

LEICESTER GRAMMAR SCHOOL TRUST

POLICY AND PROCEDURES FOR THE MANAGEMENT OF HEAD INJURIES

This policy refers to the whole Leicester Grammar School Trust (LGST) incorporating Leicester Grammar School (LGS), Leicester Grammar Junior School (LGJS) and Leicester Grammar Stoneygate School (LGSS).

It should be read in conjunction with each individual school's first aid policy and procedures.

Aim

At Leicester Grammar School Trust we take our responsibility for the health and welfare of pupils extremely seriously. We recognise the dangers presented by a head injury that results in a diagnosis of concussion.

This document summarises current best practice and recommendations to ensure all pupils who sustain a head injury whilst at School receive the best possible care and attention. A head injury can be sustained at any time, therefore this policy has been written to deal with injuries sustained both on and off the sports pitch.

The policy identifies the process from the point of impact, through determination of the severity of the injury and required actions, to diagnosis of concussion and the subsequent treatment, care and recuperation required during the Graduated Return to Activity (GRTA) programme.

Leicester Grammar School Trust (LGST) is working in partnership with Return2Play. Importantly, for pupils in Year 6 and above, this system facilitates access to medics experienced in the assessment of head injuries and management of concussion and who will keep everyone informed about progress through the concussion return to activity pathway. This organisation provides an online injury management system allowing staff to keep an up-to-date injury register of pupils and ensures that if they sustain a concussion it can be recorded and communicated to the interested parties. Return2Play links with SOCS teams sheets so that injured players cannot be selected for fixtures

Terms of reference

Head injury is a trauma to the head that may or may not include injury to the brain (MOSA).

Concussion is a traumatic brain injury that alters the way the brain functions. Although concussions are usually caused by a blow to the head, they can occur when the head and upper body are violently shaken (such as a whiplash injury). There is usually a rapid onset of symptoms but occasionally these can be delayed by hours and days. Effects are usually temporary with around 80% resolving within 7-10 days. Concussion results in a range of signs or symptoms which may not include loss of consciousness. In all cases of concussion, the risk to short term and long term health exists where the injury is not managed properly.

Risk assessment

In regards to a sporting fixture or training event, all teachers-in-charge and coaches must carry out a dynamic risk assessment, specific to the venue, conditions at the time, players present and any other relevant factors at the start of the sporting activity. This risk assessment will inform the decisions taken about whether play goes ahead and whether any particular health and safety measures need to be in place to allow the game to proceed.

Considerations should include:

- Ground conditions – is the ground too hard to play on?
- Safety of the environment – are posts and barriers close to the area of play sufficiently padded?
- Application of sporting technique – are pupils applying the correct techniques of play? Is further coaching required?
- Sufficient warm-up and pre-season training – are pupils well-prepared to play?

Teachers and coaches should make the necessary checks to ensure all pupils engaging in the activity are safe to do so. Staff responsible for pupils in Year 6 and above should check the School's Return2Play concussion register via SOCS prior to any sports session (training or match).

All teaching staff should then pass any relevant information to external coaches as they will not have access to the information for reasons of GDPR.

As part of their health and safety responsibilities, all staff have a duty of care to report any accidents, incidents or near-misses to the School Nurse. It is crucial that all staff abide by this so that improvements can be made to pitches and facilities around the School.

Procedures

Non-sport related injury

In the event an injury to the head has been sustained during an activity not related to sport, the pupil should be initially assessed by a qualified first aider or school nurse.

If no change to the pupil's condition has been detected after 10 minutes, they can return to normal lessons on the proviso they will be supervised and if there is any deterioration to their condition they will be reassessed. A courtesy telephone call may be made to parents to inform them of the event and enable them to continue with the observation at home.

If at any point the pupil displays head injury symptoms such as:

- Nausea
- Headache
- Tender bruising or swelling to scalp
- Dizziness

the child should be observed for further deterioration in their condition. Parents are to be informed by telephone and a decision made as to if the child to be collected from school. The parents are to be provided with a head injury advice sheet (appendix 1) advised to seek further medical assessment if they are concerned and signposted to the NHS website www.nhs.uk or NHS 111. If their child is in Year 6 or above, parents are encouraged to make an appointment with Return 2 Play as soon as possible.

