

GEELONG GRAMMAR SCHOOL

Concussion Management Policy and Procedure

1. Purpose and Scope

- 1.1 This Policy and Procedure has been created to assist School Employees, doctors, nurses, Sports Coaches, Students and parents and other members of the School Community in the management of concussions and suspected concussions, and recognises that the health of our Students is an important issue.
- 1.2 This Policy applies to all Students who are believed or suspected to have a concussion or suspected concussion related incident occur during any School related activities, including but not limited to sports, co-curricular activities, and adventures, camps and excursions.

2. Development of the Policy

- 2.1 The School has a duty of care to Students and a fundamental responsibility for Student safeguarding. The School enables Students to develop, learn and grow through their participation in co-curricular activities. This Policy supports the value of co-curricular activities (including those sports which are identified as contact or collision sports) for Students, whilst providing a framework for the management of concussions, acknowledging the current and future health, safety and wellbeing of Students is a priority.
- 2.2 This Policy has been developed and updated in consultation with the Senior Medical Officer, Kennedy Heath Centre, the Executive Team, the Director of Co-Curricular, the Director of Sport and the Safeguarding and Legal Services Team.
- 2.3 In preparing this Policy and Procedure, and the TimeLine Tool, the School has taken into account leading practice guidance from the following sources:
 - 2.3.1 Australian Institute of Sport Australia Concussion Guidelines for Youth and Community Sport;
 - 2.3.2 The Concussion and Brain Health Position Statement 2024 (CBHPS24); and
 - 2.3.3 The APS Concussion in Sport Policies and Procedures.

3. Concussion definition

- 3.1 Concussion is a brain injury, that may be the result of a direct blow to the head or elsewhere on the body with the force transmitted to the head. It causes temporary neurological impairment, and the symptoms may develop over the hours or days following the injury.
- 3.2 Concussion occurs most often in sports and activities which involve body contact, collision or high speed. It may, however, also occur at other times around the School or at School related activities when students fall or collide (on a camp or excursion, in the gymnasium, on play equipment or in the Boarding House).
- 3.3 While all concussions should be assessed by a treating medical practitioner, most will resolve without the need for specific treatment. Rest, followed by gradual return to activity is the main treatment.

4. Symptoms and signs of concussion

- 4.1 It is helpful if a concussive incident is witnessed as the injured student may not remember what happened. Loss of consciousness (knocked out) occurs in only 10-20% of cases of concussion. The detail and nature of the concussive incident should be provided to the treating medical practitioner.
- 4.2 Common symptoms of concussion include headache, dizziness, nausea, blurred vision, unsteady gait, fatigue, difficulty concentrating, forgetfulness, drowsiness or difficulty falling asleep, and feeling "not quite right".
- 4.3 Common signs include loss of consciousness, confusion, memory loss (for events before and/or after the incident), pressure in head, blurred vision, noise/light avoidance and inability to think clearly.
- 4.4 The symptoms and signs may be delayed in onset following a collision so ongoing observation is important.
- 4.5 If in doubt, it should be assumed that a Student has suffered a concussion and the Student managed as such, until appropriate medical assessment can take place.

5. Initial action to be taken if a Student has concussion or suspected concussion related incident

- 5.1 If the blow to the head, concussion or suspected concussion related incident occurs in a game, or at sports training, whether on or off the School campus:
 - 5.1.1 The Student must be removed from the game or activity immediately, and will not be returned to the game/activity. If in doubt as to whether a suspected concussion related incident has occurred, the Student should be removed as a safeguarding measure. The final decision on whether to remove a Student from the game/activity will be made by the medic or nurse in charge at the match, game or activity, or if there is none in attendance or available, the Sports Coach or School Employee in charge. In making the decision, they will consult with others who may have witnessed the incident including the Sports Coach, allied health professionals, first aid responders, and other officials.

- 5.1.2 The Student must be assessed and monitored by the relevant medic, first aid responder and/or the Kennedy or Timbertop Health Centre and any appropriate action, including transport to hospital required and arranged on the basis of that assessment and monitoring.
- 5.1.3 If the Student is unconscious, first aid management of the unconscious patient (DRSABCD) is the priority. On the basis there may be an associated neck injury, the injured Student must not be moved. The game must be stopped, the relevant first aid responders must be notified, and an ambulance called. If at the School's Corio campus, the Kennedy Health Centre must also be notified.
- 5.1.4 Rest and observation are necessary for all Students with concussion or suspected concussion, and this may take place in the applicable Health Centre, at hospital or at home with a parent or guardian. These decisions will be made by the treating medical practitioner involved in consultation with the School nursing staff, the Head of House, parents and the Student.
- 5.1.5 The Kennedy Health Centre must be immediately notified of the concussion or suspected concussion related incident, including the action taken, by the relevant Sports Coach in charge at the sporting game or match through email to the Kennedy Health Centre, copying the Concussion Officer and also by the provision of an Incident Report.
- 5.2 For off campus sporting games and matches, the relevant Sports Coaches should be aware of available local health services (the closest located emergency departments and doctors or medical centres or at away school medical facility) prior to the sporting match or game.
- 5.3 If the blow to the head, concussion or suspected concussion related incident occurs on campus but not as a result of a game of sport or training, the Student should be immediately transported to the relevant Health Centre or nurse for assessment and monitoring, and to take appropriate action on the basis of that assessment or monitoring, including transport to hospital if required.
- 5.4 If the blow to the head, concussion or suspected concussion related incident occurs off campus, at an excursion, camp or adventure, the supervising School Employees must:
 - 5.4.1 Administer first aid to that Student, including calling an ambulance if that Student is unconscious or requires immediate medical assistance; and
 - 5.4.2 Contact their relevant Health Centre or nurse, for further assistance or guidance.
- 5.5 Students should not be given prescription medication, including aspirin, anti-inflammatory medication, sedative medications or strong pain-relieving medications, until they have been assessed by a treating medical practitioner.

