



HEAD INJURY POLICY

Head Injuries

Minor head injury and knocks to the head are common, particularly in children. Following the injury, if the person is conscious (awake), and there is no deep cut or severe head damage, it is unusual for there to be any damage to the brain.

However, sometimes a knock to the head can cause damage to a blood vessel which may bleed next to the brain. This is uncommon but can be serious. Symptoms may not develop for some hours, or even days, after a knock to the head. In rare cases, symptoms can develop even weeks after a head injury.

Assessment

All head injuries are referred to the Medical Centre (or to a doctor covering rugby matches on a Saturday) for assessment. Any pupil with a significant head injury must be seen by a doctor. If a doctor is not immediately available, the Medical Centre makes an urgent assessment. The following are checked:

- pulse and blood pressure (glaucoma score recorded)
- pupils/ eyes following object
- blood or CSF discharge from nose and ears
- battle signs (bruising over mastoids indicating basal skull)
- Signs of weakness in limbs

Treatment/Action

URGENT/EMERGENCY

- Ambulance called
- Neuro observations carried out until ambulance arrives
- Next of kin/parents/guardian contacted to inform of accident and where appropriate arrangements made to meet at hospital
- If the pupil is a boarder boarding Housemaster also informed
- Relevant school office informed if the pupil is taken off the school premises and/or if a pupils' parents have been contacted

- Pain relief administered as appropriate
- Ice administered as appropriate
- Dressings applied as appropriate
- Medical record updated and accident form completed and sent to the relevant members of staff including the Chief Operating Officer. If the injury is significant the form is sent to the school office, Head of School, the year Head and form tutor.
- Personal data disclosed or included in all forms will be safeguarded and processed in accordance with the College's Privacy Notice and relevant data protection legislation.

NON-URGENT

- Next of kin/parents/guardian contacted as soon as practicable by telephone (or email in the absence of telephone contact) to inform of accident and if appropriate asked to collect the pupil. The pupil remains in the Medical Centre under the care of the nurse until collected
- If the pupil is a boarder boarding Housemaster also informed
- Relevant school office informed if the pupil leaves the school premises and/or if a pupil's parents have been contacted
- Pain relief administered as appropriate
- Ice administered as appropriate
- Dressings applied as appropriate
- Medical record updated and accident form completed and sent to the relevant members of staff including the Chief Operating Officer.

Procedure following treatment of all head injuries

If the injury is sustained during the course of a match the decision of whether the pupil shall return to play shall be made by the pitch side doctor. In the absence of a doctor this decision can be made by a paramedic, nurse, sports coach, physiotherapist or parent.

The medical or nursing staff will check whether there is need for further immediate assessment in hospital in line with <https://cks.nice.org.uk/topics/head-injury/management/head-injury/> and in accordance with <https://cattonline.com/scat/>. The SCAT5 is a standardized tool for evaluating for a suspected concussion and can be used on individuals aged 13 years and older. It superseded the original SCAT (2005), the SCAT2 (2009), and the SCAT3 (2013). For pupils aged 12 and under the Child SCAT5 should be used.

All pupils with head injuries who are sent home or to the boarding house will be given a head injury advice sheet from <http://patient.info/health/head-injury-instructions> which is regularly updated. This is also emailed to parents / guardian in the case of a non-urgent injury.

Concussion

Any pupil that the Medical Centre staff are aware has a confirmed or suspected concussion diagnosis will be subject to a minimum 2-3-week period of rest following becoming symptom free dependent on their age. Where the concussion was sustained during a rugby match or training the period of rest shall be in line with International Rugby Board (IRB) guidelines. They should then be assessed by a Medical Practitioner as to their suitability to commence a graduated return to play according to the IRB Guidelines.