Staff must record the details in the first aid room attendance book however trivial, and any relevant medical information should be recorded on Return2Play (Year 6 or above) or CPOMS (Year 5 or below). For primary school aged children, a head bump wristband is to be applied to the pupil's wrist, so staff and parents are aware of the injury and to be vigilant for a change in the pupil's condition.

If the pupil displays any of the following signs or symptoms, they will require immediate further medical assessment.

- Loss of consciousness/confusion or drowsiness
- Loss of balance or difficulty in walking
- Loss of power in arms/legs
- Clear fluid leaks from nose or ear
- Significant visual disturbance – blurred or double vision
- Severe headache not eased by pain relief
- Vomiting
- Seizure

The School Nurse or first aider will decide the most appropriate way of transporting the patient. If an ambulance is required, the emergency 999 service should be used. In cases of a less severe nature, it may be appropriate to transport them to hospital by one of the three following options.

- Contacting the parents and request that they undertake the duty themselves.
- Using the school minibus with the School Nurse or any other member of staff accompanying.
- Using a taxi with the School Nurse or other member of staff accompanying.

No casualty, who is a child, will travel to hospital unaccompanied. Whilst at the hospital, staff remain "in loco parentis" until parents relieve them of their duty of care for the child.

If there are concerns raised regarding the mechanism of the injury, the appropriate Head Teacher or member of the Senior Leadership Team is to be informed.

Sport related injury

All players and coaches should adhere to the RECOGNISE and REMOVE principle. That being, in the event a head injury is sustained during a sporting activity and there are signs or symptoms of concern raised, the pupil should be removed immediately from play, a

concussion assessment conducted and the following procedures followed. The pupil **may not** return to play for the remainder of the sporting activity.

1. Assessment of a head injury should take place immediately after it is sustained using the Pocket Concussion Recognition Tool (appendix two).
2. An accurate history of the head injury should be obtained not only from the pupil but also from other witnesses such as coaches, referees and spectators.
3. **When a serious head injury has occurred or if marked concussion is present, the pupil should be immediately transferred to hospital via ambulance. A member of staff should accompany the pupil. Parents must be informed.**

Symptoms may include:

- Remaining unconscious or deteriorating conscious level/difficulty staying awake.
 - Becoming increasingly confused or irritable.
 - Experiencing a severe or increasing headache.
 - Complaining of neck pain.
 - Vomiting repeatedly.
 - Demonstrating unusual behaviour.
 - Having a fit, seizure or convulsion.
 - Experiencing prolonged vision problems such as double vision.
 - Bleeding from one or both ears or experiencing deafness.
 - Having clear fluid leak from ears or nose.
 - Experiencing weakness/tingling/burning in limbs.
4. A more thorough medical assessment must be sought if ANY concerns regarding the pupil's condition are raised, concussion is suspected, or if there are no immediate signs or symptoms but the mode of injury was such that concern remains. This can be achieved by either:
 - Escorting the pupil to a member of the match-day medical team
 - In school hours, requesting the School Nurse to attend or escorting the pupil directly to the Medical Suite
 - Escorting the pupil to the First Aid provision at an external venue (when the injury is sustained whilst, for example, visiting another school)
 - Contacting the pupil's parent and a decision regarding the speed and mode of transportation to a medical facility made.
 - Dialling 999 (if there are any concerns about the immediate health of the pupil and/or when no other medical provision is available).

Please note, any pupil who has sustained a head injury should be accompanied by a member of staff. In no circumstances should a pupil be accompanied only by another pupil. Where the injury is sustained away from School, the staff member in charge should not delegate the task of escorting a pupil for medical attention to anyone other than a member of Leicester Grammar School Trust Staff.

