FOREST
SCHOOL

Head Injury Policy

Whole School policy, including EYFS

v1.0

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Owner (Name, Title):	Director of Medical Provision, Director of Sport
Classification:	
Comment:	

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1 PURPOSE

1.1 To ensure a consistent approach to those with suspected or confirmed concussion and the return to sport following a medical practitioner's advice.

1.2 To ensure pupils and parents are aware of who to report injuries to, relating to suspected concussion out of School.

1.3 This policy should be read in conjunction with:
First Aid Policy
PE Department Handbook
HS04 Accident reporting and RIDDOR
NGB guidelines, sport specific.

2 SCOPE/BACKGROUND

2.1 Head injuries may be sustained during all sports, particularly contact sports, and as a consequence of an accident. They can be difficult to assess and the vast majority are of minimal clinical significance.

2.2 The risk of neurological damage is dependent on the velocity and the force of the impact, the part of the head involved in the impact, and any pre-existing medical conditions. Symptoms may not develop for some hours, or even days, after a knock to the head, and in rare cases can develop weeks after a head injury. It is not necessary to lose consciousness to sustain neurological damage or concussion following a blow to the head.

2.3 Whilst an initial concussion is unlikely to cause any permanent damage, a repeat injury to the head soon after a prior, unresolved concussion can have serious consequences. The subsequent injury does not need to be severe to have permanently disabling or deadly effects.

3 POLICY AND PROCEDURE

3.1 All significant head injuries incurred on site during School hours will be referred to the Medical Centre for initial assessment by the School Nurse, unless the casualty requires immediate hospitalisation. At which point the member of staff in charge will call the ambulance on 999 and then alert the Medical Centre.

3.2 Where a pupil suffers from a severe head injury off site, either taking part in a school activity or in their own free time, they should report to the Medical Centre as soon as possible after the event. They will be signed off PE/games until they can be assessed or are able to provide written evidence from another medical professional confirming when they are fit to resume sport.

3.3 Repeated concussions can cause significant changes to the structure and function of the brain. Where a pupil sustains a head injury which has caused a concussion whilst participating in an activity outside of the School, the parent/carer of the pupil concerned should promptly provide the School Nurse with sufficient details of the incident, and keep the Nurse updated of any developments thereafter.

3.4 Advice for calling an ambulance:

3.4.1 Unconsciousness or a GCS less than 15 on initial assessment (to be determined by a medical practitioner)

3.4.2 Any focal neurological deficit since the injury (examples include problems understanding, speaking, reading or writing; decreased sensation; loss of balance; general weakness; visual changes; abnormal reflexes; and problems with balance and walking)

3.4.3 Any suspicion of a skull fracture or penetrating head injury (for example, clear fluid running from the ears or nose, black eye(s) with no associated damage around the eyes, bleeding from one or both ears, new deafness in one or both ears, bruising behind one or both ears, penetrating injury signs, visible trauma to the scalp or skull of concern to the professional)

3.4.4 Any seizure since the injury

3.4.5 A high-energy head injury (for example, pedestrian struck by motor vehicle, occupant ejected from motor vehicle, fall from a height of greater than 1 m or more than five stairs, diving accident, high-speed motor vehicle collision, rollover motor accident, accident involving motorized recreational vehicles, bicycle collision, or any other potentially high- energy mechanism)

3.5 Advice for taking a child to A&E:

3.5.1 Any loss of consciousness as a result of the injury from which the child has recovered

3.5.2 Amnesia for events before or after the injury. The assessment of amnesia will not be possible in pre-verbal children and is unlikely to be possible in any child aged under 5 years.

