



The Perse School

HEAD INJURY AND CONCUSSION POLICY

This is the Head Injury and Concussion Policy and procedures of the Perse School (School). The School comprises the **Relevant Schools** (the Perse Pelican Nursery and Pre-Preparatory School including the EYFS setting (**Pelican School**), the Perse Preparatory School (**Prep School**) and the Perse Upper School (**Upper School**)).

1. Introduction

- 1.1 We take the welfare of our pupils extremely seriously, both on and off the sports field. We have comprehensive policies in place to ensure that if a pupil sustains an injury, they receive the appropriate management. That includes this policy, which specifically addresses head injuries and the Schools 1.33 Concussion in Sport and other Activities Risk Assessment.
- 1.2 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 can be used for head injuries which occur in another context
- 1.3 The School Nurses oversee the management of head injuries that occur at School, completing initial assessments for those that occur on site, collecting information from staff and parents if they occur off site or at non-school activities. The Nurses update the head injury log and issue letters to parents and informing staff.
- 1.4 The aim of this policy is to:
 - 1.4.1 Ensure understanding of the key terms and the link between head injury and brain injury;
 - 1.4.2 Identify sport activities which carry a risk of head injury;
 - 1.4.3 Underscore the importance of creating suitable risk assessments for sport activities being undertaken by the School;
 - 1.4.4 Provide clear processes to follow when a pupil does sustain a head injury; and
 - 1.4.5 Provide parents and pupils with clear information about the School's approach, including the comprehensive processes in place.
- 1.5 Parents and pupils should read this policy carefully in order that parents can provide their informed consent to their child's participation in School activities.

- 1.6 This policy applies to:
- 1.6.1 School staff (including part time or occasional employees or visiting teachers);
 - 1.6.2 Pupils of the School;
 - 1.6.3 Parents of Pupils at the School; and
 - 1.6.4 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.

2. Definitions

- 2.1 The following terms are used in this policy:
- 2.1.1 **Head injury:** means any trauma to the head other than superficial injuries to the face.
 - 2.1.2 **Traumatic Brain Injury (TBI):** is an injury to the brain caused by a trauma to the head (head injury).
 - 2.1.3 **Concussion:** is a type of traumatic brain injury (**TBI**) resulting in a disturbance of brain function. It usually follows a blow directly to the head, or indirectly if the head is shaken when the body is struck. Transient loss of consciousness is not a requirement for diagnosing concussion and occurs in less than 10% of concussions.
 - 2.1.4 **Transient Loss of consciousness:** is the sudden onset, complete loss of consciousness of brief duration with relatively rapid and complete recovery. It can also be referred to as 'being knocked out' or a 'blackout.'
 - 2.1.5 **Persistent loss of consciousness:** is a state of depressed consciousness where a person is unresponsive to the outside world. It can also be referred to as a coma.
 - 2.1.6 **Chronic Traumatic Encephalopathy (CTE)** is one type of degenerative and progressive brain condition that's thought to be caused by TBIs and repeated episodes of concussion. CTE usually begins gradually several years after receiving TBIs or repeated concussions. The symptoms affect the functioning of the brain and eventually lead to dementia.
 - 2.1.7 **Contact:** sport where physical contact is an acceptable part of play for example rugby.
 - 2.1.8 **Non-contact sport:** is any sport where physical contact is not an acceptable part of play but where there are nonetheless potential collisions between players and between players and the ball for example cricket, football, netball and hockey.
 - 2.1.9 **Activities:** recreational activities where head injuries can occur such as climbing, paddle sports, mountain walking, outdoor pursuit camps, games in the playground, and accidental trips and falls.

3. The risks

- 3.1 Any collision can cause a head injury, which can cause a traumatic brain injury such as a concussion.
- 3.2 Playing contact and non-contact sport increases an individual's risk of collision with objects or other players.
- 3.3 It is very important to recognise that a pupil can have a concussion, even if they are not 'knocked out'. Transient loss of consciousness is not a requirement for diagnosing concussion and occurs in less than 10% of concussions.
- 3.4 Children and young adults are more susceptible to concussion than adults because their brains are not yet fully developed and thus more vulnerable to injury.
- 3.5 The current evidence suggests that repeated episodes of concussion, even where there is no transitory loss of consciousness, can cause significant changes to the structure and function of the brain in a condition known as CTE.

