

Widford Lodge
PREPARATORY SCHOOL



Policy for Managing Head Injuries in Children

This policy applies to all pupils at Widford Lodge School including those in the EYFS

Reviewed and approved by Proprietor: January 2024
Review date: January 2025

1. Introduction

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.

A minor head injury is a frequent occurrence in the school playground and on the sports field. Fortunately, the majority of head injuries are mild and do not lead to complications or require hospital admission. However, a small number of children do suffer from a severe injury to the brain. Complications such as swelling, bruising or bleeding can happen inside the skull or inside the brain. How much damage is done depends on the force and speed of the blow. **Any injury involving the head that occurs during physical activities requires the child to cease play immediately and sit out for the rest of that lesson or the duration of the match or activity.**

All children who suffer a head injury at school should initially be seen by a First Aider for assessment and to plan ongoing care. After any head injury, even when none of the worrying signs are present, it is important that the child's parents or carers are informed about the head injury and given written information about how to monitor their child using the school "Head injuries" form.

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.

The School Appointed Persons for First Aid oversee the management of head injuries that occur at School, completing initial assessments for those that occur on site and collecting information from staff and parents if they occur off site. For pupils where there has been suspected concussion, the Appointed Persons for First Aid update the head injury log and update parents and staff.

Parents should read this policy carefully in order that they can provide their informed consent to their child's participation in School activities.

This policy is to help staff to treat head injuries when they happen and recognise signs which mean that a child requires further medical assessment or hospital treatment following a head injury.

2. Preventative steps to reduce the risks

All our sport training, including trips, tours and matches are supervised by staff who are First Aid trained.

The governing bodies of most sports and outdoor activities have each produced head injury guidelines that are specific to their sport/activity. School specific risk assessments are updated annually. Those responsible for risk assessing sports activities at 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:

[9ced1e1a-5d3b-4871-9209-bff4b2575b46.pdf \(sramedia.s3.amazonaws.com\)](https://www.sramedia.s3.amazonaws.com/9ced1e1a-5d3b-4871-9209-bff4b2575b46.pdf)

Head injuries sustained outside of school

Where a pupil sustains a head injury which has caused a concussion whilst participating in an activity outside of School, the parents of the pupil concerned should promptly provide the School Appointed Persons for First Aid with sufficient details of the incident, and keep the Appointed Persons for First Aid 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.

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.

3. Initial procedure where a pupil sustains a head injury at School

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 Appointed Persons for First Aid or a qualified first aider. The welfare of pupils is of central importance. Staff 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.

The School Appointed Persons for First Aid, First Aider or other member of staff will determine whether the pupil is displaying any “red flag” symptom in which case the ambulance services should be called on 999.

The School Appointed Persons for First Aid 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 (template attached as Appendix 1) 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 Appointed Persons for First Aid) with the parents.

The School Appointed Persons for First Aid, or the member of staff with the pupil, in consultation with a pupil’s parents will risk assess the injury and symptoms and agree transport arrangements with parents.

Remember the 4 Rs

- **Recognise:** know the signs and symptoms of concussion
- **Remove:** if a child is concussed or there is even a potential concussion they should be removed from physical activity immediately. **IF IN DOUBT, SIT THEM OUT.**
- **Recover:** full recovery, being symptom free, from the concussion is required before returning to physical activity.
- **Return:** they must go through a Graduated Return to Play (G RTP) programme and receive medical clearance in writing before returning to play.

4. Diagnosis and Assessment of Concussion

Identifying concussion

Possible signs and symptoms of concussion

<i>Visible clues of potential concussion - what you see</i>	<i>Symptoms of potential concussion - what you are told</i>	<i>Questions to ask</i> Failure to answer any of these questions correctly may suggest a concussion
• Dazed, blank or vacant look	• Headache	• “Do you know who I am?”
• Lying motionless on ground / Slow to get up	• Dizziness	• “What day is it today?”
• Unsteady on feet / Balance problems or falling over / Unco-ordination	• Mental clouding, confusion, or feeling slowed down	• “Have you had lunch yet today?”
• Loss of consciousness or responsiveness	• Visual problems	• “What lessons have you had today?”
• Confused / Not aware of events	• Nausea or vomiting	• “Are you okay to stand up?”
• Grabbing / Clutching of head	• Fatigue	• “Are you okay to walk about?”
• Convulsion	• Drowsiness / Feeling like “in a fog”/ difficulty concentrating	
• More emotional / Irritable	• “Pressure in head”	
	• Sensitivity to light or noise	

