



## CONCUSSION MANAGEMENT: GUIDELINES

The school has developed a comprehensive approach to concussion management. It is the responsibility of all students to report injuries and illnesses to the school. This includes, but is not limited to, signs and symptoms related to concussions. The Sport and PE Departments and Student Care team recognize and acknowledge that concussions or traumatic brain injuries (TBI) need immediate attention and support.

A concussion is defined as a generally short-lived impairment of neurological function brought on by a direct or indirect traumatic force applied to the head or body. Symptoms are usually rapid in onset, but of short duration and generally resolve spontaneously. It is usually a functional disturbance and not a structural one. Loss of consciousness may or may not be involved. Exact recovery periods from these types of head injuries are uncertain and will often vary.

The entire concussion management process of the student from the baseline assessment, initial post injury evaluation, and eventual return to full athletic and academic participation, including any diagnostic testing, shall be documented within their School file. For their wellbeing an alert that a student has experienced a confirmed concussion will remain active on their FACTS file, until clearance is received from their GP. The school has developed a risk management framework for determining the requirements for a student's return to play and return to learn.

### EDUCATION

Prior to any athletic activity, every student will have signed the student code of conduct which references these concussion management guidelines to confirm that they agree to implement the concussion management guidelines.

All staff will sign in their contract a commitment to following the concussion management guidelines.

### **Concussion while playing sport, doing physical or classroom activity for Rangi Ruru Girls' School**

The team coach or teacher will determine whether a potential concussion has occurred, realising that each concussion and each student are different and individual treatment plans are necessary. A concussion occurs when a student has received a knock to the head or body that causes the head to shake, causing the brain to hit the skull with force.

Signs and Symptoms of a Possible Concussion (including but not limited to):

- Headache
- Dizziness
- Blurred vision
- Memory problems
- Difficulty sleeping
- Nausea
- Diplopia – double vision
- Photophobia – light sensitivity
- Misophonia – noise sensitivity
- Difficulty concentrating
- Balance problems
- Confusion
- Feeling sluggish
- Feeling groggy



When a student has had a knock to the head, neck, or shoulders, and/or (without a knock being observed) begins to exhibit signs, symptoms, or behaviour consistent with a possible concussion, they shall be removed from practice, competition, activity or learning immediately and for the remainder of play and monitored to determine their status as it relates to being concussed.

Following observation if a student has been assessed with having a possible concussion this is to be communicated to the Dean, Director of Sport or Head of PE who will inform the school nurse, who communicates possible concussion to an agreed distribution group. Students shall be removed from physical activity for the remainder of that day and may not be allowed to participate in academic activities. The student should be monitored for progression of symptoms by staff.

Dependent on the severity or progression of symptoms the student will be referred to the school Nurse or their family/the boarding house to be taken to a doctor.

When a student has been diagnosed by a doctor or qualified professional with concussion, the student should be monitored multiple times daily for progression of symptoms from rest, physical exertion, and mental exertion. Students can return to sport and physical activity gradually seven days after they are **symptom free** and/or when they have been given clearance to return to normal physical and academic activity. Following seven days symptom free the student's return to sport will follow an ACC recommended progressive return to full sport participation, as per the timeline in appendix. Students will not return to sport specific training until >Day 14 post injury and will not return to sports competition until >Day 21 post injury.

Any student who has been diagnosed with concussion by a qualified professional will be required to provide the school with a written update on their status as it pertains to their concussion symptoms, their athletic participation status, and their academic participation status. A medical certificate will need to be provided outlining the clearance to Return-to-Play and Return-to-Learn. The management of return-to-learn is just as important and requires appropriate medical support and clearance, once clearance has been provided the student is expected to be able to return to full academic activity.

ACC requires a student has returned fully to work/ learning before a return to sport specific training can begin from Day 14 post injury.

In the case of a prolonged recovery, the student's medical professional will determine the need for further diagnostic imaging, testing, or outside consultation on a case-by-case basis. Students and their parents/ guardians are to keep the school notified and updated on the condition of the student after they suffer from a concussion.

Students with active concussion alerts on their file will be reviewed once per term. The Director of Sport or student's Dean may contact the family to discuss the student's progress.

