

## METHODIST COLLEGE MANAGEMENT OF CONCUSSION AND OTHER HEAD INJURIES POLICY

Methodist College recognizes that concussions and other head injuries are serious and could result in significant brain damage or even death if not recognised and managed properly. This policy aims to promote the safety of pupils participating in school activities, including but not limited to extracurricular sports activities, and to provide academic support for pupils identified with concussive or other head injuries.

It is the responsibility of staff members involved in school activities to act in accordance with this policy when the staff member recognizes that a pupil may be exhibiting signs and symptoms of a concussion.

### What is Concussion?

Concussion is a traumatic brain injury. It is a complex process in which forces are transmitted to the brain and result in temporary impairment of brain function. Concussion can have a significant impact on the short and long term health of a pupil if not handled correctly.

### RECOGNISE: What are the visible clues of a suspected concussion?

The following visual clues can indicate a possible concussion:

- Loss of consciousness or responsiveness
- Lying motionless on the ground/slow to get up
- Unsteady on feet/balance problems or falling over/incoordination
- Grabbing/clutching of head
- Dazed, blank or vacant look
- Confused/not aware of play or events

What are the signs and symptoms of a concussion?

The presence of any one or more of the following signs and symptoms may suggest a concussion. They may occur hours or even days after the initial incident.

- Loss of consciousness
- Headache or pressure in the head
- Seizure or convulsion
- Dizziness or balance problems
- Difficulty concentrating or feeling like they are in a fog
- Nausea or vomiting
- Drowsiness, feeling slowed down, fatigue or low energy
- More emotional than normal, feelings of sadness
- Blurred vision or sensitivity to light and noise
- Nervous, anxious or irritable
- Difficulty remembering or amnesia
- Neck pain
- Not feeling "quite right"

The College's approach to managing a concussion injury are based on the accepted principles of STOP-INFORM-REST-RETURN

<b>STOP</b>	A pupil with a suspected concussion must be removed immediately from the activity.
<b>INFORM</b>	A pupil with a suspected concussion must report it to a member of staff, referee, coach, teammate, friend or family member and be properly assessed and managed.
<b>REST</b>	A pupil with a concussion must undertake a mandatory rest period as per established guidelines outlined in this policy.
<b>RETURN</b>	A pupil with a concussion must follow a graduated return to learning and return to play programme.

## **ACTION IN THE EVENT OF A SUSPECTED CONCUSSION (as defined above)**

The member of staff responsible for the pupil at the time of the event will:

- Safely and immediately **REMOVE** the pupil from the activity (n.b. a pupil should not be moved, other than required for airway support, if they are suspected of having a neck injury) ;
- Make an initial assessment following the guidance in the Pocket Concussion Recognition Tool ;
- Seek medical attention for the pupil from a qualified medical professional (this may be the College Nurse);
- If no qualified medical professional is available, consider transporting the pupil by ambulance for urgent medical assessment;
- Notify the parent(s)/guardian(s) of the pupil to inform them about the incident, remind them of the College's concussion policy, ask them to be alert to the symptoms of concussion and advise them to seek advice and assistance from a qualified medical professional;
- For an incident onsite: notify the College Nurse. For an incident offsite, notify the teacher in charge of the activity. This person will then inform all other staff by e-mail on the same school day or at the start of the next school day.

Any pupil suspected of having sustained a concussion or other head injury during a school activity must be removed safely and immediately from the activity and evaluated by a qualified medical professional.

**The pupil and his/her parent(s)/guardian(s) will be informed on the day of the concussion:**

- **that they should seek medical attention from a qualified healthcare professional**
- **that the 23 day protocol for sporting activities will automatically apply**

## **RETURN TO LEARNING AND RETURN TO PLAY**

Following a concussion, a pupil may have difficulties with short- and long-term memory, concentration and organisation. They will require rest while recovering from injury (e.g. avoid reading, texting, computer games, watching television) and may even need to stay home from school for a few days. As they return to school, they may need to start with a few classes or a half-day depending on how they feel. They may also benefit from a formal school assessment for limited attendance or homework if recovery from a concussion is taking longer than expected.

The College will accommodate a gradual return to full participation in academic and physical activities as appropriate, based on the recommendation of the pupil's concussion trained health care provider and appropriate designated school personnel. Progression to return to learning and return to play should be determined on a case-by-case basis.

Factors that may affect the rate of progression include:

- previous history of concussion,
- duration and type of symptoms,
- age of the pupil,
- the sport/activity in which the pupil participates.

