



WOODLANDS
SCHOOL

ASPIRATION, RESILIENCE, OPPORTUNITY, EXCELLENCE

Head Injuries and Concussion Policy

Amended: December 2023

Approved by Governors: December 2023

Review date: December 2024

Introduction

- 1.1 At Woodlands School We take the welfare of our pupils extremely seriously, both on and off the sports field. This policy addresses head injuries in the School
- 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 Pupil Services oversee the management of head injuries that occur at School, completing initial assessments for those that occur on site. Pupil Services update the head injury log daily and issue emails / calls to parents informing them of the situation.
- 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.

- 1.5 This policy applies to:
- 1.5.1 School staff (including part time or occasional employees or visiting teachers);
 - 1.5.2 Pupils of the School;
 - 1.5.3 Parents of Pupils at the School; and
 - 1.5.4 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 games and training, including pre-season, trips, and matches are supervised by staff who are First Aid trained. Any staff member involved has undertaken concussion awareness training.
- 4.2 Any person responsible for the undertaking of a sporting or adventurous activities must ensure a suitable risk assessment for the specific activity is created. This risk assessment should be tailored to the specific School environment or Activity 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 reviewed annually by the Head of P.E department and shared with staff on our cloud system. Those responsible for risk assessing sport and outdoor 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: <http://national-library.info/download.asp?fileid=1590>

- 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://keepyourbootson.co.uk/rugbysafe-toolkit/headcase/>
- 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/world-netball-concussion-policy/>
- 4.3.6 Cricket
 - (a) <https://www.ecb.co.uk/about/policies/concussion/resources>
- 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, 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);
- 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);
- 4.4.9 Ensuring that a first aid trained member of staff is easily accessible during sports and outdoor 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 Head of Year with sufficient details of the incident, and keep the head of year updated of any developments thereafter, The head of year will then share this information with Pupil Services and P.E department. 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.
- 5.5 In turn Pupil Services at Woodlands School will inform parents where a pupil has sustained a head injury causing a concussion at School, this will happen on the same day as the incident.

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 to this policy, 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 Pupil Services, the person supervising the activity should also follow up with an email informing pupil services of the head injury, and also complete an “incident report form” on the same day and send this to the schools operations manager for review.
- 6.4 Pupil Services, P.E staff, 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 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 Pupil Services will update the Head Injury Log and ensure that the pupil’s parents are notified of the head injury as soon as reasonably possible. 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).
- 6.6 Pupil Services 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 take 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 symptoms of concussion should be subject to a mandatory period of two weeks rest before being assessed and allowed to Return to Play, confirmed by a medical practitioner
- 7.2 If there have been red flags at the time of the head injury, you must seek a medical practitioner assessment before returning to full contact sports, match play or other activities.

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 -

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.

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

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

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- 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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Signed: _____
Head Teacher

Dated: 4th December 2023



Signed: _____
Chair of Governors

Dated: 4th December 2023

