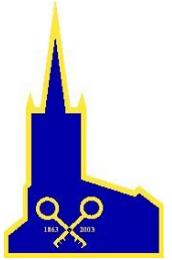


# HEAD INJURY POLICY 2024-2025



## Our Vision

We aim to be an inclusive, caring school where we give everyone the time and support needed to challenge and guide one another - to open minds and widen horizons – to work together towards the flourishing of all members of our school community so that everyone can fulfil their potential.

“If you believe, you will receive, whatever you ask for in prayer.” Matthew 21:22

The Department of Education has requested that all schools should write to parents/guardians to highlight the need for you to keep all organisations informed if your child receives a concussion injury. Concussion is a brain injury which is usually caused by hitting the head or a fall. It can happen at any time, anywhere: for example during sports, in the school playground, or at home. Concussion must always be taken seriously and it is vitally important that any child/young person suspected of having concussion should immediately be stopped from continuing whatever activity they are doing and be assessed by a medical professional for diagnosis and guidance. A second injury when a child has concussion can be extremely serious and may even be fatal. It is vitally important therefore that medical clearance is sought before your child returns to school/play. Children should not resume physical activities such as Physical Education (PE), sports or games until permitted to do so by a medical professional. Concussion may also affect your child’s ability to learn at school. This must be considered and medical clearance should be sought before the child returns to school. As symptoms vary from child to child, a graduated return to school programme may be needed.

Please refer to our new school head injury and concussion policy for further information -

## HEAD INJURY AND CONCUSSION POLICY

### Introduction

The aim of this policy is to:

- Ensure understanding of the key terms and the link between head injury and brain injury;
- Identify sport activities which carry a risk of head injury;
- Underscore the importance of creating suitable risk assessments for sport activities being undertaken by the School; and
- Provide clear processes to follow when a pupil does sustain a head injury.

This policy applies to:

- School staff (including part time or occasional employees or visiting teachers);
- Pupils of the School
- Parents of Pupils at the School; and

- Any other individual participating in any capacity in a School activity. For example, this would include a contractor providing sports coaching, or a volunteer on a School trip.

A head injury could happen in any area of School life. This policy focuses on sport activities (both contact sports and non-contact sports) where the risk of head injuries happening is higher, but should also be used for head injuries which occur in another context (for example, a slip or trip).

## Definitions

The following terms are used in this policy:

- **Head injury:** means any trauma to the head other than superficial injuries to the face.
- **Traumatic Brain Injury (TBI):** is an injury to the brain caused by a trauma to the head (head injury).
- **Concussion:** is a type of traumatic brain injury (TBI) resulting in a disturbance of brain function. It usually follows a blow directly to the head, or indirectly if the head is shaken when the body is struck. Transient loss of consciousness is not a requirement for diagnosing concussion and occurs in less than 10% of concussions.
- **Transient Loss of consciousness:** is the sudden onset, complete loss of consciousness of brief duration with relatively rapid and complete recovery. It can also be referred to as 'being knocked out' or a 'blackout.'
- **Persistent loss of consciousness:** is a state of depressed consciousness where a person is unresponsive to the outside world. It can also be referred to as a coma.
- **Chronic Traumatic Encephalopathy (CTE)** is one type of degenerative and progressive brain condition that's thought to be caused by TBIs and repeated episodes of concussion. CTE usually begins gradually several years after receiving TBIs or repeated concussions. The symptoms affect the functioning of the brain and eventually lead to dementia.
- **Contact sport:** is any sport where physical contact is an acceptable part of play for example rugby, football and hockey.
- **Non-contact sport:** is any sport where physical contact is not an acceptable part of play but where there are nonetheless potential collisions between players and between players and the ball, for example cricket and netball.

## The risks

Playing contact and non-contact sport increases an individual's risk of collision with objects or other players.

Collisions can cause a head injury, which can cause a traumatic brain injury such as a concussion.

