

School Sport Unit - Concussion management tool

Concussion is defined as a form of mild-traumatic brain injury that occurs as a result of a direct impact to the head or impact to the body that causes transmission of forces to the head and brain. (Professor Gary J Browne, *Concussive head injury in children and adolescents*, 2016)

90%

Concussions in young people account for 90% of all traumatic brain injuries.

1 in 5

1 in 5 children will experience a concussion by the age of 10.

25%

25% of concussion occur in sport and physical activity.

Males
10 - 19 years

Highest rates of concussion reported in males aged 10 - 19 years.

Football

Football codes have the highest reported rate of concussion.

If a student receives a bump or blow to the head or body that causes a jarring of the head or neck, they should stop playing immediately. It is important to monitor the student for signs and symptoms of concussion.

Signs observed by others

- appearing dazed or stunned
- repeating questions
- problems remembering before or after the injury
- confused about events
- showing personality or behaviour changes.

For subtle concussions, it is not always the medical practitioners who will pick up on the signs, instead it is people who know the student well - parents, carers, teachers and friends.



Symptoms reported by the student

- headache or "pressure" in the head
- dizziness/loss of balance
- nausea/vomiting
- numbness/tingling
- feeling tired/slowed down
- sensitivity to light/noise
- visual problems, for example, double vision
- drowsiness
- trouble sleeping
- does not "feel right"
- feeling more emotional, for example, sad or nervous
- trouble thinking clearly, concentrating or remembering.

Phone an ambulance or take the student to the nearest Emergency department if at any time they develop **HEAD BUMPS**.

- **H** - worsening Headache, seizure, unconscious
- **E** - worsening Eye problems (blurred/ double vision)
- **A** - Abnormal behavior change
- **D** - Dizziness, persistent vomiting

- **B** - Balance dysfunction with weakness or numbness in legs/arms
- **U** - Unsteady on feet, slurred speech
- **M** - Memory impaired, confused, disoriented
- **P** - Poor concentration, drowsy
- **S** - Something's not right

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The concussion management flow-chart provides a step-by-step procedure to ensure correct practices are adhered to if there is a suspected head injury.

A student receives a bump, blow or jolt to the head or body that causes jarring of the head or neck.



REMOVE student from play immediately.



Assess the student immediately following the injury and again after five minutes.
Does the student have any concussion signs or symptoms?

Signs

- Appearing dazed or stunned
- Repeating questions
- Can't recall events before or after the injury
- Confused about events
- Showing personality or behaviour changes

or

Symptoms

- Headache or "pressure" in the head
- Dizziness and/or loss of balance
- Weakness, numbness or tingling in the arms, legs or face
- Feeling tired (fatigued)
- Sensitivity to light and/or noise
- Does not "feel right"
- Feeling more emotional, e.g. sad or nervous
- Trouble thinking clearly, concentrating or remembering



Yes



No

Following 5 minutes of observation, is the student presenting with any signs or symptoms that indicate a hospital referral?
(See HEAD BUMPS on previous page)



Yes



No

Phone 000, stay with the student, follow school First Aid procedures and notify parents or carers.

Follow school First Aid procedures and notify parents or carers. Recommend to parents or carers a follow-up appointment with their GP.

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Signs and symptoms of a concussion can appear up to 24-48 hours after the injury. Ask parents or carers to record any abnormal signs and symptoms and inform them that if at any time the student's signs or symptoms worsen they need to be taken to the doctor.

If at any time the student's symptoms worsen or if there is uncertainty, the student should be taken to the hospital.

If at any time, the student becomes unconscious or has a seizure, provide CPR/manage the seizure and call 000
Use the DRSABCD action plan.