

## FIRST AID FOR HEAD INJURY OR CONCUSSION POLICY

Mansfield Secondary College 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 receive a knock to the head and shows signs of concussion during the course of activities undertaken at Mansfield Secondary College or during an off campus excursion or camp.

This policy has been written in conjunction with The Royal Children's Hospital head injury advice, the Concussion Recognition Tool 5 and The Department of Education general first aid procedure.

### PURPOSE

To ensure the school community understands our school's approach in the case of a student sustaining a knock to the head or a concussion during school time or during offsite school based excursions or camps.

### CONCUSSION DEFINITION

Concussion, also known as **mild traumatic brain injury**, refers to a head injury with a temporary loss of brain function. Concussion can cause an array of physical, cognitive and demonstrative symptoms. As the changes are temporary, the majority of people recover completely if managed correctly.

### SCOPE

This policy applies to Mansfield Secondary College staff members when managing a head knock or a concussion sustained by a student. Please refer to First Aid policy for management of other student injuries or illness' at school.

### POLICY

Following a head injury or knock to the head, children and adolescents may be more susceptible to concussion and take longer to recover. The Concussion Recognition Tool 5 (this is available in the sick bay and first aid kits) can be used to assist identification of suspected concussion. It is not designed to diagnose concussion. When a student reports a knock to the head or head injury at school, and can walk to the sick bay, the First Aid Officer on duty will refer to The Concussion Recognition Tool 5 and commence a Concussion Checklist. The student will be observed for a minimum of 30 minutes in the sick bay, unless emergency management is required.

### Staffing

The Principal will ensure that Mansfield Secondary College has sufficient staff with the appropriate levels of first aid training to meet the first aid needs of the school community.

Our school's trained first aid officers are listed in our Emergency Management Plan (EMP). Our EMP includes the expiry dates of the training.

### First aid management for a knock to the head or concussion

Any student who has sustained a knock to the head or a suspected concussion at school should be assessed by the first aid officer on duty, unless the student is unconscious or has had any of the following red flag symptoms, in which an ambulance should be called immediately.

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### **Red flags — call an ambulance**

If there is a concern after a head injury and if any of the following signs are observed or reported, first aid must be administered and an ambulance should be called 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

### **Observable signs — take appropriate action**

If there are no red flags but signs and symptoms suggest concussion as listed in the Concussion Recognition Tool 5:

- the student must be immediately removed from play or sport and not engage in further activity (for example, returning to a sporting game)
- make contact with parents or carers as per below.

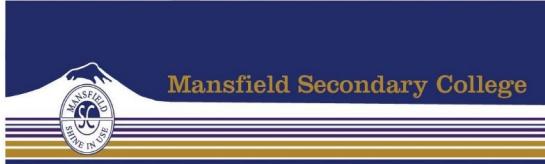
### **Make contact with parents**

Whenever the Concussion Recognition Tool 5 is used to assist with the identification of a suspected concussion, parents and carers must always be contacted and the following actions taken:

- if concussion is suspected:
  - the school must contact the parent or carer and ask the parent or carer to collect the student from school and recommend a medical assessment, even if the symptoms resolve.
- if concussion is not suspected:
  - the parent or carer should be contacted and informed of the injury and told that a concussion is not suspected based on use of the Concussion Recognition Tool 5
  - the parent or carer may wish to collect the student from school.

Following a confirmed concussion, schools may need to make reasonable adjustments, guided by the student's treating team, including:

- return to learning and return to sport plans
- modifying school programs to include more regular breaks, rests, and increased time to complete tasks.



# POLICY

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### COMMUNICATION

This policy will be communicated to our school community in the following ways:

- Available publicly on our school's website
- Included in staff induction processes and staff training
- Included in staff handbook/manual
- Discussed at staff briefings/meetings as required
- Included in transition and enrolment packs
- Discussed at parent information nights/sessions
- Hard copy available from school administration upon request

### FURTHER INFORMATION AND RESOURCES

This policy should be read in conjunction with the following Department policies and guidelines:

- [First Aid for Students and Staff](#)
- [Health Care Needs](#)
- [Infectious Diseases](#)
- [Blood Spills and Open Wounds](#)
- [Medication](#)
- [Syringe Disposals and Injuries](#)

The following school policies are also relevant to this First Aid For Head Injury:

- Administration of Medication Policy
- Anaphylaxis Policy
- Asthma Policy
- Duty of Care Policy
- Health Care Needs Policy

### POLICY REVIEW AND APPROVAL

Policy last reviewed	March 2023
Approved by	Principal
Consultation	School Council
Next scheduled review date	March 2027

## FIRST AID FOR HEAD INJURY OR CONCUSSION POLICY

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To download a clean version of the SCAT tools please visit the journal online (<http://dx.doi.org/10.1136/bjsports-2017-097508CRT5>)

**CONCUSSION RECOGNITION TOOL 5®**

To help identify concussion in children, adolescents and adults



**FIFA®**



**FEI**



**RUGBY**

**RECOGNISE & REMOVE**

Head injuries 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**

If there is concern after an injury including whether ANY of the following signs are observed on a player (active or not) the player should be safely and immediately removed from play (game, activity, or no) if a licensed healthcare professional is available, call an ambulance or urgent medical assessment.

- Neck pain or tenderness
- Severe or increasing headache
- Double vision
- Weakness or tingling/burning in arms or legs
- Loss of consciousness
- Increasingly restless, irritable or combative

**STEP 2: OBSERVABLE SIGNS**

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.

If there are no Red Flags, identification of possible concussion should proceed to the following steps:

**STEP 3: SYMPTOMS**

(IN ATHLETES OLDER THAN 12 YEARS)

- 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
- Nervous or anxious
- Neck Pain
- Difficulty concentrating
- Difficulty remembering
- Feeling slowed down
- Feeling like "in a fog"

**STEP 4: MEMORY ASSESSMENT**

(IN ATHLETES OLDER THAN 12 YEARS)

Failure to answer any of these questions (modified appropriately for each sport) 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?"

**Athletes 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.

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**ANY ATHLETE 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**

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Visual clues that suggest possible concussion include:

- Lying motionless on the playing surface
- 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
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Facial injury after head trauma

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