It is very important to recognise that a pupil can have a concussion, even if they are not 'knocked out'. Transient loss of consciousness is not a requirement for diagnosing concussion and occurs in less than 10% of concussions.

Children and young adults are more susceptible to concussion than adults because their brains are not yet fully developed and thus more vulnerable to injury.

The current evidence suggests that repeated episodes of concussion, even where there is no transitory loss of consciousness, can cause significant changes to the structure and function of the brain in a condition known as Chronic Traumatic Encephalopathy (CTE).

### **Preventative steps to reduce the risks**

Any person responsible for the undertaking of a sporting activity must ensure a suitable risk assessment for the specific sport activity is created.

This risk assessment should be tailored to the specific environment and should:

- Identify the specific risks posed by the sport activity, including the risk of players sustaining head injuries;
- Identify the level of risk posed;
- State the measures and reasonable steps taken to reduce the risks; and
- Identify the level of risk posed with the measures applied.

The governing bodies of most sports played in Schools have each produced head injury guidelines that are specific to their sport. Those responsible for risk assessing sport activities in School should have regard to the relevant and latest guidelines when carrying out their risk assessment. For example:

The Sport and Recreation Alliance includes members from the major sports governing bodies, including the RFU, ECB and England Hockey. Together they have produced 'Concussion Guidelines for the Education Sector', which can be viewed here:

[https://www.afpe.org.uk/physical-education/wp-content/uploads/Concussion\\_guidelines\\_for\\_the\\_education\\_sector\\_June2015.pdf](https://www.afpe.org.uk/physical-education/wp-content/uploads/Concussion_guidelines_for_the_education_sector_June2015.pdf) –

#### **Football:**

General FA concussion guidelines: <https://www.thefa.com/get-involved/fa-concussion-guidelinesif-in-doubt-sit-them-outold>

FA Heading Guidance: <https://www.thefa.com/news/2020/feb/24/updated-heading-guidanceannouncement-240220>

#### **Rugby:**

<https://www.englandrugby.com/participation/playing/headcase/age-grade/schools-and-colleges>

RFU Graduated Return to Play guidelines: <https://www.englandrugby.com/dxdam/04/0453acb55fe2-4608-91b0-a2bd191c3016/HEADCASE%20GRTP.pdf>

#### **Hockey:**

GB & England Hockey Concussion Policy <https://www.cuhc.org.uk/wpcontent/uploads/2020/10/CUHC-Concussion-Policy-2020-21.pdf>

Potential measures to reduce the risk of players sustaining head injuries while playing sports might include:

- i. Structuring training and matches in accordance with current guidelines from the governing body of the relevant sport (see above);
- ii. Removing or reducing contact elements from contact sports, for example removing 'heading' from football;
- iii. Removing or reducing the contact elements of contact sports during training sessions;
- iv. Ensuring that there is an adequate ratio of coaches to players in training;
- v. Ensuring that pupils are taught safe playing techniques;
- vi. Ensuring that pupils are taught to display sportsman like conduct at all times and maintain respect for both opponents and fellow team members equally;
- vii. Using equipment and technology to reduce the level of impact from collision with physical objects (e.g. using padding around rugby posts, using soft balls, wearing helmets in cricket etc.);
- viii. Using equipment and technology to reduce the level of impact from collision between players (e.g. gumshields<sup>1</sup>, helmets etc);
- ix. Coaching good technique in high-risk situations (such as rugby tackles);
- x. Ensuring that the playing and training area is safe (for example, that it is not frozen hard or hard from being sun-baked; and there are suitable run-off areas at the touchlines);
- xi. Ensuring that a suitably qualified first aider or medical professional is easily accessible during training and matches.

Ensuring that all staff and coaches involved in sporting provision are appropriately trained and are aware of the School's policy on head injuries.

Potential head injuries should also be considered in the risk assessment process of non-sporting activities where there is a heightened risk of head injuries; for example, outdoor education.

### **Head injuries sustained outside of school**

As noted above, repeated concussions can cause significant changes to the structure and function of the brain, in particular the child's brain.