5. Parents should be directly contacted, verbally notified of the head injury, informed of the signs and symptoms to observe for and a head injury advice sheet provided (Appendix four). The parents should be advised to seek medical assessment if they are concerned about the health of their child.

6. A Head Injury Report (Appendix three), found in sports first aid bags, must be completed in all cases. A copy must be provided to the Hospital (if appropriate), Parents and to the School Nursing Team (the next working day).
7. For pupils in Year 6 and above, an on-line report should be entered via the Return 2 Play system and parents advised to book an on-line appointment at their earliest convenience for a medical assessment.
8. All appropriate staff are to be made aware of a serious head injury sustained by the pupil via morning briefing/e-mail/pastoral bulletin the next working day. This is to ensure that once the pupil returns to school, any concerns or changes in behaviour are identified promptly and the pupil is sent to the School Nurse for assessment.
9. It is the parents and pupil's responsibility to inform any sporting clubs attended outside school of the head injury. It is also expected that parents and/or pupils will inform the school of any head injury which has occurred outside of school and the supporting advice given by the assessing medical professional.

The Graduated Return To Activity Pathway (GRTA)

Any pupil who has sustained a head injury and been given a diagnosis of concussion or suspected concussion by a medical professional, must be managed under the GRTA pathway, regardless of how or where the concussion occurred.

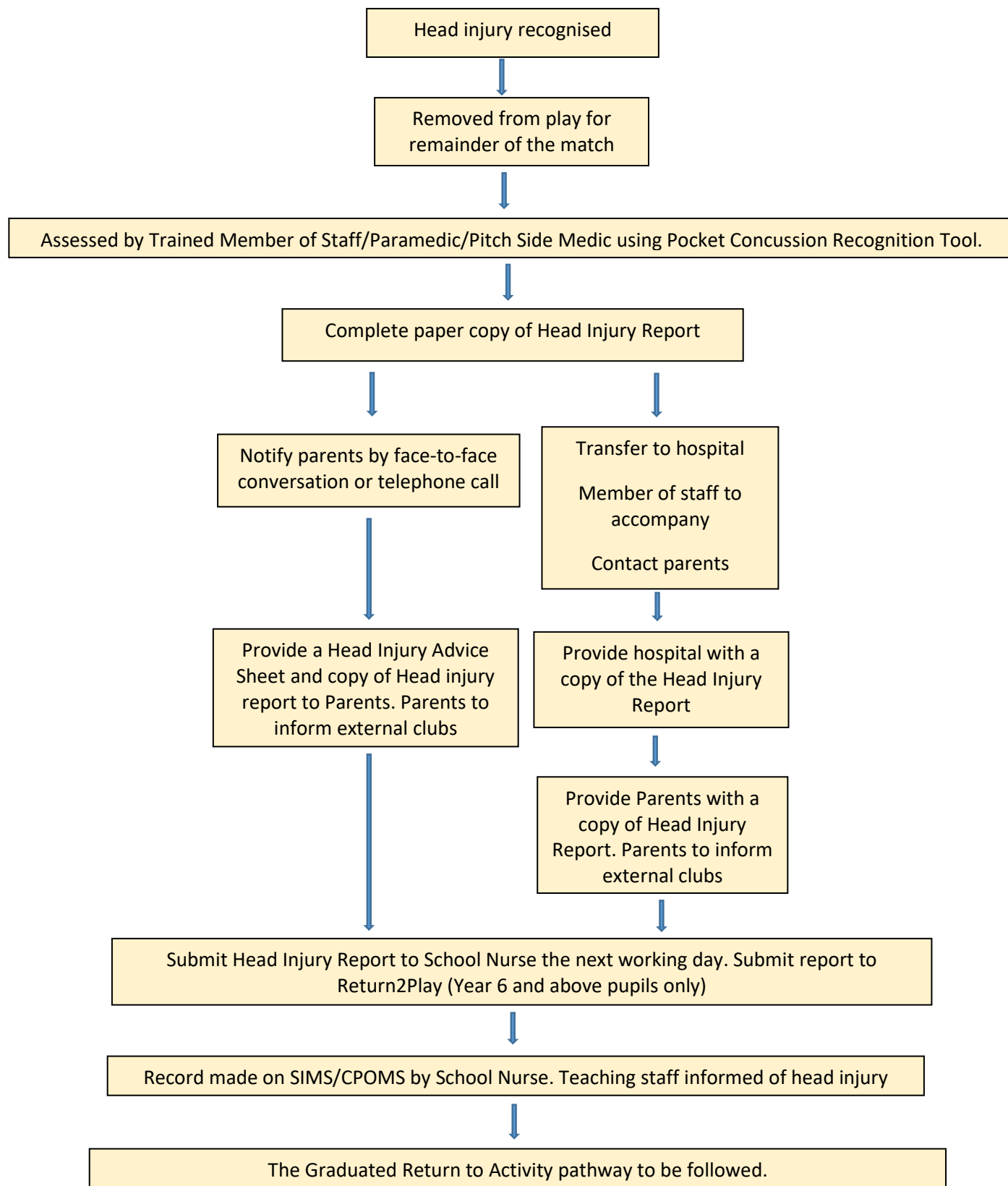
The GRTA pathway has been published by the UK Government and adapted for use by LGST (appendix five). It acts as mandatory guidelines on the timing of return to physical exercise, training and match play for contact sport at LGST, it emphasises the necessity for follow-up checks and supervision. The advice is currently a gradual increase in physical activity after an initial 24-48hr rest period, culminating in a return to competition sport after a minimum of 21 days.

