



## Head injury and concussion policy

### 1. Statement of principle

All concussions must be taken seriously to safeguard the health and welfare of children and young people. Failing to do so can have serious consequences including, in extremely rare cases, death.

### 2. Concussion

- Concussion is a brain injury caused by a blow to the head or body which leads to shaking of the brain.
- Concussion results in a disturbance in brain function that can affect a child or young person's thinking, memory, mood, behaviour and level of consciousness. It can produce a wide range of physical symptoms and signs such as headache, dizziness and unsteadiness.
- Concussion often occurs without loss of consciousness.
- Most concussions recover with a period of physical and mental rest.
- Concussion can occur during almost any physical education and sport session, physical activity, play and travel to or from school. Special attention should be paid to children involved in falls from height, fall on to hard surfaces, cycling, road traffic collisions and contact sports because of the risk of more serious injury.
- Concussion affects people in different ways and that symptoms and recovery time vary between individuals

### 3. Concussion Management

#### 3.1 RECOGNISE: Know the symptoms and signs of concussion and the DANGER SIGNS of potentially more serious brain injury.

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

- Symptoms e.g. headache, dizziness, nausea, blurred vision
- Physical signs e.g. unsteadiness, loss of consciousness/responsiveness, poor coordination
- Impaired brain function e.g. being dazed, confusion, memory loss
- Abnormal behaviour e.g. change in personality

- Danger signs:

- Deteriorating conscious state (more drowsy)
- 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
- Increasing or persistent difficulty with walking normally or poor balance

#### 3.2 REMOVE: If concussion is suspected give first aid and, if it is safe to do so, immediately remove the pupil from play.

- Pupils with any symptoms following a head injury must be removed from playing or training and must not return to activity until all symptoms have cleared. Specifically, they **must not return to play on the day** of any suspected concussion.
- Pupils should be medically assessed. Head injury instructions should be provided and the guidelines suggest that ideally all children with concussion should be seen by a health care professional, preferably a doctor, that day, thus in the first instance they should be taken to the Health Centre. Parents and HMs should be notified in all cases of head injury as they need to monitor the child following such an incident and if concerned advised to take the pupil to the school doctor (for boarders) or a doctor (for day pupils) immediately.

**3.3 RECOVER:** The majority of cases of concussion recover fully within a few weeks but they must be given the time and opportunity to do so – this means resting the body and resting the brain.

- The child or young person should have complete rest until symptom free. This includes rest from physical activities, and brain activities such as; reading, television, computer, video games and smart phones
- To ensure complete recovery, it is recommended that even once symptom free they have a relative rest period for a minimum of 14 days from the injury. During this time they should rest from exercise/sport, activities with a predictable risk of further head injury, and prolonged reading and use of television, computer, video games and smart phones. If symptoms return, reduce the levels of provoking activity and re-introduce them more gradually
- It is reasonable for a child to miss a day or two of school after a concussion if they feel unwell or if on returning to lessons their symptoms return. However, extended absence is uncommon.
- Older pupils should be warned that concussion can reduce tolerance to alcohol and can mask the symptoms of the condition worsening. Alcohol should be avoided for the first few days after injury and preferably until a pupil is fully recovered.
- Driving requires a lot of concentration. While suffering from concussion reactions are less sharp and decision making impaired. The pupil should avoid driving until their symptoms have resolved.

**3.4 RETURN** Children and young people should return to academic studies before they return to sport. The following principles underpin Haileybury's concussion protocols that follow:

- **CONCUSSION AND SCHOOL STUDIES:**
  - Once symptom free, pupils should undertake a graded return to academic studies. Consideration should be given to a managed return to full study days and gradual re-introduction of homework. Haileybury recommends complete rest post injury where concussion is suspected. This will require a pupil to be absent from school or resting in the Health Centre for the remainder of the day and overnight.
  - In a small number of cases, symptoms may be prolonged and this may impact on the child's studies. In such cases, early referral back to the school doctor or GP, and a Team around the Child (TAC) meeting should take place under the initial leadership of the Deputy Head (Academic).
- **CONCUSSION AND PARTICIPATION IN SPORT:**
  - Following the recommended rest period pupils should return to sport by following a graduated return to play (GRTP) protocol. This should only be started when the pupil is:
    - symptom free at rest
    - off all medication that modifies symptoms
    - returned to normal studies
  - Children and young people should have an extended GRTP compared to adults and a minimum of 48 hours for each activity stage is recommended.
  - This means that the minimum return to play interval is 23 days from injury, unless their recovery is closely supervised by a doctor with expertise in concussion management.
- Following a concussion or suspected concussion, where possible children and young people should be reviewed/assessed by the school doctor or their GP before returning to sport and other activities with a predictable risk of head injury e.g. football, rugby, gymnastics, horse riding, hockey, combat sports, skate boarding etc.
- As an additional guiding principle, children and young people 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
- Children and young people who struggle to return to their studies or who persistently fail to progress through the GRTP because symptoms return should be referred to the school doctor or their GP.
- Children and young people who sustain two or more concussions in a 12-month period should be referred to the school doctor or their GP for a specialist opinion in case they have an underlying pre-disposition

