

APPENDIX 7 – Management of Head Injuries, incorporating Graduated Return to Play (GRTP)

Introduction

Head injuries may occur in any area of College life and are not exclusive to contact sports. When pupils suffer an impact to the head, it is vital that all members of staff manage the injury in a consistent way regardless of the circumstances. The health and wellbeing of the pupil is at all times of paramount importance and if a member of staff is in any doubt as to whether or not an injury has occurred, or concussion suffered, they should exercise caution in the best interest of the pupil.

Managing a pupil who has received an impact to the head

Members of staff, medical or otherwise, are not expected to be able to diagnose concussion, but will be required to make appropriate judgements when managing a pupil who has received an impact to the head. Pupils who receive an impact to the head should immediately be removed from any activity in which they are participating and checked for signs and symptoms of concussion using the Aide Memoire for Head Injuries (Appendix 7.2) as a guide.

Age-appropriate Maddocks Questions (Appendix 7.1) must be asked during the initial assessment, and it should be noted whether the questions were answered correctly or not.

The College will ensure that suitable training is provided periodically to all relevant members of staff in order to ensure best practice and consistency of approach and to help staff to build a good level of confidence in recognising the signs and symptoms of concussion. After a pupil receives an impact to the head, there are three scenarios for staff to manage:

1. No signs and/or symptoms are observed or reported

The pupil may return to the activity, but the member of staff must be mindful that signs and symptoms may appear later and as such, must monitor the pupil closely. Even when no signs or symptoms are evident, for precautionary reasons, staff should always report the incident promptly to parents and the College Nurse.

2. Some signs and/or symptoms are reported or observed that suggest a possible head injury (for example, concussion)

The pupil should not return to their activity under any circumstances and should be monitored closely to assess whether signs and symptoms are improving, staying the same, or worsening. The member of staff will then have to make a judgement as to whether to continue monitoring, to seek further medical advice by calling 111, or to phone for an ambulance. If an ambulance has not been called, the pupil should be transferred directly to the care of their parents as soon as possible. Upon collection, the member of staff (or College Nurse if the pupil has been moved to The Pavilion) should provide the parent/nominated adult with a full description of the incident and a copy of this head injury policy.

3. Some signs and/or symptoms are reported or observed that indicate the need to call an ambulance

Some symptoms merit immediate medical attention as they are indicative of a more serious injury to the head and staff must familiarise themselves with the list of such

symptoms (see below). In all such cases, the member of staff should call an ambulance by phoning 999. They should then contact parents as soon as possible.

In scenarios 2 and 3 above, it is vital that the pupil is seen by a health professional trained in assessing head injuries and this will usually mean a visit to A&E or an NHS walk-in centre. Parents must ensure that the pupil has been assessed in this way and that the diagnosis is reported back to the College Nurse, before the pupil returns to school. Where concussion is suspected or diagnosed, a pupil must undergo an immediate 48-hour period of complete body and brain rest and should remain off school for that time. If symptoms persist, the pupil should not return to school and further medical advice should be sought. In general, pupils should not return to school until they are symptom free, but in some cases and only when medical advice allows, it may be appropriate for the College to help facilitate a staged return to school.

The GRTP

In scenarios 2 and 3 above, pupils will be required to follow the Graduated Return to Play programme (GRTP, appendix 7.4). This is an exercise programme that works progressively through increasing levels of intensity over time and is designed to ensure that a pupil can return to normal physical activities safely following a head injury. Crucially, pupils must remain symptom-free before they can progress through each stage of the programme and if symptoms reoccur, they must begin the process again. Parents are responsible for ensuring that their child follows the GRTP.

Pupils may suffer a head injury whilst participating in an activity outside of the college, for example, at a local hockey or rugby club. In all such cases, it is the parents' responsibility to provide the College promptly with the details of the incident so that we can ensure no inappropriate activity occurs within the College. We strongly recommend that, unless such a programme has already been initiated outside of the College, parents use the College's GRTP to ensure that their child's return to physical activity is managed safely.

Pupils who have suffered a head injury and who have commenced the GRTP will only be permitted to return to exercise as indicated at each relevant stage of the programme and will not be allowed to accelerate or cease participation in the GRTP. Failure to adhere to its process and to sign off each stage as appropriate will result in a delayed return to normal activity.

APPENDIX 7.1 – Age-appropriate Maddocks Questions

An important, and well-established part of an assessment for concussion on the sports touchline is to test an athlete's orientation to time and place by asking the so-called Maddocks Questions.

For children aged 12 and over:

Say to the child, 'I am going to ask you a few questions. Please listen carefully and give your best effort.'

1. At what venue are we today?
2. Which half is it now?
3. Who scored last in this match?
4. Did your team win the last game?

For children aged 5-12:

Say to the child, 'I am going to ask you a few questions. Please listen carefully and give your best effort.'

1. Where are we now?
2. Is it before or after lunch?
3. What subject did you have in your last lesson?
4. What is your form teacher's name?

APPENDIX 7.2 – An Aide Memoire for Head Injuries

Remove and Monitor

If a pupil receives an impact to the head...

