



Waverley College Concussion and Head Injury Policy

Waverley College Sports Concussion Policy is based on current research best practice. The welfare of all Waverley College student athletes and players relies on concussion and head injury being recognised and correctly managed by non-medical and medical staff alike.

Waverley College students, parents, coaches, teachers and non-teaching staff are expected to act in the best interest of student safety and welfare. This includes taking responsibility for the recognition, removal and referral of students to a GP or medical practitioner and then ensuring recovery is appropriately managed as per these guidelines.

Concussion

A concussion is an injury to the brain caused by sudden strong movement of the brain against the skull. This is caused by a collision with another person or object. A child does not need to be knocked out (lose consciousness) to have concussion. Most concussion injuries do not involve any loss of consciousness. If your child receives a bump or blow to the head or body and that causes a jarring of the head or neck - it is important to monitor them for signs and symptoms.

Signs of concussion observed by others:

- Appearing dazed or stunned
- Repeating questions / slow responses
- Can't recall events before or after the injury
- Confused about events
- Showing personality or behaviour changes
- Unresponsiveness/ vacant stare
- Balance difficulty
- Slurring speech
- Facial injury
- Holding the head

Symptoms of concussion reported by the child:

- Headache or "pressure" in the head
- Dizziness and/or loss of balance
- Feeling tired (fatigued)
- Sensitivity to light and/or noise
- Trouble sleeping
- Does not "feel right"
- Feeling more emotional, e.g. sad or nervous
- Trouble thinking clearly, concentrating or remembering

Potential outcomes

Waverley College recognises that most concussions improve within 7 to 10 days. However, ignoring or not recognising concussion signs and symptoms can result in potential catastrophic consequences. Acute brain swelling, traditionally referred to as “Second Impact Syndrome” is usually fatal. Prolonged symptoms, recurrent concussion, learning difficulties, personality problems have also been reported in over 10% of athlete or players.

Waverley College acknowledges that it is not feasible to completely eliminate the risk of head injury in sport and other areas of school life. However, the college is committed to responding to head injuries 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 involved in any head impact incident will be removed from sport or the activity that he is participating in immediately and will not be allowed to return to sport or other activities that day.
- A student who has suffered a head injury will be treated in the initial incidence as if he has sustained a concussion.
- The college, respective co-ordinator and/or college registered nurse will work together with parents to ensure that a student with actual or suspected concussion obtains medical attention and only returns to school, sport and activities under appropriate guidance.
- Any student who has a diagnosed concussion will not be allowed to return to sport until he has been given clearance by a medical professional. The student must provide a Waverley College *Return To School Clearance Form* and a *Return to Exercise Programme* signed by their GP or medical professional.
- When recovering from concussion, the priority will be for the student to return to learning before returning to sport and activities.
- A student who has been concussed whom returns to school will be provided with a modified learning program if required, and a graduated return to sport and physical activity as per a return to exercise template guideline.

Digit Symbol Substitution Test (DSST) and Baseline Concussion Screening

On enrolment to Waverley College, each student will be required to complete a Digit Symbol Substitution Test (DSST). This 90 second test will be provided in the enrolment package for each student to complete and return to the Health Centre.

The DSST is a screening test for brain function when healthy which allows for direct comparison to baseline function in the event of head injury. The test can detect if cognitive decline occurs in players with previous concussions. It will identify students with a cognitive deficit or delayed brain function recovery that need formal neuropsychological testing.

When a student has sustained a knock to the head and has a possible concussion as soon as practical the student will be required to re-sit the DSST post-concussion test, under the supervision of the School Registered Nurse, their GP and/or parent/guardians.

Sitting the Digit Symbol Substitution Test

The DSST is a simple paper and pen test that takes 90 seconds to complete. The student must be timed for 90 seconds for the test to accurately reflect the student's results. If a student suffers a concussion they will repeat the test and must get within three boxes of their baseline before being permitted to return to training.

It must be explained to the student that they need to match the symbol to the number and cannot miss any boxes. They must continue along the lines, completing each box until the

time is up. The test is helpful in deciding if a student is concussed and if they are ready to begin training. It can be used in conjunction with the Scat 2 Concussion Test.

REMOVAL FROM GAME FOR STUDENT WITH HEAD KNOCK

Any student with a knock/blow to the head, head injury or suspected concussion must be withdrawn from the activity, game or training immediately. Furthermore, no student with concussion should not return to the same event or practice that day. ALL students with head injury or suspected of concussion need a medical assessment. In the days or weeks following, a student should not be allowed to return to events or exercise until they have had medical clearance from a medical doctor.

Concussion must be suspected or recognised if any student has any of the following signs, symptoms or fails to answer any of the memory questions after a head or body collision.

Signs (what you may see)	Symptoms (may be reported)	Memory (questions to ask)
<ul style="list-style-type: none"> • Dazed, blank or vacant look • Lying motionless on ground / Slow to get up • Unsteady on feet / Balance problems or falling over / Incoordination • Loss of consciousness or unresponsive • Confused / Not aware of plays or events • Grabbing / Clutching of head • Seizure (fits) • More emotional / Irritable than normal for that person 	<ul style="list-style-type: none"> • Headache • Dizziness • Mental clouding, confusion, or feeling slowed down • Visual problems • Nausea or vomiting • Fatigue • Drowsiness / Feeling like "in a fog" / Difficulty concentrating • "Pressure in head" • Sensitivity to light or noise 	<ul style="list-style-type: none"> • "What venue are we at today?" • "Which half is it now?" • "Who scored last in this game?" • "What team did you play last week / game?" • "Did your team win the last game?"

