



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:	May 2026
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:	AIS Concussion in Sport
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 the signs of a suspected concussion
- Understand how the College will manage a suspected 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

Concussion is a brain injury resulting in a disturbance of brain function. 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:

1

Recognise

a suspected concussion.



2

Remove

the student from the situation
and move them to a safe location.



3

Refer

the student to a medical
practitioner for assessment.





1. 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

Concussion affects the way a person thinks, feels and remembers things. Concussion can affect an individual in a variety of ways, including:

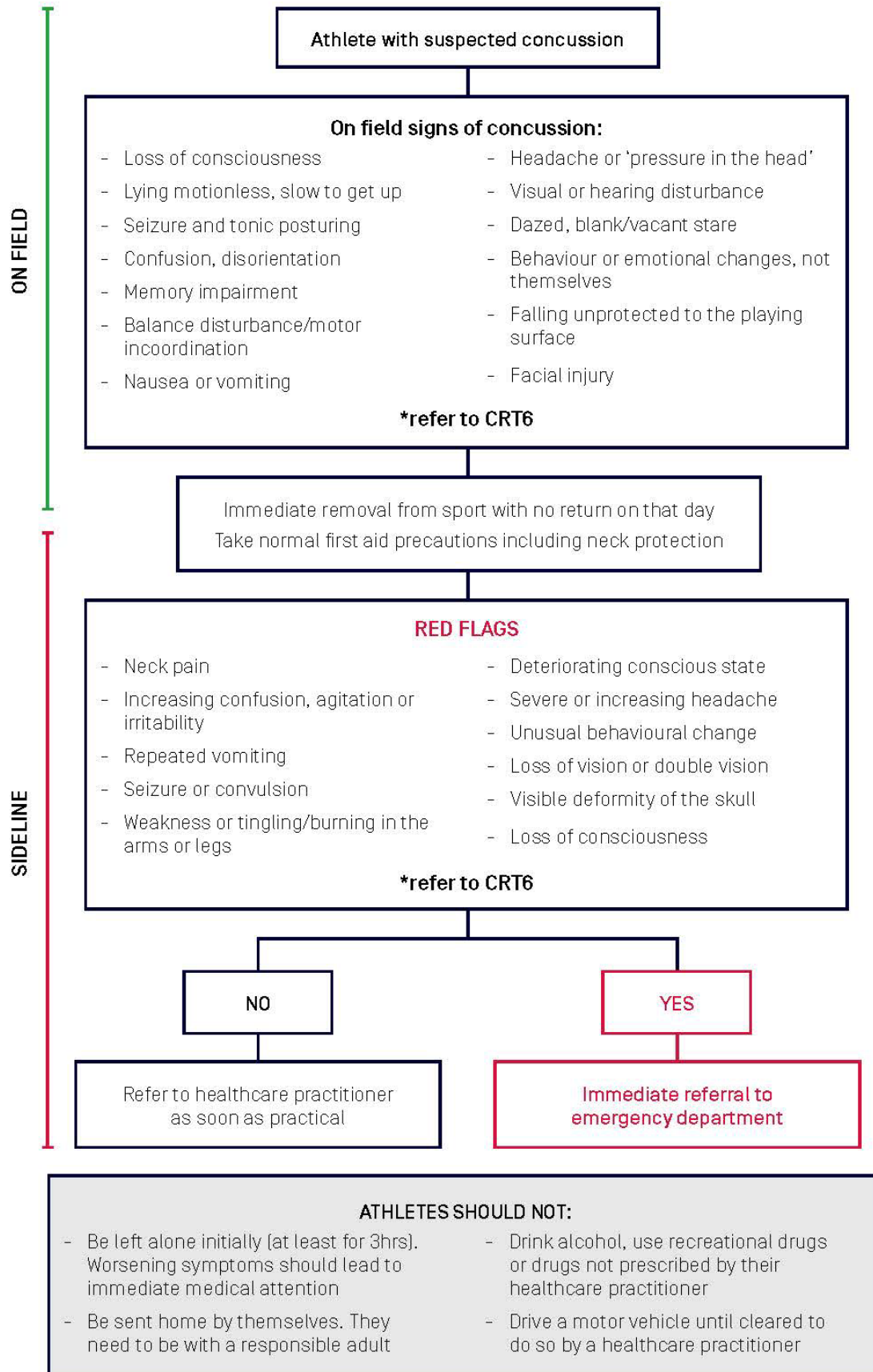
 PHYSICAL	 COGNITIVE	 EMOTIONAL	 SLEEP	 FATIGUE
Headaches, dizziness, vision changes	Feeling 'foggy', slowed down	Short tempered, sad, or a general change of personality	Not being able to sleep or sleep more than normal	Low energy

