



HEAD INJURY POLICY

This policy refers to both Wellington Senior School and Wellington Prep School

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Introduction

This policy has been written in accordance with UK Concussion Guidelines for Non-Elite (Grassroots) Sport 2023, NICE Head injury: assessment and early management 2023, First Aid Policy Guidance and Supporting Pupils at School with Medical Conditions (DfE, 2017) and Boarding Schools National Minimum Standards DfE, 2022). Advice and guidance from Return 2 Play 2024

This policy is a whole school policy. It is accessible via the School website and is available to parents, pupils, prospective pupils and all staff.

The Government and the Sport and Recreation Alliance published the UK Concussion Guidelines for Non-Elite (Grassroots) Sports April 2023 which will help players, coaches, parents, schools, National Governing Bodies and sports administrators to identify, manage and prevent head injuries and concussion. The guidance is intended to provide information on how to recognise concussion and on how it should be managed from the time of injury through to a safe return to education, work and playing sport. This information is intended for the general public and for individuals participating in all grassroots sports – primary school age and upwards - where Healthcare Professionals are typically not available onsite to manage concussed individuals.

<https://sramedia.s3.amazonaws.com/media/documents/9ced1e1a-5d3b-4871-9209-bff4b2575b46.pdf>

Head Injury and Concussion

Concussion is a common injury. While awareness has significantly increased in recent years through concern from contact sports, it is important to note that concussions occur in everyday life. All concussions, whether sport related or not, should be managed with the same diligence. To properly manage concussion, being well informed and knowledgeable is important.

Concussion is a traumatic brain injury resulting in a disturbance of brain function. It affects the way a person thinks, feels and remembers things. Knowledge around concussion, how it should be managed and the potential short and long-term health implications have advanced hugely in recent years.

The term “concussion”, while useful, is imprecise and there remains disagreement around the definition of the injury and the process going on within the brain. It is important to remember that concussion:

- is a traumatic brain injury
- can be caused by a direct head blow but also from forces transmitted to the head – e.g. a whiplash/violent shaking injury

- can cause a wide range of signs and symptoms
- symptoms can be short lived

Signs and Symptoms of Concussion

There are many symptoms that may suggest a concussion has occurred. There is no single definitive list of signs or symptoms that prove a concussion has happened. There may only be one symptom present, or there may be multiple signs and symptoms.

What are the Symptoms of Concussion?

If any of the following symptoms are experienced the injured person should be suspected of having sustained a concussion:

- Headache
- Dizziness
- Confusion, or feeling “slow”
- Visual problems
- Nausea or vomiting
- Fatigue
- Drowsiness / feeling like “in a fog“ /difficulty concentrating
- “Pressure in head”
- Sensitivity to light or noise

Often children find it difficult to express exactly how they feel. It is common for them to say “I just don’t feel right”.

If the head injury is significant enough to warrant assessment at the emergency department but an ambulance is not required, the matron on duty or another designated member of staff must attend the emergency department with the child.

The following symptoms must be observed as a red flag symptom and the individual should receive urgent medical assessment in (A&E) Department using emergency ambulance transfer:

- Any loss of consciousness because of the injury
- Deteriorating consciousness (more drowsy)
- Amnesia (no memory) for events before or after the injury
- Increasing confusion or irritability
- Unusual behaviour change
- Any new neurological deficit e.g. —Difficulties with understanding, speaking, reading or writing —
Decreased sensation —Loss of balance —Weakness —Double vision
- Seizure/convulsion or limb twitching or lying rigid/ motionless due to muscle spasm

- Severe or increasing headache
- Vomiting
- Severe neck pain
- Any suspicion of a skull fracture (e.g. cut, bruise, swelling, severe pain at site of injury) • Previous history of brain surgery or bleeding disorder
- Current 'blood-thinning' therapy
- Current drug or alcohol intoxication

What can be the consequences of concussion?

A history of previous concussion(s) increases the risk of sustaining a further concussion, which may then take longer to recover. A history of a recent concussion also increases the risk of other sport related injuries (e.g. musculoskeletal injuries). Concussions can happen at any age. However, children and adolescents:

- May be more susceptible to concussion.
- Take longer to recover and returning to education too early may exacerbate symptoms and prolong recovery.
- Are more susceptible to rare and dangerous neurological complications, including death caused by a second impact before recovering from a previous concussion

Management of a head Injury or concussion

If a head injury has been suspected during a sporting event, the individual must stop that activity immediately and is assessed by a first aider, trained sports coach or the school health centre team for any signs of concussion. If a student has been taken out of the sports activity because the sports coach is concerned that they have sustained a head injury, even without displaying any symptoms, the student must not continue to participate in the sporting event until they are fully assessed after the lesson / fixture. Symptoms of concussion can take up to 48 hours to develop

Wellington School works in partnership with Return 2 Play, an online service led by head injury specialists to support, assess, diagnose and manage concussion in school aged children. Staff are required to complete the e-learning modules for concussion management on annual basis via the Return 2 Play platform which will allow them access to the Return 2 Play platform. All students from Year 3 to Year 13 can be referred to the Return 2 Play service at no additional cost to the parent. The online injury management system allows schools & clubs to document injuries, automatically communicate to parents and coaches, and track a player's recovery during the return to play protocol. The student will have their initial assessment 48 hours after the time of injury where the Return 2 Play practitioner will confirm if the student has sustained a head injury and has concussion. A review is then required at 14 days post injury and again at 21 days post injury. The child can access the service as many times as needed over the 21 days process of returning to sports. After each review the student is advised on the level of activity (**Appendix 1 – Return 2 Play concussion pathway**) that they can do which will not affect their recovery. This advice is communicated to:

- Parents and guardians on the student (iSAMS based)
- Sports departments
- School health centre
- Head of Year
- Tutor
- Other sports clubs that are identified on the students Return 2 Play profile

Protocol for Managing Head Injuries

In Partnership with Return 2 Play

If a student has sustained a head injury, if playing sport, the player should be removed from play immediately and take no further part in the activity. The student must be assessed by a first aider who has completed the Return 2 Play training on concussion and head injuries or taken to the School Health Centre to be assessed by the nursing team.

The student will be assessed to identify any symptoms that would suggest that the student is experiencing concussion symptoms. These include:

- Headache
- Dizziness
- Confusion, or feeling “slow”
- Visual problems
- Nausea or vomiting
- Fatigue
- Drowsiness / feeling like “in a fog” /difficulty concentrating
- “Pressure in head”
- Sensitivity to light or noise
- Any loss of consciousness because of the injury
- Deteriorating consciousness (more drowsy)
- Amnesia (no memory) for events before or after the injury
- Increasing confusion or irritability
- Unusual behaviour change
- Any new neurological deficit e.g. —Difficulties with understanding, speaking, reading or writing —
Decreased sensation —Loss of balance —Weakness —Double vision
- Seizure/convulsion or limb twitching or lying rigid/ motionless due to muscle spasm
- Severe or increasing headache
- Repeated vomiting
- Severe neck pain
- Any suspicion of a skull fracture (e.g. cut, bruise, swelling, severe pain at site of injury) • Previous history of brain surgery or bleeding disorder
- Current ‘blood-thinning’ therapy
- Current drug or alcohol intoxication

Based on this assessment, the level of care and treatment will be determined. If any red flags are identified (**Appendix 2**), the student must be taken to hospital by ambulance. For any other

symptoms, the student must be advised not to return to the sport or activity that they were participating in and to rest.

The student's parents will be contacted by the member of staff to inform them that their child has sustained a head injury and is displaying symptoms of concussion. They will advise that we would like to refer their child to the Return 2 Play service so that their child can be assessed by a head injury specialist who will be able to advise on their symptoms and the recovery process. If the parents agree to this referral, the member of staff will make the referral via the Return 2 Play platform providing as much information as possible relating to the injury. The parents will receive notification of this referral via an email which will advise them to book an online appointment within the 48 hours of the injury.

If the parents decide that they would not like their child to be referred to the Return 2 Play service, they will be advised by Wellington School that their child will not be able to participate in any sporting activities for 21 days. We will support the parents and child if they wish to be referred within these 21 days.

Following a consultation with the Return 2 Play team, notifications will be sent to the relevant people (as above) and the advice must be followed from the whole school perspective and the student must be supported through the return to play protocol. The student is then reviewed at day 14 and day 21 post injury by the Return 2 Play team. If there are any concerns in between these review days, additional assessments can be made.

Return 2 Play work alongside SOCS and this information will automatically update SOCS to advise if the student is able to participate in sports again.

The student's assessment feedback will be documented on iSAMS by the school nursing team and any communication can be made via the school health centre.

If a student is being assessed by their family GP, it would be appropriate to ask for feedback from the GP following their assessment or if the member of staff is uncertain of their level of head injury assessment they should be referred to the school health centre.

Return to Activity & Sport Pathway (summary) – Sept 2023
Following a concussion/suspected concussion



Time since injury (earliest day)	Activity Level
0-2 days	Relative rest
<i>Medical Assessment</i> (with school/club medical team or R2P if unable to access/higher level input required) to confirm diagnosis and give recovery advice	
3-7 days	Light activity Gentle walks etc. Activity level shouldn't leave you breathless
8 days onwards	Low risk exercise & training Gradual increase in self-directed exercise – running, stationary bike, swimming, supervised weight training etc. Focus on fitness Can introduce static training drills (eg passing/kicking). Only drills with NO predictable risk of head injury
<i>R2P Doctor Assessment</i> to assess fitness to start a formal return to sport and advise on timeframes	
15 days onwards	Gradual return to sports training Starting with non-contact and gradually building up complexity and intensity. Introduction of contact in the final stages (only when symptom free at rest for 14 days)
<i>R2P Doctor Assessment</i> to assess fitness to return to unrestricted sport, including matches	
Day 21 earliest	Earliest return to competitive sport/matches Only if symptom free at rest for at least 14 days and has completed gradual return to sports training without any recurrence in symptoms

Appendix 2: Red Flag symptoms that require an ambulance and an assessment A&E

The following symptoms must be observed as a red flag symptom and the individual should receive urgent medical assessment in (A&E) Department using emergency ambulance transfer:

- Any loss of consciousness because of the injury
- Deteriorating consciousness (more drowsy)
- Amnesia (no memory) for events before or after the injury
- Increasing confusion or irritability
- Unusual behaviour change
- Any new neurological deficit e.g. —Difficulties with understanding, speaking, reading or writing —
Decreased sensation —Loss of balance —Weakness —Double vision
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