Felsted

CONCUSSION POLICY

COVERING BOTH SCHOOLS
INCLUDING EYFS AND BOARDING

Governors' Committee normally reviewing:	Governance Committee
Date last formally approved by the Governors:	Summer 2024
Date policy became effective:	March 2023

Period of Review:	Annual
Next Review Date:	Summer 2025

Person responsible for implementation and monitoring:	Senior Deputy Head Prep Deputy Head Medical Centre – Sister in Charge Prep School Nurse
Other relevant policies:	• Medical Policy • First Aid Policy • Head Injury Policy (available from the Medical Centre)

The following Policy encompasses the Aims and Ethos of the Preparatory School and the Senior School

Aims and Ethos

SAFEGUARDING STATEMENT
Felsted is committed to maintaining a safe and secure environment for all pupils and a 'culture of vigilance' to safeguard and protect all in its care, and to all aspects of its 'Safeguarding (Child Protection and Staff Behaviour) Policy'.

EQUAL OPPORTUNITIES STATEMENT
The aims of the School and the principles of excellent pastoral care will be applied to all children irrespective of their race, sex, disability, religion or belief, sexual orientation, gender reassignment or pregnancy or maternity; equally these characteristics will be recognised and respected, and the School will aim to provide a positive culture of tolerance, equality and mutual respect.

Felsted School Head Injury/Concussion Policy

This policy has been produced with guidance from the International Rugby Board (IRB), Rugby Football Union (RFU), 'Headcase' Resources, Great Britain Hockey and England Hockey, all of which have developed policies and advice from the Zurich Guidelines published in the Consensus Statement on Concussion in Sport, and adapted for rugby by the IRB.

The information contained in this policy is intended for educational and guidance purposes only and is not meant to be a substitute for appropriate medical advice or care. Felsted School recognises that concussion often happens when not playing sports but the management is the same and this policy applies however the concussion has occurred.

If you believe that you or someone under your care has sustained a concussion we strongly recommend that you contact a qualified healthcare professional for appropriate diagnosis and treatment.

What is Concussion?

CONCUSSION MUST BE TAKEN EXTREMELY SERIOUSLY

- Concussion is a brain injury caused by either direct or indirect forces to the head.
- Concussion typically results in the rapid onset of short-lived impairment of brain function.
- Loss of consciousness occurs in less than 15% of concussion cases and whilst a feature of concussion, **loss of consciousness is not a requirement for diagnosing concussion.**
- Concussion results in a disturbance of brain function (e.g. memory disturbance, balance problems or symptoms) rather than damage to structures such blood vessels, brain tissue or fractured skull.
- Concussion is only one diagnosis that may result from a head injury. Head injuries may result in one or more of the following:
  1. Superficial injuries to scalp or face such as lacerations and abrasions
  2. Sub concussive event – a head impact event that does not cause a concussion
  3. Concussion – an injury resulting in a disturbance of brain function
  4. Structural brain injury – an injury resulting in damage to a brain structure for example fractured skull or a bleed into or around the brain

Concussion in Children and Adolescents

It is widely accepted that children and adolescents (18 years and under) with concussion should be managed more conservatively. This is supported by evidence that confirms that children:

- are more susceptible to concussion
- take longer to recover
- have more significant memory and mental processing issues
- are more susceptible to rare and dangerous neurological complications, including death caused by a second impact syndrome

Rugby causes more head injuries than any other team contact sport. Therefore, this protocol incorporates the International Rugby Board's Concussion Guidelines which have been developed based on the 2016 Berlin Guidelines published in the 2017 Consensus Statement on Concussion in Sport, and adapted for rugby in England with the assistance of experts in the field. Although the word "player" is used, this policy applies to pupils with head injuries from any cause.

Prevention Procedure

In order to try and reduce the risk of concussion the following guidance is followed:

- Ensure the playing or training area is safe e.g. playing area condition, safety equipment utilised
- Ensure correct playing techniques are coached and performed consistently by all players
- Explain the dangers of inappropriate tackles or styles of play and penalise them immediately if they occur
- Encourage pupils and parents to report **any** concussions that occur during any activity and to report **any** concussions that occur out of school. It is essential that all parties involved communicate if a pupil is concussed.

