ST. JOSEPH'S COLLEGE
READING • BERKSHIRE

St Joseph's College – Head Injury Policy

Author	Markus Orgill, Director of Sport
Version	1.0
Date of Next Review	April 2025

Introduction

This policy is written for all members of St Joseph's College staff, with particular relevance to those who teach Games and supervise break times. The aims of this policy are:

a. To acknowledge the significance of concussion, however it occurs.
b. To encourage an understanding both by pupils and staff that a return to sport too soon after a concussion injury carries significant risk to immediate and long-term health.
c. To acknowledge that concussion can affect cognitive functioning for weeks after an injury, and to encourage staff to support affected pupils appropriately.
d. To provide a protocol to follow to facilitate a prompt medical review if a pupil suffers a suspected concussion on school grounds.
e. To provide a protocol to follow during the recovery phase to ensure that a pupil is appropriately managed to allow them to make a full and safe recovery to school life, including sport.

Defining Concussion

Concussion is a brain injury caused by a blow to the head or body which leads to shaking of the brain (Concussion Guidelines for the Education Sector [CGES]). It does not require a loss of consciousness to be diagnosed – in fact, less than 10% of people with concussion present in this way. It can occur in any situation where there is the possibility of suffering a head injury – either a direct blow to the head or the head being shaken when another area of the body is struck. Attention should be particularly paid to:

- High-impact sports (e.g., rugby)
- Sports undertaken from a height (e.g., climbing)
- Sports carried out on a hard surface (e.g., tennis, squash)
- Sports involving a hard ball, bat, stick or racquet (e.g., cricket, tennis, hockey)

Symptoms of concussion can first present at any time after the impact but typically occur in the first 24-48 hours. 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 without high staff awareness(CGES).

Concussion must be taken extremely seriously to safeguard the short- and long-term health and welfare of pupils. Typically, most people recover from concussion over a period of days or weeks, although in some cases symptoms may be prolonged. A small minority turn into post-concussion syndrome, which can last for months and even years, so a conservative approach needs to be taken. This is considered in the national guidance. There is good evidence that during the recovery period from concussion, the brain is more vulnerable to potential further injury.

If a pupil returns to sport before they have fully recovered and have further concussions this may result in:

- Prolonged concussion symptoms
- Possible increased risk of long-term health consequences e.g., mild cognitive impairment or possibly degenerative brain disorders in later life (e.g., dementia)
- In adolescents, a further concussive event before recovery can in rare cases be FATAL, due to severe brain swelling. This is known as second impact syndrome.

The following pupils may all require a longer recovery period:

- Those with a history of a previous concussion within 12 months
- Those who have had a prolonged period of recovery from a previous concussion
- Those pupils who have Attention Deficit Hyperactive Disorder (ADHD)

Assessing a Pupil with Suspected Concussion

After a blow to the head, the following signs and symptoms indicate that the pupil should be transferred to hospital immediately and a member of staff should dial 999 and then call the college reception:

- Loss of, or deteriorating, consciousness (or becoming drowsier)
- Severe or increasing headache (evident by pupil clutching their head)
- Repeated vomiting
- Double vision
- Severe neck pain
- Weakness or tingling/burning in arms or legs
- Increasing confusion or irritability
- Seizure (having a fit)
- Any unusual (for that pupil) behaviour change

If a pupil is unconscious because of a head injury whilst playing sport, the game must be stopped, and the pupil must not be moved until the arrival of the ambulance.
With any of the following signs and symptoms, the pupil must leave the pitch immediately and be taken, with an adult escort, to the college reception for medical assessment:

- Slow to get up
- Unsteady on their feet/dizzy
- Uncoordinated in their movements
- Blank or vacant look
- Dazed or confused
- More emotional than usual, or obvious sadness
- Headache
- Mental clouding/feeling slow
- Difficulty concentrating
- Nausea or vomiting
- Drowsiness/fatigue
- Pressure in their head
- Blurred vision, sensitivity to light
- Irritability
- Difficulty remembering or amnesia
- Neck pain
- Just doesn't 'feel right'

The parents of any pupil who suffers a significant blow to the head MUST be notified by email or phone as soon as possible, regardless of whether they display any of the above symptoms.