6. Further management of a Student with concussion

- 6.1 The School will engage an external organisation to undertake annual concussion baseline testing for Students at the Corio campus, along with post concussion baseline testing on an as needed basis. Where required, Safe Concentration and Attention Test testing, and other forms of baseline and assessment testing is also utilised by the School in its management of concussions.
- 6.2 The School's Concussion Management TimeLine Tool is to be enacted in the event of a concussion or suspected concussion.
- 6.3 In the case of a concussion for a Student at Corio or Timbertop, the School's Concussion Officer will manage the progress of the Student through the Concussion Management TimeLine Tool stages, from the notification of the initial concussion related incident through to Stage 7. For Students with concussion at Bostock House or Toorak Campus, these will be managed by those campuses in consultation with the Concussion Officer.
- 6.4 The Student's progress through the Concussion Management TimeLine Tool will be determined by a treating medical practitioner. Once the concussion has resolved, a successful return to classes/study is the first priority and subsequently, a return to training and sporting activity.
- 6.5 The minimum timeframe for a Student to return to competitive sports is 21 days, however a Student's recovery may take longer.
- 6.6 The Student's concussion, and the relevant stage of their management plan, will be recorded and updated by the Concussion Officer through the Concussion Management Spreadsheet (maintained by the Concussion Officer) in the Student's health notifications on HIVE and Synergetic, and be available to School Employees and Sports Coaches via HIVE and through roll call via HIVE and Clipboard.
- 6.7 At minimum, a student must have three documented medical appointments with a treating medical practitioner across the stages of their concussion management as follows:
 - 6.7.1 At Stage 1, to assess and confirm whether a student has sustained a concussion;
 - 6.7.2 At Stage 3, to clear a student to return to full time study;
 - 6.7.3 At Stage 5, to return to competitive sports training; and
 - 6.7.4 At Stage 7, to clear a student to return to competitive sport.
- 6.8 Students may also have other appointments with a treating medical practitioner and other allied health professionals including sports physiotherapist, across their concussion management timeline.
- 6.9 Parents may elect for their Student' concussion to be managed through external healthcare providers. If this is the case, they must ensure the relevant health care professionals are provided with the School's Concussion Management TimeLine Tool and the School is kept informed of the Student's progress through the stages. The School will require evidence direct

from the treating medical practitioner in relation to the Student's progress through the stages of the Concussion Management TimeLine Tool (including the three documented medical appointments).

6.10 For Timbertop Students, progress through the Concussion Management TimeLine Tool will take into account a graduated return to the Timbertop Unit life/chores and also the Timbertop Outdoors Programme, including for example modified activities such as the use of snowshoes instead of skis as part of the cross country skiing programme, and modified pack weights/smaller hiking packs. Given the Timbertop context, a Concussion Management TimeLine Tool, and Return to Unit life and the Outdoor Education Programme, has been developed for Timbertop.

7. Concussion Officer Role

7.1 The Concussion Officer will:

- 7.1.1 Receive and record the incident details;
- 7.1.2 Ensure that appropriate health care providers, including a registered treating medical practitioner is engaged and involved in the management of the concussion;
- 7.1.3 Liaise with appropriate stakeholders as necessary, including the relevant Health Centre, the Student, their parents/guardians, the treating medical practitioner, the Director of Sport and Director of Co-curricular, the relevant Sports Coach, the relevant Head of House, the Senior Medical Officer and any other parties as necessary;
- 7.1.4 Ensure the Student's concussion is managed through the stages of the Concussion Management TimeLine Tool, including any return to school or sport;
- 7.1.5 Ensure, once the Stages of the Concussion Management TimeLine Tool are met, that the Student's full return to school and competitive sport has been cleared by the treating medical practitioner;
- 7.1.6 Ensure the process and completion of each stage of the Concussion Management TimeLine Tool is recorded in the Student's records and in the Concussion Register, including the name of the person who signed off on each stage of the Student's progress and on what date that occurred;
- 7.1.7 Provide support and documentation to the School's Student Safeguarding Officer as required for any WorkSafe notification or investigation; and
- 7.1.8 Identify to the School those Students who have had repeated concussions and may fit into a high risk category, for the School's awareness and action.

8. Management of Repeated Concussions (pleased also see Annexure C)

8.1 The AIS Guidelines state, *"An athlete with a history of multiple concussions is at risk of experiencing prolonged symptoms before return to sport. Those who suffer from multiple concussions within a short period of time should be managed more conservatively and be assessed by a clinical management team with specific training and expertise in concussion"*.

8.2 In the circumstances where a Student with repeated (more than one) concussions is identified, the Student's treating medical practitioner will be informed for further management and the School may require a different approach be taken in respect of management in consultation with the School's Senior Medical Officer, other medical professionals and the Student's family. This will likely include a longer return to study and/or a return to competitive sport timeline.

8.3 Factors which will be considered include (but are not limited to):

- 8.3.1 How many concussions were sustained by the Student, how they were obtained, and over what time period;
- 8.3.2 The severity of the concussions sustained by the Student, in particular the most recent injury;
- 8.3.3 How the Student has responded to treatment and management of prior concussions; and
- 8.3.4 The general medical history of the Student.

8.4 In the case of a Student who has had two concussions within a 3-month period, or a minimum of three concussions in a 12-month period, the minimum period for a return to competitive sports will be extended to 28 days symptom-free before return to contact training, and a minimum of six weeks from the time of the most recent concussion until return to competitive contact sport.

8.5 In the case of a Student who has had three concussions in a 12 month period, or four or more concussions across their lifetime, that Student will be removed from contact or collision sports for a minimum period of six months.

8.6 In addition to the requirements of clause 8.5, in the case of a Student who has had either three concussions in a 12 month period or four or more concussions across their lifetime, prior to any return to competitive contact sport, a Health Provider Report (HPR) must be prepared by a treating medical practitioner who has a specialty in concussion and concussion management for example a neurosurgeon, neurologist or a Sports Medicine Physician (called in this Policy an **External Concussion Specialist**) which provides their medical opinion based on the Student's circumstances and past concussions, as to whether that Student should continue to play competitive contact sport.

8.7 The School may also require a report from a Sports Medicine Physician (who has a specialisation in concussion management) prior to a return to competitive in the following circumstances:

- 8.7.1 Where a Student has had three or more concussions in the 12 months prior to the implementation of this Policy;
- 8.7.2 Where a Student has had what the School considers to be a significant or substantial single concussion (including where a Student has a slow recovery from that concussion); and/or
- 8.7.3 Where a Student has had three or more concussions across their lifetime.

8.8 The School's medical team, including its Senior Medical Officer, will review the HPR report provided by the External Concussion Specialist and will make a decision as to whether the Student be permitted to continue to play competitive

contact sport at the School and the outcome of this decision will be advised in writing to the Student and their parents/guardians. The School's decision in this respect is final.

- 8.9 The School may impose any conditions or restrictions it considers reasonable in the circumstances on the Student's return to competitive contact sports.
- 8.10 If a Student is no longer permitted to play competitive contact sport, the School will discuss alternative options for the Student with the Student and their parents, including ongoing involvement in non-contact sports at the School.
- 8.11 Students on a School Sports Scholarship, where they are unable to play their relevant sport as a result of a concussion or repeated concussions, will maintain their scholarship place at the School with no impact, provided they continue to meet the other conditions of the Scholarship. The School will work with the Sports Scholarship Student and their family to determine whether there may be opportunities for contributions in another sport as an alternative.

9. School Employee and Sports Coach Responsibilities, Awareness and Training

- 9.1 Relevant School Employees and Sports Coaches are responsible for checking at each roll call via HIVE and Synergetic as to whether any Student has a concussion, and their Stage of management of that concussion, to determine that Student's sport and school involvement. Any queries in respect of the stage of a Student's concussion management should be directed to the Concussion Officer for clarification.
- 9.2 The School will provide annual training for relevant School Employees, Sports Coaches, and other external medical providers and contractors to assist them to understand:
- 9.2.1 Concussion, and how it can occur;
 - 9.2.2 Common signs and symptoms of concussion;
 - 9.2.3 How to check roll call for a Student concussion and their stage of management;
 - 9.2.4 The procedure for initial action to be taken by a Sports Coach or School Employee if there is a concussion or suspected concussion related incident; and
 - 9.2.5 The School's management of concussion and the stages through the Concussion Management TimeLine Tool.

