

Concussion Management Policy

- All of Brighton Grammar School's policies are intended to be up to date and be consistent with all relevant laws.
- Employees are expected to comply with all applicable policies.
- Various parts of the policies require managers and staff to exercise discretion, and the policies are not intended to be applied in a legalistic or prescriptive manner.
- These policies may be varied by Brighton Grammar School from time to time, at its absolute discretion.
- Brighton Grammar School is fully committed to the protection of children and young people during all School activities and environments both within and outside of School hours.
- This is a whole of school policy and there may, from time to time, be variations in different parts of the School. In such circumstances, advice will be issued by the relevant Head of School.

Purpose

Brighton Grammar School is committed to taking all reasonable action to manage the health and safety of students and staff members should they become ill or injured. This Policy outlines the requirements and processes to be implemented should a student or staff member (referred to hereafter as "student") receives a knock to the head and show signs of possible concussion during the course of activities undertaken at Brighton Grammar in particular a BGS sporting activity.

In best practice management of head knocks and suspected concussion particularly in sport, the critical element remains the welfare of the person, both in the short and long term.

Definitions

Concussion. Concussion is a complex process caused by trauma that transmits force to the brain either directly or indirectly and results in temporary disturbance or impairment of brain function. It can happen from an impact that is not directly to the head, and concussion does not always cause loss of consciousness.

Most commonly, it causes temporary impairment, and the symptoms may develop over the hours or days following the injury. This means that it may be difficult to determine, by either staff, parents or a medical practitioner, immediately after the injury whether a person is concussed. Cognitive functions in children and adolescents typically take up to 4 weeks to recover.

Concussion occurs most often in sports which involve body contact or collision at high speed.

Student Health Officer: While all staff members have a role to play recognising and managing concussion the Student Health Officer will act as a designate a Concussion Officer. This person will be single point of contact and manages all matters related to concussion. The Concussion Officer's responsibility should include:

- Receiving & recording incident details.
- Ensuring Health Care Professional are involved.

- Informing relevant stakeholders.
- Ensuring adherence to Graded Return to Learn / Graded Return to Sport plan.
- Ensuring clearance by Health Care Professional.

Signs and symptoms of suspected concussion

RED FLAGS: CALL AN AMBULANCE

If there is concern after an injury, including whether ANY of the following signs are observed or complaints are reported, then the student should be safely and immediately removed from play/game/activity and an ambulance should be called.

RED FLAGS:

- Neck pain
- Increasing confusion, agitation or irritability
- Repeated vomiting
- Seizure or convulsion
- Weakness or tingling/burning in the arms or legs
- Deteriorating conscious state
- Severe or increasing headache
- Unusual behavioural change
- Loss of vision or double vision
- Visible deformity of the skull
- Loss of consciousness

Observable Signs

Sometimes there will be clear signs that a player has sustained a concussion. If they display any of the following clinical features, immediately remove the player from sport:

- Lying motionless on ground or slow to get up after a direct or indirect hit to the head.
- Dazed, blank or vacant look.
- Inability to appropriately respond to questions.
- Disorientation, confusion or no awareness of game/events.
- Unsteady on feet or balance problems or falling over (incoordination).
- Facial injury after head trauma.

Note: Loss of consciousness, confusion and memory disturbance are clear features of concussion. The problem with relying on these features to identify a suspected concussion is that they are not present in every case.

Symptoms

Suspect a concussion and act immediately if a player displays any of these symptoms:

- Headache
- "Pressure in head"
- Balance problems
- Nausea or vomiting
- Drowsiness
- Dizziness
- Blurred vision
- Sensitivity to light
- Sensitivity to noise
- Fatigue or low energy
- "Don't feel right"
- More emotional
- More irritable
- Sadness down
- Nervous or anxious
- Neck pain
- Difficulty concentrating
- Difficulty remembering
- Feeling slowed down
- Feeling like "in a fog"

Memory

Where players are older than 12 years, they may be asked a number of questions to recognise suspected concussion. If a player fails to answer any of the following questions (modified as required) correctly, this may suggest a concussion:

- "What venue/location are we at today?"
- "What team did you play last week/last game?"
- "Which half is it now?"
- "Did your team win the last game?"
- "Who scored last in the game?"

Requirements for head knocks during general school activities or in the playground

Managing concussion is a shared responsibility between the student, coach, sports trainer/medic, parents and medical practitioner.

All head knocks, whether in the classroom, playground or during a sporting activity must always be treated as a serious injury.

Students who receive a knock to the head during school hours must present to the Student Health Officer for further assessment and monitoring. Parents must always be contacted in the event of a head injury.

All students that receive a head knock must be cleared by their doctor prior to returning to School in any capacity.