It is therefore very important that the School, pupils and their parents take a holistic approach to the management of head injury causing concussions and cooperate with regards to sharing information.

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<sup>1</sup> The School requires that students will wear a correctly fitted gumshield while participating in all contact sport (whether training or a competitive fixture), unless there is an underlying medical condition that prevents this which has been previously communicated to the School.

Where a pupil sustains a head injury which has caused a concussion whilst participating in an activity outside of the School, the parents of the pupil concerned should promptly provide their child's Teacher with sufficient details of the incident, and keep the School updated of any developments thereafter (in such cases, the School may contact the parents to obtain further information). This would apply, for example, if a pupil suffers a concussion playing rugby for an external rugby club or if

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a pupil sustains a head injury while taking part in an informal game of sport, for example in the local park.

The School will determine the appropriate way forward on receiving a notification of this nature. That might include reviewing any return to play plan already established by the external club, or if no such plan has been put in place, considering whether a return to play plan should be established under this policy.

In turn the School will inform parents where a pupil has sustained a head injury causing a concussion at School.

### **Procedure to follow where a pupil sustains a head injury at school**

The welfare of pupils is of central importance. Any person to whom this policy applies should adopt a cautious approach if they are in any doubt as to whether a head injury has occurred and/or whether the head injury has caused a concussion.

Where a pupil sustains a suspected head injury or concussion, the person supervising the activity should immediately remove the pupil from play and seek advice from a qualified first aider or a medical professional.

Those individuals to whom this policy applies should be aware of the symptoms of a concussion. The British Medical Journal has published a one page 'Pocket Concussion Recognition Tool' to help identify concussion in children, youth and adults. The tool is attached at Appendix Two, and is also available for download (here: <https://bjsm.bmj.com/content/bjsports/47/5/267.full.pdf>)

The tool identifies the following signs and symptoms of suspected concussion:

- Loss of consciousness;
- Seizure or convulsion;
- Balance problems;
- Nausea or vomiting;
- Drowsiness;
- More emotional;
- Irritability;
- Sadness;
- Fatigue or low energy;
- Nervous or anxious;
- "don't feel right";
- Difficulty remembering;
- Headache; • Dizziness;
- Confusion;
- Feeling slowed down;
- "Pressure in head";

- Blurred vision;
- Sensitivity to light;
- Amnesia;
- Feeling like “in a fog”;
- Neck pain;
- Sensitivity to noise; and • Difficulty concentrating.

Where a pupil displays any of the symptoms above, they should not be permitted to return to play and should be assessed by a medical professional or a qualified first aider.

Where it is apparent that emergency medical attention is required, or a member of staff suspects a pupil has suffered a spinal injury, they should immediately call the ambulance service on 999 themselves. Otherwise, the medical professional should determine whether the pupil is displaying any “red flag” symptoms which require an ambulance to be called. The Pocket Concussion Recognition Tool at Appendix Two identifies the following red flags:

- Athlete complains of neck pain;
- Increasing confusion or irritability;
- Repeated vomiting;
- Seizure or convulsion;
- Weakness or tingling/burning in arms or legs;
- Deteriorating conscious state;
- Severe or increasing headache; • Unusual behaviour change; and
- Double vision.

The School will liaise with the medical professional to ensure that the pupil’s parents are notified of the head injury as soon as reasonably possible, and in any case on the same day of the incident. If treatment is required, parents/carers will be notified as soon as reasonably possible. If treatment isn’t required and the child has been well enough to remain in school, parents can be notified at the end of the school day.

Anyone sustaining a head injury and showing symptoms of concussion will not be allowed to drive themselves or travel home unaccompanied by either school or public transport, and alternate arrangements should be made.

The form at Appendix One should be completed as soon as reasonably practicable whenever a pupil suffers a suspected head injury. Any pupil who has been diagnosed will be recorded on the school concussion register, which is maintained by the Admin Staff.