- Remove them from the activity, assess them and monitor closely
- Ask the age-appropriate Maddocks Questions
- Only return them to activity if there are no signs or symptoms, and if all Maddocks Questions are answered correctly
- Report the incident to parents before the pupil is released from school and provide them with this head injuries policy
- Report the incident to the College Nurse the same day

Dial 111

If the pupil has any of the following signs and symptoms...

- | | |
|---|---|
| <ul style="list-style-type: none">• Memory loss, e.g. not remembering what happened• Persistent headache since the injury• Changes in behaviour, such as irritability• Confusion• Drowsiness• Difficulties with understanding what people say• Difficulty speaking, e.g. slurred speech | <ul style="list-style-type: none">• Vision problems (e.g., double vision)• Loss of power in part of the body, such as weakness in an arm or leg• Sudden deafness in one or both ears• Any wound to the head or face• Loss of balance or problems walking• Inability to answer or incorrectly answering one or more of the age-appropriate Maddocks questions |
|---|---|

Staff should:

- Remove the pupil from activity and supervise
- Seek medical advice from the College Nurse or by dialling 111
- Contact parent(s), and assuming 999 is not required, arrange a 'handover' and signpost the parents to relevant information (e.g., Appendix 7.3 – Head injury advice for parents)
- Report the incident to the College Nurse before the next day

Parents should:

- Report to A&E/Minor Injuries Unit for diagnosis the same day
- Report that diagnosis to the College Nurse as soon as possible
- Monitor symptoms and seek further medical advice if condition worsens/doesn't improve

Dial 999

If a pupil:

- Is knocked unconscious
- Is having a seizure
- Has clear fluid or blood leaking from ears
- Has clear fluid leaking from nose
- Combined with other symptoms, is bleeding from the nose
- Has been vomiting since the injury
- Is having difficulty staying awake, speaking, or understanding what people are saying

Staff should:

- **DIAL 999**
- Contact parents immediately
- Accompany pupil to hospital if parents cannot
- Inform a member of the College Leadership Team
- Report the incident to the College Nurse before the next day.

APPENDIX 7.3 – Head Injury Advice for Parents

Following an impact to the head, an individual might suffer a head injury, which could be a concussion. A concussion is a temporary disturbance in the brain's functioning as a result of a blow to the head. It is important to note that only a small number of concussions involve a loss of consciousness and other symptoms may be observed. Concussion occurs when the brain is shaken in the skull following an impact and this shaking injures the brain. This can result in short and long term symptoms.

Symptoms can take place immediately following the impact, or might develop later. In most cases they will improve by themselves within a couple of weeks if managed appropriately and the recommended rest is undertaken. Despite this, complications can arise from seemingly minor blows to the head, so it is vital that medical advice is sought promptly from a health professional who is trained to assess head injuries. If symptoms become more problematic, or persist, parents should return for further medical advice and assessment.

Parents are encouraged to read through the following information and advice thoroughly. Staff are encouraged to provide a copy of this advice following any incident of head injury or suspected/possible head injury.

Symptoms of concussion

Symptoms of concussion can be mild to severe, and in some cases emergency treatment may be needed.

The most common symptoms of concussion are:

- confusion, such as being unaware of your surroundings
- a delay in answering questions
- disorientation
- headache
- dizziness
- nausea
- loss of balance
- feeling stunned or dazed
- disturbances with vision, such as double vision, blurred vision or "seeing stars" or flashing lights
- difficulties with memory, which may include retrograde amnesia which means the casualty is unable to remember events that occurred before the head injury happened (this usually only affects the minutes immediately leading up to the head injury) or anterograde amnesia in which the casualty is unable to remember any new information or events after the head injury happened. Both types of memory loss usually improve within a few hours.

Less common symptoms include

- loss of consciousness
- slurred speech
- changes in behavior, such as feeling unusually irritable
- inappropriate emotional responses, such as suddenly bursting into laughter or tears

When to seek medical advice

As a precaution, it is recommended that parents take their child to visit the nearest accident and emergency (A&E) department or NHS walk-in centre if the child has any of the following signs or symptoms of concussion:

- loss of consciousness from which the child then recovers
- amnesia (memory loss), such as not being able to remember what happened before or after the injury
- persistent headaches since the injury
- changes in behavior, such as irritability, being easily distracted or having no interest in the outside world – this is a particularly common sign in children under the age of five
- confusion
- drowsiness that goes on for longer than an hour when the child would normally be awake
- a large bruise or wound to the head or face
- prolonged vision problems, such as double vision
- reading or writing problems
- balance problems or difficulty walking
- loss of power in part of the body, such as weakness in an arm or leg
- clear fluid leaking from the nose or ears (this could be cerebrospinal fluid, which normally surrounds the brain)
- blood leaking from the ears
- a black eye with no other damage around the eye
- sudden deafness in one or both ears

When to seek emergency medical treatment

You should phone 999 for an ambulance immediately if the child:

- remains unconscious
- is having difficulty staying awake, speaking or understanding what people are saying
- is having a seizure
- has been vomiting since the injury
- has clear fluid or blood leaking from the ears
- has clear fluid leaking from the nose

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When sleeping

When the child is sleeping, you should arrange to check them regularly for the first night and ask yourself:

- Do they appear to be breathing normally?
- Are they sleeping in their normal position?
- Do they respond normally when you rouse them gently? (e.g., pulling up sheets)

If you cannot satisfy yourself that your child is sleeping normally, they should be wakened fully to be checked.

