

## Head Injury and Concussion Policy

This policy refers to all Senior and Junior School Students including those in EYFS

### Introduction

#### The aim of this policy is to:

- Ensure understanding of the key terms and the link between head injury and brain injury;
- Identify sport activities which carry a risk of head injury;
- Highlight the importance of creating suitable risk assessments for sport activities being undertaken by the school;
- Provide clear processes to follow when a student does sustain a head injury.

#### This policy applies to:

- All school staff (including part time or occasional employees or visiting teachers)
- Students of the school
- Parents of students at the school
- Any other individual participating in any capacity in a school activity. For example, this would include a contractor providing sports coaching, or a volunteer on a school trip.

**The welfare of students is of central importance. Any person to whom this policy applies should adopt a cautious approach if they are in any doubt as to whether a head injury has occurred and/or whether the head injury is caused by concussion.**

**Individuals to whom this policy applies should be aware of the symptoms of a concussion. The British Medical Journal has published a one page 'Pocket Recognition Tool' to help identify concussion in children, youth and adults. The tool is attached to this policy and available to download here:**

<https://bjsm.bmj.com/content/bjsports/47/5/267.full.pdf> - see app 1

#### Definition:

Concussion is a brain injury caused by a blow to the head or body which leads to shaking of the brain.

Concussion can result in a disturbance of the brain function that can affect a pupil's thinking, memory, mood behaviour and level of consciousness.

A head injury could happen in any area of School life. This policy focuses on sport activities (both contact sports and non-contact sports) where the risk of head injuries happening is higher, but should also be used for head injuries which occur in another context (for example, a slip or trip).

#### Where does Concussion occur?

It is most likely during physical education, play and travel to and from school. Special attention should be paid to children involved in falls from height, falls on to hard surfaces, cycling, road traffic collisions and contact sports, because of the risk of more serious injury.

Where a student sustains a suspected head injury or concussion, the person supervising the activity should immediately remove the student from play where it is safe to do so and refer the student to a qualified first aider or for Schools sports fixtures where paramedics are in attendance, to those paramedics.

The First Aider or the paramedic will determine whether the student is displaying any 'red flag' symptom's in which case the ambulance services should be called on 999. The Pocket Concussion Recognition Tool identifies the following signs and symptoms of suspected concussion:

## **Recognising Concussion:**

After a fall or impact, concussion should be suspected in the presences of one or more of the following:

- 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; and
- Difficulty concentrating.

**Where it is apparent that emergency medical attention is required, or a member of staff suspects a student has suffered a spinal injury, they should immediately call the ambulance service themselves on 999 themselves. Otherwise, the medical**

**professional should determine whether the student displaying any 'red flag' symptoms which require an ambulance to be called**

## **Danger Signs:**

- Deteriorating conscious state
- Increasing confusion or irritability
- Severe or increasing headache
- Repeated vomiting
- Unusual behaviour change
- Seizure or convulsion
- Double or blurred vision
- Weakness, tingling or burning in limbs
- Midline or severe neck pain
- Increased or persistent difficulty with walking normally or poor balance.

## **School Actions: (immediate)**

### **If a head injury or concussion is suspected:**

1. Remove the student from the situation- they must not resume play again
2. Give appropriate first aid
3. Notify RECEPTION to notify parents, as they will need to monitor their child. This is the responsibility of the accompanying staff. Let all staff know.
4. If concerned, advise the parents to see a doctor immediately.
5. Staff must fill in an accident report form stating that concussion is possible.

## **School Actions: (longer term recovery) where concussion has been diagnosed:**

1. The pupil should have complete rest until symptom free. This includes rest from physical activity and other brain activities such as reading, computer games, television and phone use.
2. For a period of 14 days the pupils will not take part in exercise or sport, or activities with a predictable risk of further head injury.
3. Once symptom free, the pupil should be offered a phased return to school.
4. As an additional precautionary measure, pupils should avoid activities that have a predictable risk of further head injury for 14 days after their symptoms have resolved, though they may be in school for this period.

[/Concussion guidelines for the education sector June2015.pdf](#)

<https://bjsm.bmj.com/content/bjsports/47/5/267.full.pdf>

## **Breaches of this policy**

Hollygirt School takes its duty of care very seriously. The school will take appropriate action against any person found to have knowingly or recklessly breached this policy for example:

If a student attempts to return to play in breach of return to play procedures.

If a member of staff fails to report a head injury, the school would consider the matter under the school's staff disciplinary policy.

If a parent fails to report to the school a head injury their child sustains outside of school, the school would consider the matter under the terms of the school parent contract.

Policy Updated 1<sup>st</sup> November 2021

Signed off by Head – Dr Helen Barsham

Review date 1<sup>st</sup> November 2022

## Appendix 1

### Head Injury and Concussion Recognition Tool

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

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#### 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               | - Deteriorating conscious state |
| - Increasing confusion or irritability         | - Severe or increasing headache |
| - Repeated vomiting                            | - Unusual behaviour change      |
| - Seizure or convulsion                        | - Double vision                 |
| - Weakness or tingling/burning in arms or legs |                                 |

#### 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 do so
- 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

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