If a situation arises whereby there is a conflict of opinion as to the significance of a blow to the head, in the absence of a qualified medical professional or suitably qualified first aider, the Independent Match Official in charge is the responsible decision-maker. He or she has the authority to remove the player from the game until they seek a medical assessment.

IF IN DOUBT, SIT THEM OUT.

If any symptoms experienced last less than 30 minutes and the pupil has remained symptom-free, then after 48 hours, the pupil may not need to go onto the concussion pathway. This is at the discretion of a registered nurse who will discuss with a doctor if unsure.

If concussion is diagnosed, the pupil should follow Rugby Football Union (RFU) Headcase guidance (2014) appropriate for their age as outlined in the next section. Markus Orgill, Director of Sport, will keep a log of the start and finish date for each return to play in conjunction with the pupil's parents.

Concussion Guidelines and Graduated Return to Play
The image below outlines the six stages of the Graduated Return to Play (GRTP).

Stage	Rehabilitation stage	Exercise allowed	% Maximum heart rate	Duration	Objective
1	Rest period	Including 1-3 days complete body and brain rest		14 days	Recovery
2	Light exercise	Walking, light jogging, swimming, stationery cycling or equivalent. No resistance training, weight lifting, jumping or hard running	<70%	<15 mins at a time, for 48 hrs. minimum	To increase heart rate
3	Sport-specific exercise	Simple movement activities, e.g., running. Limit body and head movement. NO head impact activities	<80%	<45 mins at a time, for 48 hrs. minimum	To add movement
4	Non-contact training	Progression to more complex training activities with increased intensity, coordination and attention e.g., passing. May start resistance training. NO head impact activities	<90%	<60 mins at a time, for 48 hrs. minimum	Exercise, coordination and skills/tactics
5	Full contact practice	Normal training activities with risk of potential body contact			Restore confidence and assess functional skills by coaching staff
6	Return to full play	Normal uncontrolled match play, which starts 24 hours after full contact practice			Return to play

This programme has been agreed across sports and reproduced as national guidelines for the Education Sector endorsed by the Department of Health and the Department for Education. It must be emphasised that these are minimum return to play times and for pupils who do not recover fully within these timeframes, this will need to be longer.
If a pupil completes each stage successfully without any symptoms, they would take 23 days to complete their rehabilitation (this includes the 14-day rest period). If any symptoms occur while progressing through the GRTP protocol, the pupil must return to the previous stage and attempt to progress again after a minimum 48-hour period of rest has passed without the appearance of any symptoms.

If well enough, the pupil will then be moved up the protocol. After stage 4, the pupil must be assessed by a doctor before proceeding to level 5 and returning to play.

Heading Advice for Football

Following government research and consultation in May 2021, new advice from England Football, states that: "It is recommended that heading practice is limited to 10 headers per session and only one session a week where heading practice is included. Players should be responsible for monitoring their own heading activity"
Heading in Football | England Football