If you are in any doubt whatsoever, you should seek medical advice by contacting your GP, attending a walk-in centre or A&E, dialing 111 (non-emergency number) or 999 (emergencies)

APPENDIX 7.4 – The St Dunstan’s College Graduated Return to Play (GRTP)

Pupil Name: _____ **Year Group:** _____
Date of injury: _____ **Pupil age:** _____

Where a head injury is suspected or diagnosed, the pupil must follow this GRTP, which is overseen by the PE Department, the College Nurse, a GP and the parents of the pupil. It is a six-stage progressive exercise programme that is used to ensure that physical activity and contact sport is re-introduced safely. Pupils will not be permitted to return to activity until they have successfully completed the GRTP.

In order to progress from Stage 1, **parents must sign to agree that 14 days rest has occurred symptom free**. In order to progress from Stage 4, a **GP must sign to agree that the pupil has recovered and has no signs or symptoms of concussion or any other head injury**.

To be completed by the member of staff managing the team, or the College Nurse

How did the injury occur?	
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Maddocks Questions (memory testing) Did the pupil pass or fail the age-appropriate Maddocks Questions?	
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Please tick as appropriate if any of the following signs or symptoms are evident:			
Headache		Loss of balance	
Dizziness		Feeling stunned/dazed	
Nausea		vomiting	
Difficulty speaking/slurred speech		Changes in behaviour	
Loss of power, such as weakness in arm or leg		Clear fluid/blood leaking from ears/nose	
Confusion or disorientation		Delay in answering questions/drowsiness	
Wound to the face or head		Sudden deafness	
Loss of consciousness		Seizure	

To be completed by A&E/Walk-in Centre/Hospital:

Diagnosis of concussion confirmed? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Comments:		
Name and Title (print)	Signature	Date

A pupil who has shown clear signs of concussion must have complete body and brain rest for 2 full days (48 hours) from the time of the incident. This will mean for an injury sustained on a Saturday, the pupil should rest for Sunday and Monday and therefore should attend school on Monday. **Pupils must be symptom-free before returning to school**. The pupil should report to the College Nurse in The Pavilion immediately on their return to school, bringing this form with them showing the update from the A&E/Walk-in Centre/Hospital.

IF SYMPTOMS RECUR AT ANY POINT, THE GRTP STARTS AGAIN FROM STAGE 1

Following the injury, pupils must remain off-school for a minimum of two complete days (48 hours) of body and brain rest. (These are days 1 and 2 of the GRTP). During this time, the pupil should not read, watch TV, use a computer or tablet, drive, etc. After this time and presuming the pupil is symptom-free, they should return to school. If symptoms persist, the pupil should not return to school and parents should consider seeking further medical advice.

REST (Days 1-2)	Pupils are not permitted to exercise during this period.	
STAGE 1 (Days 3-14)	This box to be completed by the College Nurse. I confirm that the pupil is symptom free and can begin Stage 1. Signature of the College Nurse: _____ Date: _____	

This box to be completed by a parent.

I confirm that my child has successfully completed Stage 1 as detailed above and to the best of my knowledge has experienced no further symptoms during that time. I give my permission for my child to continue to Stage 2.

Name of Parent: _____

Signature: _____

Date: _____

Rehabilitation	Non-contact exercise is gradually re-introduced; and impact to the head should be avoided	
STAGE 2 At earliest day 15	Low to moderate intensity aerobic exercise/activity can begin such as light jogging, cycling or swimming for 10-15 minutes. No resistance training.	This is to be low intensity exercise that increases the heart rate in a controlled manner.
STAGE 3 At earliest day 17	Sport-specific exercise/activities can begin as well as higher intensity running drills.	This should add a more diverse range of movements and more rapid changes in intensity, but high to maximum intensity should be avoided.
STAGE 4 At earliest day 19	Normal, but non-contact, training drills can be introduced. Complex training drills should be included and resistance training may also start.	This tests the body's ability to cope with normal activity including maximal intensity exercise such as sprinting. It also tests cognitive ability. Contact must still be avoided.

Contact	Full training can resume, including tackling and where appropriate, full contact	
STAGE 5 At earliest day 21	Full contact drills should be introduced, but in conditioned gameplay that is controlled by the coach.	This should restore player's confidence and assess functional skills and readiness for participation in a competitive match.
STAGE 6 At earliest day 23	Normal activities, including competitive gameplay.	Full rehabilitation.

This box to be completed by the College Nurse.

I confirm that the pupil has successfully completed the GRTP and can return to normal activities.

Signature of the College Nurse: _____

Date: _____

On completion, this form MUST be returned to the College Nurse for filing.

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