Any student suffering a head injury may also have a neck injury. If a neck injury is suspected, the student must only be removed by experienced health care providers or emergency services i.e. paramedics.

Response after a head knock or suspected injury:

An ambulance will be immediately called for any student who is knocked unconscious.

If a concussion is not suspected the student's parent/guardian will be advised to monitor the student closely for the next 24 hours. If any concussion symptoms do arise during this time or afterwards, it is recommended that they seek professional medical advice. It is further recommended that the student undertakes complete rest for at least 24 hours.

IF IN DOUBT, SIT THEM OUT.

REFER

All students with suspected or recognised concussion must be referred to a medical doctor or emergency department as soon as possible. This referral must happen even if symptoms or signs have disappeared.

If the student's parent/guardian is present, a college staff member will request that the parent/guardian take responsibility for ensuring that the referral to the medical doctor or emergency department takes place.

If a student's parent/guardian is not present, a college staff member will work with other staff members, coaches, team members and/or parent bystanders to ensure that the student's parent/guardian is notified and that the student is safely transported to the nearest Emergency Department.

Basic first aid principles apply should the student have an altered level of consciousness. For example, protect the student's neck and secure an open airway. Urgent hospital referral is necessary for any student who has lost consciousness as a result of a blow to the head or body.

RECOVER

The cognitive performance on the post-concussion assessment can effectively be compared to the baseline screening test performance (DSST) both to confirm the diagnosis of concussion. This is preferably verified by the student's GP and/or medical practitioner. In addition, repeating the cognitive assessment and tracking cognitive recovery, together with the symptom assessment, will allow the college nurse, doctor and teacher to plan return to school. Repeat testing can take place every 48-72 hours as conducted by the college nurse.

How long should the student rest completely?

- Students must rest until all their signs and symptoms have disappeared AND they have stopped all medication required for treatment for their concussion symptoms (e.g. painkillers for headaches).
- The minimum complete rest period is 24 hours – 48 hours.
- Children and adolescents need a longer complete rest period.
- The required period of complete rest varies so a medical doctor will specify the minimum time of complete rest for each case.

What does complete rest mean?

- Resting quietly at home until symptoms and signs are settled. This could mean missing at least 1-2 days of school.
- Do not perform any physical activity except walking around the house.
- Do not perform activities that require thinking or concentration.
- Avoid excessive TV, use of mobile devices, electronic games, computers and phones as these can aggravate symptoms.

Return to School – please refer to the form supplied by Waverley College. This form must be taken to the student's GP, medical officer and/or health practitioner, completed and then returned to the student's coach, head of sport or college nurse.

Steps	Aim	Activity	Goal of each step
1	Symptom-free activities at home	Typical symptom-free Activities of Daily Living (ADL) including reading and screen time, house chores	Gradual return to usual activities
2	School activities at home	Homework, reading, other cognitive tasks	Increase tolerance to cognitive work
3	Return to school part-time	Graduated return to schoolwork. Part-day attendance limiting work to those specified times	Increase academic activities
4	Return to school full-time	Gradually progress to full days at school, including homework, tasks, tests and exams	Return to full academic activities & catch up on missed work

Balance and coordination drills in training can start within days of the concussion. Balance training and reaction times drills are fundamental to safely returning to exercise. It is believed poor balance is implicated in concussion in the first place. The physiotherapist and/or trainer affiliated with the school is skilled to implement these programmes.

Return to Exercise/Training

Return to Exercise - refer to the document "Return to Exercise" as supplied by Waverley College

Students should only return to activity when symptoms have gone away and cognitive function has returned to normal. Once the student feels well, exercise can follow on from vision and balance training. Progression of an exercise challenge can occur every 24 hours. If a student starts to feel unwell during or after exercise, they should rest for 24 hours and then attempt the same exercise challenge.

Only when the student has completed all the stages of exercise challenge can they obtain written medical clearance from a medical doctor. The student should give this medical clearance to their school nurse / coach. It is the coaches' responsibility to forward the medical clearance to the school authority.

Stage	Exercise Mode	Example of Exercise Activity	Progression
1	Rest	Complete rest of the brain and body	Medical doctor decides on amount of time needed. Usually 2 weeks minimum.
2	Light cardiovascular exercise	Light jogging for 10-15 minutes, swimming or stationary cycling at low to moderate intensity. No weights training	If no symptoms progress to Stage 3 after minimum of 24 hours. If symptoms occur, rest 24 hours & repeat Stage 2.
3	Sport specific exercise	Individual running drills and skills without contact No weights training	If no symptoms, progress to Stage 4 after minimum of 24 hours. If symptoms occur, rest 24 hours & repeat Stage 2, then progress
4	Sport specific exercises: non-contact training	More complex training drills e.g. passing drills May start progressive (low level) weights training	If no symptoms, medical clearance certificate required before Stage 5. If symptoms occur, rest 24 hours & repeat Stage 3, then progress
5	Sport specific training and practice	Full contact practice following medical clearance certificate being handed to the Head of Co-curricular, College Nurse or Convenor of Sport	Player, coach, parent to report any symptoms to medical doctor. If symptoms occur, then medical doctor to review
6	Sports game	Full contact game	Monitor for recurring symptoms or signs

Link to Rugby AU protocol for information:

<https://australia.rugby/about/codes%20and%20policies/safety%20and%20welfare/concussion%20management>