

Head Injury Policy

The purpose of this school policy is to minimise the short- and long-term adverse effects of head injuries, whether the injury occurred in school or outside of school.

Since September 2022 there have been two confirmed cases of concussion, one in prep and one in senior. These have been sustained in sports activities outside of school and have been managed appropriately by all staff involved.

Parents will be advised by newsletter of the changes in September 2023 and will be asked to inform the school of any injuries that occur outside. All staff will be informed by the end summer term July 2023. This policy will be available on the school intranet and published on the school website.

Younger players are more susceptible to concussion, take longer to recover, have more significant memory/mental processing issues and are more susceptible to rare but potentially fatal complications of further concussions.

During the recovery time, the brain does appear to be more vulnerable and if another concussion is sustained during this time, the risk of more severe and prolonged symptoms is increased, especially in young people. This is why it is so important to recognize concussion, remove the player immediately from play, and not allow them to return to play until their brain function has returned to normal and they have been medically cleared by a healthcare practitioner.

If managed correctly, concussion rarely has serious consequences, and a full recovery can be expected.

Repeated Concussions

There can be considerable variations in the initial effects of concussion and spontaneous recovery is often rapid, this could increase the potential for players to ignore concussion symptoms at the time of injury and/or return to play prior to full recovery.

There is an increasing amount of research that suggests that returning to play before complete resolution of the concussion exposes the player to the risk of concurrent concussions that occur with ever decreasing forces, and result in chronic symptoms of Post-Concussion Syndrome.

Definitions

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

Concussion is a traumatic brain injury that alters the way the brain functions. It is the most common but least serious type of brain injury. 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 whiplash injury). There is usually a rapid onset of symptoms but occasionally these can be delayed by hours or 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, the risk to short- and long-term health exists where the injury is not managed properly.

Symptoms of Concussion

- Loss of consciousness
- Seizure or convulsion
- Nausea or vomiting
- Amnesia
- Confusion
- Irritability
- Headache
- 'Pressure in head'
- Neck pain
- Balance problems
- Blurred vision
- Sensitivity to light
- Sensitivity to noise
- Dizziness
- Drowsiness
- Feeling slowed down
- Feeling like 'in a fog'
- Not feeling right
- Difficulty concentrating
- Difficulty remembering
- Fatigue or low energy
- Being more emotional
- Sadness
- Nervousness or anxiety

Management

If an individual is suspected of having a concussion, they must be immediately removed from play and be assessed. (See flow chart – appendix 1)

Significant Head Injury

If the person is unconscious, they should not be moved from the site.

The first aider/first person to reach the casualty must

- designate someone to call an ambulance (see ambulance procedure) and then the nursing team (Senior 01480 862247 or 07841 34221) (Prep 01480 862265 or 07394 568370) to attend the scene.
- Deliver first aid appropriate to situation using principles of A (airway), B (breathing) and C (circulation).

Head Injury

If red flag symptoms are present that do not require an ambulance, the pupil will remain with a member of the nursing team/first aider until they are collected by parent/carer to go home/hospital for further assessment.

Red flag Symptoms requiring hospital assessment

- Deteriorating conscious level/difficulty in 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 and/or experiencing deafness
- Having clear fluid leak from ears or nose
- Experiencing weakness/tingling/burning in limbs

An ice pack may be used to help reduce any swelling, if no open wound is present.

For Pupils in Reception up to year 4

If seen by a health professional and **concussion is confirmed**, they will remain off games for **three** weeks. Pupils will need a review by a GP at the end of 3 weeks and a fit note before returning to sports.