10. Responsibilities of parents and Students

- 10.1 For new Students, prior concussions or suspected concussions of a new Student must be advised to the School as part of the Student Health Information provided for a Student on enrolment. This information will support the School's management of future concussions for a Student.
- 10.2 Parents and Students must ensure they act in accordance with this Policy, and the advice received from the School's Health Centres and treating medical practitioners at all times in connection with a concussion or suspected concussion related incident.
- 10.3 Students must only participate in School and sport related activities in accordance with the relevant stage of their concussion management, as detailed in their Concussion Management TimeLine Tool. If a Student is unsure about the stage of their concussion management, they must speak with the Concussion Officer.
- 10.4 If a Student is concussed as a result of an incident which occurs at a non-School related activity, their parents or guardians must advise the School of this incident prior to the Student's return to School, so that the Student's recovery can be supported in line with the Concussion Management TimeLine Tool. Parents and guardians must also advise the School of any prior concussions, upon a Student's enrolment at the School.

11. Non-compliance and Policy variations

- 11.1 Failure to comply with this Policy will be managed and dealt with under the relevant School Policy and Procedure.
- 11.2 The School reserves the right to amend, replace or terminate this Policy and Procedure from time to time.

12. Associated Documents

- 12.1 APS Concussion in Sport Policies and Procedures (**Attachment A** in a form current as at April 2024).
- 12.2 Concussion Management TimeLine Tool (**Attachment B**)
- 12.3 Attachment C: Multiple Concussions Management Process Table

13. Definitions

APS	means Associated Public Schools of Victoria
Concussion Officer	means the School Employee/s who is a registered nurse and is nominated by the School from time to time to undertake the Concussion Officer role
DRSABCD	means Danger, Responsiveness, Send for Help, Airways, Breathing, CPR, Defibrillator
the School	means Geelong Grammar School, including its registered boarding premises
School Employee	means, for the purposes of this Policy means an employee of the School
SMO	means the School's Senior Medical Officer
Sports Coaches	means any School Employee or external contractor engaged to under a sports coach role for the School
Student/s	means, for the purposes of this Policy, any student enrolled at the School, regardless of whether they are under 18 years of age or over 18 years of age



14. Review and circulation

Responsible Department:	<input checked="" type="checkbox"/> Medical <input checked="" type="checkbox"/> Co-Curricular
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Publication:	<input checked="" type="checkbox"/> GGS Intranet <input checked="" type="checkbox"/> HIVE



ATTACHMENT A: APS CONCUSSION IN SPORT POLICIES AND PROCEDURES



Australian Government
Australian Sports Commission



AIS

AUSTRALIAN CONCUSSION GUIDELINES FOR YOUTH AND COMMUNITY SPORT

A collaboration between the Australian Institute of Sport, Australasian College of Sport & Exercise Physicians,
Sports Medicine Australia and Australian Physiotherapy Association

Aligned with the UK Department of Culture, Media and Sport and NZ Government Accident Compensation Corporation

Australian Institute of Sport | February 2024



"If in doubt, sit them out"

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INTRODUCTION

These guidelines are intended to provide information on how to recognise concussion and manage concussion from the time of injury through to a safe return to education, work and playing sport. This information is intended for the general public and for individuals participating in underage and community sports – primary school age and upwards – where Healthcare Practitioners are less likely to be available to diagnose and monitor individuals with concussion.

There has been growing concern in sporting communities about the potential health ramifications for athletes from repeated head trauma (RHT) and sport-related concussion (referred to as concussion here on). Concussion affects athletes at all levels of sport, from the part-time recreational athlete to the full-time professional. If managed appropriately, most episodes of concussion resolve over a short period of time, with or without medical intervention. Complications can occur, however, including prolonged duration of symptoms and increased susceptibility to further injury. Chronic traumatic encephalopathy (CTE) is a neurodegenerative pathology associated with a history of RHT. There are a growing number of case studies and case series which document CTE neuropathological change (CTE-NC) in retired athletes with a history of RHT.

Over recent years there has been elevated public awareness of concussion and increased focus on the importance of diagnosing and managing the condition promptly, safely, and appropriately.

Sport administrators, healthcare practitioners (HCPs), coaches, parents/guardians/caregivers, and athletes are seeking information regarding the timely recognition and appropriate management of concussion. There is a need for clear, unequivocal, and reliable information to be readily accessible to all members of the community. There is a need for clarity and consistency of message in order to optimise safety across all levels of sports.

This document provides a general overview of concussion identification and management and the role community members should play. For more in-depth information and references, refer to the [AIS Concussion and Brain Health Position Statement \(CBHPS24\)](#). However, this information should not be interpreted as a guideline for clinical practice or legal standard of care.








These guidelines are based on current evidence and examples of best practice taken from other sports and organisations around the world. In partnership with THE New Zealand Accident Care Commission (ACC) and the UK Department of Culture, Media and Sport (DCMS), these guidelines enable a strong international consensus that provides clarity and consistency of message, enhancing the safety of all community sport participants. These guidelines are aligned with the [UK Government’s Concussion Guidelines for Non-Elite \(Grassroots\) Sport, released in April 2023](#).

These concussion guidelines are recommended for youth (aged under 19 years) sport settings, and for community adult sport.

What is concussion?

Concussion is a brain injury resulting in a disturbance of brain function. It affects the way a person thinks, feels and remembers things. Concussion can affect an individual in a variety of ways, including:

 <p>PHYSICAL</p> <p>Headaches, dizziness, vision changes</p>	 <p>COGNITIVE</p> <p>Feeling 'foggy', slowed down</p>	 <p>EMOTIONAL</p> <p>Short tempered, sad, or a general change of personality</p>	 <p>SLEEP</p> <p>Not being able to sleep or sleep more than normal</p>	 <p>FATIGUE</p> <p>Low energy</p>
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What causes concussion?

A concussion occurs through a collision with another person or object where biomechanical forces to the head, or anywhere on the body transmit an impulsive force to the head/brain. In most cases, this results in transient neurological impairment. It should be noted that concussion can also occur with relatively minor 'knocks'.

Onset of symptoms

Concussion is often an evolving injury, with symptoms changing over hours or days following the injury. There are often adverse effects on balance and cognitive function. Recovery times following concussion vary between athletes. Physiological recovery may take longer than measures of clinical recovery, and the average time taken to resolve symptoms may vary according to sex, age, presence of pre-injury medical conditions, and para-athlete status. While these guidelines apply to all in community and youth settings, additional information regarding certain individual characteristics can be found in the [CBHPS24](#).

HOW TO RECOGNISE CONCUSSION

The **Concussion Recognition Tool 6 (CRT6)** may be used as an aid to the on field recognition of concussion (see additional links section on page 12). If any of the following visible clues (signs) or symptoms are present following an injury, the individual should be assumed to have concussion and must be immediately removed from play or training and must not return to activity that day.