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 Concussion Recognition Tool (CRT6) is extracted at the end of this policy and will be used to assist in recognising the signs of a suspected concussion.

2. Remove the student from the situation to a safe location

If in doubt, sit them out

The College follows the Australian Institute of Sport (AIS) Concussion Guidelines on managing a suspected concussion and will implement the steps outlined below:



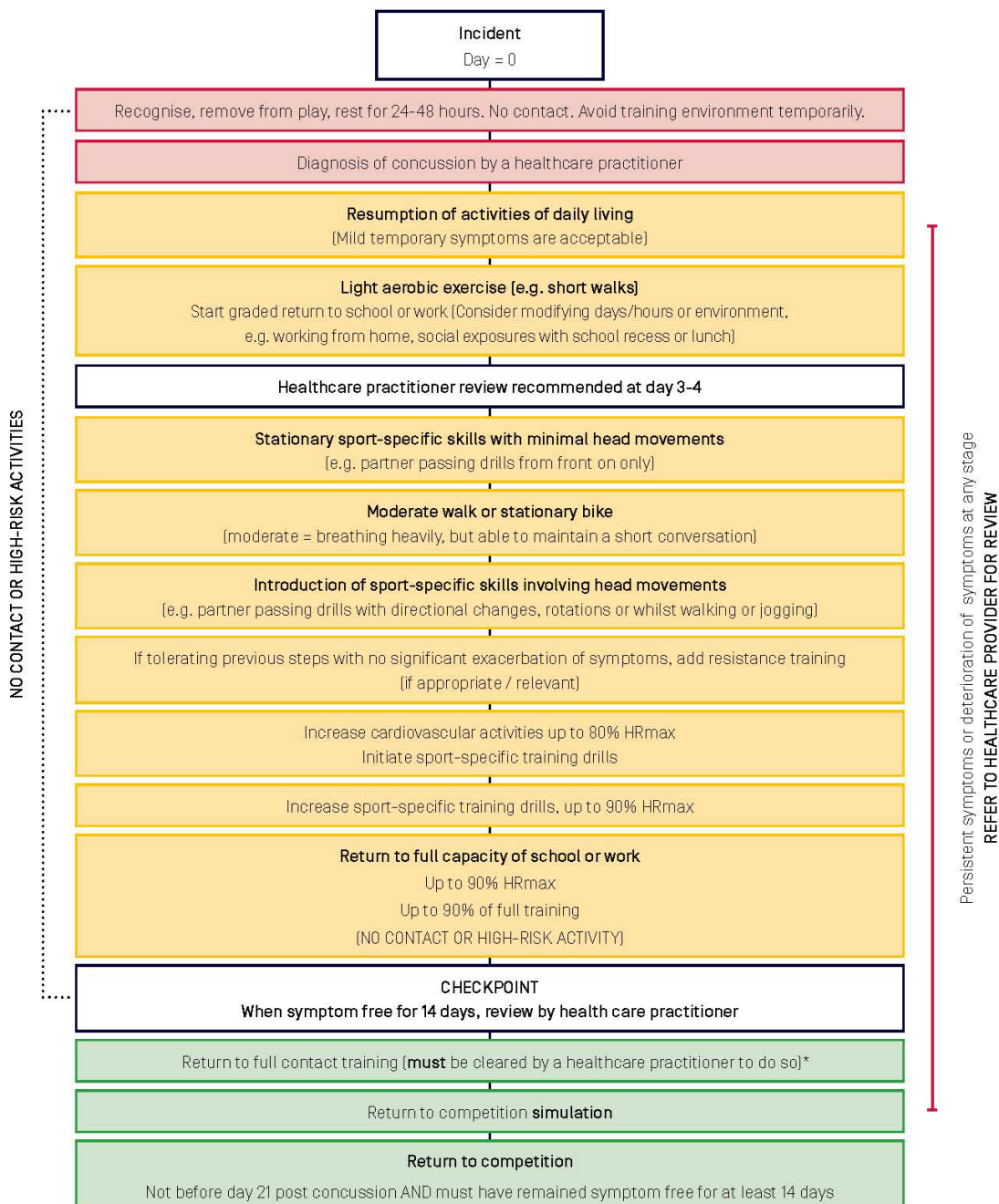


CONCUSSION POLICY & PROCEDURE

3. Refer the person/s to a medical practitioner for assessment

- A person who has sustained a 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. If no return to learn and return to play strategy is provided by the parents, the College will follow the AIS graded return to sport framework as follows:

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.





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.



CRT6™



Concussion Recognition Tool

To Help Identify Concussion in Children, Adolescents and Adults

What is the Concussion Recognition Tool?

A concussion is a brain injury. The Concussion Recognition Tool 6 (CRT6) is to be used by non-medically trained individuals for the identification and immediate management of suspected concussion. It is not designed to diagnose concussion.

Recognise and Remove

Red Flags: CALL AN AMBULANCE

If **ANY** of the following signs are observed or complaints are reported after an impact to the head or body the athlete should be immediately removed from play/game/activity and transported for urgent medical care by a healthcare professional (HCP):

- 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

Remember

- In all cases, the basic principles of first aid should be followed: assess danger at the scene, check airway, breathing, circulation; look for reduced awareness of surroundings or slowness or difficulty answering questions.
- Do not attempt to move the athlete (other than required for airway support) unless trained to do so.
- Do not remove helmet (if present) or other equipment.
- Assume a possible spinal cord injury in all cases of head injury.
- Athletes with known physical or developmental disabilities should have a lower threshold for removal from play.

