Dunottar School

Head Injury Policy

HEAD INJURY POLICY
(Concussion Guidelines)

The following has been developed in accordance with:

- NICE clinical guideline 56 - Head Injury
- World Rugby Concussion Guidelines
- RFU Guidelines for schools and colleges
- Child-SCAT3 – Sport Concussion Assessment Tool
- SBNS – Concussion Guidelines for the Education Sector
- Return 2 Play Guidelines – Meliora Medical Group

Background

Injuries to the head can occur in many situations in the school environment, when a pupil's head comes into contact with a hard object such as the floor, a desk, or another pupil's body. The potential is probably greatest during activities where collisions can occur such as in the playground, during sport and PE.

Concussion is a disturbance of the normal working of the brain without causing any structural damage. It usually follows a blow directly to the head, or indirectly if the head is shaken when the body is struck.

It is important to recognise that it is not necessary to lose consciousness to sustain a concussion following a blow to the head.

The risk of injury is dependent upon 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 develop for several hours, or even days, after a knock to the head, and in rare cases can develop weeks after a head injury.

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

A return to sporting activity before complete resolution of the concussion exposes the player to the risk of recurrent concussions which can occur with ever decreasing forces. There are concerns that repeated concussion could shorten a player's career, interfere with academic performance, and may have some potential to result in permanent neurological impairment.

Players must be encouraged to report any suspected injury and to be honest with themselves, parents, coaching and medical staff for their own protection.

Measures to reduce risk of head injury/concussion

The Health & Safety team (HS&S) will ensure the school environment is inspected regularly to minimise the risks for sustaining head injuries.

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 expected 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 for each sport. These guidelines will be given to parents by the school.
- Staff are to ensure all pupils are wearing the right equipment before play starts.
- 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 head injury/concussion is taken seriously.
- If in doubt, sit them out.

Symptoms of Concussion

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
- Slow to follow instructions or to answer 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
- Slurred speech
- Weakness or numbness in a part of the body.
- Inappropriate emotions, such as irritability or crying

Managing a head injury during sporting activity

- Remember Basic First Aid and check for possibility of a neck injury
- Pocket Concussion Recognition Tool is in all sports bags for reference and guidance
- Players suspected of having a head injury/concussion must be removed from play immediately and not return
- Any pupil with a suspected head injury/concussion should be monitored and not be left alone
- Appropriately trained First Aiders are on site during all matches and training sessions. All coaches are to adhere to the guidelines as set out in this policy
- It is important to realise that the signs and symptoms of concussion may only last a matter of seconds or minutes and can easily be missed.

IF IN DOUBT, SIT THEM OUT

Criteria for referral to an emergency ambulance service

1. Unconsciousness or lack of full consciousness, (for example, problems keeping eyes open).

2. 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).

3. 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).

4. Any seizure ('convulsion' or 'fit') since the injury.

5. 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).

6. 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).

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

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 so do
- 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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Pocket Concussion Recognition Tool – In all sports bag

Protocol at Dunottar School

- Fully stocked first aid bags are provided for matches.
- To be seen by the school nurse or by a qualified first aider for injuries to be assessed and treated. Pocket Concussion Recognition Tool in all sports bags as a guide.
- Ensure a safe environment for treatment/assessment.
- Decision to be made regarding the need for an ambulance, further assessment or treatment.
- In the event of a pupil sustaining a head injury, the Parents/Guardians should be informed immediately and a Head Injury Advice Sheet completed and given to pupil.
- The Health Centre should be informed by phone or email and the incident/injury documented on iSAMS.
- The staff member on duty or witnessing the injury/incident should complete a description of events on an ARMS report.
- If required, the pupil should be seen by a medical professional to assess the extent of the injury, more symptoms may develop in time.

- Once we have a diagnosis and assessment the Concussion/RTP guidelines can commence. A pupil with a suspected Head Injury or Concussion will not be allowed back to play sports until they have completed the RTP guidelines and are free of symptoms.

- Pupils should have complete rest until symptom free. Once symptom free they should have a relative rest period for a minimum of 14 days from the injury.

This applies to injuries sustained outside school, as well as during school hours.

- All those having sustained a head injury but considered well enough to go home, will be given a Head Injury Advice Sheet outlining when urgent medical advice should be sought, if necessary. This is available from the Health Centre.

- Anyone sustaining a head injury will not be allowed to travel home unaccompanied by either school or public transport, and alternate arrangements must be made.

- All head injuries must be recorded on an ARMS report for monitoring and review.

It is recommended that any individual suffering a head injury or concussion should avoid the following initially and then gradually re-introduce them:

- Reading
- TV
- Computer games/phone/handheld devices

It may be reasonable for a pupil to miss a day or two of academic studies but extended absence is uncommon.

Any pupil sustaining a concussion type injury may be excluded from all contact sports for a period of 23 days, with reassessment during that period. Return to play will not be permitted unless the GTP guidelines are followed.

Concussion and School Studies

Once symptom free at rest, pupils should undertake a graded return to academic studies. Consideration should be given to a managed return to full school days and gradual reintroduction of homework.

The child must be off all medication that may modify symptoms.