4. Preventative steps to reduce the risks

- 4.1 All our games and outdoor pursuits training, including pre-season, trips, and matches are supervised by staff who are First Aid trained. Any staff member involved in games and outdoor pursuits has undertaken concussion awareness training through TES Develop/Educare which is refreshed annually.
- 4.2 Any person responsible for the undertaking of a sporting or outdoor pursuits activity must ensure a suitable risk assessment for the specific activity is created. This risk assessment should be tailored to the specific School environment and should:
 - 4.2.1 Identify the specific risks posed by the sport or activity, including the risk of participants sustaining head injuries;
 - 4.2.2 Identify the level of risk posed;
 - 4.2.3 State the measures and reasonable steps taken to reduce the risks and;
 - 4.2.4 Identify the level of risk posed with the measures applied.
- 4.3 The governing bodies of most sports and outdoor activities have each produced head injury guidelines that are specific to their sport/activity. School specific sport and outdoor pursuits risk assessments are updated annually and available from the Director of Sport, Head of Outdoor Pursuits and Domestic Bursar. Those responsible for risk assessing sport and outdoor pursuit activities in School should have regard to the relevant and latest guidelines when carrying out their risk assessment. For example:
 - 4.3.1 The Sport and Recreation Alliance includes members from the major sports governing bodies, including the RFU, ECB, FE, RFL and England Hockey. Together they have produced 'Concussion Guidelines for the Education Sector', which can be viewed here: https://www.afpe.org.uk/physical-education/wp-content/uploads/Concussion_guidelines_for_the_education_sector_June2015.pdf

- 4.3.2 Football:
- (a) General FA concussion guidelines: <https://www.thefa.com/get-involved/fa-concussion-guidelines-if-in-doubt-sit-them-outold>
 - (b) FA Heading Guidance: <https://www.thefa.com/news/2020/feb/24/updated-heading-guidance-announcement-240220>
- 4.3.3 Rugby:
- (a) <https://www.englandrugby.com/participation/playing/headcase/age-grade/schools-and-colleges>
 - (b) RFU Graduated Return to Play guidelines: <https://www.englandrugby.com/dxdam/04/0453acb5-5fe2-4608-91b0-a2bd191c3016/HEADCASE%20GRTP.pdf>
- 4.3.4 Hockey:
- (a) England Hockey 'Safe Hockey' guidance <https://www.englandhockey.co.uk/governance/duty-of-care-in-hockey/safe-hockey>
- 4.3.5 Netball
- (a) <https://www.englandnetball.co.uk/document/england-netball-concussion-policy/>
- 4.3.6 Cricket
- (a) <https://www.ecb.co.uk/about/science-and-medicine/concussion-in-cricket>
- 4.3.7 Climbing and Canoeing:
- (a) <https://www.thebmc.co.uk/Download.aspx?id=629>
 - (b) <https://www.britishcanoeing.org.uk/uploads/documents/Paddlesafer..-V5.-docx.pdf>
- 4.4 Potential measures to reduce the risk of pupils sustaining head injuries while playing sports and taking part in activities might include:
- 4.4.1 Structuring participation in accordance with current guidelines from the governing body of the relevant governing body (see above);
 - 4.4.2 Removing or reducing the contact elements of contact sports during training sessions;
 - 4.4.3 Ensuring that there is an adequate ratio of coaches/instructors to pupils taking part;

- 4.4.4 Ensuring that pupils are taught safe techniques to take part in the sport/activity;
- 4.4.5 Using equipment and technology to reduce the level of impact from collision with physical objects (e.g. wearing helmets when climbing and canoeing, using padding around rugby posts, not overinflating footballs etc.);
- 4.4.6 Using equipment and technology to reduce the level of impact from collision between pupils (e.g. gumshields);
- 4.4.7 Coaching good technique in high risk situations (such as rugby tackles, white water kayaking, climbing);
- 4.4.8 Ensuring that the area is safe (for example, that is not frozen hard, and there are suitable run-off areas at the touchlines, assessing white water, stability of rock face);
- 4.4.9 Ensuring that a first aid trained member of staff is easily accessible during sports and outdoor pursuits activities.