Diagnosis and Assessment of Concussion

Identifying concussion

All pupils with a suspected concussion where no appropriately trained personnel are present MUST be assumed to have a diagnosed concussion and **MUST** be removed from any field of play and not return to play or train on the same day. In this situation, pupils must be referred to a healthcare professional for further assessment. The suspected concussion should also be reported using the Accident/Incident reporting process as outlined in the First Aid Policy.

The Pocket Concussion Recognition Tool, developed by the Zurich 2012 Concussion Consensus Group, supports this Recognise and Remove message. This Tool highlights the signs and symptoms suggestive of a concussion.

Possible signs and symptoms of concussion
Visible clues of potential concussion - what you see
Any one or more of the following visual clues can indicate a possible concussion:
• Dazed, blank or vacant look
• Lying motionless on ground / Slow to get up
• Unsteady on feet / Balance problems or falling over / Inco-ordination
• Loss of consciousness or responsiveness
• Confused / Not aware of plays or events
• Grabbing / Clutching of head
• Convulsion
• More emotional / Irritable

Symptoms of potential concussion - what you are told
Presence of any one or more of the following signs and symptoms may suggest a concussion:
• Headache
• Dizziness
• Mental clouding, confusion, or feeling slowed down
• Visual problems
• Nausea or vomiting
• Fatigue
• Drowsiness / Feeling like "in a fog"/ difficulty concentrating
• "Pressure in head"
• Sensitivity to light or noise

Questions to ask - what questions to ask
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?”

If a pupil has signs or symptoms of a possible concussion that pupil must be ‘Recognised and Removed’:

IF IN DOUBT, SIT THEM OUT

Diagnosing Concussion

The Zurich 2012 Concussion Consensus Statement, recognised as the best practice document for concussion management, identifies concussion as being among the most complex injuries in sports medicine to diagnose, assess and manage. This paper also confirms that there is no perfect diagnostic test or marker for the immediate diagnosis of concussion in the sporting environment.

On field or pitch side management

A player with signs or symptoms of concussion must be removed in a safe manner in accordance with emergency management procedures and medically assessed.

If a cervical spine (neck) injury is suspected, the player should only be removed by emergency healthcare professionals with appropriate spinal care training.

Team-mates, coaches, match officials, team managers, administrators or parents who observe an injured player displaying any of the signs or symptoms after an injury event with the potential to cause a concussion **MUST** do their best to ensure that the player is removed from the field of play in a safe manner.

The School chooses to delay the concussion assessment until a 15-minute rest period has been undertaken; this allows athletes time to rest prior to an assessment. This rest period is recommended to allow athletes to recover from game induced fatigue and avoid false positive results occurring due to this fatigue.

All pupils with a head injury must go to the Medical Centre to be assessed for signs of concussion unless seen pitch side by an appropriately trained healthcare professional. The Medical Centre must be informed as soon as possible if any pupils sustain a head injury or suspected concussion. Ideally, the pupil should be accompanied to the Medical Centre by a witness of the incident to give a full account of what happened.

All players with a suspected or known concussion **MUST** go through a Graduated Return to Activity & Sport (GRAS) programme (formally graduated return to play (GRTP) protocol) before returning to play.

Note:
Appropriately trained personnel are either a Medical Practitioner (Doctor) or a Healthcare Professional (Nurse / Paramedic).

Management of head injury/Concussion sustained outside of school

It is the responsibility of the parents to inform school staff (including Medical Centre staff) if their child has sustained a head injury outside of school (or a school activity), either confirmed concussion or not. The school nurses will be able to help manage any symptoms whilst on the school premises and assist in the management, including of the GRAS programme If the head

injury occurs at school, parents will be required to inform any outside sports (and any other relevant) clubs that their child is currently following the GRAS programme

If the head injury occurs outside of school on a school activity, the suspected concussion should also be reported using the Accident/Incident reporting process as outlined in the First Aid Policy.