## **Emergency Action**

Staff or coaches will execute the Serious Accident Emergency Action Plan for further medical care and/or transportation as deemed necessary. This may include injury to the neck and/or spine, head trauma, and/or severe concussion signs and/or symptoms.



The following list may be used to determine the status of the student as it pertains to transportation to a medical facility and/or initiating the Emergency Action Plan:

1. Prolonged loss of consciousness as it relates to the concussion
2. A neurological exam deficit that may suggest intracranial trauma
3. Repetitive/Uncontrolled vomiting (Emesis)
4. A persistent decline of the student's mental status and/or neurological signs/symptoms
5. Suspected significant spinal related trauma/injury
6. Significant bleeding or signs of a broken bone

### **PROLONGED/MULTIPLE CONCUSSION MANAGEMENT**

In the event of a more complex case of Return-to-Learn or Return-to-play with a student, or in the event of multiple concussions, a Concussion Management Team (Dean, Director of Sport, School Nurse) may need to meet and develop a personalized plan for the student. Students who have not had their concussion alert removed with medical clearance after 10-days, the school will consider instigating the concussion management team and ensure the school has been given a return to learn and return to play programme from a suitably qualified health professional.

The Student's Dean will enact and lead this team as (s)he sees fit for prolonged recovery from a concussion. This team may or may not be enacted after the 10-day review. This team will be responsible for assisting the student in engaging school resources for those cases that cannot be managed through schedule modification.

Decisions that affect the current or future health status of a student who has an injury or illness should only be made by a properly credentialed health professional (e.g., a physician, appropriately qualified allied health professional or an athletic trainer who has a physician's authorization to make the decision).

***This policy is intended to guide patient care. Medical conditions and specific medical situations are often complex and require health care providers to make independent judgments. These policies may be modified by medical practitioners to achieve maximal outcomes.***



## GRADUATED RETURN TO EDUCATION/WORK & SPORT PROTOCOL ACC

Day 0 – Day of the injury/concussion – immediate stand down from sport activity even if concussion is just suspected. [ACC CIS-Guidelines Jan2024.pdf](#)

### Stage One – Day 1-2

Relative rest for 24-48 hours i.e. light activities of do not provoke symptoms are okay.

- Minimise screen time.
- Gentle exercise – walking around the house.

### Stages Two to Four – Day 2-13

Minimum of 24 hours between stages before progressing.

Symptoms should be progressively improving.

If symptoms worsen drop back a stage.

#### Stage Two:

- Gradually introduce daily activities
  - Activities away from work/school (introduce TV, increase reading, games)
  - Exercise – light physical activity (short walks outside)

#### Stage Three:

- Increase tolerance for mental and exercise activities.
  - Increase study/work related activities with rest periods.
  - Increased intensity of exercise guided by symptoms.

#### Stage Four:

- Return to work/study & sport training.
  - Part time return to work/education.
  - Start training activity without risk of head impact.

### Stage Five: earliest day 14

Return to normal work/study and sport specific training, the following must be achieved first:

- Completion of stages 1-4, AND
- Fully reintegrated into work or school, AND
- **Symptom free**
- **And > Day 14 post injury** – reintegration into full sport-specific training can occur.

### Stage Six: earliest day 21

- Return to sports competition; the following must be achieved first:
  - Completion of stage five, AND
  - **Symptom free during sports training, AND**
  - **> Day 21 post-injury**



- AND, the player has received medical clearance from a medical professional (from a GP or primary care team)

| Return to activity stage           | Functional exercise at each stage of rehabilitation   | Objective of each stage  |
|------------------------------------|---|--|
| <b>Symptom-limited activity</b>    | Daily activities that do not provoke symptoms.  | Gradual reintroduction of work/school activities.                  |
| <b>Light aerobic exercise</b>      | Walking, swimming or stationary bike at a low to medium pace.<br>No resistance training.                        | Increase heart rate.   |
| <b>Sport specific exercise</b>     | Running drills.<br>No head impact activities.   | Add movement.  |
| <b>Non-contact training drills</b> | Progression to more complex training drills e.g. passing, drills.<br>May start progressive resistance training. | Exercise, co-ordination and increased thinking.                    |
| <b>Full contact practice</b>       | Following <b>clearance from medical doctor</b> , participate in normal training activities.                     | Restore confidence and assess functional skills by coaching staff. |
| <b>Return to Sport</b>             | Normal sport.   | Full return to sport.  |



