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Whole School (Inc. EYFS) Head Injury Policy

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1. Introduction

Reddam House Head injury Policy has been written in accordance with NICE clinical guideline <https://www.nice.org.uk/guidance/conditions-and-diseases> and the Head injury and the international Rugby Board concussion guidelines <http://www.irbplayerwelfare.com/concussion>

2. Background

Head injury is defined as any trauma to the head other than superficial injuries to the face. Head injury is the commonest cause of death and disability in people aged 1–40 years in the UK. Each year, 1.4 million people attend emergency departments in England and Wales with a recent head injury. Between 33% and 50% of these are children aged less than 15 years.

Head injuries maybe sustained during all sports and as a consequence of an incident. They can be extremely difficult to assess – the vast majority are minor and result in minimal significance. It is not necessary to lose consciousness to sustain neurological damage or concussion following a blow to the head.

The risk of neurological damage is depend on the velocity and the force of the impact, the part of the head involved in the impact and any pre-existing medical conditions. Symptoms may not necessarily develop for some hours, or even days, after the head injury, and in rare cases develop weeks afterwards.

Whilst an initial concussion is unlikely to cause permeant damage, a repeat injury to the head soon after a prior, unresolved concussion can have serious implications. The subsequent head injury does not need to be severe to have permanently disabling or deadly effects.

3. Procedure

All head injuries incurred on site will be referred to the medical centre for initial assessment by the nurse on duty, unless the casualty requires immediate hospitalisation. The member of staff in charge of sport/activity should ensure that this is done as soon as possible after the incident.

Even if a pupil considers him/herself to be fit or uninjured, he/she will automatically be placed off games until seen by the school nurse, school medical officer or other medical practitioner. In such cases, written evidence will be required if the pupil is assessed by someone other than the school medical officer. Pupils who have sustained concussion type injury will be excluded from all contact sport for a minimum 3 weeks following the incident with a gradual return to sporting activity during that period. This is dependent on advice from examining medical practitioner.

If in doubt a pupil, parent or member of staff should discuss their concerns with the medical centre. The nurse on duty can be contacted on 0118 979 3964, or via the school main reception.

Criteria for referral to an emergency ambulance service

- Unconsciousness or lack of full consciousness, (for example, problems keeping eyes open)
- Any focal (that is, restricted to a particular part of the body or a particular activity) neurological deficit since the injury (examples include problems understanding, speaking, reading or writing; loss of feeling in part of the body; problems balancing; general weakness; any changes in eyesight; and problems walking).
- Any suspicion of a skull fracture or penetrating head injury (for example, clear fluid running from the ears or nose, black eye with no associated damage around the eye, bleeding from one or both ears, new deafness in one or both ears, bruising behind one or both ears, penetrating injury signs, visible trauma to the scalp or skull).
- Any seizure ('convulsion' or 'fit') since the injury.
- A high-energy head injury (for example, pedestrian struck by motor vehicle, occupant ejected from motor vehicle, a fall from a height of greater than 1 m or more than five stairs, diving accident, high-speed motor vehicle collision, rollover motor accident, accident involving motorized recreational vehicles, bicycle collision, or any other potentially high-energy mechanism).
- The injured person or their carer is incapable of transporting the injured person safely to the hospital emergency department without the use of ambulance services (providing any other risk factor indicating emergency department referral is present).

In the Medical Centre, the Casualty will be closely observed. The level of consciousness will be monitored using the Glasgow Coma Scale, and vital signs will be recorded. The Nurse on duty may then refer the Casualty as outlined below:-

Criteria for referral to a hospital emergency department by the Medical Centre

- GCS less than 15 on initial assessment
- Any loss of consciousness as a result of the injury
- Any focal neurological deficit since the injury (examples include problems understanding, speaking, reading or writing; decreased sensation; loss of balance; general weakness; visual changes; abnormal reflexes; and problems walking)
- Any suspicion of a skull fracture or penetrating head injury since the injury (for example, clear fluid running from the ears or nose, black eye with no associated damage around the eyes, bleeding from one or both ears, new deafness in one or both ears, bruising behind one or both ears, penetrating injury signs, visible trauma to the scalp or skull of concern to the professional)
- Amnesia for events before or after the injury. The assessment of amnesia will not be possible in pre-verbal children and is unlikely to be possible in any child aged under 5 years

