



FACT SHEET

Concussion

Concussion is an emerging risk for schools and organisations so it's important to increase awareness of the signs and symptoms of a potential concussion incident and know what the steps are to help manage it.

Schools can benefit from understanding the risks involved in high contact sports and learn about the impact of a knock to the head or other parts of the body causing a transmission of forces to a head. Any organisation holding events should adopt a concussion protocol and learn about how to manage an incident where a person is injured due to a head knock. With the medical profession having now established there are gender and age differences in recovery times, it's responsible and timely that people know how to gradually return students and colleagues to learning and sports activity or work.

Understanding a concussion incident

Concussion is defined as a temporary loss of consciousness or a confused state as a result of a head knock. It is a type of mild brain injury. In 85% of cases, the symptoms of concussion resolve within 7-10 days and vary from person to person. Not all concussions result in a loss of consciousness. Concussions can affect physical, emotional and/or thinking skills.

Commonly reported symptoms include: headache, nausea and vomiting, confusion, fatigue, difficulty concentrating, unexplained irritability, dizziness and balance issues, sleep difficulties, and sometimes anxiety or depression.

Concussion risk factors

Younger children and females carry a higher risk of more severe injury if they receive an injury to impact the brain, and can take longer to recover. If a concussed person doesn't recover properly and engages in contact sports they are at a high risk of a more serious brain injury if they have secondary concussion. Environmental factors can pose risks and require assessment and mitigating measures, to reduce hazards of slipping on floors, falling from a stage, or the impact of running into a goal post for example.

Concussion incident response and treatment

A person with a suspected concussion can be assessed at a medical clinic by a local GP. Where necessary, more detailed examination and treatment is available through specialist clinics. The concussion clinic at Epworth Hawthorn in Victoria is an extension of Epworth

Rehabilitation's renowned Traumatic Brain Injury Unit and is led by Professor John Olver who is a world renowned expert in brain injury rehabilitation, and Dr. Jo Sherry PhD doctorate in Clinical Neuropsychology.

The clinic recommends that all schools and organisations work towards increasing concussion awareness and implement a concussion protocol. This will help to manage the risks of a concussion incident and reduce the potential impact for those who receive an injury that causes some form of traumatic impact to the brain, however mild or severe. A protocol will outline the steps that teachers and parents, and workers, should take if a person suffers an injury likely to result in a concussion.

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Implement a concussion protocol

Schools and organisations should have a protocol that is understood by all teachers and workers, and not just those who supervise sporting activity or events. A protocol should have the following steps:

Incident, ID and response

Ensure everyone understands how to manage a concussion incident and to safely remove any person from activity if injured as a result of a blow to the head, face or neck, or a blow to the body that causes a forceful movement to the head. If a person has lost consciousness for a period of time and regained it or is not conscious then they should be supervised closely until emergency medical help arrives.

Suspected concussion initial response

It's important to take immediate action for a suspected concussion.

If there is an unconscious person (any loss of consciousness, with or without seizure or convulsion), stop the activity immediately. Call 000 emergency, do not move them. Do not remove athletic equipment (e.g: helmet) unless there is difficulty breathing. Stay with them until emergency medical services arrive. Contact the student's parent/guardian (or emergency contact) or emergency contact person for a worker, to inform them of the incident and that emergency medical services have been contacted. Monitor and document any changes (i.e: physical, cognitive, emotional/behavioural) in the person injured. Refer to your concussion protocol. If the person regains consciousness, help them to remain calm and to lie still. Do not administer medication (unless they require medication for other conditions – e.g: insulin for a person with diabetes).

If there is a conscious person, stop the activity immediately and call 000 Emergency or arrange assessment by a medical doctor as soon as possible. Remove them from the activity if it's safe to do so. Conduct an initial concussion assessment of the person (SCAT5 Recognition Tool).

Monitor a concussed person

Using the SCAT5 Recognition Tool, it's important to continue to monitor the injured person until Emergency Ambulance arrives, at no time leave them alone and only remove headwear if they have breathing difficulty.

Adopt a conservative approach to returning a child to school activities or a person to work

Follow the doctor's orders when a student returns to learn and playing sports. Follow a plan with the parents/guardians involvement in ensuring there is a graded return to activity.

Teachers should monitor a student's progress post-concussion at school and follow the paced strategies advised by the doctor. They should also ensure medical clearance before returning a student to full contact sports activities. The same applied for adults in the workplace.

Communication and training improves concussion awareness

Teachers and others who work with children should participate in learning about concussion, and revise their first aid training accordingly. It's important that all relevant policies and procedures are clearly understood by everyone in an organisation or school. Concussion awareness can take the form of a group session, online training program or a one-on-one training workshop. It should also be part of the induction process for teachers and workers.

Regular communication about the medical conditions of individual students and sharing information that relates to student health and wellbeing, especially injury recovery, plays a critical part in a teacher's duty of care.

As a school entity, monitoring and reviewing policies and procedures should take place annually to ensure all care procedures are current. Reviews after an incident are often overlooked and schools are in danger of non-compliance if they fail to adequately follow any changes to: buildings, property, curriculum, guidelines and regulations, legislation, and training requirements for specific activities. Where changes require action there is often practical help and information from your state or territory government and governing body.

Equally important is the communication between teachers and parents/guardians. If a student has suffered a concussion outside of school then parents should inform teachers in order to provide the student with adequate post-concussion care to ensure a suitable and safe return to learning and play. Similarly, workers and their carers should keep the workplace informed of any injury recovery strategies or treatments for concussion to ensure that returning to work happens in the right way.

For assistance on how to manage concussion, contact Risksupport Helpdesk on:

1300 660 827
helpdesk@risksupport.org.au

CCI's Concussion Protocol is a risk resource for schools that has been developed in close collaboration with the Epworth Hospital Concussion Clinic, supervised by Professor John Olver AM MBBS MD (Melb) FAFRM (RACP). Dr. Olver is an internationally-renowned expert in Acquired Brain Injury rehabilitation. Members of his team were involved in assessing the material and provided expertise and they included: Megan Hamilton (Grade 3 Physiotherapist), Dr Pamela Ross (Senior Occupational Therapist), Bianca Fedele (Research Assistant), Harvey Jones (Neuropsychologist), Professor John Olver (Medical Director of Rehabilitation), Melinda Frith (Occupational Therapist), Dr Rose Acher (Rehabilitation Physician), Adrian Sexton (Grade 2 Exercise Physiologist), Catherine White (Physiotherapist).

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