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## COACH/STAFF CONCUSSION STATEMENT ACKNOWLEDGEMENT

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The school has developed a consistent approach to Concussion Management, as it recognizes and acknowledges that concussions or traumatic brain injuries (TBI) need immediate attention. A concussion is defined as a generally short-lived impairment of neurological function brought on by a traumatic force applied to the head or body. Symptoms are usually rapid in onset, but of short duration and generally resolve spontaneously. It is usually a functional disturbance and not a structural one. Loss of consciousness may or may not be involved.

SIGNS AND SYMPTOMS OF A POSSIBLE CONCUSSION (including but not limited to):

- Headache
- Dizziness
- Blurred Vision
- Feeling Sluggish
- Feeling Groggy
- Balance Problems
- Diplopia - Double Vision
- Photophobia – Light Sensitivity
- Misophonia – Noise Sensitivity
- Difficulty Concentrating
- Nausea
- Confusion
- Difficulty Sleeping
- Memory Problems

As a staff member of RRGs, I acknowledge that I am responsible for reading and understanding the following as it relates to the physical and mental well-being of all students under my supervision:

- A concussion is a brain injury.
- A concussion cannot be seen, but symptoms may be seen immediately. Other symptoms can show up hours or days after injury.
- I will encourage all students to report any suspected injuries or illness to myself and the Sports Department, including signs or symptoms of a concussion.
- If I suspect a student has a concussion, it is my responsibility to stand the student down and promptly report it to the Sports Department, Dean, and parents/guardian.
- I will not allow any students to return to practice, play, or academic activities that same day if I suspect that he/she has received blow to the head or body.
- If a concussion is confirmed the student will not be allowed to return to play until ACC return to play guidelines have been implemented.
- Following a concussion, the brain needs time (21 days) to heal. A student is much more likely to sustain another concussion or more serious brain injury if they return to athletic activities before symptoms have resolved. Repeat concussions can lead to longer recovery time, and in rare cases, can cause permanent brain damage or even death.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THE INFORMATION REGARDING CONCUSSIONS AND THAT I HAVE RECEIVED THE CONCUSSION FACT SHEET.

SIGN AND RETURN THIS PAGE TO SPORTS DEPARTMENT, KEEP THE FACT SHEET.

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Print Full Name of Staff member

Date

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Signature of Staff member

Date



## CONCUSSION HEAD INJURY INFORMATION TAKE-HOME INSTRUCTIONS

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You have received an injury to the head. No signs of serious complications have been found and a rapid recovery is expected. However, you will need further monitoring for a period by a responsible adult.

If you notice any changes in behaviour, vomiting, dizziness, worsening headache, double vision, or excessive drowsiness, contact your doctor immediately.

DO NOT ignore any changes in the symptoms of your concussion.

### **OTHER IMPORTANT POINTS:**

- Rest and avoid strenuous activity for at least 24 hours
- NO alcohol
- NO drugs/painkillers that may alter awareness
- NO driving until symptom free for 24 hours
- You may take Panadol if instructed to do so by the School Nurse or a Doctor
- LIMIT use of electronic devices (Cell Phone, Computer, TV, Etc.)

Report to the Nurse to provide an update on your status when you return to School.



## CONCUSSION - A fact sheet for students

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### What is a concussion?

A concussion is a brain injury that:

- Is caused by a blow to the head or body. – From contact with another player, hitting a hard surface such as the ground, ice, or floor, or being hit by a piece of equipment such as a bat, hockey stick or field hockey ball.
- Can change the way your brain normally works.
- Can range from mild to severe.
- Presents itself differently for everyone.
- Can occur during practice or competition in ANY sport.
- Can happen even if you do not lose consciousness.