The **CRT6** is a simplified summary of the key signs and symptoms and 'red flags' that should raise a concern about a possible concussion. 20 symptoms listed in the **CRT6** are:

- > 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"

The individual with suspected concussion should be reviewed by a Health Care Practitioner (HCP) at the earliest opportunity and should commence a graded return to sport and learning activities. The AIS Concussion Referral & Return Form provides important information to a healthcare practitioner following the suspected concussion of an athlete. The form outlines clear return to sport protocols, and the requirements for clearance for return to contact activities.

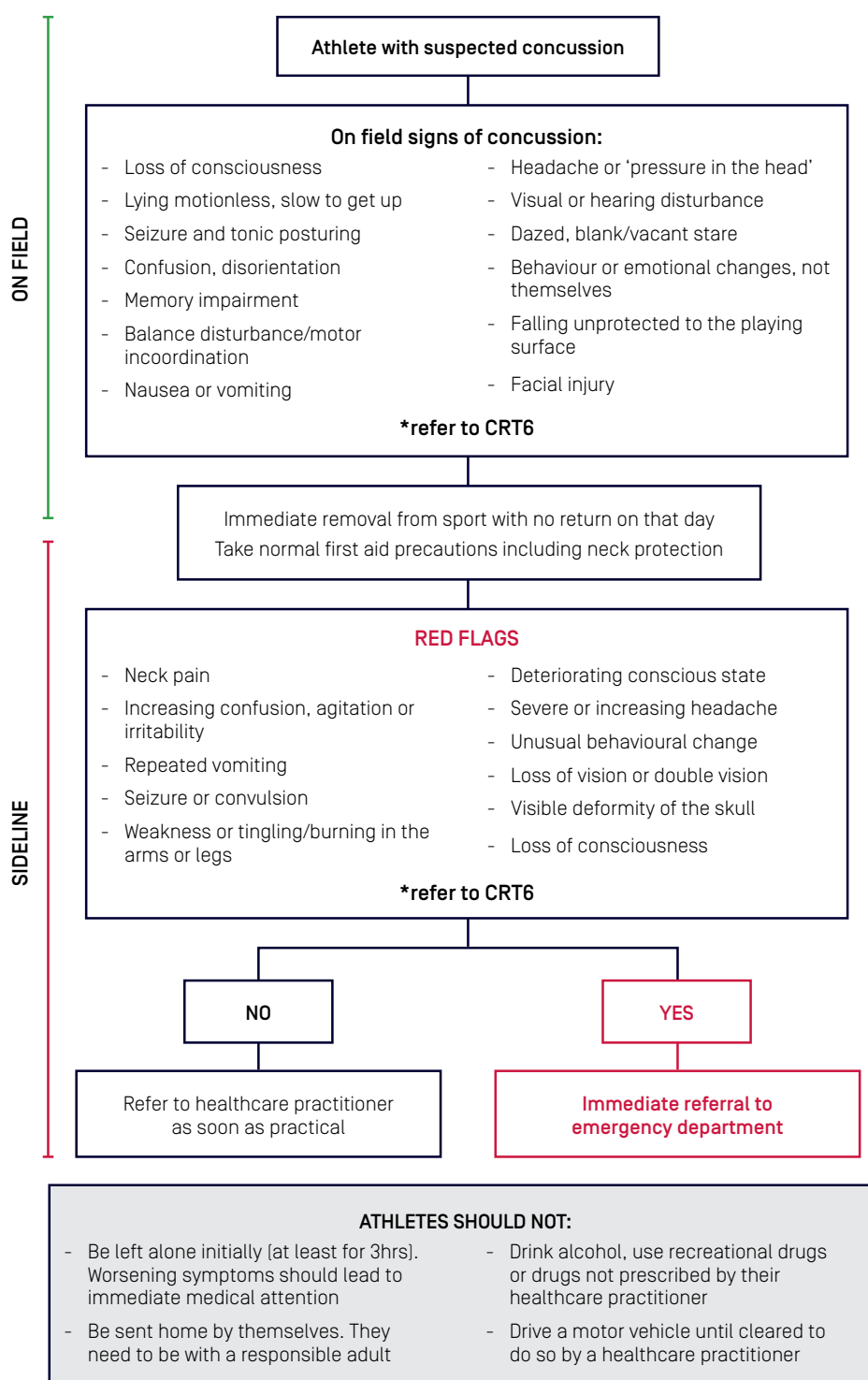
Concussion is an evolving condition. Therefore, signs and symptoms can change or be delayed, reflecting the changing underlying physiological injury status of the brain. In some instances, it will be obvious that there has been a significant injury where the athlete immediately suffers a loss of consciousness, has a seizure or has significant balance difficulties. However, signs and symptoms of concussion can be variable, non-specific, subtle, and may be difficult to detect. Symptoms that are initially subtle can become more significant in the hours and days following the injury and require repeat/serial evaluations. Owing to delays in presentation, it may take up to 48 hours following a head contact to exclude a diagnosis of concussion. Parents/caregivers, teachers, coaches and attending healthcare practitioners need to be alert to behaviour that is unusual or out of character.