Remember the 6 R's

Recognise: Know the signs and symptoms of concussion

Remove: If a player is concussed or there is even a potential concussion they should be removed from play immediately

Refer: Once removed from play, the player should be referred to a medical practitioner (Doctor) or healthcare professional (nurse / paramedic) who is trained in evaluating and treating concussion

Rest: Pupils must rest from exercise until symptom free and then a Graduated Return To Activity & Sport (GRAS) must be followed

- Under 19 years of age – 48 hours rest followed by GRAS programme
- Individuals should avoid the following initially and then gradually re-introduce them:
- ❖ Reading
- ❖ TV
- ❖ Computer games
- ❖ Driving
- ❖ Playing of wind instruments
- Needing to miss a day or two of academic study is not unusual

Recover: Full recovery, being symptom free, from the concussion is required before return to play is authorised by a medical practitioner or healthcare professional.

Return: They must go through a GRAS Programme and receive medical clearance in writing (if assessed outside of school) before returning to play.

Recurrent Concussions

Following concussion, a player is at increased risk of a second concussion within the next 12 months.

Players with:

- A second concussion
- A history of multiple concussions
- Unusual presentations or
- Prolonged recovery

Should be assessed by a medical practitioner (doctor) with experience in sports-related concussions. If such a practitioner is not available then the player should be managed using the GRAS Programme protocol from the lower age group as a minimum.

Onset of Symptoms

The signs and symptoms of concussion can present at any time but typically become evident in the first 24-48 hours following a head injury. Signs of concussion may develop during this time and we often find that a child may have been feeling well when resting at home but finds returning to the busy, noisy environment of school causes concussion to become more evident. For example,

focusing on computer or iPad screens, reading text, looking up and down at the whiteboard or just running about with friends during break times. This may cause a generalised headache or just difficulty concentrating on lessons and these are both signs of concussion.

Recovery from Concussion

Recovery from concussion is spontaneous and typically follows a sequential course. The majority (80-90%) of concussions resolve in a short (7-10 day) period, although the recovery time frame may be longer in children and adolescents.

Pupils must be encouraged not to ignore symptoms at the time of injury and must not return to play / any other identified activities prior to the full recovery following a diagnosed concussion. The risks associated with premature return include:

- A second concussion
- Increased risk of other injuries due to poor decision making or reduced reaction time associated with concussion
- Reduced performance
- Serious injury or death due to an unidentified structural brain injury
- A potential increased risk of developing long-term neurological deterioration

Protective Equipment

Rugby head guards **DO NOT** protect against concussion. They do protect against superficial injuries to the head such as cuts and grazes. This has been demonstrated in a number of research studies. There is some evidence to suggest that they may increase risk taking behaviours in some players.

Mouth guards / gum shields do not protect against concussion either. However, the School insists that all players wear a mouth guard to protect against dental and facial injuries during training and matches.

Graduated Return to Activity & Sport (GRAS) Programme

All pupils with a diagnosed or potential concussion must go through a graduated return to activity & Sport (GRAS) programme as outlined in this document.

A GRAS program should only commence if the player:

- has completed the minimum rest period for their age
- is symptom free and off medication that modifies symptoms of concussion.

Medical or approved healthcare professional clearance is required prior to commencing GRAS.

The management of a GRAS should be undertaken on a case by case basis and with the full cooperation of the player. The commencement of the GRAS will be dependent on the time in which symptoms are resolved.

It is important that concussion is managed so that there is physical and cognitive rest (avoidance of activities requiring sustained concentration), until there are no remaining symptoms for a minimum of 24 consecutive hours without medication that may mask the symptoms.

The Graduated Return to Activity & Sport Program (Appendix 3)

The GRAS Program contains six distinct stages:
• The first stage is the recommended rest period
• The next four stages are training based restricted activity
• Stage 6 is a return to play

Under the GRAS Program, the Player can proceed to the next stage if only mild symptoms of concussion are shown at the current stage. If symptoms more than mildly increase, or new symptoms appear, player must stop exercise and rest until they subside.

Prior to entering Stage 5, a Medical Practitioner or approved healthcare professional and the Player must first confirm that the player can take part in this stage. Full contact practice equates to return to play for the purposes of concussion. However, return to play itself shall not occur until Stage 6.

The GRAS applies to all sporting and physical activities including CCF.

Conclusion

Concussion is a serious injury that if not treated correctly can have significant long term effects. However when playing contact sports and participating in other physical activities concussion is always a risk factor whatever precautions are taken. We aim to minimise the possible risks by ensuring that our students follow the advised concussion procedures as advised by all the relevant governing bodies.