The GRTA pathway will be carried out for all pupils following a concussive head injury under the supervision and guidance of the Director of rugby/Head of PE/School Nurse and under the care Return2Play. Sports staff will understand the importance of undertaking the stepped approach to returning to full match play and of discussing any concerns during this phase with the School Nurse/Head of Rugby/Head of PE. For pupils in Year 6 and above, Return2Play should formally clear the pupil to return to full match play, for younger pupils this should be undertaken by their GP.

It is recognised that on occasions concussion may not be evident until several days after the event or injury. In this event the GRTA pathway should be implemented as soon as a diagnosis of concussive head injury has been made and the process adhered to.

As part of the process, it is also prudent to consult with the pupil's teachers to ensure that their academic performance has returned to normal prior to commencing their GRTA.

Sports Related Head Injury Management



CONCUSSION RECOGNITION TOOL 5[©]

To help identify concussion in children, adolescents and adults



FIFA[®]

Supported by



FEI

RECOGNISE & REMOVE

Head impacts can be associated with serious and potentially fatal brain injuries. The Concussion Recognition Tool 5 (CRT5) is to be used for the identification of suspected concussion. It is not designed to diagnose concussion.

STEP 1: RED FLAGS — CALL AN AMBULANCE

If there is concern after an injury including whether ANY of the following signs are observed or complaints are reported then the player should be safely and immediately removed from play/game/activity. If no licensed healthcare professional is available, call an ambulance for urgent medical assessment:

- Neck pain or tenderness
- Double vision
- Weakness or tingling/ burning in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness
- Deteriorating conscious state
- Vomiting
- Increasingly restless, agitated or combative

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Assessment for a spinal cord injury is critical.
- Do not attempt to move the player (other than required for airway support) unless trained to do so.
- Do not remove a helmet or any other equipment unless trained to do so safely.

If there are no Red Flags, identification of possible concussion should proceed to the following steps:

STEP 2: OBSERVABLE SIGNS

Visual clues that suggest possible concussion include:

- Lying motionless on the playing surface
- Slow to get up after a direct or indirect hit to the head
- Disorientation or confusion, or an inability to respond appropriately to questions
- Blank or vacant look
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Facial injury after head trauma

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STEP 3: SYMPTOMS

- Headache
- "Pressure in head"
- Balance problems
- Nausea or vomiting
- Drowsiness
- Dizziness
- Blurred vision
- Sensitivity to light
- Sensitivity to noise
- Fatigue or low energy
- "Don't feel right"
- More emotional
- More irritable
- Sadness
- Nervous or anxious
- Neck Pain
- Difficulty concentrating
- Difficulty remembering
- Feeling slowed down
- Feeling like "in a fog"

STEP 4: MEMORY ASSESSMENT

(IN ATHLETES OLDER THAN 12 YEARS)

Failure to answer any of these questions (modified appropriately for each sport) 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?"