- Persistent headache since the injury
- Any vomiting episodes since the injury
- Any seizure since the injury
- Any previous cranial neurosurgical interventions.
- A high-energy head injury (for example, pedestrian struck by motor vehicle, occupant ejected from motor vehicle, fall from a height of greater than 1 m or more than five stairs, diving accident, high-speed motor vehicle collision, rollover motor accident, accident involving motorized recreational vehicles, bicycle collision, or any other potentially high-energy mechanism)
- History of bleeding or clotting disorder

All those with head injury considered well enough to return home or to the boarding house will be given a head injury advice sheet outlining when medical advice should be sought (see appendix 1). If necessary anyone sustaining a head injury should not be allowed to drive themselves or travel home unaccompanied by either school or public transport, and alternate arrangements must be made. The next of kin/parents/house parents will be contacted and notified accordingly by the medical centre.

All head injuries must be recorded on an Accident/Incident Form and the School nurse **MUST** be informed.

The Health & Safety Committee will ensure the school environment is inspected regularly to minimise the risks for sustaining head injuries.

4. Return to school following a head injury

It is not unusual for symptoms to persist for several days or weeks after the event. Therefore returning to school following a head injury may be dependent on special concessions for the pupil regarding academic and sport exemptions being put into place. These would be agreed with the medical practitioner, parents, and the school.

If appropriate, the medical centre will advise the relevant staff of any adjustments that a specific pupil needs following a head injury.

Staff should be aware that the symptoms of concussion can include any of the following:

- Headache
- Hearing problems/tinnitus
- Nausea and vomiting
- Memory problems
- Disorientation
- Visual problems
- Problems with balance and dizziness

- Fatigue and drowsiness
- Sensitivity to light and noise
- Numbness or tingling sensation
- Feeling slowed down or mentally foggy
- Slowness in following instructions or answering questions
- Impaired balance and poor hand-eye coordination
- Poor concentration
- Slurred speech
- Vacant stare
- Unsteady and shaky mobility
- Loss of insight
- Loss of consciousness
- seizures or convulsions
- Sleeping difficulties
- Problems with waking up
- Appearing confused and disorientated
- Loss of consciousness
- Slurred speech
- Experiences of weakness or numbness in a part of the body
- Inappropriate emotions such as irritability or crying

If staff are concerned about a pupil they must speak to parents and the Medical centre nurses.

5. Managing a head injury during sport

Appropriately trained First Aiders are on site during all matches and training sessions. All Coaches are to adhere to the guidelines as set out by the International Rugby Board to ensure that concussion is managed effectively (see appendix 2):-

- *Concussion must be taken extremely seriously to safeguard the long term welfare of Players.*
- *Players suspected of having concussion must be removed from play and must not resume play in the match.*
- *Players suspected of having concussion must be medically assessed.*
- *Players suspected of having concussion or diagnosed with concussion must go through a graduated return to play protocol (GRTP).*
- *Players must receive medical clearance before returning to play.*

6. Returning to sport after a head injury

Whilst an initial concussion may not cause permanent damage, a repeat injury to the head soon after the prior unresolved concussion can have serious consequences. A subsequent injury does not have to be severe to have permanently disabling or deadly effects

The IRB states

" Whilst the guidelines apply to all age groups particular care needs to be taken with children and adolescents due to the potential dangers associated with concussion in the developing brain. Children under ten years of age may display different concussion symptoms and should be assessed by a Medical Practitioner using diagnostic tools. As for adults, children (under 10 years) and adolescents (10 – 18 years) with suspected concussion MUST be referred to a Medical Practitioner immediately. Additionally, they may need specialist medical assessment. The Medical Practitioner responsible for the child's or adolescent's treatment will advise on the return to play process, however, a more conservative GRTP approach is recommended. It is appropriate to extend the amount of time of asymptomatic rest and /or the length of the graded exertion in children and adolescents.

Children and adolescents must not return to play without clearance from a Medical Practitioner. "

Even if a pupil considers him/herself to be fit or uninjured, he/she will be automatically placed off games until seen by the School Medical Officer or other medical practitioner. In such cases, written evidence will be required.

Any pupil sustaining a concussion type injury may be excluded from all contact sports for a minimum of three weeks, with a gradual return to sporting activity during that period. This is dependent on the advice of the examining Medical Practitioner.

