

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 2026  
Review date: January 2027

## 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 (classed as a bump) 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. 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.

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.**

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:

**[UK Concussion Guidelines for Non-Elite \(Grassroots\) Sport – IF IN DOUBT SIT THEM OUT](#)**

**Carly – there is a November 2024 version of this document now, please can you update the link to be to this newer document**

#### **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” symptoms in which case the ambulance services should be called on 999. They will refer to the UK Concussion Guidelines for Non-Elite (Grassroots) Sport & The HEADCASE Graduated Return to Activity and Sport (GRAS) programme document from the RFU.

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 as 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 within 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:** As recommended by the Government, we will refer to the UK Concussion Guidelines for Non-Elite (Grassroots) Sport & The HEADCASE Graduated Return to Activity and Sport (GRAS) programme document from the RFU.

## **6. GRAS (Graduated Return to Activity & Sport) recovery plan**

The graduated return to activity and sport (GRAS) recovery plan is recommended for anyone recovering from a concussion. It involves slowly increasing the amount of activity done over a period of time.

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.

Everyone's journey is different. It will take some people longer to recover than others. Studies have shown that someone is more likely to take longer to recover if they:

- are a child or young person
- have a significant history of previous concussion
- are a female athlete
- have ADHD or mental health disorders
- The minimum time someone should take to return to normal life and sport is 21 days.

### **Overview**

- Generally, a short period of relative rest (first 24-48 hours) followed by a gradual stepwise return to normal life (education, work, low level exercise), then subsequently to sport is safe and effective.
- Progression through the stages below is dependent upon the activity not more than mildly exacerbating symptoms. Medical advice from the NHS via 111 should be sought if symptoms deteriorate or do not improve by 14 days after the injury. Those with symptoms after 28 days should seek medical advice via their GP.
- Participating in light physical activity is beneficial and has been shown to have a positive effect on recovery after the initial period of relative rest. The focus should be on returning to normal daily activities of education and work in advance of unrestricted sporting activities.

There are 6 stages to the GRAS recovery plan. All of them involve light physical activity. This has been shown to be more beneficial than complete rest when recovering from a concussion.

To progress to the next stage of recovery, someone does not need to be symptom free. They can progress as long as:

- they've been at their current stage for a minimum of 24 hours
- the activity level they're currently doing is not making their concussion symptoms significantly worse
- If symptoms do become worse, stay at the same stage and phone NHS 24 on 111 for advice.

## **Stage 1**

They should have relative rest for 24 to 48 hours after the injury happens. This does not mean they need to spend all their time in bed. It's ok to do very gentle things, like taking the dog out for 10 minutes. But they should take it easy.

They should also keep the amount of time they spend looking at screens to a minimum. This includes TVs, computers and devices like smart phones.

## **Stage 2**

During stage 2 they can gradually introduce normal daily activities. They should slowly increase their physical activity around the house at this time. They can also spend more time looking at screens and devices, and doing activities like reading and games.

## **Stage 3**

During stage 3, they can start to do activities that take more mental effort. This is when they can start doing a bit of school work, or start working from home with breaks.

They can also start doing longer bits of gentle activity, like taking longer walks.

## **Stage 4**

During stage 4, they can return to school and work. They can also return to exercise and sports training, as long as there's no risk of another head injury.

## **Stage 5**

At stage 5, they can fully return to their normal life. They can also return to full training for sports.

## **Stage 6**

They can return to competitive sport, as long as they've not had any symptoms for 14 days.

We will refer to Appendix 1 & 2 for the: [UK Concussion Guidelines for Non-Elite \(Grassroots\) Sport – IF IN DOUBT SIT THEM OUT](#) and the: [Graduated Return to Activity & Sport - GRAS programme](#).

Both These documents have clear '**Graduated Return to Activity & Sport**' tables that staff will use to advise parents and staff on each pupil's recovery period.

## **7. Useful Information**

- [NHS Concussion Advice](#)
- [The Government and the Sport and Recreation Alliance UK-wide Concussion Guidelines](#)
- [GRAS](#)

Appendix 1 - [UK Concussion Guidelines for Non-Elite \(Grassroots\) Sport - IF IN DOUBT, SIT THEM OUT](#)

Appendix 2 - [Graduated Return to Activity & Sport - GRAS](#)

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			