



Review Procedure

Blackheath & Thornburgh Executive Management and the Board will review the policy as required. The review schedule is directed in response to organisational and/or legislative changes and requirements. The review will be undertaken in consultation with employees and other relevant parties. All relevant persons will be made aware of changes made because of the review.

This policy will be reviewed if:

- There are changes in the workplace that may affect the policy;
- The policy is not effective;
- There are legislative changes that affect the policy; or
- There is a breach of this policy.

This policy is reviewed at least biennially.

Document Number:	HR14_01a
Topic:	Concussion Policy & Procedure
Approval Authority:	Principal
Responsibilities	Blackheath & Thornburgh College
Last Approval Date:	July 2025
Review Date:	July 2027
Audience:	All employees, students, parents/guardians, volunteers, contractors and visitors
Related Policies	Staff Code of Conduct Incident & Investigation Procedure Risk Management Framework Work Health & Safety Policy
Document Web Links:	https://www.legislation.qld.gov.au/view/pdf/inforce/current/act-2011-018 https://www.legislation.qld.gov.au/view/pdf/inforce/current/sl-2011-0240 https://www.legislation.qld.gov.au/view/pdf/inforce/current/sl-2011-0260 https://www.legislation.qld.gov.au/view/pdf/inforce/current/act-2003-027 https://www.legislation.qld.gov.au/view/pdf/inforce/current/sl-2014-0189 https://www.concussioninsport.gov.au/
Notes:	

Purpose

The purpose of this policy is to provide coaches, staff, parents, volunteers and families with appropriate information and resources to:

- Understand what concussion is in particular for children
- Recognise a concussion
- Manage a suspected concussion
- Know where to get more information about concussion



Scope

This policy applies to students, coaches, staff, parents, volunteers and families involved in College activities or have children involved in a sport or co-curricular program at the College.

Concussion

A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a fall or blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious.

Children and adolescents are among those at greatest risk for concussion. The potential for a concussion is greatest during activities in which collisions can occur, such as during physical education (PE) class, playground time, or sports activities. However, concussions can happen any time a student's head comes into contact with a hard object, such as a floor, desk, or another student's head or body. Proper recognition and response to concussion can prevent further injury and help with recovery.

Responsibilities

Students/employees

- In line with their age and stage of development, report any potential concussion symptoms they experience
- Report if they suspect a teammate, fellow student or staff member has concussion
- Follow any medical advice they receive

Parents

- Notify the College of a concussion that occurs outside of school organised events or where the College would not reasonably have had knowledge of a concussion
- Ensure their child does not participate in training or matches prior to receiving medical clearance
- Ensure that a medical clearance is obtained prior to their child returning to the College

Principal

- Regularly communicate this policy to staff and parents
- Ensure that parents are notified of a concussion that occurs at the College or during sporting or co-curricular events
- Review policies and practices
- Ensure adequate staff are trained to administer First Aid

Concussion Management

There are three steps of Concussion Management:

- Recognise a suspected concussion
- Remove the student from the situation to a safe location
- Refer the student to a medical doctor for assessment

Recognising Concussion

All stakeholders including students/players, teachers/coaches and trainers are responsible for recognising and reporting students/players with suspected concussion symptoms. Watch for when a student/player or staff member collides with:

- Another player/student
- A piece of equipment
- The ground



Visual clues of a suspected concussion can include:

- Lying motionless on the surface/ground
- Getting up slowly after impact
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Having a blank or vacant stare
- Having balance or coordination problems
- Memory impairment
- Having a face or head injury

There may be obvious signs of concussion such as loss of consciousness, brief convulsions or difficulty balancing or walking. However, the signs of concussion can be more subtle. The Sport Concussion Assessment Tool (SCAT5) identifies 22 possible symptoms:

1. Headache
2. 'Don't feel right'
3. 'Pressure in the head'
4. Difficulty concentrating
5. Neck pain
6. Difficulty remembering
7. Nausea or vomiting
8. Fatigue or low energy
9. Dizziness
10. Confusion
11. Blurred vision
12. Drowsiness
13. Balance problems
14. Sensitivity to light
15. More emotional
16. Sensitivity to noise
17. Irritability
18. Feeling slowed down
19. Sadness
20. Feeling like 'in a fog'
21. Nervous or anxious
22. Trouble falling asleep (if applicable)