Pupil facing staff undergo online concussion awareness training once every two years. Felsted school nurses are able to recognise and diagnose concussion but will also refer a child with a serious head injury to be assessed in an emergency department if they are concerned that a medical assessment is also needed. If the child is diagnosed with a concussion at any point, this is not a decision that can later be reversed and the child will need to follow the GRAS protocol. Please understand that the nurses and sports staff are acting in the best interest of your child. If the child is cleared of concussion they will be able to return to sports but we will still be watchful for delayed concussion.

We will always advise that further professional medical advice is sought if you have any concerns about whether or not your child is suffering from concussion and report any such injury to the School as soon as possible so that we can provide the appropriate care during their recovery.

Links

NHS Services

There are a number of NHS services or resources that staff/parents/pupils may find useful:

- NHS Direct (www.nhs.uk)
- NHS Choices (www.nhs.uk)
- Specialist Minor Head Injury Clinics. (www.nhs.uk/service-search)
- NICE Guidelines (https://www.nice.org.uk/guidance/cg56)
- United States CDC Concussion Education website (https://www.cdc.gov/headsup/basics/concussion_whatis.html)

Appendix 1

Pocket SCAT2

Concussion should be suspected in the presence of **any one or more** of the following: symptoms (such as headache), or physical signs (such as unsteadiness), or impaired brain function (e.g. confusion) or abnormal behaviour.

1. Symptoms

Presence of any of the following signs & symptoms may suggest a concussion.

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

2. Memory function

Failure to answer all questions correctly may suggest a concussion.

"At 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?"

3. Balance testing

Instructions for tandem stance

*"Now stand heel-to-toe with your **non-dominant** foot in back. Your weight should be evenly distributed across both feet. You should try to maintain stability for 20 seconds with your hands on your hips and your eyes closed. I will be counting the number of times you move out of this position. If you stumble out of this position, open your eyes and return to the start position and continue balancing. I will start timing when you are set and have closed your eyes."*

Observe the athlete for 20 seconds. If they make more than 5 errors (such as lift their hands off their hips; open their eyes; lift their forefoot or heel; step, stumble, or fall; or remain out of the start position for more that 5 seconds) then this may suggest a concussion.

Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, urgently assessed medically, should not be left alone and should not drive a motor vehicle.

Appendix 2

Concussion Signs & Symptoms Checklist
(Medical Centre use)

Pupil's name: ____________________________________ DOB:_________________
Date & Time of Injury*:*
Where & How Injury Occurred *(include cause & force of blow/hit):*

Description of Injury *(include if any loss of consciousness, memory loss or seizures immediately)*

Place an X in any boxes that apply. Observe pupil for at least 30 minutes.

Observed Signs	**0 min**	**15 min**	**30 min**	**__ min**	**__ min**
Appears dazed or stunned					
Is confused about events					
Repeats questions					
Answers questions slowly					
Can't recall events prior to injury					
Can't recall events after injury					
Loses consciousness (even briefly					
Shows behaviour or personality changes					
Physical Symptoms					
Localised headache					
Generalised Headache					
Presence of any neck pain					
"Pressure" in head					
Nausea or Vomiting					
Balance problems or dizziness					
Feeling tired					
Blurry or double vision					
Sensitivity to light or noise					
Numbness or tingling					
Does not "feel right"					
Cognitive Symptoms					
Difficulty thinking clearly					

Difficulty concentrating					
Difficulty remembering					
Feeling more slowed down					
Feeling sluggish, hazy, foggy					
Emotional Symptoms					
Irritable					
Sad					
More emotional than usual					
Nervous					

Pupils with one or more of the signs or symptoms of concussion after a bump, blow or jolt to the head should be referred to the GP, minor injury clinic orA&E depending on the pupil's condition. When a parent is collecting their child to take him/her for medical evaluation, they should observe the pupil for any new or worsening symptoms before the pupil leaves. Send a copy of this checklist with the pupil for the healthcare professional to review.