For year 5 and over

If Concussion is confirmed or suspected

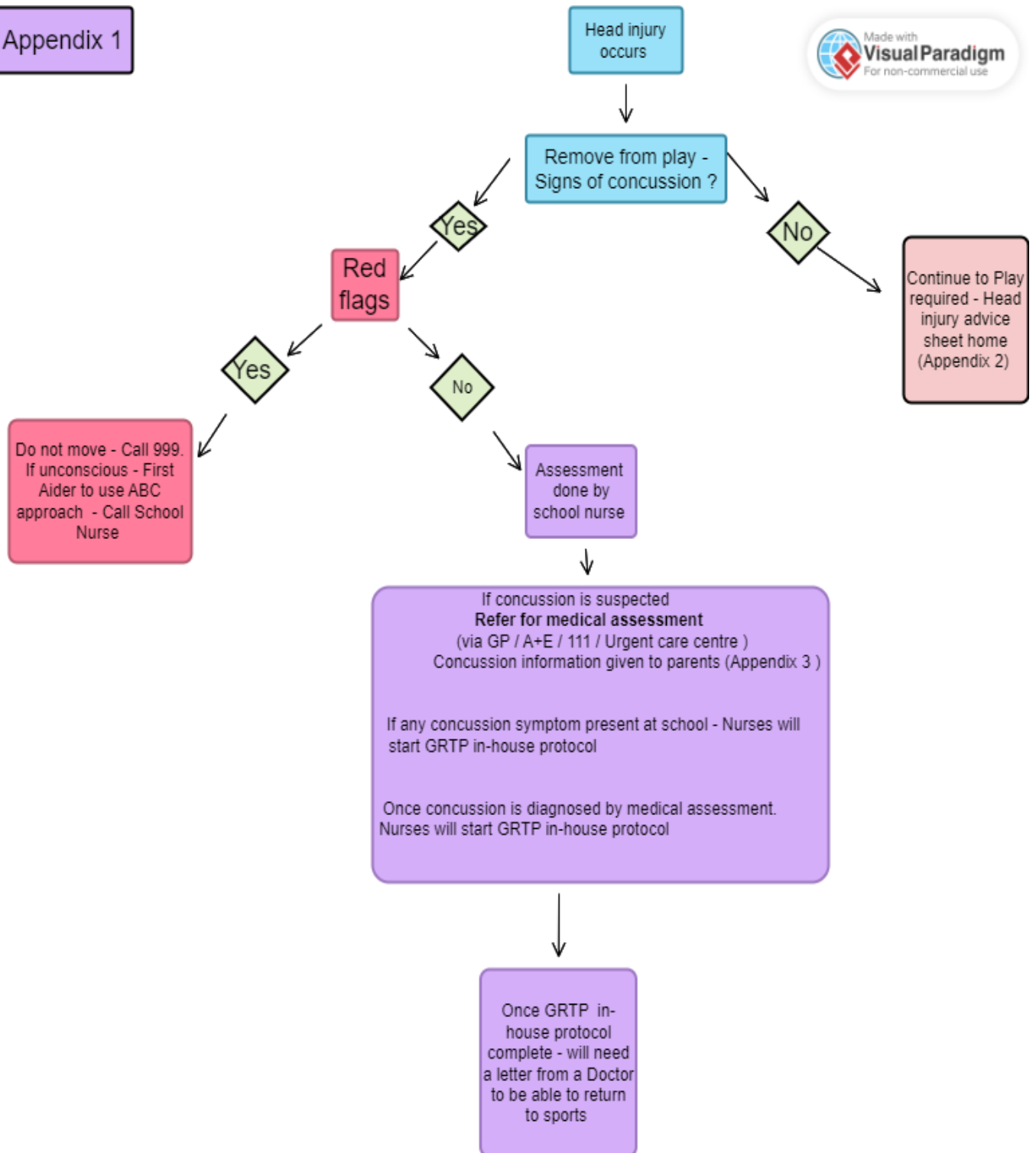
Then a graduated return to education/work & sport will be followed.

Pupils following a graduated return to play will be listed on the "Off Games" spreadsheet saved on sharepoint.

All actions and observations will be recorded on Engage/paper and parents notified (head injury leaflet supplied). An accident form will be completed by the witness or person in charge of activity.

Regarding pupils participating in away fixtures, the pupil should be assessed by the first aider at the away fixture or if there is a school medical centre on site, assessed by a nurse or doctor. The pupil should be given Kimbolton School's Head Injury advice sheet and the parents must be informed. If a paper copy is not available, then parents must be advised to read the head injury advice document in the 'policies' section of the school website. The Kimbolton school nursing team needs to be informed via nurse@kimbolton.cambs.sch.uk or prepnurse@kimbolton.cambs.sch.uk

Appendix 1



Prep School Head Bump management

A bump to the head is common in younger children and different to a head injury.