7. Measures to reduce risk of Head Injury/Concussion

Staff are encouraged to take the following steps to minimise the risk of any potential head injuries:

- Pupils should be healthy and fit for sport
- Pupils are taught safe playing techniques and encouraged to follow rules of play
- Pupils should display sportsman like conduct at all times and maintain respect for both opponents and fellow team members equally
- Pupils always wear the right equipment such as scrum-caps, shin-pads and mouth guards
- Equipment should be in good condition and worn correctly
- Inform and reinforce to the players the dangers and consequences of playing whilst injured or with suspected concussion
- Qualified first aiders are present at all matches and practices, in accordance with the first aid policy, and are able to summon immediate medical assistance
- All coaching staff are able to recognise signs and symptoms of concussion, and are

vigilant in monitoring players accordingly

- Accident/Incident forms are completed promptly and with sufficient detail
- Every concussion is taken seriously
- Advice from the presiding medical officer is strictly adhered to
- Ensure that athletes are taught safe playing techniques and encouraged to follow rules of play
- Ensure that players are healthy enough to participate and have undergone medical evaluation.

8. Neck injury

If a neck injury is suspected, the child should only be moved by emergency healthcare professionals with appropriate spinal care training.

9. Early Learning School (ELS)

Procedure During term time: The school nurse **MUST** be called to make the initial assessment. Where necessary the nurse will attend the child providing appropriate clinical assessment and care. If the child requires immediate medical attention due to a life threatening injury an ambulance **MUST** be called and then the school nurse. The school nurse will advise accordingly to the procedure to follow.

Procedure during non-term time

Parents must be notified when a pupil sustain a head injury, no matter how minor. Outside of term time, paediatric first aid trained staff will be responsible for the assessment or treatment of the injured child. Please follow the below procedure with regards to informing the parents and calling ambulance.

Severe Head injury (please refer to page 4)

- Call an ambulance immediately
- Remain with child until professional help arrives – do not leave child unattended
- Inform extended hours manager who will call parents. If the extended hour's manager is not present another member of staff must make the call.
- Accompany child to hospital with ambulance – remain with child until parents arrive.
- Take the child's ELS file with you.

Minor Head injury

- Child should be assessed and treated by a paediatric first aider
- Parents should be called by either Extended Hours Manager or the child's key worker where possible to advise of the injury and to collect if necessary.
- The head injury form must given to the parent on collection of the child.
- If the child remains in the setting monitoring should take place – if their condition deteriorates necessary action must be taken.

References

NICE guidelines: <https://www.nice.org.uk/guidance/cg176>

MOSA: Head Injury, Concussion and Return to play
<http://mosa.org.uk/pdfs/pdfs/HEAD%20INJURY.%20v.5.pdf>

NHS Choices > Health A-Z > Concussion.
<http://www.nhs.uk/Conditions/Concussion/Pages/Introduction.aspx>

Rugby Football Union: <http://www.englandrugby.com/my-rugby/players/player-health/concussion-headcase/>

IRB Concussion Guidelines: <http://www.irbplayerwelfare.com/concussion>

END



10. Appendix 1 - Head Injury Reporting Form

Child name:	
Date:	
Time:	
Parent Contacted by:	
Details:	

Dear Parent/guardian,

Your child sustained a head injury at school today and has been monitored since the incident we have not identified anything that caused concern up to the time of them going home. If any of these symptoms are present, particularly loss of consciousness (even just for a short time), **immediately** go to your local accident and emergency (A&E) department or call 999 and ask for an ambulance.

Symptoms in a pre-verbal child

- Unconsciousness, either briefly or for a longer period of time
- Difficulty staying awake or still being sleepy several hours after the injury
- Bruising behind one or both ears
- Vomiting since the injury
- Irritability or unusual behavior
- Having a seizure or fit (when your body suddenly moves uncontrollably)

Verbal child

- Difficulty speaking, such as slurred speech
- Difficulty understanding what people say
- Reading or writing problems
- Balance problems or difficulty walking
- Persistent Headache
- General weakness
- Vision problems, such as blurred or double vision
- Memory loss (amnesia), such as not being able to remember what happened before or after the injury

Regards,

11. Appendix 2 – Pocket Concussion Recognition Tool

Pocket CONCUSSION RECOGNITION TOOL™

To help identify concussion in children, youth and adults



FIFA®



FEI

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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12. APPENDIX 3 'Maddocks' questions

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

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

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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