ST. JOSEPH'S COLLEGE
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HEAD INJURIES POLICY

St Joseph's College, Reading

HEAD INJURY AND CONCUSSION POLICY

1. Introduction

1.1 The aim of this policy is to:

1.1.1 Ensure understanding of the key terms and the link between head injury and brain injury;

1.1.2 Identify sport activities which carry a risk of head injury;

1.1.3 Underscore the importance of creating suitable risk assessments for sport activities being undertaken by the College; and

1.1.4 Provide clear processes to follow when a head injury is sustained.

1.2 This policy applies to:

1.2.1 College staff (including part time or occasional employees or visiting teachers);

1.2.2 Students of the College

1.2.3 Parents of Students at the School; and

1.2.4 Any other individual participating in any capacity in a College activity. For example, this would include a contractor providing sports coaching, or a volunteer on a College trip.

1.3 A head injury could happen in any area of College 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.

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**: is any sport where physical contact is an acceptable part of play for example rugby, football and hockey.

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 and netball.

3. The risks

3.1 Playing contact and non-contact sport increases an individual's risk of collision with objects or other players.

3.2 Collisions can cause a head injury, which can cause a traumatic brain injury such as a concussion.

3.3 It is very important to recognise that a student 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 Chronic Traumatic Encephalopathy (CTE).

4. Preventative steps to reduce the risks

4.1 Any person responsible for the undertaking of a sporting activity must ensure a suitable risk assessment for the specific sport activity is created.

4.2 This risk assessment should be tailored to the specific College environment and should:

4.2.1 Identify the specific risks posed by the sport activity, including the risk of players 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 played in Schools have each produced head injury guidelines that are specific to their sport. Those responsible for risk assessing sport 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: https://www.afpe.org.uk/physical-education/wp-content/uploads/Concussion_guidelines_for_the_education_sector_June2015.pdf

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://www.englandrugby.com/participation/playing/headcase/age-grade/schools-and-colleges

(b) RFU Graduated Return to Play guidelines: https://www.englandrugby.com/dxdam/04/0453acb5-5fe2-4608-91b0-a2bd191c3016/HEADCASE%20GRTP.pdf

4.3.4 Hockey:

(a) GB & England Hockey Concussion Policy https://www.cuhc.org.uk/wp-content/uploads/2020/10/CUHC-Concussion-Policy-2020-21.pdf

(b) England Hockey 'Safe Hockey' guides https://www.englandhockey.co.uk/governance/duty-of-care-in-hockey/safe-hockey

4.3.5 Cricket:

(a) ECB www.ecb.co.uk/about/science-and-medicine/concussion-in-cricket/return-to-play

4.4 Potential measures to reduce the risk of players sustaining head injuries while playing sports might include:

4.4.1 Structuring training and matches in accordance with current guidelines from the governing body of the relevant sport (see above);

4.4.2 Removing or reducing contact elements from contact sports, for example removing 'heading' from football (following ISFA U12 guidelines currently on heading in football)

4.4.3 Removing or reducing removing the contact elements of contact sports during training sessions (limiting contact practice in Games lessons to 1/3 maximum in training)

4.4.4 Ensuring that there is an adequate ratio of coaches to players in training;

4.4.5 Ensuring that students are taught safe playing techniques;

4.4.6 Ensuring that students are taught to display sportsman like conduct at all times and maintain respect for both opponents and fellow team members equally;

4.4.7 Using equipment and technology to reduce the level of impact from collision with physical objects (e.g. using padding around rugby posts, using soft balls, not overinflating footballs etc.);

4.4.8 Using equipment and technology to reduce the level of impact from collision between players (e.g. gumshields, helmets etc);

4.4.9 Coaching good technique in high risk situations (such as rugby tackles);

4.4.10 Ensuring that the playing and training area is safe (for example, that is not frozen hard, and there are suitable run-off areas at the touchlines);

4.4.11 Ensuring that a medical professional is easily accessible during training and matches.

5. Head injuries sustained outside of College

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 College, students 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 student sustains a head injury which has caused a concussion whilst participating in an activity outside of the College, the parents of the student concerned should promptly provide The College office, and form tutor with sufficient details of the incident, and keep the School updated of any developments thereafter. This would apply, for example, if a student suffers a concussion playing rugby for an external rugby club or if a student sustains a head injury while talking part in an informal game of sport, for example in the local park.

5.4 The College will determine the appropriate way forward on receiving a notification of this nature. That might include reviewing any return to play plan already established by the external club, or if no such plan has been put in place, considering whether a return to play plan should be established under this policy.

5.5 In turn the College will inform parents where a student has sustained a head injury causing a concussion at College.

6. Procedure to follow where a student sustains a head injury at College

6.1 The welfare of students 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 Where a student sustains a suspected head injury or concussion, the person supervising the activity should immediately remove the student from play where it is safe to do.

6.3 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 at Appendix 2, 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:

6.3.1 Loss of consciousness;

6.3.2 Seizure or convulsion;

6.3.3 Balance problems;

6.3.4 Nausea or vomiting;

6.3.5 Drowsiness;

6.3.6 More emotional;

6.3.7 Irritability;

6.3.8 Sadness;

6.3.9 Fatigue or low energy;

6.3.10 Nervous or anxious;

6.3.11 "don't feel right";

6.3.12 Difficulty remembering;

6.3.13 Headache;

6.3.14 Dizziness;

6.3.15 Confusion;

6.3.16 Feeling slowed down;

6.3.17 "Pressure in head";

6.3.18 Blurred vision;

6.3.19 Sensitivity to light;

6.3.20 Amnesia;

6.3.21 Feeling like "in a fog";

6.3.22 Neck pain;

6.3.23 Sensitivity to noise; and

6.3.24 Difficulty concentrating.

6.4 Where a person displays any of the symptoms above, they should not be permitted to return to play and should be assessed by the medical professional.

