Concussion Guidelines – July 2024

Purpose

The Independent Girls Schools Sports Association (IGSSA) is committed to taking reasonable steps to ensure the safety and welfare of all in our Member School Community.

Concussion is a brain injury caused by direct or indirect force to the head, face, neck or elsewhere with the force transmitted to the head. Concussion can have a more serious effect on a young, developing brain and needs to be diagnosed and treated correctly. Recognition and management of concussions can aid recovery and prevent further and prolonged injury.

This guideline is designed to implement best practice to ensure optimum safety regarding the prevention and management of head injuries in girls' school sport.

Scope

IGSSA Concussion Guidelines guide staff and officials from member schools involved in facilitating, organising and supervising school sport matches. These guidelines should be read in conjunction with Concussion Policies and Procedures in place in member schools.

Guidelines

IGSSA endorses the following Concussion Guidelines and recommends that when developing and implementing own school policy, Member Schools consider these conditions and criteria.

1. Member Schools should follow the *Australian Concussion Guidelines for Young and Community Sport* and *Concussion and Brain Health Position Statement* provided by *Concussion in Australian Sport* in the management of concussion and return to play post-concussion. *Concussion in Australian Sport* an initiative of the Australian Institute of Sport, Australian Medical Association, Australasian College of Sport and Exercise Physicians and Sports Medicine Australia.
2. Staff and coaches engaged in supervising sport with reasonable likelihood of concussion-related incidents are to be provided with a copy of the *Concussion Recognition Tool 6 (CRT6)*. This tool should also be made available in First Aid Kits. It is the expectation that staff and coaches familiarise themselves with this tool and apply it to the best of their ability.
3. Education and training in the use of the *CRT6* Tool for the immediate management of a suspected concussion should be included in the induction of school appointed staff and coaches.
4. As recommended within the *Australian Concussion Guidelines for Youth and Community Sport*, Member Schools should appoint a Concussion Officer, whose role is to oversee and be the single point of contact to manage the coordination of matters related to concussion, noting that it is not the role of the Concussion Officer, or any other staff member, or non-accredited Healthcare Practitioner to attempt to diagnose, or assess suspected concussion.

5. Recognising Concussion

5.1 Concussion should be suspected after any impact to the head or body when a student appears different than usual. The *CRT6* should be used for the identification and immediate management of suspected concussion, and in all cases the basic principles of First Aid (i.e. DRSABCD) should be followed.

5.2 Where a coach or staff member believes a student has a suspected concussion or head injury the student should be **removed immediately from the activity** to take no further part until assessed medically by a Healthcare Practitioner.

5.3 If any of the 'Red Flags' detailed in the *CRT6* are apparent, an ambulance must be called, and the student transported for urgent medical care.

5.4 If no 'Red Flags' are identified, concussion should be suspected where the student exhibits some change including the presence of any one or more of the following (as detailed in the *CRT6*):

- Visible clues of concussion
- Signs and symptoms (such as headache or unsteadiness)
- Impaired brain function (e.g. confusion), or
- Unusual behaviour

5.5 Staff/coaches should be aware of the subtle or delayed symptoms of concussion, or signs or symptoms of concussion that may have been caused by an 'outside school' activity.

6. Immediate Management of Concussion

6.1 Immediately following an incident, a coach/staff member must follow own school procedure regarding reporting requirements for the documentation of the student's incident and injury.

6.2 The student should be monitored closely until they can be released to a parent/ guardian or school-appointed caregiver. A student with a suspected concussion who has transported themselves, should not be permitted to drive following an incident.

6.3 A copy of the relevant documentation and incident information, including the *CRT6* should be provided to the adult responsible for the student with the instruction that the student present to a Healthcare Practitioner as soon as possible, no more than 72 hours following the incident.

6.4 Schools should follow own procedures regarding collection, processing, tracking, and management of relevant documents.

6.5 The risk of complications from concussion is increased where a person is permitted to return to sport before they have fully recovered. The *Graded Return to Sport Framework for Community and Youth* framework specifies the stages and timelines of return to learning and physical activity. Typically, each stage should last 24-48 hours, and progression is only enabled if the student is asymptomatic after each session.

6.6 Persistence, re-emergence, or an increase in severity of symptoms indicate the need for reassessment by a Healthcare Practitioner.

7. Graded Return to Learning Activities

7.1 Concussion can induce changes in attention, cognition, memory, and executive function which make learning difficult. The timing of a student's return to school, and reintroduction of learning activities following diagnosis of concussion must be determined by a Healthcare Practitioner.

7.2 In most cases after 48 hours deliberate cognitive rest, cognitive stimulation such as using screens (including computer use, texting, video games, television), reading and undertaking learning activities should be gradually introduced.

7.3 When a concussed child or adolescent starts to concentrate for long periods, the 'load' on the brain can bring on or worsen the symptoms of concussion. Therefore, gradually increasing the load on the brain without provoking symptoms is recommended.

7.4 A *Return to Learn Care Plan* developed by a Healthcare Practitioner should be provided to the School Concussion Officer by the student's family. The plan may include a range of provisions including but not limited to regular breaks from class, shortened school day, postponing exams, additional time to complete exams and assessments, additional time to complete tasks in class, as outlined in the *Return to Learn Fact Sheet*.

8. Graded Return to Sport

8.1 In line with the *Graded Return to Sport Framework for Community and Youth* recommendations, return to physical activity will follow a medically managed exercise progression with increasing amounts of exercise at staged integration to contact activities. A Graduated Return to Sport Plan will be developed by the Healthcare Practitioner.

8.2 Students recovering from concussion should not participate in high-intensity physical activity until medically cleared.

8.3 Students must be symptom-free (at rest) for 14 days before returning to contact training, and not return to competitive contact sport for a minimum of 21 days from the time of concussion.

8.4 After the student has been symptom-free for at least 14 days, they must be assessed by a Healthcare Practitioner for clearance to return to contact and high-risk activities.

9. Symptoms of concussion usually resolve in less than 4 weeks in young people aged 19 years or younger. If staff/coaches notice a student with symptoms beyond the expected 4-week period, they must advise the School Concussion Officer who should contact the student's parent/caregiver/guardian to arrange a medical review.

10. A student with a history of multiple concussions (a minimum of two concussions within a 3-month period, or a minimum of three concussions in a 12-month period) is at risk of experiencing prolonged symptoms before returning to sport. Thise who suffer from multiple concussions within a short period of times should be managed more conservatively and be assessed by a clinical management team with specific training and expertise in concussion. Modified return to sport timeframes will be influenced by factors such as the severity of the most recent injury, the numbers of previous concussions and the general medical history of the student.

External Links

Concussion in Australian Sport
Australian Concussion Guidelines for Youth and Community Sport
Concussion and Brain Health Position Statement
Concussion Recognition Tool 6
Graded Return to Sport Framework for Community and Youth
Return to Learn Fact Sheet
Return to Learn Care Plan

Compliance

The IGSSA Concussion Guidelines will be reviewed on a maximum two-yearly basis, or as new knowledge is developed.