Procedure

Remove the person/s from the situation to a safe location

- The injured person should be assessed using basic first aid principles (danger, response, airway, breathing and circulation)
- Care must be taken with the injured person's neck, which may have been injured in the collision
- Do not move the injured person unless competent and trained to do so
- Use the Concussion Recognition Tool 5 or to identify a suspected concussion
- The injured person should be reviewed by a registered medical practitioner if concussion is suspected
- During the assessment of the injured student/player if and signs or symptoms considered "Red flags" (e.g., Neck pain, loss of consciousness, confusion, vomiting, worsening headache) an ambulance must be called immediately. If in any doubt call an ambulance

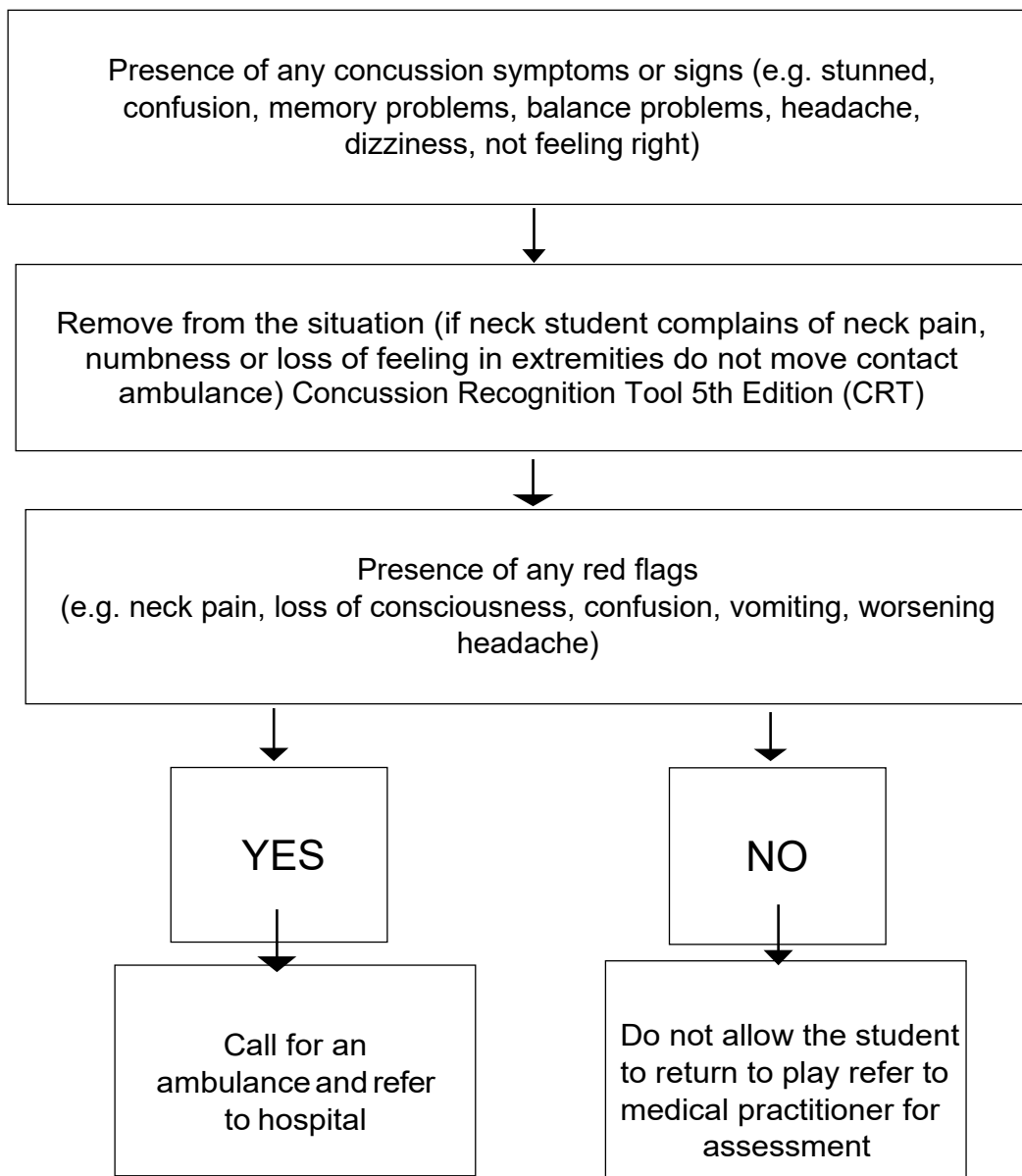


- The injured person must be closely monitored and should not be left alone following the injury – such advice is to be passed on to the parents/guardians/emergency contact

Refer the person/s to a medical doctor for assessment

- A person who has sustained a concussion or suspected concussion is not permitted to return to activities or play (including competition and training) until cleared by a medical practitioner
- The priority when managing concussion in children should be returning to school and learning, ahead of returning to sport
- Parents should discuss with their general practitioner and the College an appropriate return to school and play strategy

Management guidelines for suspected Concussion





CONCUSSION RECOGNITION TOOL 5 ©

To help identify concussion in children, adolescents and adults

RECOGNISE & REMOVE

Head impacts can be associated with serious and potentially fatal brain injuries. The Concussion Recognition Tool 5 (CRT5) is to be used for the identification of suspected concussion. It is not designed to diagnose concussion.