Requirements for head knocks during sporting activities

In the early stages of injury, it is often not clear whether you are dealing with a concussion or there is a more severe underlying structural head injury. For this reason, the most important steps in initial management and beyond include:

1. **Recognise** – recognising a suspected concussion
2. **Remove** – removing the person from the game or activity
3. **Refer** – referring the person (parents/guardian) to a qualified doctor for assessment
4. **Return** – returning to either training or games

Any player who has suffered a concussion or is suspected of having a concussion must be medically assessed as soon as possible after the injury and must NOT be allowed to return to play in the same day.

Complications or ongoing symptoms of concussion can occur if the student is returned to play before they have recovered from their concussion. For this reason, any student with suspected concussion must be withdrawn from playing and/or training immediately. Furthermore, a student with suspected concussion should not be returned to training, play or school for the designated timeframes and without medical clearance.

Management of head injury is difficult for non-medical personnel. In the early stages it is often not clear whether you are dealing with a concussion or there is more severe underlying structural head injury.

Therefore, **ALL students with suspected concussion need a medical assessment.**

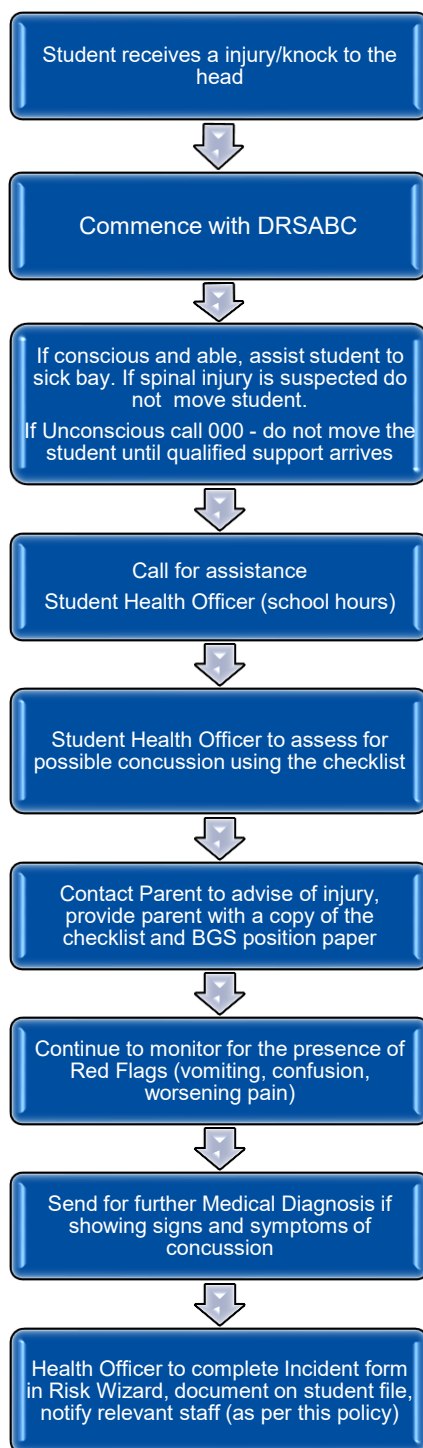
The key components of management of concussion include:

- Careful monitoring of any student with symptoms such as confusion or headache after a knock to the head (students should not be left alone if they have sustained a head knock)
- Referring the student for medical evaluation
- Ensuring the student has received written medical clearance before allowing them to return to school, sport or physical activity at school.

Head injuries out of school hours.

It is the responsibility of parents to advise the school if a student has sustained a knock to the head out of school hours, in particular if it has resulted in concussion. This must be communicated on the first school day after the event (whether the student has returned to school or not). Students cannot return to school without a medical clearance and a management plan done in consultation with the Student Health Officer. Teachers have a duty of care to pass any information received by parents regarding out of school hours head knocks to the Student Health Officer immediately for further follow up.