Athletes with suspected concussion should:

- Not be left alone initially (at least for the first 1-2 hours).
- Not drink alcohol.
- Not use recreational/ prescription drugs.
- Not be sent home by themselves. They need to be with a responsible adult.
- Not drive a motor vehicle until cleared to do so by a healthcare professional.

The CRT5 may be freely copied in its current form for distribution to individuals, teams, groups and organisations. Any revision and any reproduction in a digital form requires approval by the Concussion in Sport Group. It should not be altered in any way, rebranded or sold for commercial gain.

ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY, EVEN IF THE SYMPTOMS RESOLVE

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Leicester Grammar School Trust Head Injury Report

(PLEASE WRITE FIRMLY)

Players name:

Date:

Sport played:

Training or match:

How far through training/match did the injury occur? (Please circle)

1st quarter 2nd quarter 3rd quarter 4th quarter

Was the player: (Please circle)

Attacking Defending Other

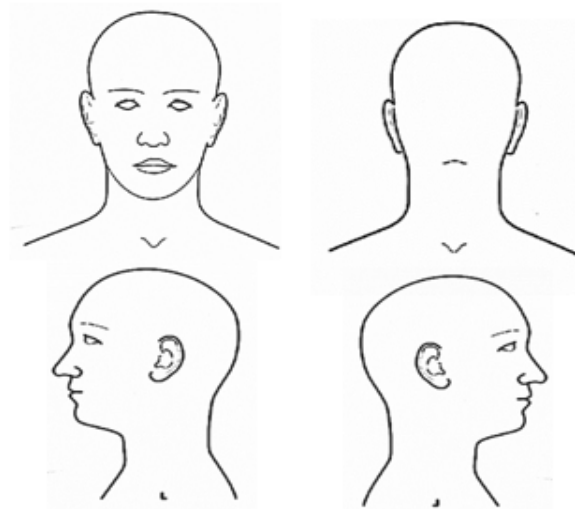
Scrum cap worn Y/N

Mouthguard worn Y/N

Mechanism of injury

- ☐ Collision
- ☐ Line-out
- ☐ Maul
- ☐ Ruck
- ☐ Scrum
- ☐ Tackled player
- ☐ Tackling player
- ☐ Contact with Ball
- ☐ Contact with Stick
- ☐ Other (please state)

Mark region of impact



Symptoms

Visual cues – what did you see? (Tick all applicable)

- ☐ Dazed, blank look
- ☐ Lying motionless on ground/slow to get up
- ☐ Unsteady on feet/balance problems or falling over/incoordination
- ☐ Loss of consciousness or responsiveness
- ☐ Confused/not aware of play or events
- ☐ Grabbing/clutching of head
- ☐ Seizure (fits)
- ☐ More emotional/irritable than normal
- ☐ Other, please state

Verbal cues – what are you told? (Tick all applicable)

- ☐ Headache
- ☐ Dizziness
- ☐ Mental clouding, confusion or feeling slowed down
- ☐ Visual problems
- ☐ Nausea or vomiting
- ☐ Fatigue
- ☐ Drowsiness/feeling like 'in a fog'/difficulty concentrating
- ☐ Pressure to head
- ☐ Sensitivity to light

Treatment given (Tick all applicable)

- ☐ Removed from play
- ☐ Assessed by medical personnel
If so, who?

- ☐ No further treatment, parents informed
- ☐ Transferred to hospital by parents
- ☐ Transferred to hospital by school transport
- ☐ Transferred to hospital by ambulance
- ☐ Advice leaflet provided

Name of coach

Head Injury Advice Sheet

Advice for parents and carers of children



How is your child?