STEP 1: RED FLAGS — CALL AN AMBULANCE (000)

If there is concern after an injury including whether **ANY** of the following signs are observed or complaints are reported then the person should be safely and immediately removed from play/game/activity. If no licensed healthcare professional is available, call an ambulance for urgent medical assessment:

- Neck pain or tenderness
- Double vision
- Weakness or tingling
- Burning in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness
- Deteriorating conscious state
- Vomiting
- Increasingly restless, agitated or combative

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed
- Assessment for a spinal cord injury is critical
- Do not attempt to move the player (other than required for airway support) unless trained to do so
- Do not remove a helmet or any other equipment unless trained to do so safely

STEP 2: Observable Signs

Visual clues that suggest possible concussion include:

- Lying motionless on the surface/ground
- Slow to get up after a direct or indirect hit to the head
- Disorientation or confusion, or an inability to respond appropriately to questions
- Blank or vacant look
- Memory impairment
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Facial injury after head trauma

STEP 3: Symptoms

1. Headache
2. 'Don't feel right'
3. 'Pressure in the head'
4. Difficulty concentrating
5. Neck pain
6. Difficulty remembering
7. Nausea or vomiting



8. Fatigue or low energy
9. Dizziness
10. Confusion
11. Blurred vision
12. Drowsiness
13. Balance problems
14. Sensitivity to light
15. More emotional
16. Sensitivity to noise
17. Irritability
18. Feeling slowed down
19. Sadness
20. Feeling like 'in a fog'
21. Nervous or anxious
22. Trouble falling asleep (if applicable)

STEP 4: Memory Assessment (For people older than 12 years)

Failure to answer any of these questions (modified appropriately for each sport/activity) correctly may suggest a concussion:

- "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?"

People with suspected concussion should:

- Not be left alone initially (at least for the first 1-2 hours)
- Not drink alcohol
- Not use recreational/prescription drugs
- Not be sent home by themselves. They need to be with a responsible adult
- Not drive a motor vehicle until cleared to do so by a healthcare professional

ANY PERSON WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY, EVEN IF THE SYMPTOMS RESOLVE.

The signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. Be alert for any signs or symptoms. Also, watch for changes in how the person is acting or feeling, if symptoms are getting worse, or if the person just "doesn't feel right."

Support after Concussion

Supporting a student/staff member recovering from a concussion requires a collaborative approach among the College staff, healthcare providers, and parents, as they may need assistance during recovery.

College

Assistance for students/staff members may include speech-language therapy, environmental adaptations, curriculum modifications, and behavioral strategies. Students/staff members may need to limit activities while they are recovering from a concussion. Exercising or activities that involve a



lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms (such as headache or tiredness) to reappear or get worse.

Students/staff members who return to the College after a concussion may need to:

- Take rest breaks as needed
- Spend fewer hours at school
- Be given more time to take tests or complete assignments
- Receive help with schoolwork
- Reduce time spent on the computer, reading, or writing
- Sit out of physical activities, such as recess, PE, and sports until approved by a healthcare provider
- Complete fewer assignments
- Avoid noisy and over-stimulating environments.

It is normal for students/staff members to feel frustrated, sad, and even angry because they cannot return to recreation or sports right away or cannot keep up with their schoolwork. As the student/staff members' symptoms decrease, the extra help or support can be removed gradually.

Parents

Help them take time to get better

If your child or teen has a concussion, her or his brain needs time to heal. Your child or teen may need to limit activities while they are recovering from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse. After a concussion, physical and cognitive activities – such as concentration and learning – should be carefully managed and monitored by a healthcare provider.

Talk to your child or teen about how they are feeling

Talk to your child or teen about how they are feeling. Your child may feel frustrated, sad, and even angry because they cannot return to recreation and sports right away or cannot keep up with schoolwork. Your child may also feel isolated from peers and social networks. Talk often with your child about these issues and offer your support and encouragement.

Most children can return to school within a few days. Help your child or teen get needed support when returning to school after a concussion. Talk with your child's teachers, school nurse, coach, speech-language pathologist, or counselor about your child's concussion and symptoms.