In a small number of cases, symptoms may be prolonged, and this may impact on the child's studies. In such cases, an early referral back to their GP is advised.

Form tutors should liaise with the parents to ensure support is put in place to aid learning and a full recovery.

Return to play after concussion

- Pupils are monitored and staff will liaise with parents to ensure a safe return to full academic and sporting activities.

- **Follow the U19 and GRTP guidelines below as a guide. Each child's pathway must be arranged individually to ensure a safe recovery and graduated return to play.**

Children should avoid activities that have a predictable risk of further head injury for a minimum of 14 days after their symptoms have resolved, unless their recovery is closely supervised by a doctor with expertise in concussion management.

Concussion must be taken extremely seriously to safeguard the short and long term health and welfare of players, and extremely young players.

Children who struggle to return to their studies or persistently fail to progress through the GRTP because symptoms return, should be referred to their GP.

Children who sustain two or more concussions in a 12 month period should be referred to their doctor for a specialist opinion in case they have an underlying predisposition.

The majority (80-90%) of concussions resolve in a short (7-10 days) period.
This may be longer in children and adolescents and a more conservative approach should be taken with them.
During the recovery time the brain is more vulnerable to further injury, and if a player returns too early, before they have fully recovered this may result in:

- Prolonged concussion symptoms.

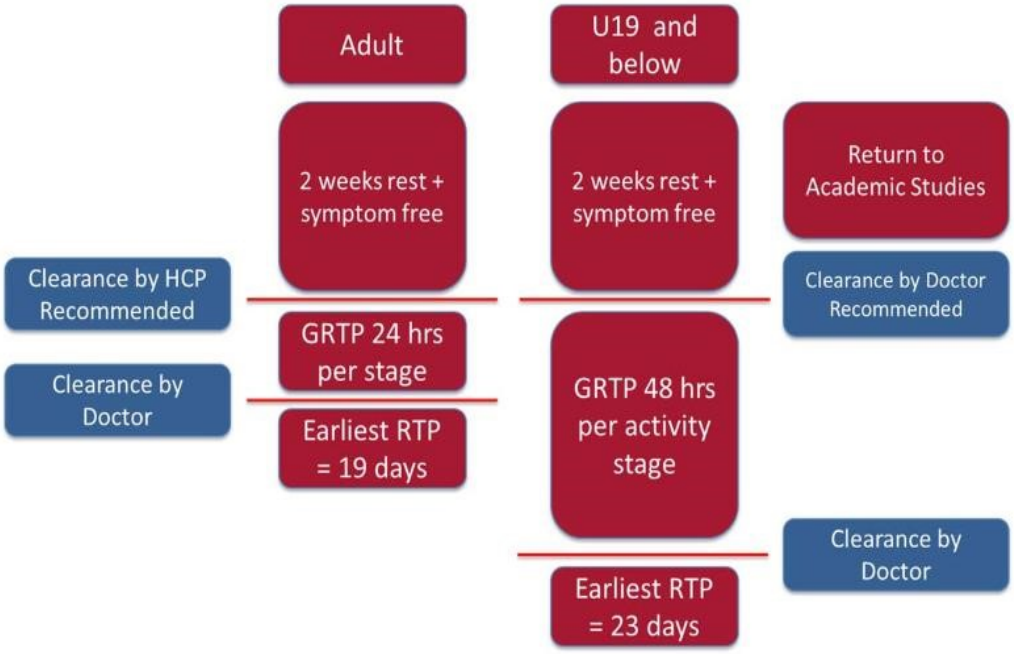
- Increased risk of developing Post-Concussion Syndrome (PCS) with symptoms lasting over 3 months.

- Possible long term health consequences e.g. psychological and/or brain degenerative disorders in later life.

- Further concussive event being FATAL, due to severe brain swelling – known as second impact syndrome.

What should players do to return to play (RTP)?

The routine return to play pathway is shown in the diagram below:



A player's age is deemed to be their age as at 1st September.

This policy has been developed in accordance with:

1. **NICE clinical guideline 56 - Head Injury: Triage, assessment, investigation and early management of head injury in infants, children and adults.**

   http://www.nice.org.uk/guidance/CG56/NICEGuidance

2. **World Rugby, Concussion Guidelines**

   https://playerwelfare.worldrugby.org/

3. **Rugby Football Union, HEADCASE Concussion Awareness Programme**

   https://www.englandrugby.com/my-rugby/players/player-health/concussionhttps://www.englandrugby.com/my-rugby/players/player-health/concussion-headcase/headcase/

4. **Society of British Neurological Surgeons, 'Concussion Guidelines for the Education Sector' can be downloaded at:**

   https://www.sbns.org.uk/index.php/policies-and-publications/protocol-andhttps://www.sbns.org.uk/index.php/policies-and-publications/protocol-and-guidelines-2/guidelines-2/

5. **Child SCAT 5: Sport Concussion Assessment Tool. Ages 5 to 12**

   https://bjsm.bmj.com/content/bjsports/early/2017/04/28/bjsports-2017https://bjsm.bmj.com/content/bjsports/early/2017/04/28/bjsports-2017-097492childscat5.full.pdf097492childscat5.full.pdf

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