RED

If your child has any of the following during the next 48 hours:

- Vomits repeatedly i.e. more than twice (at least 10 minutes between each vomit)
- Becomes confused or unaware of their surroundings
- Loses consciousness, becomes drowsy or difficult to wake
- Has a convulsion or fit
- Develops difficulty speaking or understanding what you are saying
- Develops weakness in their arms and legs or starts losing their balance
- Develops problems with their eyesight
- Has clear fluid coming out of their nose or ears

You need urgent help

Go to the nearest Hospital Emergency (A&E) Department or phone 999



AMBER

If your child has any of the following during the next 48 hours:

- Develops a persistent headache that doesn't go away (despite painkillers such as paracetamol or ibuprofen)
- Develops a worsening headache

You need to contact a doctor or nurse today

Please ring your GP surgery or call NHS 111 - dial 111



GREEN

If your child:

- Is alert and interacts with you
- Vomits, but only up to twice
- Experiences mild headaches, struggles to concentrate, lacks appetite or has problems sleeping

Self Care

Continue providing your child's care at home. If you are still concerned about your child, call NHS 111 – dial 111

How can I look after my child?

- Ensure that they have plenty of rest initially. A gradual return to normal activities/school is always recommended.
- Increase activities only as symptoms improve and at a manageable pace.
- It is best to avoid computer games, sporting activity and excessive exercise until all symptoms have improved.

Head Injury Advice Sheet

Advice for parents and carers of children

Management of concussion following a head injury

- Symptoms of concussion include mild headache, feeling sick (without vomiting), dizziness, bad temper, problems concentrating, difficulty remembering things, tiredness, lack of appetite or problems sleeping – these can last for a few days, weeks or even months. Some symptoms resolve quickly whilst others may take a little longer.
- Concussion can happen after a mild head injury, even if they haven't been "knocked out".
- 9 out of 10 children with concussion recover fully, but some can experience long term effects, especially if they return to sporting activities too quickly. It is really important that your child has a gradual return to normal activities and that they are assessed by a doctor before beginning activities that may result in them having another head injury.

Advice about going back to school

- Don't allow your child to return to school until you feel that they have completely recovered.
- Try not to leave your child alone at home for the first 48 hours after a significant head injury.

Advice about returning to sport

- Repeated head injury during recovery from concussion can cause long term damage to a child's brain.
- Expect to stay off sport until at least 2 weeks after symptoms are fully recovered.
- Always discuss with your child's school and sports club to discuss a gradual return to full activity.

For further information:

Rugby: goo.gl/1fsBXz



Football: goo.gl/zAgbMx



If you have any queries, please contact the Leicester Grammar Trust School Nursing Team on:

schoolnurse@leicestergrammar.org.uk

Alternatively, you can telephone via the school reception:

Leicester Grammar Junior School (0116) 2591950

Leicester Grammar Senior School (0116) 2591900

Leicester Grammar Stoneygate School (0116) 2592282

Appendix Five- Graduated Return to Activity (GRTA)

- 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. It is reasonable for a student to miss a day or two of studies.
- Progression through the stages below is dependent upon the activity not more than mildly exacerbating symptoms. Medical advice from Return 2 Play or via NHS 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.