3.5.3 History of a bleeding or clotting disorder

3.5.4 Current anticoagulant therapy, such as warfarin

3.5.5 History of any previous neurosurgical interventions

3.5.6 Persistent headache since the injury, resistant to painkillers

3.5.7 Any vomiting episodes since the injury

3.5.8 Any sudden change in behaviour, such as emotional volatility

3.5.9 Any deep head, neck or face lacerations requiring gluing or suturing

3.5.10 Current drug or alcohol intoxication

3.5.11 Age 65 years or older

3.5.12 Suspicion of non-accidental injury

3.5.13 Non emergencies

Anyone with a suspected concussion should:

- Be removed from play immediately.
- Get assessed by an appropriate Healthcare Professional onsite or access the NHS by calling 111 within 24 hours of the incident.
- Rest & sleep as needed for the first 24-48 hours – this is good for recovery. Easy activities of daily living and walking are also acceptable.
- Minimise smartphone, screen and computer use for at least the first 48 hours. Limiting screentime has been shown to improve recovery.

Anyone with a suspected concussion should not:

- Be left alone in the first 24 hours.
- Consume alcohol in the first 24 hours and/or if symptoms persist.
- Drive a motor vehicle within the first 24 hours. Commercial drivers (HGV etc.) should seek review by an appropriate Healthcare Professional before driving.

3.6 Advice for the Medical Centre:

3.6.1 All significant head injuries following any head trauma must be assessed by a medical practitioner. The minimal acceptable documented observations are:

- Glasgow Coma Scale
- Vital signs
- Signs of visible trauma to the scalp, skull, head and neck
- Cranial nerve assessment, including pupil size, symmetry and reactivity
- Signs of focal neurological deficit
- Signs of basal skull fracture
- Signs of neck tenderness

3.6.2 All head injuries related to sport must be assessed using the Sport Concussion Assessment Tool 6 (SCAT6) for adolescents over 13 years of age and adults, or Child SCAT 6 for children between the ages of 8 and 12. The completed form must be uploaded to iSAMS with any other relevant documentation.

3.6.3 Full cervical spine immobilization should be attempted for people who have sustained a head injury and any risk factors for cervical spinal injury are identified.

3.6.4 Pupils with head injuries must not leave the Medical Centre until the full assessment is complete and any necessary treatment is administered. If the pupil needs to attend A&E or an ambulance has been called, the parent/carer of the child must be informed as soon as reasonably possible, and the pupil must be supervised until the parent/carer or an ambulance arrives.

3.6.5 Verbal (in case of severe head injuries) and/or written (in case of minor head injuries) information and self-care advice must be given to the pupil and parent/carer following a head injury, including:

- Details of the nature and severity of the injury
- The need for a responsible adult to stay with the person for the first 24 hours after the injury
- Details of the expected recovery process, red flags to be aware of, and when to immediately attend A&E.
- Information regarding return to everyday activities

3.7 Notifying action

3.7.1 All those with head injuries considered well enough to return to lessons will be given a head injury advice letter outlining when medical advice should be sought, if necessary. Depending upon the results from the above, they may not be permitted to take part in the activities.

3.7.2 The parent/carer must be notified of the incident and be given verbal and/or written advice promptly.

3.7.3 All significant head injuries must be recorded on an Accident/Incident Form/ISAMs and forwarded to the Medical Centre for monitoring and review.

3.7.4 Returning to School following a head injury may be dependent on special concessions for the pupil regarding academic and sport exemptions being put into place. These would be agreed upon between the Medical Centre and parent/carer, and may require specialist recommendations, if necessary, for prolonged periods.

3.7.5 The HoH and class teachers should be notified if the pupil is not able to participate fully in School activities following a head injury.

3.7.6 Accident Report Forms completed by the Medical Centre team must be uploaded to iSAMS and emailed directly to the Director of Health and Safety if an equipment or environmental factor was the cause of the injury.

3.7.7 Possible non-accidental injuries, safeguarding concerns, or instances where a vulnerable person is affected must be documented and follow safeguarding procedures.

3.7.8 In case of a head injury outside of school hours, the First Aider in attendance must assess the child in line with the first aid protocols and notify the parent/carer using the head injury letter. The Medical Centre must also be notified at the earliest opportunity.