## **4. Management of Concussion in School – protocols**

### **4.1 Responsibility**

- Responsibility is multi-disciplinary and involves various groups and individuals
- Health Centre – diagnosis, explanation of GRTP, communication to the Computer Support Department of pupils with concussion and the stage they are at, communication of concussion cases taken to Accident and Emergency to Health and Safety Manager via an accident report.
- HMs and house staff – observation in house, sending pupils to the Health Centre where they have concerns either before or after diagnosis, awareness of who is on the concussion register. HMs must make tutors aware of who has a head injury or concussion.
- Computer Support Department – communication via automated email to parents and house staff of pupils with concussion and GRTP plans, production of concussion register, and communication of concussion cases to Health and Safety Manager.
- Teachers and matrons – sending pupils to the Health Centre where they have concerns either before or after diagnosis, observation of pupils they teach, and awareness of who is on the concussion register. All teachers and matrons must undertake ‘Headcase’ Concussion training every three years and provide the Deputy Master’s PA with their certificate when this is complete.
- Sports staff – sending pupils to the Health Centre where they have concerns either before or after diagnosis, support GRTP, and awareness of who is on the concussion register.
- Director of Sport – communication to parents about concussion: awareness of symptoms and GRTP details; ensuring all pupils have undertaken Headcase training.
- Health and Safety Manager – report concussion statistics to Health and Safety Committee, and any other relevant groups.
- Parents – provide the School with information regarding any concussion and support for the GRTP.

### **4.2 If a pupil receives a bump to the head:**

- Where appropriate first aid will be given and Health Centre staff called to attend if necessary, e.g. on a Saturday where pitch side support is available or in more serious cases from the Health Centre.
- Pupil must be escorted to the Health Centre, or conveyed via school ambulance.
- School nursing staff or doctor will make a full assessment and give appropriate care.
- Witnesses may be asked for information regarding the injury to aid assessment.
- The pupil must be monitored in the Health Centre by the nurse for a minimum 30 minutes.
- If the pupil is exhibiting no signs or symptoms of concussion they will return to academic lessons.
- The pupil must not attend practical PE or Games for the remainder of the day.
- The pupil’s parents will be informed and Head Injury information will be given to the pupil and emailed to the parents (whether boarding or day).
- The pupil’s House and teaching staff will be informed. This email will contain what the staff should look for in the way of symptoms.
- The pupil will be asked to attend the Health Centre and see the nurse if they feel at all unwell during the remainder of the day.
- If they are a boarder the pupil is instructed to inform their HM, matron or duty tutor if they feel at all unwell.
- The pupil should attend the Health Centre the next day to be reviewed by the nurse.
- The nurse is at all concerned the school doctor must be consulted, House staff and parents will be contacted and appropriate action taken.

**4.3 If a pupil has suspected concussion following a blow to the head, face, neck or a blow to the body that causes sudden jarring (this can also cause concussion)**

- Where appropriate first aid will be given and Health Centre staff called to attend if necessary, e.g. on a Saturday where pitch side support is available or in more serious cases from the Health Centre.
- Pupil will be escorted to the Health Centre, or conveyed via vehicle.
- School nursing staff or doctor will make a full assessment and give appropriate care.
- Witnesses may be asked for information regarding the injury to aid assessment.
- The pupil must be monitored in the Health Centre by the nurse for a minimum 30 minutes and a concussion checklist completed.
- The pupil's parents will be informed and a day pupil's parents may choose to collect them, a boarding pupil will remain in the Health Centre for the remainder of the day and overnight. The nursing staff or doctor will explain the full GRTP protocol and possible symptoms in this time.
- Head Injury information will be given to the pupil and emailed to the parents (whether boarding or day).
- The pupil's House and teaching staff will be informed. This email will have a link to what the staff should look for. Teaching staff will be aware that pupils suffering from concussion may have difficulty concentrating for long periods and retaining information; and be aware that a pupil may need to limit their time they can look at screens and computers.
- A boarding pupil must be asked to attend an appointment to be assessed by the school doctor, and a day pupil will be asked to visit their GP to be assessed. If the school doctor has diagnosed concussion for a boarder and another doctor disagrees, the school doctor's diagnosis supersedes any other diagnosis.
- If they are a boarder the pupil is instructed to inform their HM, matron or duty tutor if they feel at all unwell. House staff should check on pupils with concussion throughout the GRTP period.
- The pupil should attend the Health Centre daily to be reviewed by the nurse until symptom free.
- Boarders will be assessed as to whether they may begin the GRTP by the Health Centre staff; day pupils must provide a letter from their GP confirming they are symptom free before they can begin the GRTP.
- The pupil will be placed on the GRTP protocol – see below.
- At the end of the GRTP pupils must abstain from all sport and physical activity until they have been assessed by their GP and received medical clearance to play, even after the GRTP period has elapsed. Day pupils must provide this in written form to the Health Centre.

