

Head Injury and Concussion Policy

This procedure applies to the whole school and is published to all staff and parents

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Reference documents: ISBA Head Injuries policy for Schools 17th July 2021 and <https://www.englandrugby.com/run/player-welfare/headcase>

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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
- Underscore the importance of creating suitable risk assessments for sport activities being undertaken by the School
- Provide clear processes to follow when a pupil does sustain a head injury.

- Provide parents and pupils with clear information about the School's approach, including the comprehensive processes in place.

This policy applies to:

- School staff (including part time or occasional employees or visiting teachers);
- Pupils of the School
- Parents of pupils at the School; and
- 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.

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.

Definitions

The following terms are used in this policy:

- **Head injury** means any trauma to the head other than superficial injuries to the face.
- **Traumatic Brain Injury (TBI):** is an injury to the brain caused by a trauma to the head (head injury).
- **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.
- **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.'
- **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.
- **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.
- **Contact sport** is any sport where physical contact is an acceptable part of play for example rugby, football and hockey.
- **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 and netball.

- **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 etc.

The Risks

Any collision can cause a head injury, which can cause a traumatic brain injury such as a concussion.

- Playing contact and non-contact sport increases an individual's risk of collision with objects or other players.
- 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.
- 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.
- 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 Chronic Traumatic Encephalopathy (CTE).

Preventative steps to reduce the risks

Any person responsible for the undertaking of a sporting activity must be informed that a suitable risk assessment for the sports activity is available and where it can be located, as well as using dynamic risk assessment throughout the activity.

This risk assessment should be tailored to the environment and should:

- Identify the specific risks posed by the sport activity, including the risk of players sustaining head injuries
- Identify the level of risk posed
- State the measures and reasonable steps taken to reduce the risks and
- Identify the level of risk posed with the measures applied

The governing bodies of most sports played in Schools have each produced head injury guidelines that are specific to their sport. Those responsible for risk assessing sport activities in School should have regard to the relevant and latest guidelines when carrying out their risk assessment. For example:

- 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.sportandrecreation.org.uk/policy/research-publications/concussion-guidelines>

- Football:

General FA Concussion and Heading Guidelines:

<https://www.Englandfootball.com/participate/learn/Brain-Health>

- Rugby:

<https://northumberlandrugbyunion.com/regulation-9-pitch-side-first-aid-update/>

RFU Graduated Return to Activity and Sport (GRAS) Guidelines:

<https://www.Englandrugby.com/run/player-welfare/headcase>

- Hockey:

England Hockey Concussion Policy:

<https://www.Englandhockey.co.uk/governance/rules-and-regulations/regulations-and-policies>

England Hockey 'Safe Hockey' guides

<https://www.Englandhockey.co.uk/governance/duty-of-care-in-hockey/safe-hockey>

Potential measures to reduce the risk of players sustaining head injuries while playing sports might include:

- Structuring training and matches in accordance with current guidelines from the governing body of the relevant sport
- Removing or reducing contact elements from contact sports, for example removing 'heading' from football
- Removing or reducing the contact elements of contact sports during training sessions
- Ensuring that there is an adequate ratio of coaches to players in training
- Ensuring that pupils have access to water and maintain hydration.
- Ensuring that pupils are taught safe playing techniques
- Ensuring that pupils are taught to display sportsman like conduct at all times and maintain respect for both opponents and fellow team members equally
- Using equipment and technology to reduce the level of impact from collision with physical objects (e.g. using padding around rugby posts, using soft balls, not overinflating footballs etc.)
- Using equipment and technology to reduce the level of impact from collision between players. The RFU strongly recommends that mouthguards (also known as gum shields) are worn for any contact rugby activity (both training and matches). The use of mouthguards can help to protect the teeth and face. However, there is currently no conclusive evidence that mouthguards can reduce the risk of concussion.