WHAT TO DO NEXT: IMMEDIATE MANAGEMENT OF CONCUSSION

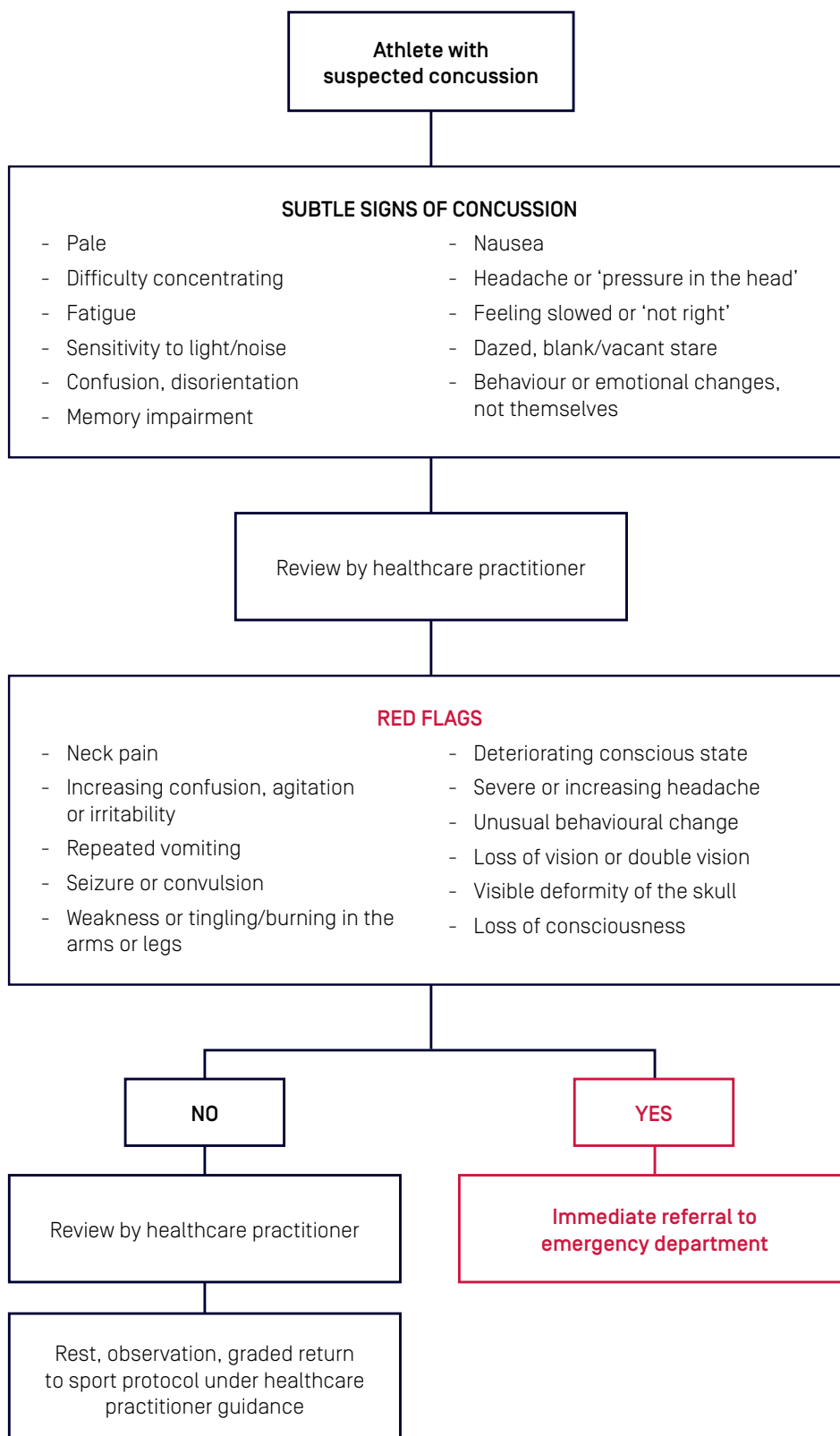
Immediately following a suspected concussion, it is important to exclude 'red flags' (signs that suggest the athlete should go straight to hospital). Once 'red flags' have been excluded, the athlete should be referred to a health care practitioner. Return to sport and learning activities commences with a short period of rest of 24-48 hours, followed by a gradual return to sport and/or learn process. Relative rest involves providing rest for both the body (physical rest) and the brain (cognitive rest).

Figure 1: Non-healthcare practitioner at sporting event where there is a suspicion of concussion (for parents, coaches, teachers, team-mates, support staff)



Sometimes concussion is not detected or suspected at the time of injury. The athlete may present two or three days later at home, or at school, with subtle changes in behaviour. It is important that teachers, coaches, parents, school mates and team mates understand the subtle symptoms and signs that can suggest someone has suffered concussion.

Figure 2: Non-healthcare practitioner in a school or home setting where there is a suspicion of concussion (for parents, coaches, teachers, team-mates, support staff)



GRADED RETURN TO SPORT FRAMEWORK FOR COMMUNITY AND YOUTH

The risk of complications from concussion is increased if a player is permitted to return to sport before they have fully recovered. It is important that athletes do not return to contact activities or competition, until they have fully recovered. The graded return to sport framework (GRTSF) for community and youth assists athletes/coach/parents/teachers with concussion management through the recovery process and time frames for a safe return to sport/learn.

The AIS return to sport protocol for community and youth sport includes;

- > Introduction of light exercise after an initial 24-48 hours of relative rest.
- > Several checkpoints to be cleared prior to progression.
- > Gradual reintroduction of learning and work activities. As with physical activity, cognitive stimulation such as using screens, reading, undertaking learning activities should be gradually introduced after 48 hours.
- > At least 14 days symptom free (at rest) before return to contact/collision training. The temporary exacerbation of mild symptoms with exercise is acceptable, as long as the symptoms quickly resolve at the completion of exercise, and as long as the exercise-related symptoms have completely resolved before resumption of contact training.
- > A minimum period of 21 days until the resumption of competitive contact/collision sport.
- > Consideration of all symptom domains (physical, cognitive, emotional, fatigue, sleep) throughout the recovery process.
- > Return to learn and work activities should take priority over return to sport. That is, while graduated return to learn/work activities and sport activities can occur simultaneously, the athlete should not return to full contact sport activities until they have successfully completed a fully return to learn/work activities.



Reintroduction of daily activities is appropriate if the activities do not severely exacerbate symptoms following the initial 24-48hour period of rest. Early resumption of activities of daily living is associated with improved symptom resolution and shorter recovery time.

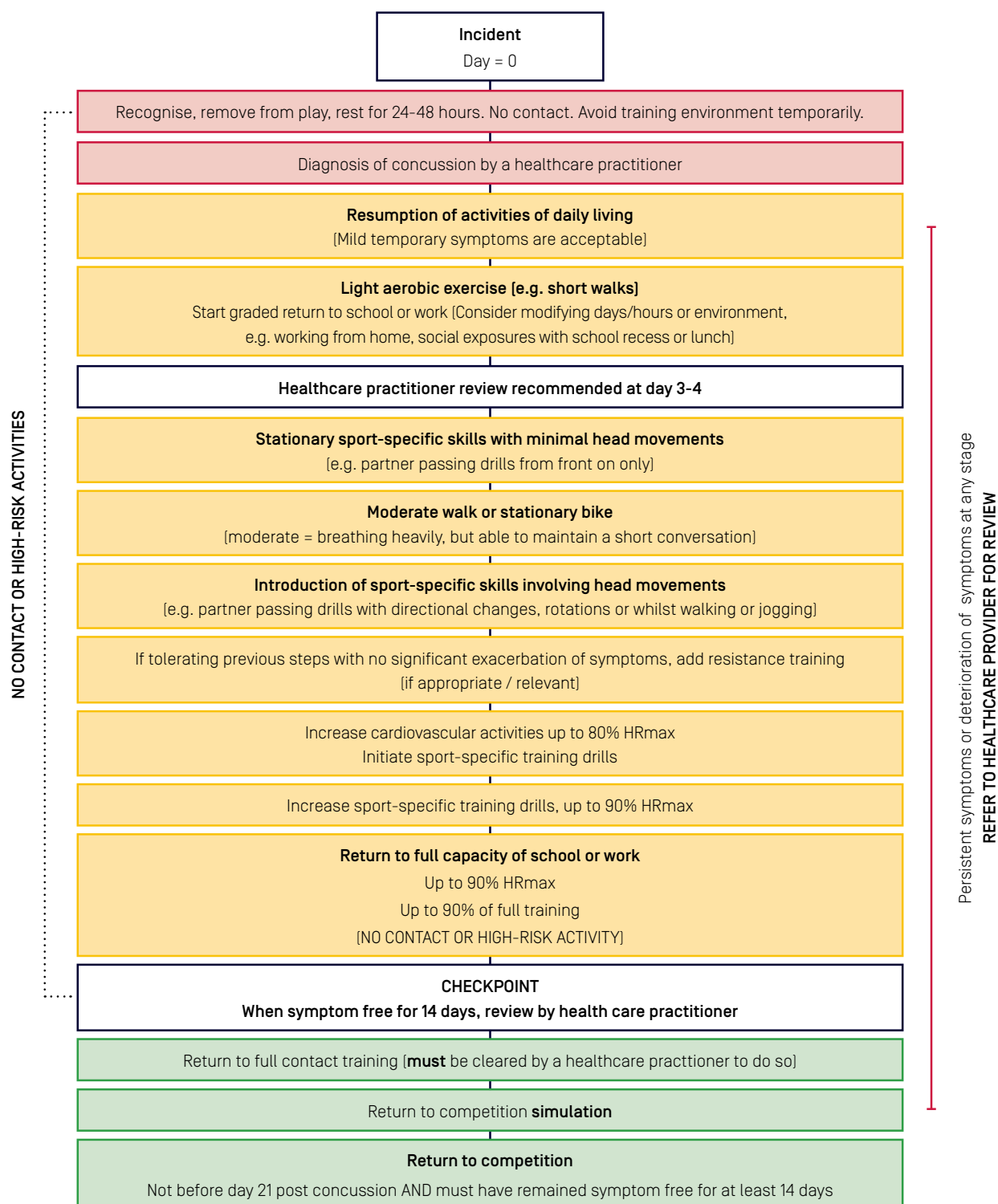
After the initial period of relative rest, graded return to school and/or work is advised. Concussion is an evolving injury and symptoms can change over time in one or more domains. All affected domains may not be evident during the early stages of the graded return. Care should be taken when returning to activities that involve multiple domains, such as school or work, with dosage and environment considered.