**5. Graduated Return to Play Plan – GRTP**

	Stage of Rehabilitation	Functional Stage	Objective	Days after injury
0	Observation and rest in the Health Centre or at home		Observation	Day of injury
1	No Activity  1 – 14 Days	Complete physical and cognitive rest without symptoms	Recovery	Minimum 14 days after injury unless medically cleared
2	Light aerobic exercise during 48 hour period	Walking, swimming, stationary cycling in gym <70% maximum predicted heart rate (able easily to have a conversation) No resistance training	Increase heart rate	15-16 days

3	Sport specific activity during a 48hour period	Running drills, <b>NO</b> head contact	Add movement	17-18 days
4	No contact training drills during 48 hour period	Resistance and skills (throwing, catching)	Exercise, coordination, cognitive function	19-20 days
5	Full contact training during 48 hour period	<u>Following medical clearance</u> – Normal contact training	Restore confidence and assess by coaching staff	21-22 days
6	Return to full play after 48 hours	Player rehabilitated. Normal game play	Recovered	c. 23 days

- 5.1 The GRTP will be undertaken on a case-by-case basis and each section might take longer than the days stated above. Each of the steps/stages will at least 48 hours
- 5.2 If any post-concussion symptoms occur during this process, then the pupil should drop back to the previous stage and try to progress again after 48 hours.
- 5.3 After a minimum of a 14-day rest period a pupil must be symptom free for 24 hours before commencing stage 2. She / he will then be allowed to start exercise following a “step wise process” adapted from the consensus statement on concussion in sport.
- 5.4 Stages 2-4 are monitored in school during specifically adapted games afternoons and PE lessons. The Health Centre will be consulted as necessary.
- 5.5 After stage 4 the pupil’s medical practitioners (School doctor or a day pupil’s GP) must be consulted. Confirmation of clearance to return to normal contact training will be required by the School. It is the player’s or parents’ responsibility to obtain medical clearance before return to play.
- 5.6 If the injury is the result of poor technique, this skill will be corrected prior to returning to a contact situation.
- 5.7 A register will be kept of each pupil undertaking a GRTP and his/ her progress monitored. This will include any subsequent concussions and concussions sustained outside of school. This is accessible by all staff through the intranet and will contain pictures. It will be emailed out weekly.
- 5.8 The pupils’ name will be entered onto ISAMS as ‘off games’ for concussion and the GRTP details will be entered alongside their name. Where a pupil is symptomatic for concussion and has not started the GRTP this will be noted.

## 6. Pupils who have received multiple head injuries or concussions

- 6.1 The School doctor will advise if a pupil who has received multiple head injuries or concussions should play particular sports again at Haileybury. Day pupils are advised to seek the advice of their GP.

Written ERLB August 2019

Reviewed SH, AJHH, ERLB, JW, ANPS October 2019

Reviewed SLT November 2019

## Appendix 1

### Important Head Injury Instructions

You have been seen by one of the Sisters or Doctors at Haileybury Health Centre following a head injury, and have been allowed back to house or kept in the Health Centre.

#### Minor Head Injuries (HI)

Most HI cause no serious damage but sometimes it may cause a blood vessel to start bleeding next to the brain. This can be serious and the sisters at the medical centre may need to watch you closely to make sure this does not happen.

#### Drowsiness

After a knock to the head it is quite common to feel tired and want to sleep for a short while. This is normal and we will usually let you do this. If the head injury happens just before bedtime we will usually ask that you stay at the medical centre. We may wake you up after an hour or so just to check that you are ok. You may feel grumpy about being woken up, but we can then let you go back off to sleep again. We may have to do this a few times during the night depending on how hard you may have hit your head.

#### Headache

It is normal after a knock to the head to have a mild headache. Sometimes there is also tenderness, bruising or mild swelling where it was hit. Paracetamol should help. If a headache becomes worse you should tell us or your matron as soon as possible. We will re-examine you and you may need to see a Doctor.

#### Activity

To reduce the risk of possible bleeding into the brain following injury, we normally ask that you have a quiet life (no contact sport etc.) for 1-3 weeks. Depending on how hard the HI was you may need to see a Doctor before returning to sport.