### How can I prevent a concussion?

Basic steps you can take to protect yourself from concussion:

- Do not initiate contact with your head or helmet. You can still get a concussion if you are wearing a helmet.
- Avoid striking an opponent in the head. Undercutting, flying elbows, stepping on a head, checking an unprotected opponent, and sticks to the head all cause concussions.
- Follow the sports department's rules for safety and the rules of the sport.
- Practice good sportsmanship always.
- Practice and perfect the skills of the sport.
- It is better to miss one game than the whole season. When in doubt, get checked out.

### What are the symptoms of a concussion?

You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.

Concussion symptoms include:

- |                                      |                                 |  |
|--------------------------------------|---------------------------------|--|
| • Amnesia                            | • Confusion                     | • Headache   |
| • Loss of consciousness              | • Balance problems or dizziness | • Slowed reaction time   |
| • Nausea                             | • Sensitivity to light or noise | • Double or fuzzy vision   |
| • Feeling sluggish, foggy, or groggy | • Feeling unusually irritable   | • Concentration or memory problems (forgetting game plays, facts, meeting times) |

Exercise 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.

### What should I do if I think I have a concussion?

- **Do not hide it** - Tell your coach, Director of Sport, teacher, or Dean. Never ignore a blow to the head. Also, tell your coach if one of your teammates might have a concussion. Sports have injury timeouts and player substitutions so that you can get checked out.





- **Report it** - Do not return to participation in a game, practice, learning, or other activity with symptoms. The sooner you get checked out, the sooner you may be able to return to play.
- **Get checked out** - Your health care professional can tell you if you have had a concussion and when you are cleared to return to play, activity or learning. A concussion can affect your ability to perform everyday activities, your reaction time, balance, sleep, and classroom performance.
- **Take time to recover** - If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a repeat concussion. In rare cases, repeat concussions can cause permanent brain damage, and even death. Severe brain injury can change your whole life.

***It is better to miss one game than the whole season.***

***When in doubt, get checked out.***



## CONCUSSION - A fact sheet for Staff

### The Facts:

- A concussion is a brain injury.
- All concussions are serious.
- Concussions can occur without loss of consciousness or other obvious signs.
- Concussions can occur from blows to the body as well as to the head.
- Concussions can occur in any sport.
- Recognition and proper response to concussions when they first occur can help prevent further injury or even death.
- Students may not report their symptoms for fear of losing playing time.
- Students can still get a concussion even if they are wearing a helmet.
- Data from Injury Statistics suggests that concussions represent 5 to 18 percent of all reported injuries, depending on the sport.
- For a female aged under 18 21 days are required for the brain to recover.

### What is a concussion?

A concussion is a brain injury that may be caused by a blow to the head, face, neck or elsewhere on the body with an “impulsive” force transmitted to the head. Concussions can also result from hitting a hard surface such as the ground, ice, or floor, from players colliding with each other or being hit by a piece of equipment such as a bat, hockey stick or field hockey ball.

### Recognizing a possible concussion

To help recognize a concussion, watch for the following two events among your students during both games and practices:

1. A forceful blow to the head or body that results in rapid movement of the head; -AND-
2. Any change in the student’s behaviour, thinking or physical functioning (see signs and symptoms).

### Signs and Symptoms

| Signs Observed by Staff  | Symptoms Reported by Student  |
|--|---|
| <ul style="list-style-type: none"><li>• Appears dazed or stunned.</li><li>• Is confused about assignment or position.</li><li>• Forgets plays.</li><li>• Is unsure of game, score, or opponent.</li><li>• Moves clumsily.</li><li>• Answers questions slowly.</li><li>• Loses consciousness (even briefly).</li><li>• Shows behaviour or personality changes.</li><li>• Cannot recall events before hit or fall.</li><li>• Cannot recall events after hit or fall.</li></ul> | <ul style="list-style-type: none"><li>• Headache or “pressure” in head.</li><li>• Nausea or vomiting.</li><li>• Balance problems or dizziness.</li><li>• Double or blurry vision.</li><li>• Sensitivity to light.</li><li>• Sensitivity to noise.</li><li>• Feeling sluggish, hazy, foggy, or groggy.</li><li>• Concentration or memory problems.</li><li>• Confusion.</li><li>• Does not “feel right.”</li></ul> |



