The Hutchins School
Concussion Action Plan

To help identify a concussion, you should watch for and ask others to report the following two things:

1. A forceful bump, blow, or jolt to the head or body that results in rapid movement of the head.
2. Any concussion signs or symptoms, such as a change in the student’s behaviour, thinking, or physical functioning.

Signs and symptoms of concussion generally show up soon after the injury, but the full effect of the injury may not be noticeable at first.

<table>
<thead>
<tr>
<th>Concussion Signs and Symptoms</th>
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<tr>
<td><strong>Signs Observed by Medical Staff / First Aider</strong></td>
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<tr>
<td>Appears dazed or stunned</td>
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<td>Is confused about assignment or position</td>
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<td>Forgets an instruction</td>
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<tr>
<td>Is unsure of game, score, or opponent</td>
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<td>Moves clumsily</td>
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<tr>
<td>Answers questions slowly</td>
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<td>Loses consciousness (even briefly)</td>
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<td>Shows mood, behaviour, or personality changes</td>
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<td>Can’t recall events prior to hit or fall</td>
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<tr>
<td>Can’t recall events after hit or fall</td>
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<tr>
<td><strong>Symptoms Reported by Student</strong></td>
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<tr>
<td>Headache or “pressure” in head</td>
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<td>Nausea or vomiting</td>
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<td>Balance problems or dizziness</td>
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<td>Double or blurry vision</td>
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<td>Sensitivity to light</td>
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<td>Sensitivity to noise</td>
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<tr>
<td>Feeling sluggish, hazy, foggy, or groggy</td>
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<td>Concentration or memory problems</td>
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<tr>
<td>Confusion</td>
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<td>Just “not feeling right” or “feeling down”</td>
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Any student who sustains a knock to the head during sport should be:

- Immediately removed from competition / training / playground and or classroom
- Reviewed by the medical person on duty or first aider at the venue following industry standard concussion assessment tool/s and recommended to be referred to medical professional
- Examined by a doctor as soon as possible
- Continually observed for agreed period of time – arrangements to be made with parents/guardians/emergency contact
- Rested from learning, sport, PE, training for at least 48 hours

A concussed student is not permitted to return to school or return to training before having a medical clearance

**AS A PARENT, WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS CONCUSSION?**

**SEEK MEDICAL ATTENTION RIGHT AWAY.** A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports.

**KEEP YOUR CHILD OUT OF PLAY.** Concussions take time to heal. Don’t let your child return to play the day of the injury and until a health care professional says it’s OK. Repeat or later concussions can cause permanent brain damage, affecting your child for a lifetime. Follow Six Stage Gradual Return to Learning and Play.

**TELL STAFF ABOUT ANY PREVIOUS CONCUSSION.** Staff should know if your child had a previous concussion.

**DON’T HIDE IT. REPORT IT. TAKE TIME TO RECOVER.**

IT’S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.

Visit the Smart Head Play website: [www.smartheadplay.com](http://www.smartheadplay.com)
**STAGE**

**ACTIVITY**

**AIM OF STAGE**

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**STAGE 1:** (For first 48 - 72hrs after injury)

No activity, complete rest

Complete physical rest (sedentary behaviours) and cognitive rest, sleep when required, observation recommended

Initial rest and recovery both cognitive and physical

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**STAGE 2:** (72 - 96hrs)

Light aerobic exercise / communication

No academic or technological interventions

Light walking, low level swimming, stationary cycling, stretching (head to stay in sagittal axis and plane *upright*) - Cognitively to start with low level simple communication, still no electronic hand held devices, low level TV for short periods, introduce short bursts of rapid eye movement (REM), rest or sleep if necessary

Physically- Gentle increase in heart rate and movement, some basic balance assessment and eye focus tests and small ROM head movement to test vestibular capabilities

**Cognitively:** To allow the brain to absorb stimulus at a level that it can handle without creating neural fatigue

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**STAGE 3:** (96 - 120hrs)

Sport-specific exercise- learning return

Modified and assessed academic or technological interventions

Sport specific drills at football codes, cricket, basketball, hockey, track and field, etc., (no contact of game play in team sports, heading in soccer, avoid excessive competitive jumping in basketball) - Introduce modified learning and hand held electronic devices, desktop computers, reading, e-reading and additional recall functions such as memory games etc.

Physically- Adds movement with more intensity, broader skills, REM challenges in sport/exercise

**Cognitively:** Reduced academic workload still recommended, no testing or homework and reduced hours in the day

**At this stage assessment of stakeholders should determine progression, if symptomatic progression does not occur till asymptomatic**

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**STAGE 4:** (120hrs +)

If cleared by medical professional

Non-contact training drills

Return to normal learning but monitored

Game based drills requiring rapid eye movement and elevated HR at football codes, cricket, basketball, hockey, etc. Still no heading for soccer.

Graduated academic involvement with monitoring

Physically- Adds co-ordination and HIT and elevated HR

**Cognitively:** Return to normal academic activity if asymptomatic

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**STAGE 5:** (144hrs +)

If cleared by medical professional and symptom free

Full contact practice

Return to normal learning but monitored

Participate in normal training activities including full contact

Graduated academic involvement with monitoring

Physically- Restores confidence and allows coaching staff to assess progress

**Cognitively:** Return to full assisted academic capacity including testing and increased workloads

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**STAGE 6:** (168hrs +)

If cleared by medical professional and symptom free

Return to play

Return to normal learning with assessment capacity inclusions

Normal game play

Normal classes and study loads

Physically- Restores confidence and allows player to return to normality without fear of re-injury

**Cognitively:** Return to full unassisted academic capacity including testing and increased workloads

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*Each stage should last 24-48 hours.*

If students remain symptom-free, they can move up to the next stage. If they develop/display any symptoms (headache, dizziness, cognitive or vestibular confusion, nausea or tiredness), they should move back a stage and try to progress again after a further 24-48 hour period of rest. If you are uncertain about full return to play, their GP can advise further. If the student has persistent symptoms, they should be reassessed by their GP or referred for further more specialised assessment.