### **Managing a return to School following a head injury**

Any pupil that has suffered a head injury and showed symptoms of concussion should not return to school until they have completely recovered.

While recovering from concussion pupils should not work or play on a computer and should initially avoid time concentrating on a screen or reading as this may worsen the symptoms or delay recovery.

Pupils who have suffered a concussion should not sit exams or take part in any academic event requiring high levels of concentration without having first sought advice from their GP. It is reasonable for a pupil who has suffered a concussion to miss one or two days of school, but extended absence should be uncommon.

With respect to participation in sport, any pupil that has suffered a head injury and showed symptoms of concussion should be subject to a graduated return to play programme (**G RTP**).

The G RTP will be written by the School in cooperation with the pupil and their parent and be tailored to the specific circumstances of the individual (including the type of injury sustained and the relevant sport). The pupil will be issued with a G RTP form (see Appendix Three) by the School. The pupil must take this to all sports sessions to show their teacher/ coach where on the G RTP they are and what activity the pupil may take part in.

A summary of the G RTP is shown below. In under-19s stage 1 should last for 14 days and progression through each of the subsequent stages should take 2 days. If any symptoms occur while progressing through the G RTP, the pupil must be seen by the School First aider and may be moved back to an earlier stage. Pupils should not progress from Stage 4 to Stage 5 without having first seeking clearance from their own GP.

Stage	Rehabilitation Stage	Exercise Allowed	Objective
1	Rest	Complete physical and cognitive rest without symptoms	Recovery
2	Light aerobic exercise	Walking, swimming or stationary cycling keeping intensity, <70% maximum predicted heart rate. No resistance training.	Increase heart rate and assess recovery
3	Sport-specific exercise	Running drills. No head impact activities.	Add movement and assess recovery
4	Non-contact training drills	Progression to more complex training drills, e.g. passing drills. May start progressive resistance training.	Add exercise + coordination, and cognitive load. Assess recovery
5	Full Contact Practice	Normal training activities	Restore confidence and assess functional skills by coaching staff. Assess recovery
6	Return to Play	Player rehabilitated	Safe return to play once fully recovered.

After returning to play coaches and parents must remain vigilant for the return of symptoms even if the G RTP protocol has been completed.

It is the responsibility of the parents to ensure that their child does not participate in any inappropriate physical activity outside of School whilst they are subject to a G RTP.

### **Parental Responsibilities**

For the avoidance of doubt parents have the following responsibilities under this policy:

- Parents must take a holistic approach to the management of head injuries causing concussions and cooperate with the School with regards to sharing information and the return to school and sport.
- Where a pupil sustains a head injury which has caused a concussion whilst participating in an activity outside of the School, the parents of the pupil concerned should promptly inform the School.
- Where a pupil sustains a head injury which has caused concussion, parents should seek expert medical advice if symptoms persist once the pupil has been sent home and/or before allowing their child to return to School.

- Parents should seek advice from a GP before allowing a pupil who has suffered from concussion to sit an exam or to move from Stage 4 to Stage 5 in the GRTP protocol.
- Parents must inform the School in writing when the pupil has been seen by a GP; pupils will not be permitted to return to competitive, contact school sport until this notification has been received.
- It is the responsibility of the parents to ensure that their child does not participate in any inappropriate physical activity outside of School whilst they are subject to a GRTP.

### **Breaches of this policy**

The School takes its duty of care very seriously. The School will take appropriate action against any person found to have breached this policy. For example:

- if a pupil attempts to return to play in breach of their GRTP plan, the School would consider the matter under the School's pupil disciplinary policy;
- if a member of staff fails to report a head injury, the School would consider the matter under the School's staff disciplinary policy; and
- if a parent fails to report to the School a head injury their child sustains outside of School, the School would consider the matter under the terms of the School parent contract.