6.5 The medical professional should determine whether the student is displaying any "red flag" symptom in which case the ambulance services should be called on 999. The Pocket Concussion Recognition Tool at Schedule Two identifies the following red flags:

6.5.1 Athlete complains of neck pain;

6.5.2 Increasing confusion or irritability;

6.5.3 Repeated vomiting;

6.5.4 Seizure or convulsion;

6.5.5 Weakness or tingling/burning in arms or legs;

6.5.6 Deteriorating conscious state;

6.5.7 Severe or increasing headache;

6.5.8 Unusual behaviour change; and

6.5.9 Double vision.

6.6 The staff will then ensure that the student's parents are notified of the head injury as soon as reasonably possible, and in any case on the same day of the incident. A follow up email example can be found in appendix 4.

6.7 Anyone sustaining a head injury and showed symptoms of concussion will not be allowed to drive themselves or travel home unaccompanied by either College or public transport, and alternate arrangements should be made.

6.8 The staff will ensure that the College accident form is completed as soon as reasonably practicable whenever a student suffers a suspected head injury (link found in Appendix 3). They must also use the SIMS function to log head injuries.

6.9 Tutor Staff who are sent Illness report from parents must also log via SIMS function

6.10 Designated staff member Office Administrator must run a weekly SIMS report and send to the director of sport to ensure no pupil plays when reported head injuries have occurred.

7. Managing a return to play following a head injury

7.1 Any student that has suffered a head injury and showed symptoms of concussion should be subject to a graduated return to play programme (**GRTP**).

7.2 The GRTP should be developed in consultation with a suitably qualified medical professional and be tailored to the specific circumstances of the individual (including the type of injury sustained and the relevant sport). For an example GRTP, see the GRTP developed by England Rugby here: https://www.englandrugby.com/dxdam/04/0453acb5-5fe2-4608-91b0-a2bd191c3016/HEADCASE%20GRTP.pdf

7.3 It is the responsibility of the parents to ensure that their child does not participate in any inappropriate physical activity outside of College whilst they are subject to a GRTP.

8. Breaches of this policy

8.1 The College takes its duty of care very seriously. The College will take appropriate action against any person found to have breached this policy. For example:

8.1.1 if a student attempts to return to play in breach of their GRTP plan, the College would consider the matter under the School's student disciplinary policy;

8.1.2 if a member of staff fails to report a head injury, the College would consider the matter under the College's staff disciplinary policy; and

8.1.3 if a parent fails to report to the College a head injury their child sustains outside of College, the College will consider the matter under the terms of the College parent contract.

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Appendix 1
Head Injury Form

Name of student	
Date of incident	
Time of incident	
Description of incident	
Description of head injury	
Action taken	

SIGNED: ……

NAME: ……

POSITION: ……..

Appendix 2
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.

Annexure 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

Annexure 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

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
- Deteriorating conscious state
- Severe or increasing headache
- Unusual behaviour change
- Double vision -

Weakness or tingling / burning in arms or legs

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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Appendix 3
Link to Accident Form

Assurity Consulting (assurityplus.co.uk)

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Appendix 4
Example of Email home to parents/guardian

Dear [Parent/Guardian]

Your child has suffered a head injury today in school and should be watched closely for the next 24 hours. If you are worried that he/she is developing a problem, please contact your doctor or nearest Emergency Department or, if necessary call an ambulance.
Important things to look for are:

- Increasing confusion (not knowing where they are, getting things muddled up)
- Increasing drowsiness (feeling very sleepy all the time)
- Persisting headache
- Vomiting (being sick)
- Weakness of one or more limbs
- Not seeing or breathing as well as usual
- Watery fluid or blood coming from the ear, nose or mouth
- A fit (collapsing and feeling a bit out of touch afterwards)
- Any behaviour not normal for your child

When your child is sleeping, you should arrange to check him/her for the first night at regular intervals to find out:

- Does he/she appear to be breathing normally
- Is he/she sleeping in a normal posture
- Does he/she make the expected response when you rouse him/her gently (e.g. pulling up sheets, cuddling teddy bear

If you cannot satisfy yourself that your child is sleeping normally, he/she should be wakened fully to be checked.
If you are concerned about any of these symptoms, then please take your child to be checked by a doctor.
If a child has been diagnosed with concussion the following timetable should be used to review recovery.

Concussion Timetable Review

Timeframe/Day	Event	Acceptable Activities
Day 1	Injury Occurred – Diagnose by GP on day (Match day) or as soon as possible	COMPLETE REST
Day 2		
Day 3		
Day 4		
Day 5		
Day 6		
Day 7		
Day 8	Week 1 Review	COMPLETE REST
Day 9		

Day 10		
Day 11		
Day 12		
Day 13		
Day 14		
Day 15	Week 2 GP Review	WALK, SLOW CYCLE In gym
Day 16		
Day 17	Review	WALK, CYCLE, SWIM
Day 18		
Day 19	Review	JOG/RUN (with team)
Day 20		
Day 21	Review	RUN/ BALL DRILLS (Remain non-contact)
Day 22		
Day 23	23 Day GP Review	If all well, back to normal activity

Kind Regards

[Member of staff name]