

Culford School

Head Injury Policy

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Context

Injuries to the head and/or brain can occur in many situations in the school environment, this can be through direct and in-direct contact. An example of direct contact is when a pupil's head comes into contact with a hard object such as the floor, or another pupil. In-direct contact could be through the head being shaken or the body being hit by force, causing the brain to shake within the skull. The potential for this type of injury is probably greatest during activities where collisions can occur such as in the playground or during sport and PE.
Throughout this policy when the term head injury is used it refers to direct or in-direct contact to the head, this includes the eyes and face.
Head Injury might or might not result in concussion/traumatic brain injury.

Concussion/traumatic brain injury (TBI) is a disturbance of the normal working of the brain. It usually follows a blow directly to the head (including the face and eyes), or indirectly if the head is shaken when the body is struck.
It is important to recognise that it is not necessary to lose consciousness to sustain a concussion following a blow to the head/head injury.

The risk of injury is dependent upon the velocity and the force of the impact, 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.

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.

A return to sporting activity before complete resolution of the concussion exposes the pupil to the risk of recurrent concussions which can occur with ever decreasing forces. There are concerns that repeated concussion could interfere with academic performance, and may have some potential to result in permanent neurological impairment.

Players must be encouraged to report any suspected injury and to be honest with themselves, parents, pastoral staff, coaches and medical staff for their own protection.

Staff Training

In order to ensure safe, uniform and appropriate management of head injuries all sports staff and Health Centre staff complete annual head injury and concussion training. Additionally, as part of the school risk assessment process staff involved in school trips or school activities that pose a higher risk of head injury by the nature of the activity will be asked to complete head injury and concussion training. An example of this is the residential ski trip or rock-climbing activities.

Return2Play Concussion Management System

Culford School have a contract with Return2Play, this is a concussion management system for schools and sports clubs for pupil aged 7yrs old and upwards. If following a head injury a concussion is suspected school staff must follow the normal procedures of immediate first aid, accessing emergency care (if appropriate), adhere to the head injury communication pathway, give follow up care/supervision and complete the accident form on SmartLog.

Once this procedure is completed parents should log the injury with Return2Play, an online appointment with a doctor that specialises in concussion will then be arranged by the parents or (in the case of boarders) at the parents' request the pastoral, sports or Health Centre team can do this. This service is available 7 days a week throughout the year. If concussion is diagnosed by the Return2Play doctor the pupil's return to activities and sports will be managed and communicated to parents and school staff by the Return2Play doctors, and any follow u
p review appointments will be arranged as part of this service.

Please note:

- The Return2Play concussion management system does not replace the normal process for accessing emergency care.
- Staff must continue to access emergency services (ambulance, A&E) as appropriate.
- Normal practice would be for parents to do this but occasionally because of time differences or language restrictions parents of boarders may require boarding staff or health centre staff to log the injury and/or manage the online appointments. Logging the injury will trigger an immediate email to parents informing them of the injury and this is not an appropriate way for parents of boarders to be informed that their child has been injured.
- Some parents will choose not to use the Return2Play system to confirm diagnosis of concussion or utilise the follow up services, in this instance the following process should be followed;

Boarders: If the pupil is a boarder the Health Centre will arrange medical assessment for concussion via NHS services, if the boarding pupil is then diagnosed as having concussion the Health Centre team will ensure the pupil follows the nationally recognised GRAS schedule. This will be emailed to parents and relevant staff.

Day pupils: If the pupil is a day pupil the school will advise parents to access NHS services or other private head injury services to assess for concussion. If a parent does not arrange concussion assessment and the pupil is presenting to staff with symptoms of concussion, this may become a safeguarding matter but in the meantime the school will ensure that while at school the pupil follows the GRAS schedule

- Guide for parents and House staff - **https://www.return2play.org.uk/r2p-concussion-care-service-guide-parents/**
- Guide for school staff **- https://www.return2play.org.uk/userguideadmins/**

Measures to reduce risk of Head Injury/Concussion

It is everyone's responsibility to report any risks that may increase the likelihood of sustaining head injuries on the school site and beyond.

Staff should take the following steps to minimise the risk of any potential head injuries:

- The School matches the appropriate skills and physical size of the team with the opposing team.
- Pupils should be healthy and fit for sport
- Pupils are taught safe playing techniques and expected to follow rules of play
- Pupils should display sportsmanlike conduct at all times and maintain respect for both opponents and fellow team members equally
- Pupils always wear the right equipment for each sport. Pupils to wear mouth guards where required for specific sports.
- These guidelines will be given to the parents by the school.
- Equipment should be in good condition and worn correctly.