## PREVENTION AND PREPARATION

As a RRGs staff member, you play a key role in preventing concussions and responding to them properly when they occur. Here are some steps you can take to ensure the best outcome for our students:

- Educate students and coaching staff about concussion.
  - Explain your concerns about concussion and your expectations of safe play to students, managers, and assistant coaches.
  - Create an environment that supports reporting, access to proper evaluation and conservative return-to-play.
  - Review and practice your emergency action plan for your venue.
  - Know when you will have side-line medical care and when you will not, both at home and away.
  - Emphasize that protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
  - Review the Concussion Fact Sheet for Students with your team to help them recognize the signs of a concussion.
- Insist that safety comes first.
  - Teach students safe-play techniques and encourage them to follow the rules of play.
  - Encourage students to always practice good sportsmanship.
  - Encourage students to immediately report symptoms of concussion.
- Prevent long-term problems.
  - A repeat concussion that occurs before the brain recovers from the previous one (hours, days, or weeks) can slow recovery or increase the likelihood of having long-term problems.
  - In rare cases, repeat concussions can result in brain swelling, permanent brain damage and even death.
  - It is better they miss one game, or 21 days, than the whole season.

### IF YOU THINK YOUR STUDENT HAS SUSTAINED A CONCUSSION:

Take the student out of play, activity or learning immediately and stand down the student for rest of the day and report to your direct manager. Refer the student for evaluation by a health care professional experienced in evaluating for concussion.

A student who exhibits signs, symptoms, or behaviours consistent with a concussion, either at rest or during exertion, should be removed immediately from practice or competition and should not return to play for the rest of the game/practice. Sports have injury timeouts and player substitutions so that students can get checked out.

### IF A CONCUSSION IS SUSPECTED:

1. **Remove the student from play, activity, or learning** - Look for the signs and symptoms of concussion if your student has experienced a blow to the head. Do not allow the student to just “shake it off.” Each individual student will respond to concussions differently.
2. **Ensure that the student is evaluated right away by an appropriate health care professional** – When you believe there is risk of concussion, do not try to judge the severity of the injury



yourself. Immediately refer the student to the appropriate health care professional experienced in concussion evaluation and management, including the school nurse if the incident occurs at school.

3. **Allow the student to return to play, activity or learning only with permission from a health care professional with experience in evaluating for concussion** - Allow the Doctor to rely on their clinical skills and protocols in evaluating the student to establish the appropriate time to return to play. A return-to-play/activity progression should occur in an individualised, stepwise fashion with gradual increments in physical exertion and risk of contact. Ensure the Sports Department is kept informed of return-to-play programmes. A return-to-learn programme should occur on an individual basis and overseen by the Dean.
4. **Develop a game plan** - Students should not return to play/activity/learning until all symptoms have resolved, both at rest and during exertion. Many times, that means they will be out for the remainder of that day. In fact, as concussion management continues to evolve with new science, the care is becoming more conservative and return-to-play/activity/learn time frames are getting longer. Staff should have a game plan that accounts for this change.

| ▼   | Responsibility   | Tool   | Education  |
|---|--|--|--|
| <b>Recognise, Remove, Refer</b>                 | Everybody, especially referees, coaches, parents   | ACC SportSmart concussion resources                                  | General public, ambulance staff, first aiders    |
| <b>Assessment &amp; diagnosis</b>               | Medical doctors (GP, ED doc's, sports physicians)  | SCAT-5 (SCAT-3) guided medical assessment and diagnosis              | Medical doctors                                  |
| <b>Rest</b>                                     | Athlete & family   | ACC SportSmart Concussion resources                                  | Patients, parents, caregivers, teachers, coaches |
| <b>Recover. Rehabilitation &amp; management</b> | Athlete, physios, sports medics, occupational & physical therapists, coaches, parents, teachers, employers | SCAT-5 (SCAT-3) symptom checklist. Return to play graduated protocol | Everybody  |
| <b>Return to work/school/activity</b>           | Medical doctors  | SCAT-5 (SCAT-3) guided medical assessment and diagnosis              | Medical doctors                                  |
| <b>Sport training &amp; competition</b>         | Athlete & coaches  |  |  |



## Concussion Recognition and Action!