Red Flags
Pupil should be seen in A&E immediately if they have:

- Loss of consciousness, however brief
- One pupil larger than the other or unusual eye movements
- Drowsiness or cannot be awakened
- Severe or worsening headache
- Weakness, numbness or decreased coordination
- Repeated vomiting
- Slurred speech
- Seizures
- Difficulty recognising people or places
- Increasing confusion, restlessness or agitation
- Unusual behaviour
- Blood or clear fluid leaking from the nose or ear
- Unusual breathing patterns

Resolution of injury
Pupil returned to school ☐, home ☐, Medical Centre ☐, referral to A&E ☐

Signature of School Nurse ________________________

Name____

Comments:

Appendix 3

Graduated Return to Activity & Sport (GRAS) Programme

Time since injury/ Stage	Activity level	Comments
Stage 1 0-2 days	**Initial Relative Rest**	● To be assessed by nurse/GP after initial rest period
Stage 2 3-7 days	**Return to daily activities and light physical activities.** ● Increase mental activities e.g easy reading, limited TV, phone & computer use ● Gradually introduce very light physical activity e.g. 10-15 minutes of walking	● There may be some mild symptoms with activity, which is ok. ● If any symptoms become more than mildly worsened by any mental or physical activity in Stage 2, rest until they subside.
Stage 3 3-7 days	**Aerobic exercise & low level body weight resistance training** ● Introduce physical activity e.g 10-15 minutes of jogging, swimming and stationary cycling ● Low level intensity exercise or added weight resistance training e.g pilates/yoga	● If symptoms more than mildly increase, or new symptoms appear, stop, and rest briefly until thy subside. ● Resume at a reduced level of exercise intensity until able to tolerate it without more than mild symptoms occurring
Stage 4 8 days onwards	**Sport- specific non-contact training drills & weight resistance training** ● Gradual increase in self-directed exercise - running, stationary bike,swimming, supervised weight training etc. ● Can introduce static training drills with **NO** predictable risk of head injury	● If symptoms more than mildly increase, or new symptoms appear, stop, and rest briefly until thy subside. ● Resume at a reduced level of exercise intensity until able to tolerate it without more than mild symptoms occurring
Stage 5 15 days onwards	**Full contact practice** ● Starting with non-contact and gradually building up complexity and intensity ● Introduction of contact only when symptom free at rest for 14 days	● Recurrence of concussion symptoms following head impact in training should trigger removal of the player from the activity. ● Any occurrence of symptoms will require moving back to a previous stage where level of activity/exercise does not more than mildly worsen symptoms

Stage 6 21 days onwards	**Return to play** ● Return to normal game play and normal level of daily activities	● Symptom free at rest for preceding 14 days AND continue to be symptom free during stages 4-5

Appendix 4
To be given to parents following a diagnosis of concussion

Parents' guide to concussion

What is concussion?
A concussion may be caused by a blow, bump, or jolt to the head or by any fall or hit that jars the brain. This 'invisible' injury disrupts the brain's normal physiology which can affect mental stamina and function, causing the brain to work longer and harder to complete even simple tasks. A concussion may involve loss of consciousness (being 'knocked out'), **but the majority do not.** Ultimately, ALL concussions are serious because they are brain injuries.

How do I tell if my child has sustained a concussion?
A concussion can affect a child in many different ways: physically, cognitively, emotionally, and by disturbing sleep. The table below indicates common symptoms for each category.

Common Concussion Symptoms

Physical	Cognitive	Emotional	Sleep
Headache Dizziness Balance problems Nausea/vomiting Fatigue Sensitivity to light Sensitivity to noise	Feeling mentally foggy Feeling slowed down Difficulty concentrating Difficulty remembering Difficulty focusing	Irritability Sadness Nervousness More emotional than usual	Trouble falling asleep Sleeping more than usual Sleeping less than usual

While a blow to the head may not seem serious immediately, concussion symptoms can develop upon impact or **up to 48 hours after the incident**. Ignoring any signs or symptoms of a concussion is putting the child's long- and short-term health at risk.

How is a child who has had a bump to the head treated and assessed at school?
Any child who has had a significant bump or jolt to the head is assessed, ideally in the medical Centre. If the nurse is concerned and suspects that concussion may develop, she will check the child's signs and symptoms against a checklist every 15 minutes from the time of injury for 30 minutes. Appendix 2. (N.B. Any child with a head injury showing signs of serious internal bleeding will be immediately treated via emergency services and parents informed as soon as possible. This is a very rare occurrence with concussion being far more common.) If, after 30 minutes, the child is clear of any signs of concussion the nurse will send them back to class and alert staff to the incident asking them to be watchful for signs of delayed concussion. They may be put off games for the day just to be sure. A phone call and follow up email will be sent to parents to let them know and to ask them to watch out for signs of delayed concussion which can develop up to 48 hours afterwards (and sometimes later). If concussion is evident we will call parents and ask them to collect their child from school. Traditional boarders will be cared for in the medical centre for the first 24-48 hours.