- Inform and reinforce to the pupils the dangers and consequences of playing whilst injured or with suspected concussion.
- Pupils are encouraged to report any suspected injury and to be honest with themselves, parents, coaching and medical staff for their own protection.
- The school has sufficient first aiders available to respond to an injury.
- All sports staff complete annual Concussion training or TES Concussion training and are able to recognise signs and symptoms of concussion, and are vigilant in monitoring players accordingly on an ongoing basis.
- All sports staff ensure they are checking the school head injury and concussion watch list/Return2Play concussion management system on an ongoing basis.
- Tutors, Housemistresses/masters, Year Heads will be emailed if a pupil is added to the concussion watch list so they can be vigilant in the classroom.
- Accident/Incident reports are completed promptly and with sufficient detail.
- Every head injury/concussion is taken seriously by all members of staff
- If In doubt, sit them out.

Signs and Symptoms of Concussion

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

Observable signs:

- Lying motionless on playing surface
- Falling unprotected to the surface
- Balance/Gait difficulties: stumbling, slow laboured movements
- Disorientation or confusion, staring or limited responsiveness, or an inability to respond appropriately to questions
- Blank or vacant look
- Facial injury after head trauma
- Impact seizure
- High-risk mechanism of injury

Symptoms:

- Headache
- Pressure in head
- Neck pain
- Nausea and 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
- Confusion
- Drowsiness
- More emotional
- Irritability
- Sadness
- Nervous or anxious
- Trouble falling asleep

Immediate response to a Head Injury

1. During sports, pupils showing signs or symptoms of concussion must be removed from play immediately and not return.
2. Remember Basic First Aid and check for the possibility of a neck injury. (Pocket Concussion Recognition Tool is in all sports bags for reference and guidance)
3. Any pupil with a head injury and therefore potential concussion should be monitored and not be left alone.
4. Any pupil with a suspected concussion should remain with a member of staff until they have been handed over to the relevant medical professional for further assessment.
5. Sports staff or the first aider should arrange for the pupil to be assessed by the most appropriate professional given the nature/seriousness of the incident, presenting symptoms, location, and availability of staff i.e. School nursing staff, pitch side first aid, ambulance crew, A&E staff.
6. It is important to realise that the signs and symptoms of concussion may only last a matter of seconds or minutes and can easily be missed.
7. Staff should check ISAMS medical red flag and Return2Play system to ascertain if the pupil is currently on the School's concussion watch list. (School concussion watch list – where a pupil has already sustained a concussion in the last 12 months) Pass this information onto the health professional who will be assessing the pupil.
8. If a member of staff witnesses a significant head injury (either direct on in-direct contact) but on assessment the pupil does not have signs of concussion – caution and common sense should prevail, consider the nature and severity of the incident/mechanisms of injury.

IF IN DOUBT, SIT THEM OUT

Criteria for Referral to an Emergency Ambulance Service

1. Unconsciousness or lack of full consciousness, (for example, problems keeping eyes open).
2. Any focal (that is, restricted to a particular part of the body or a particular activity) neurological deficit since the injury (examples include problems understanding, speaking, reading or writing; loss of feeling in part of the body; problems balancing; general weakness; any changes in eyesight; and problems walking).
3. Any suspicion of a skull fracture or penetrating head injury (for example, clear fluid running from the ears or nose, black eye with no associated damage around the eye, 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).
4. Any seizure ('convulsion' or 'fit') since/during the injury.
5. A high-energy head injury (for example, pedestrian struck by motor vehicle, occupant ejected from motor vehicle, a 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 motorised recreational vehicles, bicycle collision, or any other potentially high energy mechanism).

6. The injured person or their carer is incapable of transporting the injured person safely to the hospital emergency department without the use of ambulance services (providing any other risk factor indicating emergency department referral is present).

Pocket Concussion Recognition Tool – In all sports bag



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

Communication following Accident and Assessment

First aid care and communication

Culford sports staff responsible for the sports fixture must ensure the communication pathway is followed and documentation of either/electronic and paper is completed as soon as practical, in order to ensure a seamless and safe transfer of pupil care.

Head Injury Communication Pathway (see appendix 1)

The first aider should assess and treat the pupil, documenting their assessment, treatment, advice and any referral instructions i.e. advised to attend A&E. The paper documentation should be given alongside a verbal handover to:

- The adult responsible for the pupil at that time i.e. sports staff, parent (if present), Culford staff. If the pupil is going to A&E the paper summary of treatment should be given to the A&E staff
- Ambulance crew (if called)
- Parents should be informed as soon as practicable, as a matter of priority

In addition to this immediate handover the following must be followed by the first aider and sports staff to ensure safe monitoring of the pupil is in place for at least 48hrs post head injury:

Home fixtures

- All pupils (Day, flexi- boarders and boarders) – Ensure communication is comprehensive, prioritise informing parents and anyone who is going to be responsible for the pupil in the next 48hrs, this should be a verbal handover of information and a physical handover of the pupil to the responsible adult i.e. parent, pastoral staff. This should be followed up with an emailed summary to the Housemaster/mistress', matrons and School Health Centre. A Smart log accident form should be completed by Culford sports staff/first aider. If concussion is suspected sports staff should inform parents that they should log the injury on Return2Play management system and arrange an online assessment. If the pupil is a full boarder parents may request that sports staff, Health Centre or House staff can log the injury on behalf of the parent.

