

- staff education and training;
- communication and coordination with parents/carers;
- incident notification;
- strategies to address students returning from concussion;

The policy is published on the School website and made available to all staff on Policy Connect and to all parents/guardians on Trinity Connect. It is also made available to sport coaches in the TGS Sports Handbook.

Related Policies

First Aid Policy

References

AGSV Concussion in Sport Policy and Procedures, April 2024

AISS Concussion and Brain Health Position Statement 2024

Rugby Australia Concussion Management Procedure

Consensus statement on concussion in sport. The 5th International conference on concussion in sport held in Berlin (October 2016)

Return to Sport Strategy & Return to Learn Strategy <http://www.parachute.ca/concussion>



Medical Clearance Form - Concussion referral

SECTION 1 - DETAILS OF INJURED STUDENT

TEAM MANAGER, COACH OR FIRST AID PROVIDER TO COMPLETE; AT THE TIME / ON THE DAY OF THE INJURY, BEFORE PRESENTING TO MEDICAL PRACTITIONER REVIEWING THE STUDENT

Name of Student:	Date of Birth:
Date of Injury:	Sport:

The injury involved: (select one option)

<input type="checkbox"/> Direct Blow or Knock to head or body	<input type="checkbox"/> Indirect injury to the head e.g. whiplash	<input type="checkbox"/> Incident not seen
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The subsequent signs or symptoms observed (tick one or more):

<input type="checkbox"/> Neck pain or tenderness	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Loss of consciousness	<input type="checkbox"/> Severe or increasing headache
<input type="checkbox"/> Double vision	<input type="checkbox"/> Increasingly restless, agitated or combative
<input type="checkbox"/> Deteriorating conscious state	<input type="checkbox"/> Seizure or convulsion
<input type="checkbox"/> Weakness or burning/tingling in arms or legs	<input type="checkbox"/> Other:

• Is this their first concussion in the last 12 months. (Include concussions sustained outside of school related activity)? YES NO UNKNOWN/UNSURE

• If NO, number of concussions sustained in the last 3 months:

• If NO, how many concussions in the last 12 months:

Name:	Role:
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Signature:	Date:
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PARENT / LEGAL GUARDIAN'S CONSENT TO DISCLOSE MEDICAL INFORMATION

I _____ (insert name) consent to _____ (insert Medical Practitioner's name) providing information to Trinity Grammar School, Kew regarding the head injury / concussion and confirm the information I have provided the medical practitioner has been complete and accurate.

Name:	Signature:	Date:
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MEDICAL PRACTITIONER WOULD IDEALLY SEE THE INJURED PERSON WITHIN 72 HOURS OF THE INCIDENT



Dear Medical Practitioner,

This student has presented to you today because they have sustained an injury with suspected concussion.

SECTION 2 - INITIAL CONSULTATION - VISIT 1

1. The student has been informed that they must be assessed by a medical practitioner for concussion. If diagnosed, the student will be required to follow the TGS Concussion Management Policy ([Hyperlink](#)).
2. Please note, any student who has been diagnosed with concussion MUST follow the Return to School & Sport Framework outlined in the TGS Concussion Management Policy
3. **FOR CHILDREN & ADOLESCENTS AGED UNDER 19 IN COMMUNITY (NON-ELITE) SPORT, THE STUDENT MUST BE SYMPTOM FREE FOR 14 DAYS BEFORE RETURN TO ANY CONTACT TRAINING. THE MINIMUM TIME FOR RETURN TO COMPETITIVE CONTACT SPORT IS 21 DAYS.**

I have read and understood the information above and have assessed the student.

Confirmation of Concussion: Y N

Additional Comments:

Medical Practitioner's Name:

Signed:

Date:

**FAMILY RETURNS COPY OF SECTION 1 and 2 TO [SCHOOL CONCUSSION OFFICER](#)
([TGS Health Centre – tgsnurses@trinity.vic.edu.au](mailto:tgsnurses@trinity.vic.edu.au))**



Medical Clearance Form - Concussion referral

SECTION 3 – PROTOCOLS FOR RETURN TO SPORT & CLEARANCE APPROVAL (VISIT 2)

I (medical practitioner's name) _____ have reviewed
(students name) _____ and based upon the evidence presented to me by
them and their family / support person, their history and a medical examination I can confirm:

- I have reviewed SECTION 1 of this form, specifically the mechanism of injury and subsequent signs and symptoms
- The student / parents-guardian confirm they have followed the TGS Concussion Management Policy
- The student / parent-guardian confirmed they have returned to normal school / study normally and have no symptoms related to this activity
- At the time of this visit, the student / parent-guardian confirm they have been symptom-free for at least 14 days from the date of the original incident
- The student / parent-guardian acknowledges they must not return to competitive contact sport for a minimum of 21 days, symptom-free, from the time of concussion occurred.