Danger signs

In rare cases there may be a serious head injury and staff should look out for the following **danger signs**:

SIGNS THAT MEAN AN AMBULANCE SHOULD BE CALLED (DIAL 999)

- Unconsciousness or lack of consciousness (for example problems keeping eyes open)
- Problems with understanding, speaking, reading or writing
- Numbness or loss of feeling in part of body
- Problems with balance or walking, general weakness
- Any changes in eyesight
- Any clear fluid running from either or both of the ears or nose
- Bleeding from one or both ears
- New deafness in one or both ears
- A black eye with no associated damage around the eye
- Any evidence of scalp or skull damage, especially if the skull has been penetrated
- A forceful blow to the head at speed (for example a pedestrian struck by a car, a car or bicycle crash, a diving accident, a fall of less than 1 metre or a fall down any number of stairs)
- Any convulsions or having a fit

Complications

If the child does not have any of the problems listed in the box above, but has any of the problems in the following list, there is the possibility of complications and **the child should be taken by a responsible adult to the Accident and Emergency department straightaway**. If there is likely to be a delay then call an ambulance.

SIGNS THAT A CHILD SHOULD BE TAKEN TO AN A+E DEPARTMENT STRAIGHTAWAY

- Any loss of consciousness (being 'knocked out') from which the child has now recovered
- Any problems with memory
- A headache that won't go away
- Any vomiting or sickness
- Previous brain surgery
- A history of bleeding problems or taking medicine that may cause bleeding problems (for example Warfarin)
- Irritability or altered behaviour such as being easily distracted, not themselves, no concentration or no interest in things around them, particularly in infants and young children (younger than 5 years)

Onset of Symptoms

The signs and symptoms of concussion can present at any time but typically become evident in the first 24-48 hours following a head injury.

Recovery from Concussion

Recovery from concussion is spontaneous and typically follows a sequential course. The majority (80-90%) of concussions resolve in a short (7-10 day) period, although the recovery time frame may be longer in children.

Children must be encouraged not to ignore symptoms at the time of injury and following a diagnosed concussion must not return to physical activity prior to the full recovery. The risks associated with premature return include:

- A second concussion
- Increased risk of other injuries due to poor decision making or reduced reaction time associated with concussion
- Reduced performance
- Serious injury or death due to an unidentified structural brain injury
- A potential increased risk of developing long-term neurological deterioration

Recurrent Concussions

Following concussion a child is at increased risk of a second concussion with the next 12 months. Children with:

- A second concussion
- A history of multiple concussions
- Unusual presentations or
- Prolonged recovery

should be assessed by a medical practitioner (doctor) with experience in sports-related concussions.

5. Subsequent procedure where a pupil sustains a head injury at School

Injury Logged:

As soon as a pupil's concussion has been communicated to the pupil's parents, the teacher with the pupil will inform the office team, who will inform the following staff: Form teacher, all games staff, Headteacher, the School Appointed Persons for First Aid.

The Form Teacher will communicate with any relevant staff who lead extra-curricular clubs.

The School Appointed Persons for First Aid will also issue the parents with a copy of this policy, outlining medical advice regarding warning signs to look out for, and an explanation of the recovery guidelines.

Rest and Review:

The pupil will require complete physical and cognitive rest for 48 hours, this includes:

- No physical activities e.g., running, cycling, swimming and other forms of exercise.
- No cognitive (brain) activities e.g. reading, television, computer, video games and smart phones.
- Get some sleep, this is good for recovery.

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.

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 signs or symptoms of concussion are clearly identified at the time of injury but have resolved by the time of the subsequent assessment by a healthcare professional, the player should still follow the RTP programme. **It is the parent's responsibility to obtain medical clearance.**
- Day 1 of the RTP starts from the day after the concussive injury.
- Each phase of the RTP are "minimums". Players who do not recover fully within these timeframes should undertake a longer RTP.
After the 48hrs of initial rest, the player undertakes a period of relative rest (minimum 14 days) and should gradually look to return to their normal daily activities during this time. A pupil may only progress to the next stage if they:
 - have had 14 days of symptom free relative rest
 - are off all medication that modifies symptoms e.g. painkillers
 - have returned to normal studies.

If symptoms are found to worsen during the relative rest stage, activities should be limited to a level where this does not occur, and activities are reintroduced on a more gradual basis.