5. Head injuries sustained outside of school

- 5.1 As noted above, repeated concussions can cause significant changes to the structure and function of the brain, in particular the child's brain.
- 5.2 It is therefore very important that the School, pupils and their parents take a holistic approach to the management of head injury causing concussions and cooperate with regards to sharing information.
- 5.3 Where a pupil sustains a head injury which has caused a concussion whilst participating in an activity outside of the School, the parents of the pupil concerned should promptly provide the School Nurses with sufficient details of the incident, and keep the Nurses updated of any developments thereafter. This would apply, for example, if a pupil suffers a concussion playing rugby for an external rugby club or if a pupil sustains a head injury while taking part in an informal game of sport, for example in the local park.
- 5.4 The School will determine the appropriate way forward on receiving a notification of this nature. That might include reviewing any return to play plan already established by the external club, or if no such plan has been put in place, considering whether a return to play plan should be established under this policy.
- 5.5 In turn the School will inform parents where a pupil has sustained a head injury causing a concussion at School.

6. Initial procedure to follow where a pupil sustains a head injury at School

- 6.1 The welfare of pupils 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 has caused a concussion.
- 6.2 Those 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 Concussion Recognition Tool' to help identify concussion in children, youth and adults. The tool is

attached at Schedule One, and is also available for download (here: <https://bjsm.bmj.com/content/bjsports/47/5/267.full.pdf>) The tool identifies the following signs and symptoms of suspected concussion:

- 6.2.1 Loss of consciousness;
- 6.2.2 Seizure or convulsion;
- 6.2.3 Balance problems;
- 6.2.4 Nausea or vomiting;
- 6.2.5 Drowsiness;
- 6.2.6 More emotional;
- 6.2.7 Irritability;
- 6.2.8 Sadness;
- 6.2.9 Fatigue or low energy;
- 6.2.10 Nervous or anxious;
- 6.2.11 “don’t feel right”;
- 6.2.12 Difficulty remembering;
- 6.2.13 Headache;
- 6.2.14 Dizziness;
- 6.2.15 Confusion;
- 6.2.16 Feeling slowed down;
- 6.2.17 “Pressure in head”;
- 6.2.18 Blurred vision;
- 6.2.19 Sensitivity to light;
- 6.2.20 Amnesia;
- 6.2.21 Feeling like “in a fog”;
- 6.2.22 Neck pain;
- 6.2.23 Sensitivity to noise; and
- 6.2.24 Difficulty concentrating.

6.3 Where a pupil sustains a suspected head injury or concussion, the person supervising the activity should immediately remove the pupil, where it is safe to do and refer the pupil to either the School Nurse, a qualified first aider or medical professional.

6.4 The School Nurse, First Aider or medical professional will determine whether the pupil is displaying any “red flag” symptom in which case the ambulance services should be called on 999. The Pocket Concussion Recognition Tool at Schedule One identifies the following red flags:

6.4.1 Athlete complains of neck pain;

6.4.2 Increasing confusion or irritability;

6.4.3 Repeated vomiting;

6.4.4 Seizure or convulsion;

6.4.5 Weakness or tingling/burning in arms or legs;

6.4.6 Deteriorating conscious state;

6.4.7 Severe or increasing headache;

6.4.8 Unusual behaviour change; and

6.4.9 Double vision.

6.5 The School Nurse will update the Head Injury Log and ensure that the pupil’s parents are notified of the head injury as soon as reasonably possible, and in any case on the same day of the incident. The Head Injury Log entry should include the following details: the pupil’s name and form, the date of the incident, a description of the incident, a description of any action taken (e.g. referral to A+E, Head Injury Letter issued to parents, teaching staff emailed, date and time of 48hour review with Nurses) with the parents.

6.6 The School Nurses in consultation with a pupil’s parents will risk assess the injury and symptoms and agree transport arrangements with parents. Pupils will not be allowed to cycle home, unless accompanied by a parent. Anyone sustaining a head injury and showed symptoms of concussion will not be allowed to drive themselves home and alternate arrangements will need to be made.

7. Managing a return to play following a head injury

7.1 Any pupil that has suffered a head injury and showed symptoms of concussion should be subject to a Graduated Return to Play programme (**G RTP** – Schedule 2) which will be overseen by their parents.

7.2 The information below details how the G RTP system should be used to ensure the safe management of concussion:

7.2.1 Live head injury log: A spreadsheet of pupils’ current fitness to play sport/participate in activities is accessible to staff. This allows us to ensure that, if injured, a pupil is not put at risk of taking part in an activity that may be harmful

to their recovery. The log also allows the Nurses to track current injuries and audit previous injuries.