I therefore approve that this student may return to full contact training and if they successfully complete contact training without recurrence of symptoms, the student may consider a return to playing competitive contact sport.

Medical Practitioner's Name

Signature:

Date:

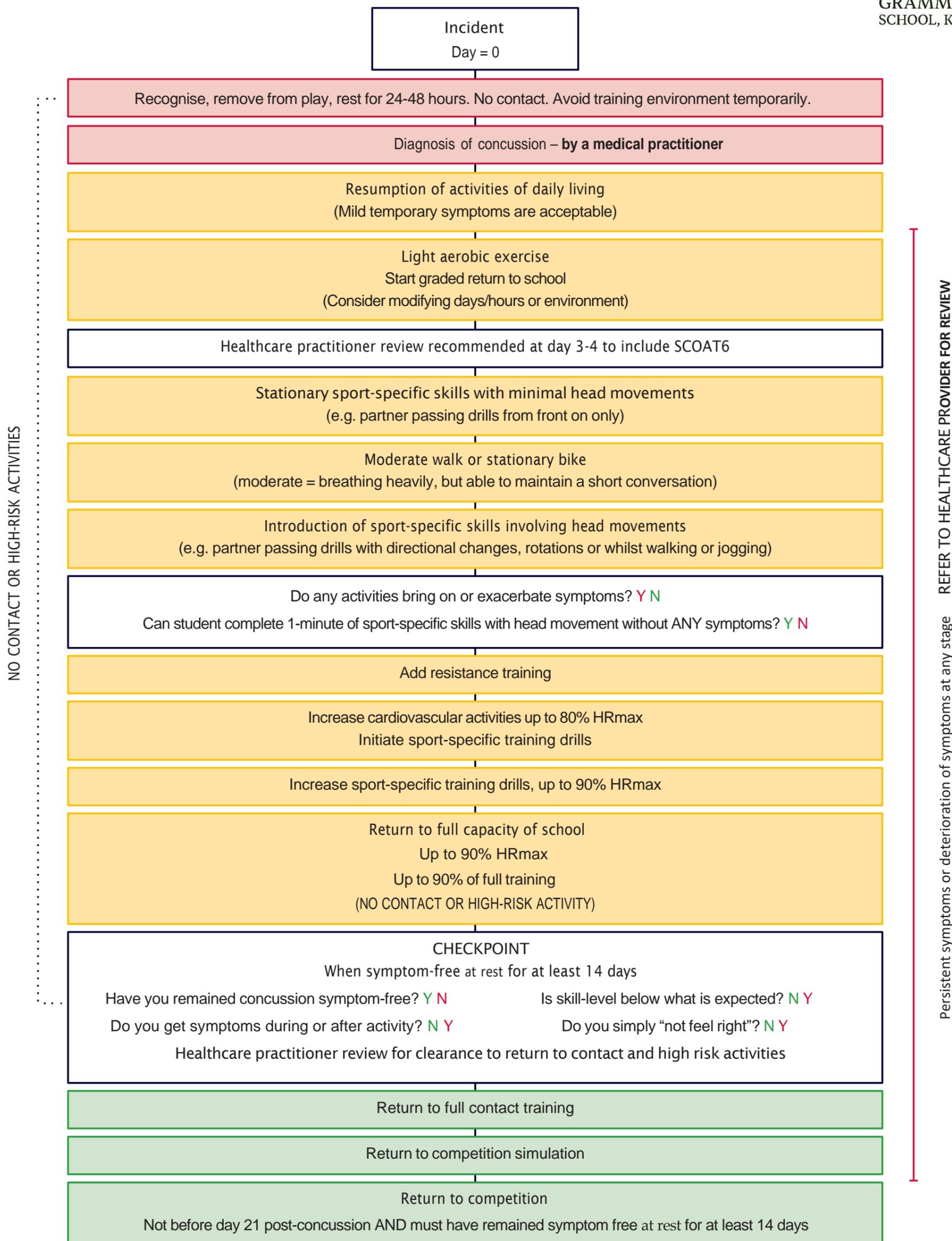
FAMILY RETURNS SECTION 3 TO [SCHOOL CONCUSSION OFFICER](#)
([TGS Health Centre – tgsnurses@trinity.vic.edu.au](mailto:tgsnurses@trinity.vic.edu.au))

Appendix 2: GRADED RETURN TO SCHOOL & SPORT FRAMEWORK

*Adapted from the AIS Concussion and Brain Health Position Statement 2024



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.



Progression through the strategy is symptom limited (i.e., no more than a mild exacerbation of current symptoms related to current concussion) and its course may vary across individuals based on tolerance and symptom resolution.

While the RTL and RTS can occur in parallel, students should complete full RTL before unrestricted RTS

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