Recent studies encourage initiation of low-intensity exercise 24-48 hours post-concussion irrespective of the presence of low-level symptoms. Mild and brief exacerbation of symptoms may occur during progression through the GRTSF. This is acceptable as long as the exacerbations are temporary, that is, the symptoms return to baseline before the next exercise session. Mild is defined as an increase of no more than 2 points on a 10 point scale and brief is no more than 1 hour duration of exacerbation from pre-exercise symptoms. If there is moderate or severe exacerbation of symptoms or symptoms persist until the next scheduled bout of activity [considered prolonged symptoms] then a review with a HCP is recommended.

Children and adolescents take longer to recover from concussion than adults. A more conservative approach should be taken with those aged under 19 years of age. **The GRTSF requires those under 19 years of age and those without a dedicated HCP to guide recovery, to be symptom free for 14 days (at rest) before return to contact training, and not return to competitive contact sport until a minimum of 21 days from the time of concussion.** To be clear, that is *not* 14 days *from the time of concussion*. It is *14 days from when the athlete becomes symptom-free*. The day of the concussive incident is deemed *day 0* of the GRTSF. This recommendation allows for the individual case variability in symptom duration. It ensures that the most vulnerable individuals have demonstrated a clear capacity to perform all normal activities of daily living, including non-contact exercise, without symptoms, before they return to the field of play.



Figure 3: Graded return to sport framework for community and youth sport



Some high-performance athletes may have access to appropriately trained Healthcare Practitioners experienced in multi system concussion rehabilitation. These athletes may be cleared earlier if their sports concussion protocol allows. Refer to the graded return to sport framework for advanced care settings. Note, athletes aged under 19 years should NOT have access to earlier clearance available in advanced care settings.

Examples of return to sport timeframes

Note:

- > Day of concussive incident is considered 'Day 0'
- > Examples below assume a sport where competition occurs weekly on a Saturday
- > The 14 day symptom free period does not start until the first day that the athlete is symptom free

Key:

Incident
Symptomatic
Symptom-free
Contact training
Full competition

Athlete symptom-free on day 3 (Tuesday of the 1st week)				
Saturday	5. Saturday	12. Saturday	Saturday	Saturday
Sunday	6. Sunday	13. Sunday	Sunday	Sunday
Monday	7. Monday	14. Monday	Monday	Monday
1. Tuesday	8. Tuesday	Tuesday	Tuesday	Tuesday
2. Wednesday	9. Wednesday	Wednesday	Wednesday	Wednesday
3. Thursday	10. Thursday	Thursday	Thursday	Thursday
4. Friday	11. Friday	Friday	Friday	Friday

Athlete symptom-free on day 7 (Saturday of second week)				
Saturday	1. Saturday	8. Saturday	Saturday	Saturday
Sunday	2. Sunday	9. Sunday	Sunday	Sunday
Monday	3. Monday	10. Monday	Monday	Monday
Tuesday	4. Tuesday	11. Tuesday	Tuesday	Tuesday
Wednesday	5. Wednesday	12. Wednesday	Wednesday	Wednesday
Thursday	6. Thursday	13. Thursday	Thursday	Thursday
Friday	7. Friday	14. Friday	Friday	Friday

Protocol for those with multiple suspected concussions

An athlete with a history of multiple concussions is at risk of experiencing prolonged symptoms before return to sport. Those who suffer from multiple concussions within a short period of time should be managed more conservatively and be assessed by a clinical management team with specific training and expertise in concussion. *Multiple concussions can be a minimum of two concussions within a 3-month period, or a minimum of three concussions in a 12-month period.* If this occurs, the individual should follow a more conservative return to sport protocol. There is no evidence regarding specific time frames for return to sport following multiple concussions. The timeframes will be influenced by factors such as the severity of the most recent injury, the number of previous concussions and the general medical history of the athlete. A recommended starting point for return to sport after second concussion within three months, would be 28 days symptom-free before return to contact training and a minimum of six weeks from the time of the most recent concussion until return to competitive contact.

In situations where more than two concussions have occurred within a 12-month period, consideration needs to be given to missing a season of contact / collision sport.



Concussion officer for community/school environments

All community members should be aware of the concussion management protocols and pathways relevant to their sport and community, including their role in the identification and management of concussion. It is recommended that clubs and schools introduce a 'concussion officer' to oversee the management of concussion. A 'concussion officer' is a single point of contact and manages the coordination of matters related to concussion. A 'concussion officer' is not a concussion expert and is not expected to diagnose concussion. Analogous to the role of a 'fire warden', the 'concussion officer' ensures that anyone diagnosed with concussion follows the organisation's agreed concussion protocol. The designated person can be any member of the affiliated community. Their job is to be the recipient of information in relation to concussion and to ensure that the concussion protocol is enacted. It is recommended that a 'whole of community' concussion policy or protocol is adopted. This needs to be effectively socialised and communicated to all stakeholders, to ensure it is adapted successfully.