3.7.9 Anyone sustaining a head injury should not be allowed to drive themselves or travel home unaccompanied by either school or public transport, and alternate arrangements must be made.

4 SIGNS AND SYMPTOMS

4.1 Staff should be aware that the symptoms of concussion can include any of the following:

- Headache
- Hearing problems/tinnitus

- Nausea and vomiting
- Memory problems
- Disorientation
- Visual problems
- Problems with balance and dizziness
- Fatigue and drowsiness
- Sensitivity to light and noise
- Numbness or tingling sensation
- Feeling slowed down or mentally foggy
- Slowness in following instructions or answering questions
- Impaired balance and poor hand-eye coordination
- Poor concentration
- Slurred speech
- Vacant stare
- Unsteady and shaky mobility
- Loss of insight
- Loss of consciousness
- Seizures or convulsions
- Sleeping difficulties
- Problems with waking up
- Appearing confused and disorientated
- Loss of consciousness
- Slurred speech
- Experiences of weakness or numbness in a part of the body
- Inappropriate emotions such as irritability or crying

4.2 Questions to ask a pupil and failure to answer these correctly may suggest concussion:

- What venue are we at today/Where are we now?
- Which half is it?
- Who scored last in this game/How did you get here today?
- What team did you play last week?
- Did your team win their last match?

5 MANAGING A HEAD INJURY DURING SPORTING ACTIVITY

5.1 Appropriately trained First Aiders are on site and available during all matches and training sessions. All Coaches are to adhere to the guidelines as set out within the first aid policy to ensure that concussion is managed effectively:-

5.2 Concussion must be taken extremely seriously to safeguard the long-term welfare of Pupils.

5.3 Pupils suspected of having concussion must be removed from play and must not resume play in the match. IF IN DOUBT SIT THEM OUT!

5.4 Pupils suspected of having concussion must be medically assessed.

5.5 Arrange for a responsible adult to supervise the Pupil over the next 24-48 hours.

5.6 Pupils suspected of having concussion or diagnosed with concussion must go through a graduated return to play protocol (GRTP).

5.7 Pupils must receive medical clearance before returning to play.

5.8 First Aiders may refer to the Pocket Concussion Recognition Tool when assessing a Pupil suspected of having a concussion.

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.

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

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

3. Memory function

Failure to answer any of these questions 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?"

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.

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
- Repeated vomiting
- Seizure or convulsion
- Weakness or tingling/burning in arms or legs
- Deteriorating conscious state
- Severe or increasing headache
- Unusual behaviour change
- Double vision

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 so do
- Do not remove helmet (if present) unless trained to do so.

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

6 ADVICE FOR RETURN TO SPORTS AFTER A HEAD INJURY

6.1 Whilst an initial concussion may not cause permanent damage, a repeat injury to the head soon after the prior, unresolved concussion can have serious consequences. A subsequent injury does not have to be severe to have permanently disabling or deadly effects.

6.2 Whilst the guidelines apply to all age groups, particular care needs to be taken with children and adolescents due to the potential dangers associated with concussion in the developing brain.

6.3 Children under ten years of age may display different concussion symptoms and should be assessed by a medical practitioner using diagnostic tools. Adults and children over the age of 10 with suspected concussion, must be referred to a medical practitioner immediately. Additionally, they may need specialist medical assessment. The medical practitioner responsible for the child's treatment will advise on the return to play process, however, a more conservative GRTP approach is recommended. It is appropriate to extend the amount of time of asymptomatic rest and /or the length of the graded exertion in children. Children must not return to play without clearance from a medical practitioner.

6.4 Even if a pupil considers themselves to be fit or uninjured, they will be automatically placed off games until seen by the Nurse or other medical practitioner. In such cases, written evidence will be required.

6.5 Any child sustaining a concussion type injury may be excluded from all contact sports for a minimum of three weeks, with a gradual return to sporting activity during that period. This is dependent on the advice of the examining medical practitioner and can be reduced upon written confirmation from the medical practitioner.