A pupil with a history of concussion, one who has had an extended duration of symptoms, or one who is participating in a contact sport may progress more slowly.

In order to agree an appropriate staged programme of return, the College Nurse will:

- contact the parents/guardians of the pupil to acquire medical recommendations from the pupil's concussion trained health care provider;
- share medical recommendations with the pupil's Head of Year and the Head of PE.

The **RETURN TO LEARNING PROGRAMME** will be devised by the Head of Year, who will notify the pupil and their parents/guardians, all school personnel responsible for supporting the academic needs of the pupil including but not limited to: the pupil's Head of Year, tutor and subject teachers.

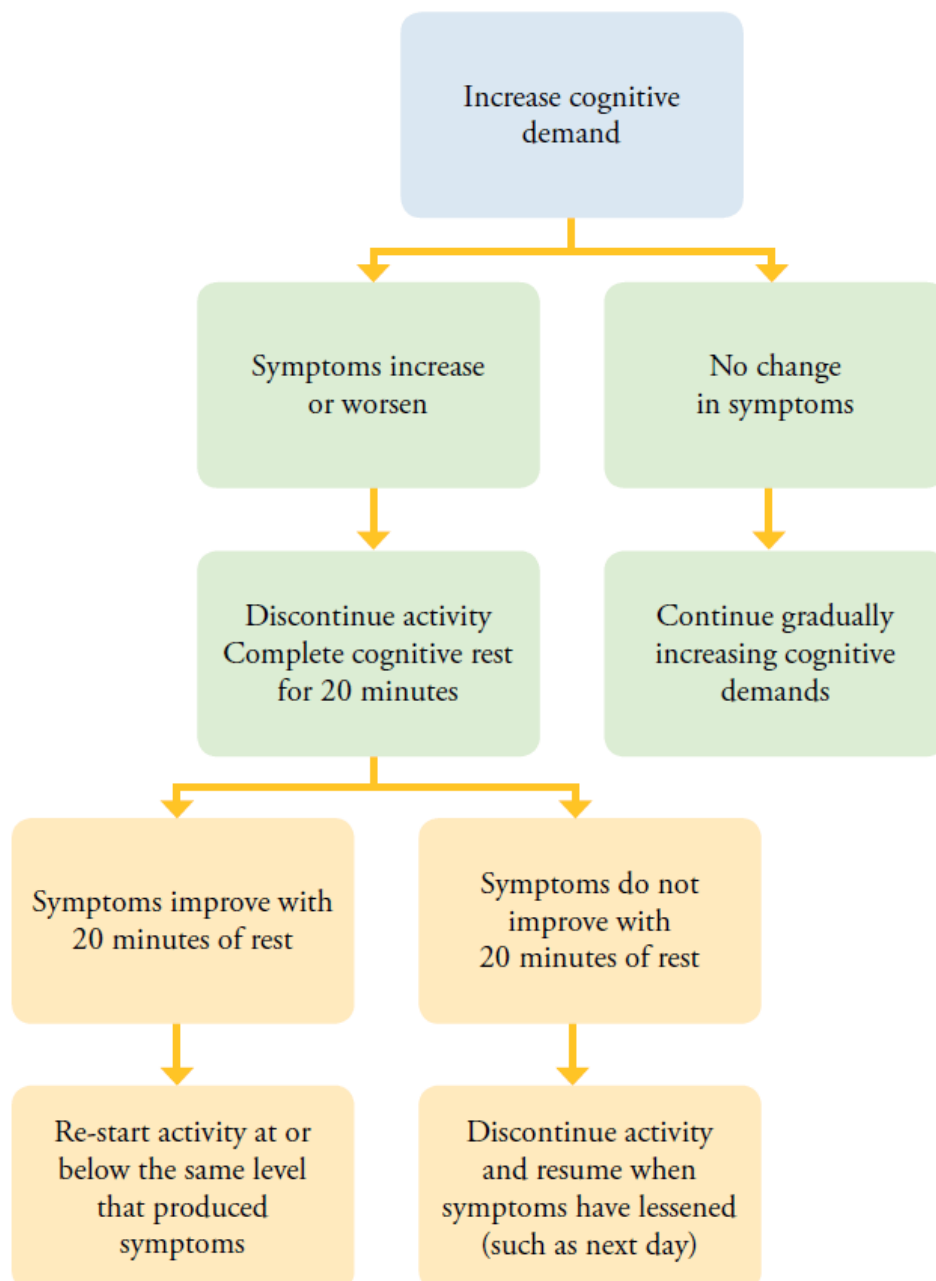
**Step 1**

Complete physical and cognitive rest. No exertion activity until asymptomatic. This may include staying home from school or limiting school hours (and studying) for several days. Activities requiring concentration and attention may worsen symptoms and delay recovery.