If a pupil is asymptomatic i.e., there is no bruising, swelling, abrasion, mark of any kind, dizziness, headache, confusion, nausea or vomiting and the pupil appears well then, the incident will be treated as a 'bump' rather than a 'head injury'.

The pupil can be assessed by a first aider, which involves observation for 15 minutes whilst checking for the following symptoms:

- Nausea
- Mild headache
- Tender bruising or mild swelling of the scalp
- Mild dizziness

If the pupil exhibits none of the above during the time frame they can return to normal lessons.

The first aider needs to log the incident and notify parents by completing a head bump form (see appendix 4) and placing in pupils book bag. A carbon copy of this form is to be sent to the nursing team who will add 'head bump' to medical concerns area on Engage. This allows the nursing team to monitor and audit head bumps at prep school.

If the pupil begins to display head injury symptoms, they will be escorted by a relevant person to the medical room for further assessment by the nursing team.

| Graduated Return To Play Programme (Under 19s) | | | | | | |
|--|---|--|---|--|---|--|
| | Stage 1 | Stage 2 | Stage 3 | Stage 4 | Stage 5 | Stage 6 |
| Duration Post Injury | 24-48 hours post injury | 24 hours minimum | 48 hours minimum | 48 hours minimum | Day 14 minimum | Day 21 minimum |
| Activity | Minimal screen time. Plenty of sleep. Can read or complete easy daily activities in 10-15 minute slots. | Increase activities i.e. introduce school work at home, minimal TV/phone use/gaming. | Return to school after a discussion with the school nurse – part time may be necessary and to use break and lunchtimes to rest. | Return to study/work – part time may need to be considered. | Full academic activity. | Full academic activity. |
| Exercise | None | Short walks. Simple chores. | Brisk walks/stationary cycling – NO high intensity or weight resistance training. | Non-contact training where there is minimal risk of head injury. | Unrestricted sports - training only. | Return to competitive sports if completely symptom free, written evidence of review by GP and deemed 'fit' |

Student can move onto the next stage once symptom free/extremely minimal.

Must return to previous stage for 24 hours if symptoms worsen.

Progressing too quickly through the stages whilst symptoms are exacerbated may slow the overall recovery.

Student must have an assessment with the school nurse on return to school.

Student must have a further assessment with the school nurse/healthcare practitioner **prior** to starting stage 5. Student must be seen by a GP and signed off as fit **prior** to starting competitive sports at stage 6.

If symptoms deteriorate or do not improve by day 14 post injury – seek advice from the school nurse or NHS 111. If symptoms are continuing 28 days post injury, seek medical advice from their GP.

References

UK Government (2023) *If in Doubt, Sit Them Out*. Available at <https://www.sportandrecreation.org.uk/policy/research-publications/concussion-guidelines> (Accessed: 15th May 2023).

NICE Guidelines – Head injury assessment and early management – 18th May 2023

[Overview](#) | [Head injury: assessment and early management](#) | [Guidance](#) | [NICE](#)

RFU – Headcase – Resources currently under review in light of grassroots guidance which was recently released

[07. HEADCASE \(keepyourbootson.co.uk\)](https://www.keepyourbootson.co.uk/07-headcase)

Appendix 2



Kimbolton School

Date:

Dear Parent/Guardian

I wish to inform you that your child sustained a head injury at school today.

The nature of the head injury was

Your child received the following treatment.....

.....
.....

Following a head injury, it is important to observe the individual. Please be aware that if he/she complains of any of the following symptoms, then further medical advice should be sought via 111 or the school nurse:

| | |
|---|---|
| Nausea or vomiting | Dizziness or drowsiness |
| Amnesia, confusion, irritability | Feeling slowed down |
| Severe headache | Feeling like 'in a fog' or 'don't feel right' |
| Pressure in the head | Difficulty concentrating or remembering |
| Neck pain | Fatigue or low energy |
| Balance problems | |
| Visual disturbances, blurred vision, sensitivity to light | |
| Sensitivity to noise | |

Please ensure that a responsible adult supervises all bathing activities whilst your child is suffering from head injury/concussion trauma. Rest and quiet time is essential post head injury.

