

# St Mary's CBS Portlaoise

## Concussion Policy



Approved: 24 January 2023

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### ➤ **Purpose**

The purpose of this document is to provide information and guidance to all staff members who are placed in a situation where a student in their care has potentially suffered a concussive event.

Concussion must be taken extremely seriously. Ignoring the signs and symptoms of concussion may result in a prolonged recovery period, a more serious brain injury or even death.

### ➤ **Persons Affected**

- a) All Teaching Staff
- b) External Coaches
- c) Parents
- d) Pupils
- e) Ancillary Staff – Catering, Supervisors, Caretaking, Administration, Special needs assistants.

### ➤ **Procedure Statement**

- a) **STOP** – player must be removed from the activity and not allowed to return.
- b) **INFORM** – parents, school first aid responder and sports co-ordinator of injury; Likewise if injury takes place out of school, the parents must inform the school on his return to school.
- c) **REST** – player must not return to any activity until they have completed the graduated return to play (GRTP)
- d) **RETURN** – player may return only when they have been cleared for return to play by a medically trained professional, i.e. GP, in writing.

### ➤ **Definitions**

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 rather than a structural injury to the brain.

Concussion can have a significant impact on the short and long term health of the player if not managed correctly.

What causes Concussion?

Concussion can be caused by a direct blow to the head or body and from whiplash type movements of the head and neck that can occur when a player collides with another player or the ground or is struck with an object.

Immediately following a suspected concussion the brain is susceptible to further significant damage in the event of another impact. (Secondary Impact Syndrome).

➤ **Recognise and Remove**

Concussion should be suspected if one or more of the following visible clues, signs, symptoms or errors in answering memory questions are present.

**i) Visible clues of suspected concussion**

Any one or more of the following visual clues can indicate a possible concussion:

- Loss of consciousness
- Lying motionless on 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 plays, place or events

**ii) Signs and Symptoms of Concussion.**

Presence of any one or more of the following signs and symptoms may suggest a concussion:

- Loss of Consciousness
- Seizure or convulsion
- Balance problems
- Nausea (feeling sick) or Vomiting
- Drowsiness
- Player is more emotional
- Irritability
- Sadness
- Fatigue or low energy
- Player is more nervous or anxious
- Confusion

- ‘Don’t feel right’
- Headache
- Dizziness
- Feeling slowed down

#### RED FLAGS

If ANY of the following are reported then the player should be safely and immediately removed from the field. If no qualified medical professional is available, consider transporting by ambulance for urgent medical assessment:

- Athlete complains of neck pain
- Increased confusion or irritability
- Repeated vomiting
- Seizure or Convulsion
- Weakness or tingling/ burning in arms or legs
- Deteriorating conscious state
- Severe or increasing headache
- Double-vision

#### ➤ **Staff Responsibilities**

- i) Every sports coaching staff/teacher to be given concussion recognition guidelines.
- ii) Any casualty suffering a potentially concussive incident is immediately removed from play/ training and is supervised by a responsible adult until medical care / parent is sourced.
- iii) A medical incident report form to be completed as soon as conveniently possible.
- iv) The school health and safety officer is informed.
- v) Ensure that parents are informed either by staff member or through the school office.
- vi) The School Office will maintain a list of all concussions occurring in the school.

#### ➤ **Student Responsibilities**

- i) To inform teacher/coaches of occurrence of injury.
- ii) Individual player honesty relating to injury symptoms.

#### ➤ **Parent Responsibilities**

- i) To inform the school when their son has suffered a concussion (in writing ) when it occurs either inside or outside of school.
- ii) When the student has completed their return to play protocol and has medically cleared to return to sport - provide medical clearance to the school, in writing, to allow a student to return to sport.
- iii) All students must pay for 24 hour Student Personal Accident Insurance (€10).

➤ **Procedures**

All students suffering a concussive event or suspected concussive event will be entered into graduated return to play (GRTP) protocol and not allowed to return to participate until cleared by a medical practitioner. For anyone under 18 years of age, this should be at least 2 weeks from when a diagnosis has been made.

(Medical clearance refers to written clearance, by a doctor, which must be provided to the person in charge of the team, prior to return to full contact sports.)

**Graduated return to school strategy**

Concussion may affect the ability to learn at school. Initially, the player may need to miss a few days of school, followed by a gradual return, avoiding activities that exacerbate symptoms.

Again, a note in the student’s School Journal for him to show to his teachers on return to school will inform the teacher to support this gradual return to normal studies.

Mental Activity	Activity at each step	Goal of each step
Daily activities that do not give the athlete symptoms	Typical activities that the athlete does during the day as long as they do not increase symptoms (e.g. reading, texting, screen time). Start with 5-15 minutes at a time and gradually build up.	Gradual return to typical activities.
School activities	Homework, reading or other cognitive activities outside of the classroom.	Increase tolerance to cognitive work.
Return to school full-time	Gradual introduction of schoolwork. May need to start with a partial school day or with increased breaks during the day.	Increase academic activities.
Return to school full-time	Gradually progress school activities until a full day can be tolerated.	Return to full academic activities and catch up on missed work.

This Policy was approved at a meeting of the Board of Management of St Mary’s CBS:

Signature: Anne Ahern  
Chairperson

Date: 13<sup>th</sup> December 2022

## CONCUSSION RECOGNITION TOOL 5 ©

To help identify concussion in children, adolescents and adults



Supported by

### RECOGNISE & REMOVE

Head impacts can be associated with serious and potentially fatal brain injuries. The Concussion Recognition Tool 5 (CRT5) is to be used for the identification of suspected concussion. It is not designed to diagnose concussion.

**STEP 1: RED FLAGS – CALL AN AMBULANCE**

If there is concern after an injury including whether ANY of the following signs are observed or complaints are reported then the player should be safely and immediately removed from play/game/activity. If no licensed healthcare professional is available, call an ambulance for urgent medical assessment:

- Neck pain or tenderness
- Double vision
- Weakness or tingling/burning in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness
- Deteriorating conscious state
- Vomiting
- Increasingly restless, agitated or combative

**Remember:**

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Assessment for a spinal cord injury is critical.
- Do not attempt to move the player (other than required for airway support) unless trained to do so.
- Do not remove a helmet or any other equipment unless trained to do so safely.

### STEP 3: SYMPTOMS

- 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"

### STEP 4: MEMORY ASSESSMENT

(IN ATHLETES OLDER THAN 12 YEARS)

Failure to answer any of these questions (modified appropriately for each sport) correctly may suggest a concussion:

- "What venue are we at today?"
- "Which half is it now?"
- "Who scored last in this game?"
- "What team did you play last week/game?"
- "Did your team win the last game?"

**Athletes with suspected concussion should:**

- Not be left alone initially (at least for the first 1-2 hours).
- Not drink alcohol.
- Not use recreational/ prescription drugs.
- Not be sent home by themselves. They need to be with a responsible adult.
- Not drive a motor vehicle until cleared to do so by a healthcare professional.

The CRT5 may be freely copied in its current form for distribution to individuals, teams, groups and organisations. Any revision and any reproduction in a digital form requires approval by the Concussion in Sport Group. It should not be altered in any way, rebranded or sold for commercial gain.

**ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY, EVEN IF THE SYMPTOMS RESOLVE**

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