  Reminder: Always advice parents of a pupil with signs or symptoms of concussion to log the injury on the Return 2 play service. Parents of boarders may request boarding or Health Centre staff to do this, but parents should always be encouraged to participate online in the medical assessments, alongside the boarding/Health Centre staff. Pupils with signs and symptoms of concussion that have not followed the Return 2 Play management system will not be allowed to participate in school sports or matches for 21 days post injury until the recognised GRAS time frame has passed.

- Visiting Pupils - care handed over to visiting school staff. Smart log accident form completed by Culford sports staff/ first aider, copy emailed to visiting school

Offsite fixtures

Culford sports staff responsible for the sports fixture should ensure that any first aid given to a Culford pupil by another school's first aider is documented and communicated to Culford school staff.

- All pupils (Day, flexi- boarders and boarders) – Ensure communication is comprehensive, prioritise informing parents and anyone who is going to be responsible for the pupil in the next 48hrs, this should be a verbal handover of information and a physical handover of the pupil to the responsible adult i.e. parent, pastoral staff. This should be followed up with an emailed summary to the Housemaster/mistress', matrons and School Health Centre. A Smart log accident form should be completed by Culford sports staff/first aider. If concussion is suspected sports staff should inform parents that they should log the injury on Return2Play management system and arrange an online assessment. If the pupil is a boarder the sports staff, Health Centre or House staff should by mutual agreement decide who will log the injury on behalf of the parent. **Reminder:** Always ensure the parent is informed of the injury before it is logged on the Return2Play management system. and has agreed to use the Return2Play service in that instance.

A&E

Culford school pupils should be escorted to A&E by a Culford member of staff. The member of staff should remain with the pupil until they are relieved by a member of the boarding staff or the parent, a full handover should be given to anyone taking responsibility of the pupil.

If the parent is present at the fixture and is responsible for the pupil they can take the pupil to A&E and should report back to the school with any findings and advice before returning the pupil to school. Ensure the parents is familiar with the services of Return2Play system

Management and Ongoing Response to a Head Injury

- Fully stocked first aid bags are provided for matches by the Health Centre. Away matches are individually prepared for all teams, with Adrenaline Auto Injectors (AAI) and Inhalers which have been prescribed for those pupils. Sports staff should regularly check and replenish the first aid

kits from the Health Centre and ensure they have a supply of Pocket Concussion Recognition Tool and Head Injury Advice sheets

- Home matches can use the standard sports first aid bag, and Universal AAI's and Universal Inhalers are accessible at the Health Centre, School Receptions, Ashby Dining Hall and Matrons offices.
- Ensure a safe environment for treatment/assessment.
- In the event of a pupil sustaining a head injury, the Parents/Guardians should be informed ASAP.
- The Health Centre, class teacher/tutor and boarding staff should be informed.
- The staff member on duty or witnessing the injury/incident should complete the Smart log injury/accident report.
- The pupil should be seen by a health professional to assess the extent of the injury, more symptoms may develop in time. If the assessment is carried out by a school health professional and concussion is suspected the school health professional will refer the pupil either straight to A&E for further assessment and diagnosis, or if more appropriate (depending on the severity of the symptoms) they may advise parents to log the injury on the Return2Play management system. School staff can log the injury on behalf of the parents of boarders if they have received the parents consent
- If concussion is diagnosed by a doctor (either in hospital or via the Return2Play management system) the Concussion/GRAS guidelines can commence. A pupil with a Concussion will not be allowed back to play sports until they have completed the GRAS guidelines and are free of symptoms.
- Each stage of GRAS will take a minimum of 24 hours. **This applies to injuries sustained outside school, as well as during school hours.**
- All those having sustained a head injury but do not have signs of concussion, will be given a head injury advice sheet outlining when urgent medical advice should be sought, if necessary. This is available from the Health Centre and there is a supply in each sports first aid kit/touch line kit.
- Anyone sustaining a head injury will not be allowed to travel home unaccompanied by either school or public transport, and alternate arrangements must be made.
- The ISAMS medical red flag will highlight who is on the school concussion watch list. If no further concussions are sustained the pupil is removed from this list after 12 months
- The pupil should be registered on the Concussion Watch List for at least 12 months and the off games list on ISAMS for the appropriate time.

Post-concussion Health Advice

Culford pupils with concussion will follow a graduated return to sports and activities (including school studies).