For more information on head injuries visit <https://www.headway.org.uk/About-traumatic-brain-injury.aspx>

Yours sincerely

Nursing Team – Senior school 01480 862247, Prep school 01480 862265



Concussion Information Sheet for Parents/Guardians

This information sheet has been compiled by the Kimbolton nursing team in order to inform parent's/guardians on how the school is currently managing concussive head injuries. The current process is based on the UK Government's latest guidelines "If in Doubt, Sit Them Out" (April 2023). If you have any questions, please do not hesitate to contact the nursing team:

Senior school: nurse@kimbolton.cambs.sch.uk 01480 862247

Prep School: prep nurse@kimbolton.cambs.sch.uk 01480 862265

What is concussion?

Concussion is a traumatic brain injury resulting in a disturbance of brain function. It effects the way a person thinks, feels and remembers things.

Loss of consciousness (being knocked out) occurs in less than 10% of concussions as is not required to diagnose a concussion. However, anyone who loses consciousness because of a head injury has had a concussion.

Graduated Return to Play

Your child has been assessed as having concussion and will now need to follow the school's graduated return to play schedule (see below). The school's games staff will also be informed of this and have details on the pupil's current stage of play.

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If symptoms deteriorate or do not improve by day 14 post injury – seek advice from the school nurse or NHS 111. If symptoms are continuing 28 days post injury, seek medical advice from their GP.

What happens now?

The pupil should NOT:

- Be left alone in the first 24 hours
- Consume alcohol in the first 24 hours or if symptoms persist
- Drive a motor vehicle within the first 24 hours

If any of the following symptoms occur, urgent medical attention is required in A&E:

- Loss of consciousness
- Deteriorating consciousness (more drowsy)
- Clear fluid leaking from ears or nose
- Increasing confusion or irritability
- Unusual behaviour change
- Any new neurological deficit e.g.
Difficulties with understanding, speaking, reading or writing
Decreased sensation
Loss of balance
Weakness

- Double vision
- Seizure/convulsion
- Severe/increasing headache
- Repeated vomiting
- Severe neck pain

What if I want my child to return to sport earlier than recommended?

Due to the ongoing risks associated with returning to sport prior to full recovery it is not permitted following a concussion diagnosis. This is due to an early return being associated with various risks, including:

Prolonged Symptoms: There is increasing evidence that returning to play prior to full recovery of a concussive episode causes a risk of prolonged symptoms, leading to more time off physical activity and a negative impact on academic studies.

Second Impact Syndrome: This refers to the condition in which an individual who has already sustained a concussive event, suffers a second impact prior to full recovery. This leads to a rapid, severe swelling of the brain, often having catastrophic results leading to life changing brain damage or death.

Please see below two cases highlighting the tragic effect of an early return to sport and second impact syndrome:



The Coroner ruled that Benjamin Robinson's death was the result of Second Impact Syndrome:
<https://committees.parliament.uk/writtenevidence/25319/pdf/>



Fatal Second Impact Syndrome in Rowan Stringer, A 17-Year-Old Rugby Player:
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6536829/>

CTE (Chronic Traumatic Encephalopathy): This is a progressive brain condition that's thought to be caused by repeated blows to the head and repeated episodes of concussion. It has been linked to mental health problems in later life, and an increased susceptibility to concussions.

Can my child continue to play sport outside of school?

It is strongly recommended that you inform all sports clubs/events that your child is involved in about their concussion diagnosis.

Appendix 4

Kimbolton Preparatory School Head Bump Advice Sheet

Name of child:

Class:

Date & Time:

This is to inform you that your child sustained a head bump while at school today, first aid was administered. The nature of the incident was:

Following a head bump it is important to monitor your child closely for signs of head injury and contact your GP/A&E if your child shows any signs of concussion which may include:

- Drowsiness or dizziness
- Blurred or double vision
- Severe headache
- Changes in mood or behaviour
- Confusion
- Vomiting
- Neck pain
- If you have any concerns