Requirement for Concussion clearance or confirmation
Felsted school nurses are able to recognise and diagnose concussion and will also refer a child with a serious head injury to be assessed in an emergency department if they are concerned that a medical assessment is also needed. In the past a GP assessment was required by the school but we have been told by the school doctor that they are happy with our concussion assessment skills.

If the nurses diagnose concussion at any point, this is not a decision that can later be reversed and the child will need to follow the GRAS Programme. Please understand that the nurses and sports staff are acting in the best interest of your child. If the child is cleared of concussion they will be able to return to sports but we will still be watchful for delayed concussion.

Underreporting of concussions: The importance of honesty

Even though concussions are very serious and potentially life threatening to the young athlete, studies show that less than 50% of school athletes will report their concussions. Even after being diagnosed, many athletes feel pressured to say they do not have symptoms when they still do. This is dangerous and should always be avoided. Almost all athletes who have died or suffered serious complications from repeated concussions did not report their continued concussion symptoms to their parents, coach or doctor. Therefore, it is vitally important that parents, coaches, and athletes recognize the signs and symptoms of concussions and encourage honesty in reporting them.

Is it dangerous for my child to play sports with a concussion?

Yes, without question. Second impact syndrome is a catastrophic event that can occur when a second blow to the head happens before an athlete has completely recovered from a concussion. This second impact, which may be even a minor blow, causes brain swelling, resulting in severe consequences such as brain damage, paralysis, and even death. This condition occurs only in youth and adolescents up to age 21. Therefore, no child should be allowed to participate in any physical activity if he or she has sustained a possible concussion. In addition, no child should return to participation after sustaining a concussion before he or she is cleared by a medical professional trained in concussion evaluation and management.

Concussion Management

The 4th International Consensus Conference on Concussion in Sport was held in Berlin in 2016 and published guidelines for the management of concussion. All schools and sports institutions and clubs have since been working to ensure that concussion is now managed according to these guidelines. Felsted School is no exception. Our Head Injury Policy (available from the Medical Centre) and Graduated Return to Activity & Sport programme have been written with reference to these guidelines and can be found on the school website. **N.B. Concussion often happens when not playing sports but the management is the same.**

If my child sustains a concussion, what should I do?

First, the child should be monitored for worsening signs and symptoms in the 24 to 48 hours following the injury. If any of the following danger signs present themselves, the child should be evaluated by a physician (in an Accident & Emergency Department) immediately.

● Severe or increased headache ● Unequal pupils ● Unusual/increased drowsiness ● Projectile or repeated vomiting ● Severe personality changes ● Numbness in the face/extremities	● Double vision ● Convulsions ● Bleeding/clear fluid from the ear/nose ● Unusual stiffness in the neck area ● Weakness in either arm

Second, follow these recommendations:

- ➢ Do not let the child perform any strenuous activity or go back to playing in sports.
- ➢ Ensure they are adhering to the GRAS Programme Do not use aspirin or ibuprofen for headaches. Use Paracetamol only.
- ➢ Encourage your child to rest and eat normally.

- ➢ Allow them to use ice packs on the head and/or neck to ease pain.
- ➢ Let them sleep in a cool, dark, quiet room.

Parental responsibility if possible concussion occurs outside of school hours.
1) Requirement for Concussion clearance or confirmation (as above) by medical personnel. This could be at A&E or your own GP. The Felsted school nurses could assess your child, however, a parent will need to attend to give first hand history of the head injury, the circumstances surrounding the event and any signs and symptoms the child has had. The child is not to be expected or allowed to do this on their own.

Please note:
It has unfortunately been our experience that medical personnel such as GPs, A and E and Minor Injuries staff, although skilled in diagnosis of concussion, are not all up to date with GRAS and we have had children with obvious and confirmed concussion being told they can return to sport in a couple of days, a week or 6 weeks. This lack of consistency is troubling so we do ask parents to abide by the school policy if concussion is confirmed. Also, we have had parents told they can give Ibuprofen for headache when this is NOT advised. NHS guidelines are that only Paracetamol is advised for headache in the case of concussion/head injury.