It is recommended that any individual suffering a head injury or concussion should limit the following initially and then gradually re-introduce them:

- Reading
- TV
- Computer games/phone/hand held devices

It may be reasonable for a pupil to miss a day or two of academic studies but extended absence is uncommon.

Any pupil sustaining a concussion type injury will be excluded from all contact sports matches for a period of 21 days, with reassessment during that period.

Return to sports will not be permitted unless the GRAS guidelines are followed.

Concussion and School Studies

Once symptom free at rest, pupils should undertake a graded return to academic studies. Consideration should be given to a managed return to full school days and gradual reintroduction of homework.

Form tutors should liaise with the parents to ensure support is put in place to aid learning and a full recovery.

Pupils on the School's Concussion Watch List

All pupils on the school concussion watch list have this recorded on their isams medical red flag.

The concussion watch list is on Google Drive and shared with all sports staff, Housemasters/mistresses, Heads of Year, matrons, Health Centre staff and SLT. Staff are encouraged to raise any observations with academic, pastoral and medical school pathways where a pupil displays any notable changes in cognitive function, such as concentration, change in temperament, however minor. This may be observed in lessons, social areas and boarding houses.

Return to Sport and Activities after concussion

- Pupils are monitored and staff will liaise with parents to ensure a safe return to full academic and sporting activities.
- Follow the U19 and GRAS guidelines below as a guide. https://keepyourbootson.co.uk/wp-content/uploads/2023/11/GRAS-Programe_Aug_2023.pdf
- Each child's pathway must be arranged individually according to their symptoms to ensure a safe recovery and graduated return to play.

Children should avoid activities that have a predictable risk of further head injury for a minimum of 14 days after their symptoms have resolved, unless their recovery is closely supervised by a doctor with expertise in concussion management.

Concussion must be taken extremely seriously to safeguard the short and long term health and welfare of players, and extremely young players.

Children who struggle to return to their studies or persistently fail to progress through the GRAS/GRTP because symptoms return should be referred to their doctor.

It is advised that children who sustain two or more concussions in a 12 month period should be referred to a concussion specialist.

The majority (80-90%) of concussions resolve in a short (7-10 days) period.
This may be longer in children and adolescents and a more conservative approach should be taken with them.

During the recovery time the brain is more vulnerable to further injury, and if a player returns too early, before they have fully recovered this may result in:

Prolonged concussion symptoms:

- Increased risk of developing Post-Concussion Syndrome (PCS) with symptoms lasting over 3 months.
- Possible long term health consequences e.g. psychological and/or brain degenerative disorders in later life.

- Further concussive event being FATAL, due to severe brain swelling – known as second impact syndrome.

This policy has been developed in accordance with:

- Guide for parents and House staff - **https://www.return2play.org.uk/r2p-concussion-care-service-guide-parents/**
- Guide for school staff **- https://www.return2play.org.uk/userguideadmins/**
- **NICE clinical guideline 56 - Head Injury: Triage, assessment, investigation and early management of head injury in infants, children and adults.** http://www.nice.org.uk/guidance/CG56/NICEGuidance
- England Rugby, Headcase Player Welfare – GRAS programme https://www.englandrugby.com/run/player-welfare/headcase
- **World Rugby, Concussion Guidelines** https://playerwelfare.worldrugby.org/
- **Rugby Football Union, HEADCASE Concussion Awareness Programme**
- https://www.englandrugby.com/my-rugby/players/player-health/concussionheadcase/
- **Society of British Neurological Surgeons, 'Concussion Guidelines for the Education Sector' can be downloaded at:**
- https://www.sbns.org.uk/index.php/policies-and-publications/protocol-andguidelines-2/
- **Child SCAT 5: Sport Concussion Assessment Tool. Ages 5 to 12**
- https://bjsm.bmj.com/content/bjsports/early/2017/04/28/bjsports-2017097492childscat5.full.pdf
- HEADCASE Essential Guide https://rfu.widen.net/s/vhzqnkrq6v/headcase_essential-guide_aug_2023
- UK Gov - If in doubt, sit them out, April 2023.
- NICE clinical guideline 56 - Head Injury.
- RFU Guidelines for schools and colleges.
- Sport Concussion Assessment Tool (SCAT6) – Adults and adolescents (13+).
- Child Sport Concussion Assessment Tool (Child SCAT6) – Children aged 8 to 12.
- Concussion Recognition Tool (CRT6).
- Sport Concussion Office Assessment Tool (SCOAT6) – Adults and adolescents (13+).
- Child Sport Concussion Office Assessment Tool (Child SCOAT6) – Children aged 8 to 12.
- SBNS – Concussion Guidelines for the Education Sector.

Appendix 1 – Head Injury Communication Pathway -