<b>Author/Reviewer</b>	MWells	<b>Date of Last Review</b>	Spring 2022
<b>Applicable to</b>	Claypole CE Primary School	<b>Date of Next Review</b>	Spring 2025

### **APPENDIX 1 Head Injury Form**

<b>PUPIL NAME</b>	
<b>DATE</b>	

<b>TIME</b>	
<b>DESCRIPTION OF INCIDENT</b>	
<b>INJURY / FINDINGS</b>	
<b>CONSCIOUS LEVEL (please circle one)</b>	<p><b>A - ALERT</b> – Are they alert? Are their eyes open? Do they respond to questions?</p> <p><b>V - VERBAL</b> – Do they respond to voice? Can they answer simple questions? Can they respond to instructions?</p> <p><b>P - PAIN</b> – If they are not awake or are not responding to you, try pinching them - Do they move or open their eyes in response to pain?</p> <p><b>U - UNRESPONSIVE</b> – They are not responding to questions or a gentle shake or pain</p>
<b>ACTION TAKEN</b>	
<b>NAME AND POSITION</b>	

**APPENDIX 2**  
**Concussion Recognition Tool**

# Pocket CONCUSSION RECOGNITION TOOL™

To help identify concussion in children, youth and adults



## RECOGNIZE & REMOVE

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

### Annexure 1 Visible clues of suspected concussion

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

- Loss of consciousness or responsiveness
- 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 or events

### Annexure 2 Signs and symptoms of suspected concussion

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

- Loss of consciousness
- Seizure or convulsion
- Balance problems
- Nausea or vomiting
- Drowsiness
- More emotional
- Irritability
- Sadness
- Fatigue or low energy
- Nervous or anxious
- "Don't feel right"
- Difficulty remembering
- Headache
- Dizziness
- Confusion
- Feeling slowed down
- "Pressure in head"
- Blurred vision
- Sensitivity to light
- Amnesia
- Feeling like "in a fog"
- Neck Pain
- Sensitivity to noise
- Difficulty concentrating

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## 3. Memory function

Failure to answer any of these questions correctly may suggest a concussion.

"What

"Which half is it now?"

"Who scored last in this game?" "What team did you play last week / game?"

venue are we at to

"Did your team win the last

**Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, and should not be returned to activity until they are assessed medically. Athletes with a suspected concussion should not be left alone and should not drive a motor vehicle.**

It is recommended that, in all cases of suspected concussion, the player is referred to a medical professional for diagnosis and guidance as well as return to play decisions, even if the symptoms resolve.

game?"

## 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
- Increasing confusion or irritability
- Deteriorating conscious state
- Severe or increasing headache

### Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the player (other than required for airway support) unless trained to do so
- Do not remove helmet (if present) unless trained to do so.
- Repeated vomiting
- Seizure or convulsion
- Unusual behaviour change
- Double vision
- Weakness or tingling / burning in arms or legs

from McCrory et. al, Consensus Statement on Concussion in Sport. Br J Sports Med 47 (5), 2013

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## Graduated Return to Play (G RTP) Following Concussion Form

Name..... Form.....

Date of concussion/head injury.....

Symptoms.....

School First Aiders will assess the pupil, and where necessary recommend a further GP/A&E evaluation. If any symptoms occur while progressing through the G RTP protocol, the pupil must be seen by a School First Aider before returning to the previous stage and attempting to progress again after a minimum 48-hour period of rest, without the presence of symptoms.

6 stage G RTP	Date to be checked	Recommendation	Date completed	Signature of Sports Teacher	Signature of School Nurse
Start date					
Stage 1		No activity for 14 days			
		Report to School Nurse or assessed by Dr			
Stage 2		Light aerobic exercise 48hour symptom free			
Stage 3		Sports specific exercise 48hour symptom free			
Stage 4		Non-contact training 48 hr symptom free			
Stage 5		Full contact practice 48 hr symptom free			
		Clearance from GP and report to School Nurse			
Stage 6		Return to play			

Provided the player remains symptoms free, the above process will take 23 days. 14 days (stage 1) of no activity, followed by 48 hours at each stage (2-5), with stage 6 occurring on the 23<sup>rd</sup> day.

Signature of pupil..... Date.....