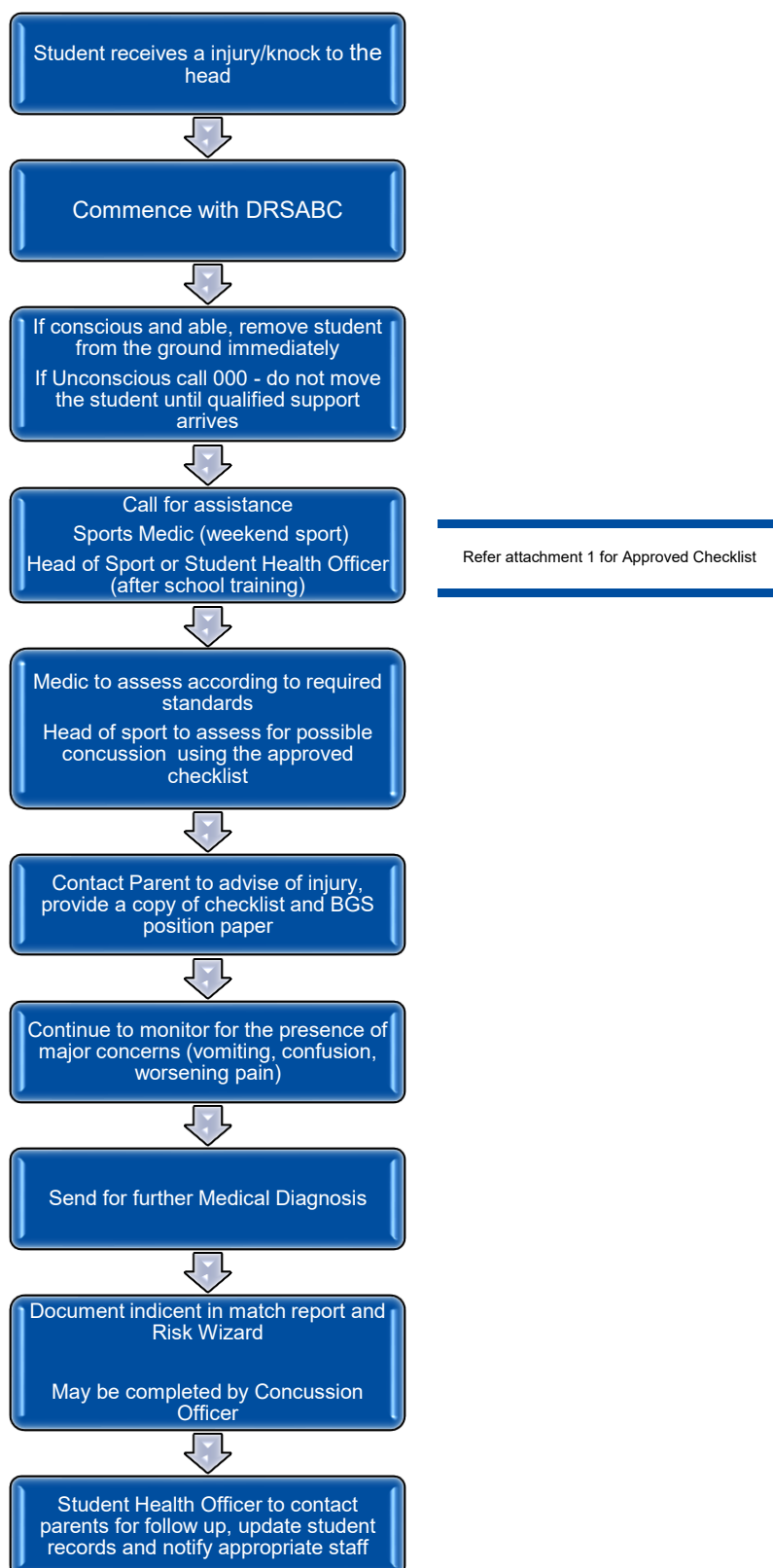
If a student has been knocked unconscious or loss of consciousness suspected due to a head knock, an ambulance is to be called immediately to expedite evaluation by medical staff.



Refer attachment 1 for checklist

Management – After School/Weekend APS Sport

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Informing Key Staff Members

The Student Health Officers must be informed of all significant head knocks, suspected concussion and/or confirmed concussion during school sport or training. The Student Health Officer will notify the following staff members of the incident, complete a Risk Wizard Report (or BGS Concussion App entry) as soon as practicably possible, inform of any management plan in place and follow up as required.

- The Head of School
- Risk & Business Improvement Manager
- The Director of Sport (SS) or Sports Coordinator (JS); and
- The Head of House and Tutor Group Teacher (SS) or Form Teacher (JS).

It is then the responsibility of the Director of Sport and Head of House to inform other relevant staff e.g. Sport coaches, subject teachers, and BGS+ staff. The school should also maintain information regarding students' concussion history to help identify players who fit into a high-risk category. Such information should be handled and treated confidentially and in accordance with the School's relevant privacy policy

Education and Training

All Staff involved in sport should conduct an annual process to educate staff members involved in sport about concussion. This should include information regarding:

- What is concussion;
- Causes of concussion;
- Common signs and symptoms;
- Steps to reduce the risk of concussion;
- Procedures if a student has suspected concussion or head injury; and
- Return to school and sport medical clearance requirements.