Figure 4: Systems for managing the concussed student in the school environment

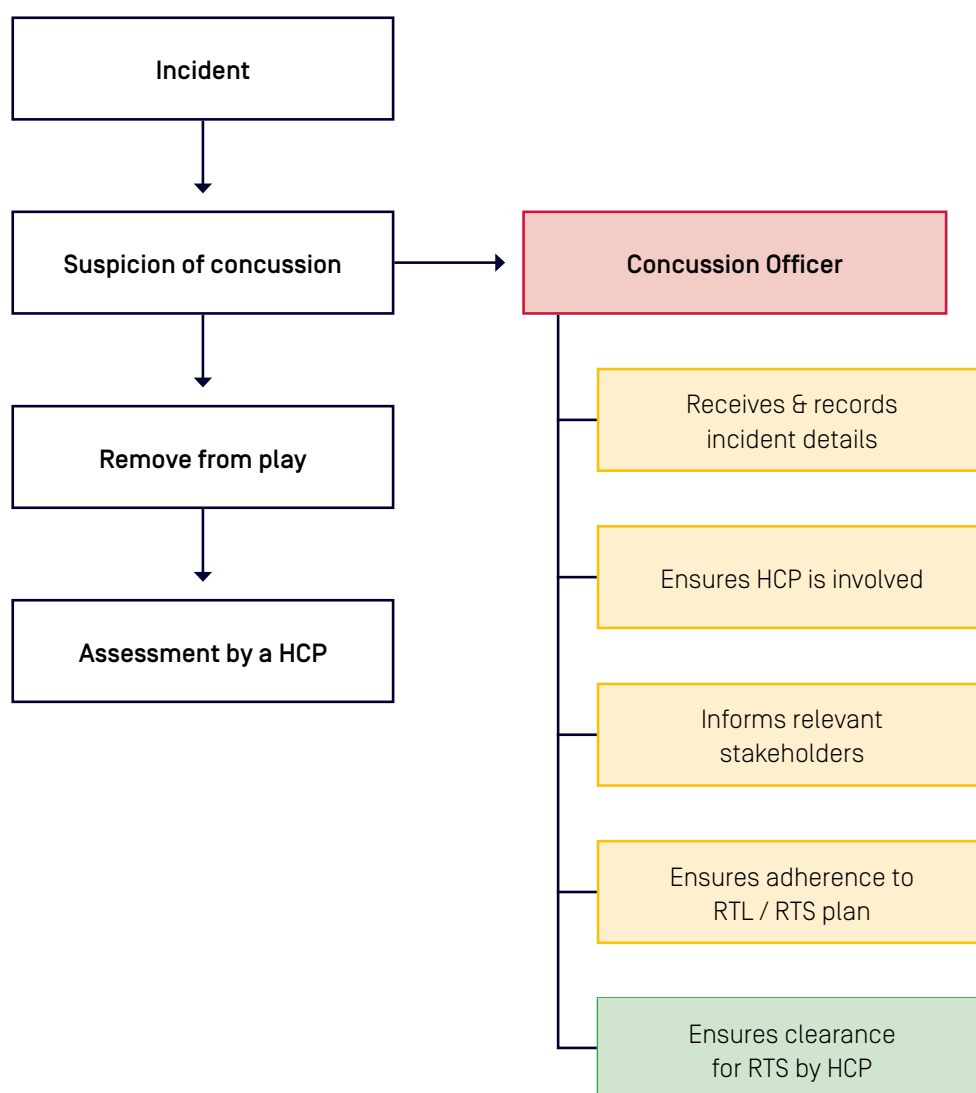
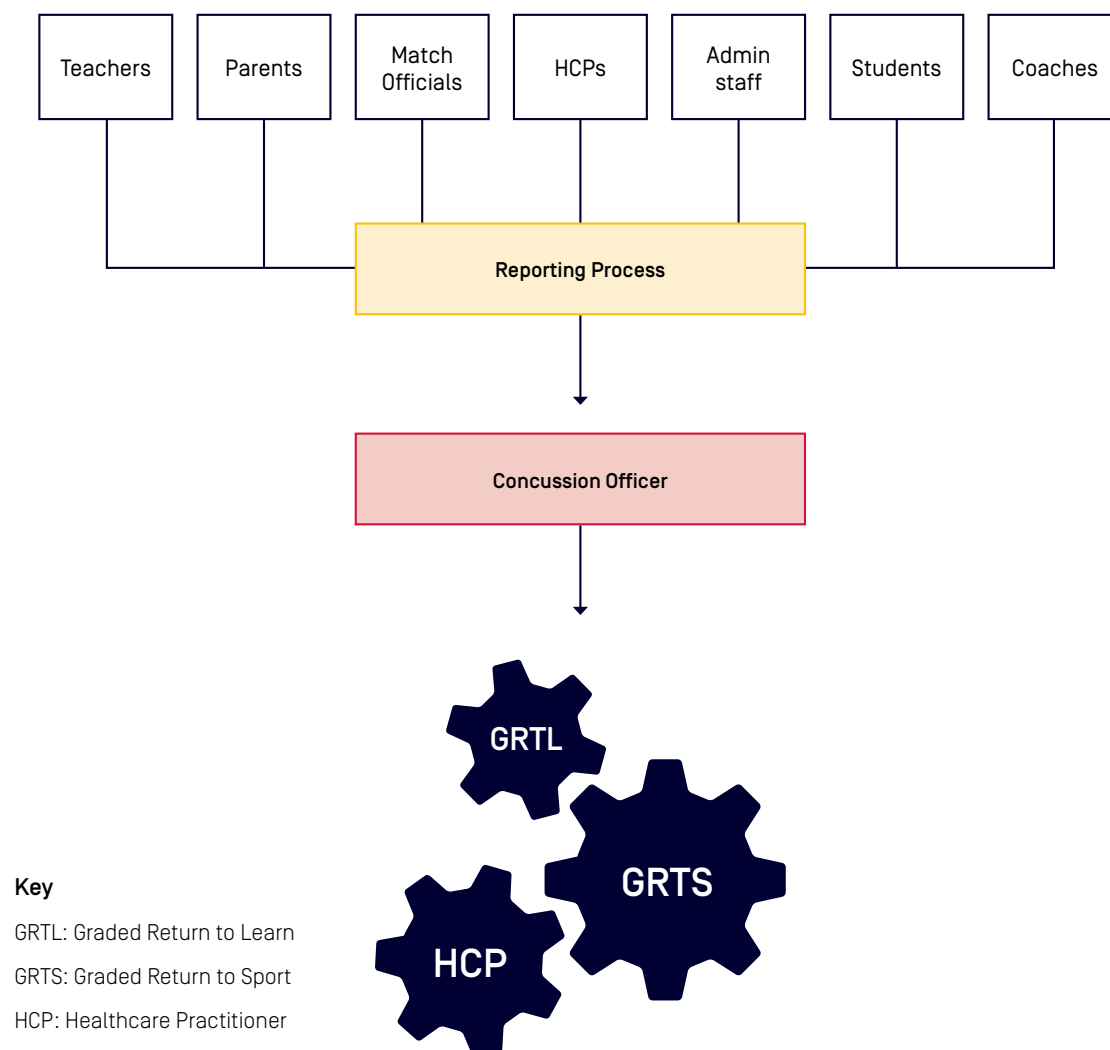