Graduated return to activity (education/work) and sport programme

Stage	Focus	Description of activity	Comments
Stage 1	Relative rest period (24-48 hours)	Take it easy for the first 24-48 hours after a suspected concussion. It is best to minimise any activity to 10 to 15-minute slots. You may walk, read and do some easy daily activities provided that your concussion symptoms are no more than mildly increased. Phone or computer screen time should be kept to the absolute minimum to help recovery.	
Stage 2	Return to normal daily activities outside of school or work.	<ul style="list-style-type: none"> • Increase mental activities through easy reading, limited television, games, and limited phone and computer use. • Gradually introduce school and work activities at home. • Advancing the volume of mental activities can occur as long as they do not increase symptoms more than mildly. 	There may be some mild symptoms with activity, which is OK. If they become more than mildly exacerbated by the mental or physical activity in Stage 2, rest briefly until they subside.
	Physical Activity (e.g. week 1)	<ul style="list-style-type: none"> • After the initial 24–48 hours of relative rest, gradually increase light physical activity. • Increase daily activities like moving around the house, simple chores and short walks. Briefly rest if these activities more than mildly increase symptoms. 	
Stage 3	Increasing tolerance for thinking activities	<ul style="list-style-type: none"> • Once normal level of daily activities can be tolerated then explore adding in some home-based school or work-related activity, such as homework, longer periods of reading or paperwork in 20 to 30-minute blocks with a brief rest after each block. • Discuss with school or employer about returning part-time, time for rest or breaks, or doing limited hours each week from home 	Progressing too quickly through stages 3 - 5 whilst symptoms are significantly worsened by exercise may slow recovery. Although headaches are the most common symptom following concussion and may persist for several months, exercise should be limited to that which does not more than mildly exacerbate them. Symptom exacerbation with physical activity and exercise is generally safe, brief and is self-limiting typically lasting from several minutes to a few hours.
	Light aerobic exercise (e.g. weeks 1 or 2)	<ul style="list-style-type: none"> • Walking or stationary cycling for 10–15 minutes. Start at an intensity where able to easily speak in short sentences. The duration and the intensity of the exercise can gradually be increased according to tolerance. • If symptoms more than mildly increase, or new symptoms appear, stop and briefly rest. Resume at a reduced level of exercise intensity until able to tolerate it without more than mild symptom exacerbation. • Brisk walks and low intensity, body weight resistance training are fine but no high intensity exercise or added weight resistance training. 	

Stage	Focus	Description of activity	Comments
Stage 4	Return to study and work	<ul style="list-style-type: none"> May need to consider a part-time return to school or reduced activities in the workplace (e.g. half-days, breaks, avoiding hard physical work, avoiding complicated study). 	<p>Progressing too quickly through stages 3 - 5 whilst symptoms are significantly worsened by exercise may slow recovery. Although headaches are the most common symptom following concussion and may persist for several months, exercise should be limited to that which does not more than mildly exacerbate them. Symptom exacerbation with physical activity and exercise is generally safe, brief and is self-limiting typically lasting from several minutes to a few hours.</p>
	Non-contact training (e.g. during week 2)	<ul style="list-style-type: none"> Start training activities in chosen sport once not experiencing symptoms at rest from the recent concussion. It is important to avoid any training activities involving head impacts or where there may be a risk of head injury. Now increase the intensity of exercise and resistance training. 	
Stage 5	Return to full academic or work-related activity	<ul style="list-style-type: none"> Return to full activity and catch up on any missed work. 	<p>Individuals should only return to training activities involving head impacts or where there may be a risk of head injury when they have not experienced symptoms at rest from their recent concussion for 14 days.</p> <p>Recurrence of concussion symptoms following head impact in training should trigger removal of the player from the activity.</p>
	Unrestricted training activities (not before week 3)	<ul style="list-style-type: none"> When free of symptoms at rest from the recent concussion for 14 days can consider commencing training activities involving head impacts or where there may be a risk of head injury. 	
Stage 6	Return to competition	<p>This stage should not be reached before day 21* (at the earliest) <u>and</u> only if no symptoms at rest have been experienced from the recent concussion in the preceding 14 days <u>and</u> now symptom free during pre-competition training.</p> <p>* The day of the concussion is Day 0 (see example below).</p>	<p>Resolution of symptoms is only one factor influencing the time before a safe return to competition with a predictable risk of head injury. Approximately two-thirds of individuals will be able to return to full sport by 28 days but children, adolescents and young adults may take longer.</p> <p>Disabled people will need specific tailored advice which is outside the remit of this guidance.</p>

This document is produced with reference to and following the guidelines set out by the UK Government “UK Concussion Guidelines for Non-Elite (Grassroots) Sport” (April 2023)