It is recommended that all APS School Member Staff conducted the following training:

[Concussion Management AIS \(ausport.gov.au\)](https://ausport.gov.au/concussion-management)

Follow up Management – return to learn or play

Head injuries, particularly in children and adolescents must be managed immediately and correctly in order to try to prevent any further brain trauma. Restriction of physical and cognitive activity (rest) is the primary intervention of concussion following a head injury. A student should only return to school and/or sport once they have received medical clearance to do so. Only a medical doctor should provide medical clearance for the person to return to school or the game or training. A qualified first aider should not provide medical clearance.

The Student Health Officer will provide follow up support and liaise with the parents on behalf of the school after a head injury that has occurred. The Student Health Officer will update all School's medical records and Risk Wizard (and BGS Concussion App). Student concussion records should contain the following as a minimum:

- The dates a concussion was sustained.
- A description of the circumstances that caused the concussion.
- The name of the medical practitioner who gave clearance for the boy to resume physical activities.
- The date this permission was given.

Return to Learn

It is common for concussed student to have difficulty concentrating and paying attention in class. They may also require more time to complete schoolwork. When a concussed student starts to concentrate for long periods, the load on the brain can bring on or worsen the symptoms of concussion. Gradually increasing the load on the brain without provoking symptoms is recommended.

During recovery from concussion, it is recommended that students avoid:

- extensive screen time: including computer use, texting, video games, television.
- loud music and music through headphones.

The best available evidence shows that recommending strict rest until the complete resolution of concussion-related symptoms is not beneficial following a concussion. It is recommended that light-intensity physical activity such as walking that does not exacerbate symptoms, during the initial 24–48 hours following a concussion can benefit recovery.

Parents should discuss with their doctor and the school, an appropriate return-to-school strategy and medical clearance. This clearance and strategy must be documented and provided in writing. It is important to note, each student must provide the Concussion Officer written clearance from a medical practitioner before they return to school.

Teaching staff should also consider a return to learn plan that includes considerations such as:

- regular breaks from class.
- shortened school day.
- postponing exams or additional time to complete exams and assessments.
- additional time to complete tasks in class.

Return to Sport/Play

The BGS concussion return to sport guidelines are developed and maintained taking into account APS Management of Concussion guidelines.

- STEP 1 – following an assessment by a medical practitioner, a parent / guardian must inform the school's Concussion Officer of the student's concussion diagnosis. The parent / guardian will submit SECTION 1-2 of the Medical Clearance Form (Concussion referral) – refer APPENDIX A – to the school Concussion Officer;
- STEP 2 – once the student has been symptom free for a minimum 14 days (at rest), a family can seek formal clearance from a medical practitioner to return to competitive contact training. Once reviewed by a medical practitioner, a parent / guardian will submit SECTION 3 of the Medical Clearance Form (Concussion referral) – refer APPENDIX A - to the school Concussion Officer. This indicates an approval to consider a return to competitive contact training;
- STEP 3 – after the resumption of competitive contact training, if there is no recurrence of symptoms over the next 24 hours, a plan to return to competitive contact sport can be considered;
- STEP 4 – provided the student has received medical clearance from a GP, remained symptom free for a minimum of 14 days and it has been at least 21 days from when the concussion was sustained, the school Concussion Officer and the student / parent-guardian can approve an agreed plan to return to competitive contact sport.

Any student who has suspected or confirmed concussion will not be able to return to school/study without a written medical clearance from the Medical Practitioner. The written clearance should specify clearance to train, play and learn. Returning to learn will take precedence over the return to sport. The supervising teacher should monitor the student closely during the first training session and game following a head knock.

Even if medical clearance has been obtained, the school/staff member should not allow the player to return to play if their condition deteriorates or if the student advises that they are still feeling any symptoms of concussion.

Where there is uncertainty about a student's recovery, always adopt a more conservative approach, "if in doubt sit them out".

Multiple Concussions

For the purpose of this policy, multiple concussions are defined as a minimum of two (2) concussions in a 3-month period, or three (3) or more concussions within a 12-month period. Where this occurs, the individual should follow a more conservative return to sport protocol.

- Second concussion within 3 months – students must be symptom-free for 28 days before seeking medical clearance to make a return to competitive contact training. Return to competitive contact sport should not occur for a minimum of 6 weeks from the time of the most recent concussion.
- Three concussions within a 12-month period – the student must seek confirmation from a medical practitioner as to when they are able to return to competitive contact training and / or sport.

BGS will always take a cautious and conservative approach to return to play which may involve a graduated return and increase in activity over a few days or weeks. This will be undertaken in full consultation with the student and his parents as well as in conjunction with any medical recommendations.

Attachments to this policy:

- APS Medical Clearance Forms
- APS Management of Concussion guidelines

This Policy is a controlled document. Any printing of this document is uncontrolled. Please refer to the school portal for the latest version of this policy	
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