7 MEASURES TO REDUCE RISK OF HEAD INJURY/CONCUSSION

7.1 Staff are encouraged to take the following steps to minimise the risk of any potential head injuries:

- Pupils should be healthy and fit for sport

- Pupils are taught safe playing techniques and encouraged to follow rules of play
- Pupils should display sportsman like conduct at all times and maintain respect for both opponents and fellow team members equally
- Pupils always wear the right equipment such as, shin-pads (compulsory for matches) and mouth guards (not compulsory but highly recommended)
- Equipment should be in good condition and worn correctly and the PE Staff/Games staff will ensure the School environment is inspected prior to use.
- Inform and reinforce to the Pupils the dangers and consequences of playing whilst injured or with suspected concussion
- Qualified First Aiders are available at all matches and practices, in accordance with the first aid policy, and are able to summon immediate medical assistance
- All coaching staff are able to recognise signs and symptoms of concussion, and are vigilant in monitoring Pupils accordingly
- Accident/Incident forms are completed promptly and with sufficient detail
- Every concussion or suspected concussion is taken seriously
- Advice from the Nurse or outside medical professional is strictly adhered to
- Ensure that athletes are taught safe playing techniques and encouraged to follow rules of play
- Ensure that Pupils are healthy enough to participate and have undergone medical evaluations.
- Ensure that matches are organised and conducted with safety in mind to prevent mismatches with pupil sizes and/or ability levels.

7.2 Any Pupil with a second concussion within 12 months, a history of multiple concussions, Pupils with unusual presentations or prolonged recovery should be assessed and managed by a healthcare provider with experience in sports-related concussions working within a multidisciplinary team.

7.3 This policy makes reference to the Graduated return to play protocol. This will vary from sport to sport, age of the pupil and extent of the injuries. Therefore, it is crucial that doctor's advice if followed in relation to rest and light exercise and when to return to contact. No deviation must occur without expressed written permission from the pupil's doctor.

7.4 This policy has been produced with medical guidance and using the UK Government If In Doubt. Sit Them Out UK Concession Guidelines for Non-Elite (Grassroots) Sports.

GRADUATED RETURN TO EDUCATION/WORK & SPORT SUMMARY (See full table below for detail)	
Stage 1	**Relative Rest for 24–48 hours** • Minimise screen time • Gentle exercise*
Stage 2	**Gradually introduce daily activities** • Activities away from school/work (introduce TV, increase reading, games etc)* • Exercise –light physical activity (e.g. short walks) *
Stage 3	**Increase tolerance for mental & exercise activities** • Increase study/work-related activities with rest periods* • Increase intensity of exercise*
Stage 4	**Return to study/work and sport training** • Part-time return to education/work* • Start training activities without risk of head impact*
Stage 5	**Return to normal work/education and full training** • Full work/education • If symptom-free at rest for 14 days consider full training
Stage 6	**Return to sports competition (NOT before day 21) as long as symptom free at rest for 14 days and during the pre-competition training of Stage 5**

*rest until the following day if this activity more than mildly increases symptoms.

Concussion Graduated Return to Play Progression

Athlete Name: Injury Date: Activity:

Graduated return to activity (education/work) and sport programme

Stage	Focus	Description of activity	Comments
Stage 1	**Relative rest period (24-48 hours)**	Take it easy for the first 24-48 hours after a suspected concussion. It is best to minimise any activity to 10 to 15-minute slots. You may walk, read and do some easy daily activities provided that your concussion symptoms are no more than mildly increased. Phone or computer screen time should be kept to the absolute minimum to help recovery.	
Stage 2	**Return to normal daily activities outside of school or work.**	• Increase mental activities through easy reading, limited television, games, and limited phone and computer use. • Gradually introduce school and work activities at home. • Advancing the volume of mental activities can occur as long as they do not increase symptoms more than mildly.	There may be some mild symptoms with activity, which is OK. If they become more than mildly exacerbated by the mental or physical activity in Stage 2, rest briefly until they subside.
	Physical Activity (e.g. week 1)	• After the initial 24–48 hours of relative rest, gradually increase light physical activity. • Increase daily activities like moving around the house, simple chores and short walks. Briefly rest if these activities more than mildly increase symptoms.	
Stage 3	**Increasing tolerance for thinking activities**	• Once normal level of daily activities can be tolerated then explore adding in some home-based school or work-related activity, such as homework, longer periods of reading or paperwork in 20 to 30-minute blocks with a brief rest after each block. • Discuss with school or employer about returning part-time, time for rest or breaks, or doing limited hours each week from home	Progressing too quickly through stages 3 - 5 whilst symptoms are significantly worsened by exercise may slow recovery. Although headaches are the most common symptom following concussion and may persist for several months, exercise should be limited to that which does not more than mildly exacerbate them. Symptom exacerbation with physical activity and exercise is generally safe, brief and is self-limiting typically lasting from several minutes to a few hours.
	Light aerobic exercise (e.g. weeks 1 or 2)	• Walking or stationary cycling for 10–15 minutes. Start at an intensity where able to easily speak in short sentences. The duration and the intensity of the exercise can gradually be increased according to tolerance. • If symptoms more than mildly increase, or new symptoms appear, stop and briefly rest. Resume at a reduced level of exercise intensity until able to tolerate it without more than mild symptom exacerbation. • Brisk walks and low intensity, body weight resistance training are fine but no high intensity exercise or added weight resistance training.	

Graduated return to activity (education/work) and sport programme

Stage	Focus	Description of activity	Comments
Stage 4	Return to study and work	• May need to consider a part-time return to school or reduced activities in the workplace (e.g. half-days, breaks, avoiding hard physical work, avoiding complicated study).	Progressing too quickly through stages 3 - 5 whilst symptoms are significantly worsened by exercise may slow recovery. Although headaches are the most common symptom following concussion and may persist for several months, exercise should be limited to that which does not more than mildly exacerbate them. Symptom exacerbation with physical activity and exercise is generally safe, brief and is self-limiting typically lasting from several minutes to a few hours.
	Non-contact training (e.g. during week 2)	• Start training activities in chosen sport once not experiencing symptoms at rest from the recent concussion. It is important to avoid any training activities involving head impacts or where there may be a risk of head injury. Now increase the intensity of exercise and resistance training.	
Stage 5	Return to full academic or work-related activity	• Return to full activity and catch up on any missed work.	Individuals should only return to training activities involving head impacts or where there may be a risk of head injury when they have not experienced symptoms at rest from their recent concussion for 14 days. Recurrence of concussion symptoms following head impact in training should trigger removal of the player from the activity.
	Unrestricted training activities (not before week 3)	• When free of symptoms at rest from the recent concussion for 14 days can consider commencing training activities involving head impacts or where there may be a risk of head injury.	
Stage 6	Return to competition	This stage should not be reached before day 21* (at the earliest) and only if no symptoms at rest have been experienced from the recent concussion in the preceding 14 days and now symptom free during pre-competition training. * The day of the concussion is Day 0 (see example below).	Resolution of symptoms is only one factor influencing the time before a safe return to competition with a predictable risk of head injury. Approximately two-thirds of individuals will be able to return to full sport by 28 days but children, adolescents and young adults may take longer. Disabled people will need specific tailored advice which is outside the remit of this guidance.

Example:

- Concussion on Saturday 1st October (Day 0)
- All concussion-related symptoms resolved by Wednesday 5th October (Day 4)
- No less than 14 days is needed before the individual returns to sport-specific training involving head impacts or where there may be a risk of head injury (Stage 5) on Wednesday 19th October (Day 18)
- Continue to be guided by the recommendations above and, if symptoms do not return, the individual may consider returning to competitive sport with risk of head impact on Wednesday 26th October (Day 25)

If symptoms continue beyond 28 days – remain out of sport and medical advice should be sought from a GP (which may in turn require specialist referral and review)