Figure 5: Systems for managing the concussed student in the school environment



ADDITIONAL RESOURCES

- > [ALS Concussion and Brain Health Position Statement 2024](#)
- > [Concussion in Sport Australia | Australian Sports Commission](#)
- > [Connectivity: Sport-Related Concussion Short Course](#)
- > [UK Government's Concussion Guidelines for Non-Elite \(Grassroots\) Sport](#)
- > [Consensus statement on concussion in sport: the 6th International Conference on Concussion in Sport](#)
- > [Concussion Recognition Tool 6 \(CRT6\)](#) (For use by non-healthcare practitioners)
- > [Sport Concussion Assessment Tool 6 \(SCAT6\)](#) (For use by healthcare practitioners)
- > [Sport Concussion Office Assessment Tool 6 \(SCOAT6\)](#) (For use by healthcare practitioners)
- > [BJSM Para-Sport Concussion Consensus Paper](#)
- > [Concussion referral and return form](#)





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ATTACHMENT B: CONCUSSION MANAGEMENT TIMELINE TOOL

Concussion Management Time Line Tool

Current sport =

Student Name:

House:

Date/Time injury occurred:

Coach =

At Home/Health Centre	At School					
Stage 1 - Recognise, Remove, Record & Refer	Stage 2 - Rest	Stage 3 - Recover	Stage 4 - Return to Exercise (RTE)	Stage 5 - Return to Train (RTT)	Stage 6 - Return to Play (RTP)	Stage 7 - Play
Date:	Date:	Date:	Date:	Date:	Date:	Date:
Remove from play, assess by Nurse/Medic, if any signs or symptoms of concussion to be monitored in Health Centre. No school. Nurse to perform Mini SCAT 6 <input type="radio"/>	Part time school; 2 x half days No: homework, assessments, sport/PE or excursions.	Attend full time school without rest breaks and complete all homework for one complete week . Minimise assessments and no PE.	Full time school no restrictions.	Full time school no restrictions.	Full time school no restrictions.	Full time school no restrictions.
No sport	No sport	No sport - can walk slowly for 15 minutes.	Graduated return to exercise managed by Strength and Conditioning Coach . Light aerobic activities see 'Return to Exercise and Training Management Tool'. No gym/weights training.	Attend training sessions that are non-contact, no collision. Eg warm-up drills, ball skills. Continue non-contact sport and non-collision sport for 14 days post asymptomatic.	Commence full contact sport training.	Return to competitive game/competition.
Rest - if concussion suspected go home or rest in Kennedy until symptom free. When <u>symptom free for 24 hours</u> move to Stage 2. Document in Synergetic NO Gym access and 'concussion' on medical alerts (tick medical alert square)	Rest in Health Centre during day when not attending classes. Once asymptomatic when attending a full day of school go to Stage 3.	GP clearance required to progress to Stage 4. If not tolerating go back to Stage 2.	If tolerating and symptom free can move to Stage 5. If not tolerating go back to Stage 3.	GP clearance required to progress to Stage 6. If not tolerating, go back to Stage 4. Remove Gym status. Document on Synergetic in 'medical alerts' stage student is at.	AT MINIMUM DAY 21 POST CONCUSSION -If tolerating can move to Stage 7. If not tolerating move to Stage 5.	If reoccurrence of symptoms, for GP review and back to Stage 6.
GP/hospital review within 48 hours of incident to make a diagnosis or provide clearance to return to school classes. (Medical Certificate required) Date: _____		GP review for clearance to commence return to exercise (RTE) Date: _____ including SCAT 6. Email Strength and Conditioning to commence manage return <input type="radio"/>		GP review for clearance to return to play (RTP) Date: _____ including SCAT 6. <input type="radio"/> Update Synergetic in alerts		Nurse review post full training session, if symptom free, Clear to Play. Update medical condition on Synergetic, remove Medical Alert and untick box. Email parents, HoH, teachers <input type="radio"/>



GEE LONG GRAMMAR SCHOOL | CONCUSSION MANAGEMENT

Multiple Concussions Management Table

Student has a single concussion	→	Not considered significant or substantial ↓	Significant or substantial ↓	
		Management via Concussion Management TimeLine Tool	<ol style="list-style-type: none"> 1. Management via Concussion Management TimeLine Tool 2. School may request attendance at a medical practitioner with concussion management specialisation prior to a return to competitive contact sport 3. If so, School documented decision as to continued involvement in competitive contact sport 4. If able to continue, School documented decision as to restrictions or conditions of involvement in sport 	
Student has a second concussion	→	Not within a three month period of the prior concussion / not significant or substantial ↓	Within a three month period of the prior concussion ↓	Outside of the three month period for the prior concussion, but considered significant or substantial ↓
		Management via Concussion Management TimeLine Tool	<p>Management via Concussion Management TimeLine Tool but with extended timeframes (extended to 28 days symptom-free before return to contact training, and a minimum of six weeks from the time of the most recent concussion until return to competitive contact sport)</p> <p><i>If also considered serious or substantial:</i></p> <ol style="list-style-type: none"> 1. School may request attendance at a medical practitioner with concussion management specialisation prior to a return to competitive contact sport 2. If so, School documented decision as to continued involvement in competitive contact sport 3. If able to continue, School documented decision as to restrictions or conditions of involvement in sport 	<ol style="list-style-type: none"> 4. Management via Concussion Management TimeLine Tool 5. School may request attendance at a medical practitioner with concussion management specialisation prior to a return to competitive contact sport 6. If so, School documented decision as to continued involvement in competitive contact sport 7. If able to continue, School documented decision as to restrictions or conditions of involvement in sport



Student has a third concussion	→	Third concussion was not within a three month period of the second prior concussion / not significant or substantial / three concussions were not within a 12 month period ↓	Three concussions were in the space of a 12 month period ↓	
		<ol style="list-style-type: none"> 1. Management via Concussion Management TimeLine Tool 2. School may request attendance at a medical practitioner with concussion management specialisation prior to a return to competitive contact sport 3. If so, School documented decision as to continued involvement in competitive contact sport 4. If able to continue, School decision as to restrictions or conditions of involvement in sport 	<ol style="list-style-type: none"> 1. Management via Concussion Management TimeLine Tool (in respect of return to school) 2. Student will be removed from contact/collision competitive sport for a minimum period of 6 months 3. Required attendance at a medical practitioner with concussion management specialisation prior to a return to competitive contact sport 4. School documented decision as to continued involvement in competitive contact sport 5. If able to continue, School decision as to restrictions or conditions of involvement in sport 	
Student has a fourth or further concussion across their lifetime	→	All concussions ↓		
		<ol style="list-style-type: none"> 1. Management via Concussion Management TimeLine Tool (in respect of return to school) 2. Student will be removed from contact/collision competitive sport for a minimum period of 6 months 3. Required attendance at a medical practitioner with concussion management specialisation prior to a return to competitive contact sport 4. School documented decision as to continued involvement in competitive contact sport 5. If able to continue, School decision as to restrictions or conditions of involvement in sport 		