Headguards (sometimes referred to as scrum caps) can help to protect the head from cuts and abrasions and prevent the development of "cauliflower ears". Wearing a headguard is permitted on the basis that they should not cause harm or injury to any player and meet World Rugby standards. However there continues to be no conclusive evidence that wearing headguards reduces the chances of sustaining a concussion while playing or training.

- Coaching good technique in high-risk situations (such as rugby tackles).
- Ensuring that the playing and training area is safe (for example, that is not frozen hard, and there are suitable run-off areas at the touchlines).
- Ensuring that a first aid trained member of staff is easily accessible during training and matches.

Head injuries sustained outside of school

As noted above, repeated concussions can cause significant changes to the structure and function of the brain, in particular the child's brain.

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.

Where a pupil sustains a head injury (which may have resulted in concussion) whilst participating in an activity outside of the School, the parents of the pupil concerned should promptly provide the School Matron with sufficient details of the incident and keep the School Matron updated of any developments thereafter. This would apply, for example, if a pupil suffers a head injury which may result in concussion playing rugby for an external rugby club or if a pupil sustains a head injury which may result in a concussion while taking part in an informal game of sport, for example in the local park.

The School will determine the appropriate way forward on receiving a notification of this nature. That might include reviewing any return to activities and sport already established by the external club, or if no such plan has been put in place, the School's return to activities and sport plan should be followed.

In turn the School will inform parents where a pupil has sustained a head injury which may result in concussion at School.

Procedure to follow where a pupil sustains a head injury (that may result in concussion) at School

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 may have caused a concussion.

Where a pupil sustains a suspected head injury or possible concussion, the person supervising the activity should immediately remove the pupil from play where it is safe to do and seek appropriate medical assistance from the School Matron, trained first aider or medical professional.

Those individuals to whom this policy applies should be aware of the symptoms of a concussion.

The British Medical Journal has published a 'Pocket Concussion Recognition Tool 6 (CRT6)' to help identify concussion in children, youth and adults.

The tool is attached at the end of this document, and is also available for download here: <https://www.google.com/search?client=firefox-b-e&channel=entpr&q=British+medical+journal+Pocket+Concussion+Recognition+Tool+UK>

Here are some **signs and symptoms** of a suspected 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; and difficulty concentrating

Where a pupil displays any of the symptoms above, they must not be permitted to return to activities or sport and should be assessed by a medical professional.

The School Matron, trained first aider or medical professional should determine whether the pupil is displaying any “**red flag**” symptom in which case an ambulance should be called on 999.

The Pocket Concussion Recognition Tool identifies the following **red flags**:

- Neck pain or tenderness
- Seizure, “fits”, or convulsion
- Loss of vision or double vision
- Loss of consciousness
- Increased confusion or deteriorating conscious state (becoming less responsive, drowsy)
- Weakness or numbness/tingling in more than one arm or leg
- Repeated vomiting
- Severe or increasing headache
- Increasingly restless, agitated or combative
- Visible deformity of the skull

The School will liaise with the medical professional to 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.

Anyone sustaining a head injury and showing symptoms of concussion will **not** be allowed to drive themselves or travel home unaccompanied by either school or public transport, and alternate arrangements must be made.

Managing a return to activities and sport following a head injury

Any pupil that has suffered a head injury and showed symptoms of concussion should be subject to a graduated return to activities and sport program (**GRAS**).

The GRAS should be developed in consultation with a suitably qualified medical professional and be tailored to the specific circumstances of the individual (including the type of injury sustained and the relevant sport). For an example GRAS, see the GRAS developed by England Rugby here: https://keepyourbootson.co.uk/wp-content/uploads/2023/09/GRAS-Programe_Aug_2023.pdf

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 GRAS.

Breaches of this policy

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:

- if a pupil attempts to return to activities or sport in breach of their GRAS plan, the School will consider the matter under the School's pupil disciplinary policy.
- 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
- if a parent fails to report to the School a head injury their child sustains outside of School, the School will consider the matter under the terms of the School parent contract.