**Step 2**

Return to school full-time /normal cognitive daily activities (or normal cognitive functions).

Suggested approach to increasing cognitive demand.



The **RETURN TO PLAY PROGRAMME** will be devised by the Head of PE in conjunction with the appropriate PE teacher and activity coach. The teacher in charge of the activity will notify the pupil and their parents/guardians, and all school personnel involved in supporting the pupil in his/her school sport.

Rehabilitation Stage	Exercise at each stage of rehabilitation	Objective of Stage	Duration of stage
No activity	None . Complete physical and mental rest without symptoms.	Rest and recovery	14 days
Light aerobic exercise	Walking, swimming or stationary cycling keeping intensity <70% maximum predicted heart rate (MPHR = 220 - Player Age)	Increase heart rate	2 days
Sport specific exercise	Active drills. No contact.	Add movement	2 days
Non-contact drills (depending on sport)	Progression to more complex training drills. May start progressive resistance training.	Increase exercise, coordination and mental load.	2 days
Full contact practice (depending on sport)	May participate in normal training activities.	Restore confidence and allow for assessment of functional skills by coaching staff.	2 days
After 24 hours, return to play.	Player rehabilitated.	Recovered.	23 days in total

A record of pupils on the Return to Play Programme will be kept in the PE Office. The progress of pupils through the programme will be monitored and recorded by an appropriate member of the games staff. **Under no circumstances will the pupil be allowed to return to play until the 23 day period is completed.**

## COMMUNICATION

### Staff

At the start of each academic year staff will be made aware of this policy and the standards of care relating to the management of concussive injuries. They will be provided with concussion awareness training that includes recognising the signs and symptoms that may suggest a concussive or other head injury. They will be provided with a copy of the Pocket Concussion Recognition Tool.

### Pupils and Parents/Guardians

At the start of each academic year all pupil and parents/guardians will be provided with information about:

- The risk of concussion and other head injuries and the dangers associated with continuing to participate when a concussion or other head injury is suspected;
- The signs and symptoms associated with concussion and other head injuries; and
- The school's protocols for:
  - the removal of a pupil from an activity when the pupil is suspected of having sustained a concussion or other head injury,
  - the evaluation of a concussion or other head injury, and
  - the pupil's return to participation in school activities, including classes.

A pupil and his/her parent(s)/guardian(s) must sign a statement acknowledging that they have received and read this information before the pupil is allowed to participate in any school sport activity.

**Pupils and parents/guardians are encouraged to report suspected or known concussion or other head injuries that occur outside of school related activities to the College nurse. It is the responsibility of the parent/guardian to inform the school of signs and symptoms related to concussion or head injuries that are recognised while the pupil is not in school.**

#### **CONCUSSION POLICY MANAGEMENT TEAM**

The Principal will appoint a Concussion Policy Management Team which *may* include, but will not necessarily be limited to: the College Nurse, the VP Pastoral Care, the Head of Pastoral Care, the Head of the Preparatory Department, the Head of PE, the Director of Rugby.

The team will:

- oversee the implementation of this policy and the related standards of care for concussive head injuries;
- ensure that appropriate training is provided for staff;
- review and update the policy and associated procedures on an annual basis.

August 2016  
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## METHODIST COLLEGE RETURN TO PLAY RECORD

Name of Pupil: \_\_\_\_\_

Member of Staff Monitoring: \_\_\_\_\_

Date of Concussion: \_\_\_\_\_

Projected Date of Return to Play: \_\_\_\_\_

Rehabilitation Stage	Exercise at each stage of rehabilitation	Objective of Stage	Duration of stage	Date Stage Completed	Signature of Staff
No activity	None. Complete physical and mental rest without symptoms.	Rest and recovery	14 days		
Light aerobic exercise	Walking, swimming or stationary cycling keeping intensity <70% maximum predicted heart rate (MPHR = 220 - Player Age)	Increase heart rate	2 days		
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After 24 hours, return to play.	Player rehabilitated.	Recovered.	23 days in total		

The above named pupil has completed the 23 day return to play programme and to the best of my knowledge is fit to return to play from \_\_\_\_\_ (insert date).

	Signature	Date
Pupil		
Parent/guardian		
Head of PE		
Teacher in Charge of Activity		