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 when the athlete seems different than usual. Such changes include the presence of **any one or more** of the following: visible clues of concussion, signs and symptoms (such as headache or unsteadiness), impaired brain function (e.g. confusion), or unusual behaviour.

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CRT6™

Developed by: The Concussion in Sport Group (CISG)

Supported by:





Concussion Recognition Tool 6 - CRT6™



CRT6	Concussion Recognition Tool To Help Identify Concussion in Children, Adolescents and Adults	
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1: Visible Clues of Suspected Concussion

Visible clues that suggest concussion include:

- 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 an 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 coordination / wobbly
- Facial injury

2: Symptoms of Suspected Concussion

Physical Symptoms	Changes in Emotions
Headache	More emotional
“Pressure in head”	More Irritable
Balance problems	Sadness
Nausea or vomiting	Nervous or anxious
Drowsiness	
Dizziness	
Blurred vision	
More sensitive to light	
More sensitive to noise	
Fatigue or low energy	
“Don’t feel right”	
Neck Pain	

Changes in Thinking
Difficulty concentrating
Difficulty remembering
Feeling slowed down
Feeling like “in a fog”

Remember, symptoms may develop over minutes or hours following a head injury.

3: Awareness

(Modify each question appropriately for each sport and age of athlete)

Failure to answer any of these questions correctly may suggest a concussion:

- “Where are we today?”
- “What event were you doing?”
- “Who scored last in this game?”
- “What team did you play last week/game?”
- “Did your team win the last game?”

Any athlete with a suspected concussion should be - IMMEDIATELY REMOVED FROM PRACTICE OR PLAY and should NOT RETURN TO ANY ACTIVITY WITH RISK OF HEAD CONTACT, FALL OR COLLISION, including SPORT ACTIVITY until ASSESSED MEDICALLY, even if the symptoms resolve.

Athletes with suspected concussion should **NOT**:

- Be left alone initially (at least for the first 3 hours). Worsening of symptoms should lead to immediate medical attention.
- Be sent home by themselves. They need to be with a responsible adult.
- Drink alcohol, use recreational drugs or drugs not prescribed by their HCP
- Drive a motor vehicle until cleared to do so by a healthcare professional