#### Concussion

You will also be observed at the medical centre if you are unable to stand up immediately after a HI. Also for any of the following, so to help us help you, please do as below:

Come to the Health Centre immediately if any of the following happen straight after, and up to a month or so after a head injury.

- Increased drowsiness
- Worsening headache
- Confusing or strange behaviour
- Two or more bouts of vomiting
- Loss of use of part of the body, for example: weakness in an arm or leg
- Dizziness, loss of balance or convulsions
- Any visual problems such as blurring of vision or double vision
- Blood or clear fluid leaking from the nose or ear
- Loss of memory
- Loss of consciousness

## Appendix 2

### SPORT CONCUSSION ASSESSMENT - The SCAT Card (Sport Concussion Assessment Tool)

#### Medical Evaluation

Assessor's Name:

Patients Name: Date: Sport / Team: Mouth Guard: Yes / No

#### 1) SIGNS

Was there loss of consciousness or unresponsive?

Was there a seizure or convulsive activity?

Was there a balance problem / unsteadiness?

#### 2) MEMORY

At what venue are we? Which half is it? Who scored last?

Name: Date: DOB: Address:

#### 3) SYMPTOM SCORE

Total number of positive symptoms: Symptoms: Yes / No

#### 4) COGNITIVE ASSESSMENT

3 Word Recall

(Examples)

Word 1 Cat Months in Reverse

Word 2 Pen WORLD (backwards)

Word 3 Shoe Digits backwards: 100-7, 93-7, 86-7, 79-7, 72-7, 65  
Ask delayed 3 word recall now

## 5) NEUROLOGIC SCREENING

Speech: Eye Motion/PERLA: Gait Assessment:

Balance- Double leg stance: Tandem Stance: Co-ordination Finger – Nose:

Any neurologic screening abnormality necessitates formal neurological or hospital assessment

## 6) RETURN TO PLAY

**Athletes should not be returned to play the same day of injury**

### Athlete information

**What is a concussion?** A concussion is a disturbance in the function of the brain caused by a direct or indirect force to the head. It results in a variety of symptoms (like this list below) and may or may not involve memory problems or loss of consciousness.

### Post – Concussion Symptom Scale

	Yes	No
Headache		
Neck Pain		
Dizziness		
Nausea / Vomiting		
Vision Problems		
Hearing Problems		
Feeling Dazed		
Confusion		
Feeling like “in a fog”		
Drowsiness		
Tired		
More emotional		
Irritability		
Difficulty concentrating		
Difficulty remembering		

**What should I do?** Any athlete suspected of having a concussion should be removed from play and then seek medical evaluation.

**Signs to watch for:** Problems could arise over the first 24 – 48 hours. You should not be left alone and must go to hospital at once if you:

- Have a headache that gets worse
- Are very drowsy or can't be awakened
- Can't recognise people or places
- Have repeated vomiting
- Behave unusually or seem confused; are irritable

- Have seizures (limbs jerk uncontrollably)
- Have weak or numb arms or legs
- Are unsteady on your feet ; have slurred speech

### **Consult your doctor after a suspected concussion**

Concussion typically results in the rapid onset of short-lived impairments that resolve spontaneously over time. You can expect that you will be told to rest until you are fully recovered (resting body and mind). Then your doctor will likely advise that you go through a gradual increase in exercise over several days (or longer) if returning to sport.

### **Appendix 3**

#### **Concussion Email**

Good Afternoon,

Just to let you know that \*insert pupils name\* has sustained a concussion injury on 09/03/2019. According to Sport and Recreation alliance guidance they should have complete rest from sport for at least the next two weeks. This includes all sports played in and out of school. Following this they should follow a graduated return to play program in the gym at school supervised by the physiotherapist in charge. If they are symptom free at the end of this period they can return to sport. If they have any symptoms during this return to play period they should be seen either by the school doctor in the case of boarders or by their own GP for day pupils. The dates stated below may be extended if there are concerns regarding \*insert pupils name\*'s symptoms.

- Injury 09/03
- Rest 09/03 to c. 23/03
- GRTP c.24/03 to c. 31/03
- Possible RTP 01/04
- Pupils must see a Doctor for a final assessment and review before recommencing sport.

Symptoms to look out for:

- Has a headache that gets worse
- Are very drowsy or can't be awakened
- Can't recognise people or places
- Has repeated vomiting
- Behave unusually or seem confused; are irritable
- Has seizures (limbs jerk uncontrollably)
- Has weak or numb arms or legs
- Are unsteady on your feet; have slurred speech

Please see link below for more information:

<https://www.englandrugby.com/my-rugby/players/player-health/concussion-headcase/youth/players/>