2) Please plan ahead to include an appointment with your surgery if you have not had your child assessed by the Felsted school nurses.

3) Please be aware that on requesting an appointment your GP surgery may offer an appointment with their nurse, this should be fine. Please stress that we need your child to be cleared of or confirmed with concussion and ask them to use this word in their diagnosis.

After concussion has been confirmed, how soon does the GRAS (Graduated Return to Activity & Sport) protocol allow my child to return to sport at school (including PE, swim school and tennis)?
After two days clear of any residual signs or symptoms of concussion your child will commence a structured slow return to activity/sport over a minimum of 21 days. (See Appendix 1)

https://www.youtube.com/watch?v=6gfD-_JFf9s

please take time to watch this video about concussion and GRAS.

Concussion Recovery

Concussion recovery should be a collaborative approach
A concussion can affect school, work, and sports. Along with the school nurse, the child's coaches and teachers should be aware of the child's injury and their roles in helping the child recover. Varying or mixed messages from parents and any of these parties may cause the child unnecessary distress and confusion, so clear communication among the group is vital. Once cleared of current symptoms of the concussion a **Graduated Return to Activity & Sport** programme may be commenced. (see appendix 3)

Why is mental rest important to recovery?
A concussion affects how the brain works, so resting the brain as much as possible is necessary for recovery. In this context, mental activities are defined as those in which the brain must work hard to process information. This includes critical thinking and problem solving activities such as schoolwork, homework, and technology use.

What can I do to help my child achieve mental rest?
Restrictions from the following should be considered, because these activities increase brain

function, and therefore may worsen symptoms and delay recovery:
• Computer work/Internet use
• Video games
• Television
• Excessive text messaging/ mobile phone use
• Bright lights, such as strobe lights.
• Listening to loud music or music through headphones.
• Loud noises.
• Parties, concerts.
• Work

How do I know when my child is using his or her brain too much?
Continued activity when symptoms are moderate to severe can prevent the brain from healing. Therefore, the key to concussion recovery is to reduce mental activities until symptoms improve and then gradually begin increasing the length and difficulty of those activities as symptoms allow. On days where the symptoms are severe (which often occur in the first few days after injury), it may be better to suspend any scheduled mental activities (i.e. school, homework, etc.) and have the child rest at home.
As symptoms improve, the child may begin to gradually resume simple school-related mental activities. As difficulty is increased, continue monitoring symptoms. Ask, "Do you have any symptoms? Are your symptoms getting worse since you started this activity?" If the child states symptoms are worsening, have him or her stop what they are doing and rest. If the symptoms resolve with rest in a short period of time (20 minutes or less), the child may be allowed to resume the mental activity. If symptoms remain elevated, the child should discontinue the activity and rest and re-attempt when symptoms have improved (such as the next day).
Note that there may be good days when symptoms are very mild and bad days when symptoms may be a little worse. This is a normal part of recovery. Sometimes there is a fine line between how much mental activity is okay and how much is too much. The key is to try to figure out where that line is to minimise symptoms as much as possible.

How is school affected by a concussion?
Schoolwork demands focus, memory, and concentration – all brain processes that are affected by a concussion. Academic accommodations, ranging from medically necessary absences to tutoring or extra time for test taking, may be necessary in some cases to decrease symptoms and begin the healing process.
Notify your child's teachers that he or she has sustained a concussion and provide them with any written recommendations you were given during your visit to your healthcare professional.

Why is physical rest important to recovery?
In the context of concussions, physical activity is any situation in which a child has an elevated heart rate. Such activities include, but are not limited to, sports, gym class, weight lifting, and active play. Due to the risk of Second Impact Syndrome and other complications, a child who has been diagnosed with a concussion should not return to any physical activity and/or athletics until cleared by a healthcare provider experienced in concussion evaluation and management. Physical rest is essential to keep the child safe and to enable the brain to heal. N.B. Activities such as playing wind instruments can increase intracranial pressure and cause the concussion headache to return so resting from this and drumming is also advised.

Other Services

Headway, the brain injury charity specialise in providing advice, support and rehabilitation services to individuals and their families following a head injury. (www.headway.org.uk)

References

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