Concussion Recognition Tool

CRT6™



Concussion Recognition Tool

To Help Identify Concussion in Children, Adolescents and Adults

What is the Concussion Recognition Tool?

A concussion is a brain injury. The Concussion Recognition Tool 6 (CRT6) is to be used by non-medically trained individuals for the identification and immediate management of suspected concussion. It is not designed to diagnose concussion.

Recognise and Remove

Red Flags: CALL AN AMBULANCE

If **ANY** of the following signs are observed or complaints are reported after an impact to the head or body the athlete should be immediately removed from play/game/activity and transported for urgent medical care by a healthcare professional (HCP):

- Neck pain or tenderness
- Seizure, 'fits', or convulsion
- Loss of vision or double vision
- Loss of consciousness
- Increased confusion or deteriorating conscious state (becoming less responsive, drowsy)
- Weakness or numbness/tingling in more than one arm or leg
- Repeated Vomiting
- Severe or increasing headache
- Increasingly restless, agitated or combative
- Visible deformity of the skull

Remember

- In all cases, the basic principles of first aid should be followed: assess danger at the scene, check airway, breathing, circulation; look for reduced awareness of surroundings or slowness or difficulty answering questions.
- Do not attempt to move the athlete (other than required for airway support) unless trained to do so.
- Do not remove helmet (if present) or other equipment.
- Assume a possible spinal cord injury in all cases of head injury.
- Athletes with known physical or developmental disabilities should have a lower threshold for removal from play.

If there are no Red Flags, identification of possible concussion should proceed as follows:

Concussion should be suspected after an impact to the head or body when the athlete seems different than usual. Such changes include the presence of **any one or more** of the following: visible clues of concussion, signs and symptoms (such as headache or unsteadiness), impaired brain function (e.g. confusion), or unusual behaviour.

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CRT6™

Developed by: The Concussion in Sport Group (CISG)

Supported by:





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Concussion Recognition Tool To Help Identify Concussion in Children, Adolescents and Adults



1: Visible Clues of Suspected Concussion

Visible clues that suggest concussion include:

- Loss of consciousness or responsiveness
- Lying motionless on the playing surface
- Falling unprotected to the playing surface
- Disorientation or confusion, staring or limited responsiveness, or an inability to respond appropriately to questions
- Dazed, blank, or vacant look
- Seizure, fits, or convulsions
- Slow to get up after a direct or indirect hit to the head
- Unsteady on feet / balance problems or falling over / poor coordination / wobbly
- Facial injury

2: Symptoms of Suspected Concussion

| Physical Symptoms | Changes in Emotions |
|-------------------------|---------------------|
| Headache | More emotional |
| "Pressure in head" | More Irritable |
| Balance problems | Sadness |
| Nausea or vomiting | Nervous or anxious |
| Drowsiness | |
| Dizziness | |
| Blurred vision | |
| More sensitive to light | |
| More sensitive to noise | |
| Fatigue or low energy | |
| "Don't feel right" | |
| Neck Pain | |

Changes in Thinking

- Difficulty concentrating
- Difficulty remembering
- Feeling slowed down
- Feeling like "in a fog"

Remember, symptoms may develop over minutes or hours following a head injury.

3: Awareness

(Modify each question appropriately for each sport and age of athlete)

Failure to answer any of these questions correctly may suggest a concussion:

"Where are we today?"

"What event were you doing?"

"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 PRACTICE OR PLAY and should NOT RETURN TO ANY ACTIVITY WITH RISK OF HEAD CONTACT, FALL OR COLLISION, including SPORT ACTIVITY until ASSESSED MEDICALLY, even if the symptoms resolve.

Athletes with suspected concussion should **NOT**:

- Be left alone initially (at least for the first 3 hours). Worsening of symptoms should lead to immediate medical attention.
- Be sent home by themselves. They need to be with a responsible adult.
- Drink alcohol, use recreational drugs or drugs not prescribed by their HCP
- Drive a motor vehicle until cleared to do so by a healthcare professional