If symptoms do resolve with Rest (Stage 1) then progression to symptom limited activities (Stage 2) is recommended.

6. Graduated Return to Play (GRTP) after Concussion

Concussion must be taken seriously to safeguard children's short and long term health and welfare. The majority of concussions will resolve in 7-10 days although a longer period of time is recommended for children. During this recovery time the brain is vulnerable to further injury. If a child returns to physical activity too early then they may develop prolonged concussion symptoms or long-term health consequences such as brain degenerative disorders.

During the recovery time a further episode of concussion can be fatal due to severe brain swelling (second impact syndrome). Graduated return to physical activity should be undertaken on an individual basis and with the full cooperation of the child and their parents / guardians.

If symptoms return then the child must stop physical activity immediately and be seen by a doctor or attend A&E the same day. ***NB: Earliest return to physical activity after concussion in a child under 19 years of age is 23 days.***

Before they can return to graduated physical activity the child MUST:

- Have had two weeks rest
- Be symptom free
- Have returned to normal academic performance
- Be cleared by a doctor (it is the parent's responsibility to obtain medical clearance)

If any symptoms occur while progressing through this protocol then the child must stop for a minimum period of 48 hours rest and during this time they must seek further medical advice. When they are

symptom free they can return to the previous stage and attempt to progress again after 48 hours if they remain symptom free.

Following a concussion a pupil should have between **24-48 hrs** of **COMPLETE** physical and cognitive rest.

In the absence of neurocognitive testing, there should be a 14 day waiting period before beginning Stage 1 of the protocol: If the pupil has not seen a healthcare professional to clear them for a phased return to sport, a 14 day period of rest should be observed before the protocol commences. For these pupils a return to full sport will then take 14 days.

If they are no longer displaying symptoms of concussion they can begin with the graduated programme.

STAGE		ACTIVITY	OBJECTIVE	LENGTH
1	Symptom Limited Activity	Daily activities that do not provoke symptoms	Gradual reintroduction of school activities	14 days
2	Light Aerobic Exercise	Walking or stationary activities. No resistance training	Increase heart rate	7 days
3	Sport – Specific Exercise	Drills/No head impact activities	Add movement	
4	Non-Contact Training Drills	Progression to harder training drills e.g passing drills in football. May start progressive resistance training	Exercise, coordination and increased thinking	
5	Full Contact Practice FOLLOWING MEDICAL CLEARANCE	Participate in normal training activities	Restore confidence and allow coaching staff to monitor functional skills	7 days
6	Return To Play	Normal Game Play		

- **Stage 1 should take a full 14 days to complete:** A full 14 days of limited activity should take place before moving onto step 2. The pupil must be symptom free and not taking painkillers to modify symptoms.
- **Stage 2 – 4 should take a full 7 days to complete:** Each step should take at least 48 hours assuming that the pupil does not experience a recurrence of concussion symptoms at rest or with exercise. Full sports can be resumed in around 7 days if no symptoms occur.
- **Fall back if symptoms return:** If the pupil experiences a recurrence of concussion symptoms during any steps they need to drop back to the previous level at which they were symptom free. Try to progress again after a 24 hour period of rest has passed.

7. Useful Information

- NHS Concussion Advice <https://www.nhs.uk/conditions/head-injury-and-concussion/>
- Headway <https://www.headway.org.uk/>

- *Head injury: assessment and early management, National Institute for Health and Clinical Excellence (Nice Guidelines CG176, January 2014).*

Appendix 3 – Head Injury Log

WIDFORD LODGE SCHOOL – HEAD INJURY LOG

TO LOG ANY HEAD INJURIES WHERE THERE HAS BEEN SUSPECTED CONCUSSION

Date of incident	Name of pupil	Description of the incident	Referred to A&E?	Date & time Head injury email sent to parents	Date & time of email to relevant teaching staff	Day 1 of RTP (day after the incident)	School/parents		Date of end of 14 day rest period	Date of receipt of parents email confirmation of doctor's assessment	Outcome of 14 day rest period - symptoms? - progress to 2B	Date of end of stage			Date of email from parents confirming progress to stage 5	Date of end of stage	
							return to activities; or	commence RTP				Stage 2	Stage 3	Stage 4		Stage 5	Stage 6
							Initial Stage		Stage 1			Stage 2	Stage 3	Stage 4		Stage 5	Stage 6
							48 hours		14 days			48 hours	48 hours	48 hours		48 hours	48 hours