- 7.2.2 Injury Logged: As soon as a pupil's concussion has been logged by the Nurses, the Nurses inform specific teaching and coaching staff at School (Director of Sport, Head of Outdoor Pursuits, team coach, Tutor/Form Teacher and Head of Year). The Tutor/Form Teacher will email specific teachers of the pupil (for example: subject teachers, Head of House, staff who lead extra-curricular clubs). The Nurses will also issue the parents with a letter outlining medical advice regarding warning signs to look out for, and an explanation the recovery guidelines.
 - 7.2.3 Rest and Review: The pupil may require complete physical and cognitive rest for 48 hours, this includes screen time and homework. As such if the injury occurs during the week or on a Sunday the pupil may need to miss school during this immediate period if symptoms deem it necessary.
 - 7.2.4 Assessment: If there are no signs or symptoms of concussion, after a 48-hour assessment with the School Nurses or a qualified Medical professional the pupil can return to activities/games/sport. The Nurses update the head injury log and in consultation with parents inform relevant staff that the pupil can return to a full range of lesson activities, sports and extra-curricular clubs and societies.
 - 7.2.5 Assessment: If there any signs/symptoms/diagnosis of concussion at the 48-hour period the pupil will be off sport/activities for a mandatory two-week rest period. If after the two-week rest, there are no signs or symptoms of concussion the pupil with the agreement of the Nurses and their parents can start the Graduated Return to Play programme (Schedule 2). The Nurses will update head injury log and inform relevant staff.
 - 7.2.6 On completion of Stage 4 of the graduated return to play programme parents must confirm by email to the Nurses that their son/daughter has been passed fit by a medical practitioner to return to full contact sports and other activities. The Nurses will update the head injury log and inform relevant staff (Director of Sport, Head of Outdoor Pursuits, Sports Coach, Tutor/Form Teacher and Head of Year as appropriate).
- 7.3 It is the responsibility of the parents to ensure that their child does not participate in any inappropriate physical activity outside of School whilst they are subject to a GRTP programme.

8. Breaches of this policy

- 8.1 The School takes its duty of care very seriously. The School will take appropriate action against any person found to have breached this policy. For example:
 - 8.1.1 if a pupil attempts to return to play in breach of their GRTP programme, the School would consider the matter under the School's *Behaviour and Discipline Policy*;
 - 8.1.2 if a member of staff fails to report a head injury, the School would consider the matter under the School's staff disciplinary policy; and

8.1.3 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.

Schedule 1 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.

Annexure 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

Annexure 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

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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
- 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 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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Schedule 2
Graduated Return to Play Programme (GRTP)

If there are any signs/symptoms/diagnosis of concussion at the 48hr assessment by the School Nurses, the pupil will be off sport/activities for a mandatory two-week rest period. If after the two-week rest, there are no signs or symptoms of concussion, the pupil with the agreement of the Nurses and their parents can start the graduated return to play programme. On completion of Stage 4 of the graduated return to play programme parents must email the School Nurses to confirm that their son/daughter has been passed fit by an appropriate medical practitioner to return to contact practice and participation in other activities. The Nurses will inform relevant staff (for example: Director of Sport, Head of Outdoor Pursuits, Sports Coach, Tutor/Form Teacher and Head of Year).

Under the GRTP programme, your son/daughter can only proceed to the next stage, after 48hrs and only if there are no symptoms of concussion during rest and at the level of exercise achieved in the previous GRTP stage. If any symptoms occur while going through the GRTP programme, your son/daughter must return to the previous stage and attempt to progress again after a minimum 48hr period of rest without symptoms.

GRTP protocol - each stage is a minimum of 48hrs

Rehabilitation stage	Exercise allowed	Objective
1. Minimum rest period (body and brain)	Complete body and brain rest without symptoms. Minimise screen time, consider time off or adaption of study/work	Recovery, no training
2. Light aerobic exercise	Daily activities that do not provoke symptoms, building to slowly increased heart rate, light jogging for 10-15mins, swimming or stationary cycling at low to moderate intensity. No resistance training. Max heart rate less than 70%.	Increase heart rate
3. Sport-specific exercise	Running drills, less than 45mins. Max heart rate less than 80%. No head impact activities.	Add movement
4. Non-contact training	Exercise, coordination and cognitive load. A return to learning must be achieved before returning to sport. Progression to more complex training drills, e.g. passing drills. May start progressive resistance training. Less than 60mins. Max heart rate less than 90%.	Exercise, coordination, and cognitive load
5. Full contact practice	Normal training activities. An appropriate medical practitioner or approved healthcare professional will need to confirm that your son/daughter can take part in contact practice.	Restore confidence and assess functional skills by staff
6. Return to play	Normal game play	Exercise, coordination and cognitive load