Treatment for Head Injury with Suspected Spinal Injury

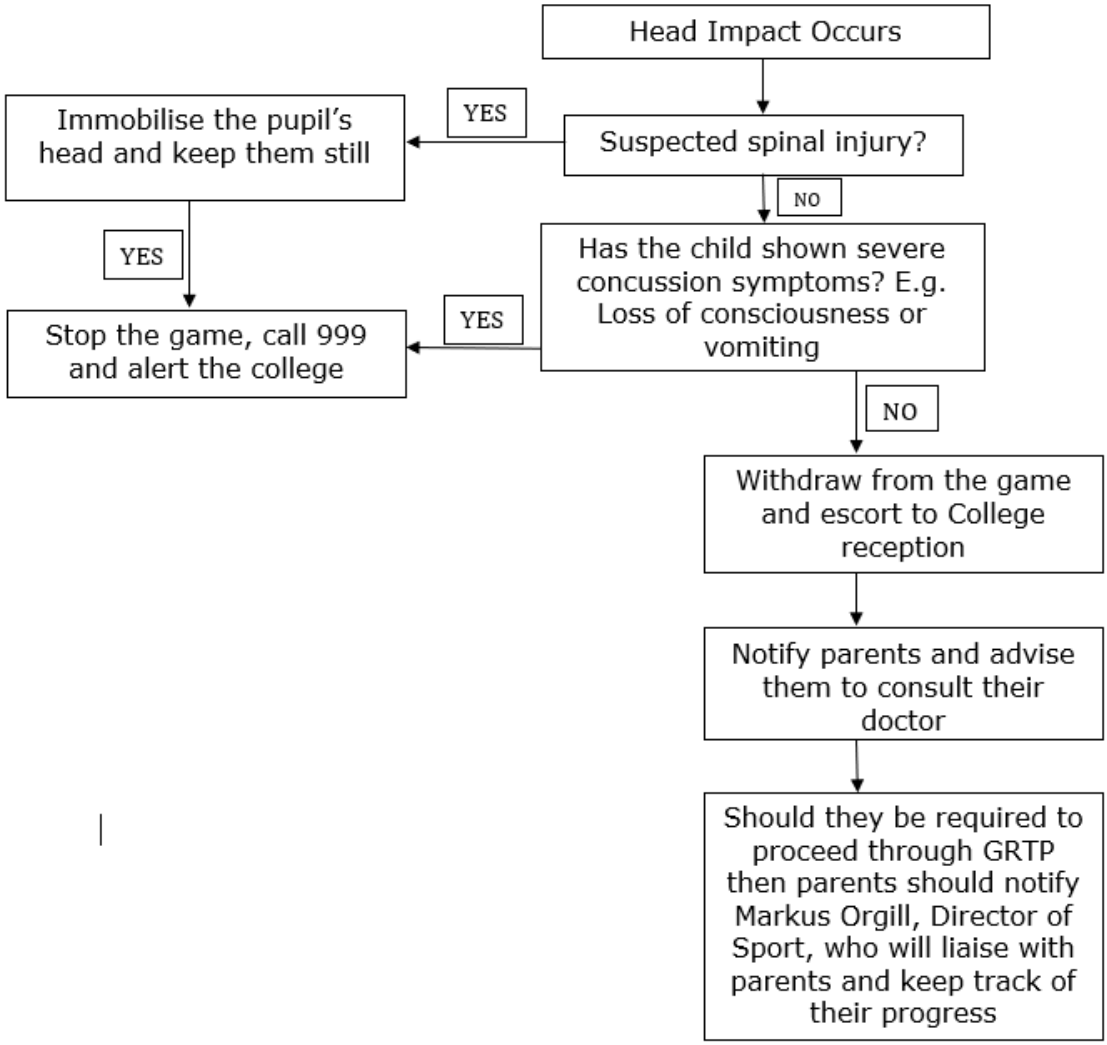
When treating a head injury which could also have caused a spinal injury the following steps should be taken:

- Immobilise the pupil's head by placing your hands on either side
- Then call 999 and ask for an ambulance
- Call the college
- Do not move the pupil unless necessary
- The pupil may only be moved at the discretion of a qualified medical practitioner

Attention should be paid to the following particular activities:

- Diving
- Trampolining and gymnastics
- A fall from a height greater than 2 ½ x the casualty's own height

Flowchart for Staff



Further Useful Links

Scottish Sports Concussion Guidance
https://sportscotland.org.uk/media/3382/concussionreport2018.pdf
Rugby Football Union (RFU)
https://www.englandrugby.com/dxdam/a8/a8de3371-faf7-40c8-8150-6fda7bcb9cd8/HEADCASE%20OVERVIEW%20V2.pdf
Medical Officers of Schools Association (MOSA) (This can only be accessed by members)
https://www.mosa.org.uk/
National Institute for Clinical Excellence (NICE)
https://www.nice.org.uk/guidance/cg176
Alzheimers Society - Some research does suggest traumatic brain injuries may increase the risk of dementia. However, there is still much more research to be done to understand this complex issue, particularly in relation to contact sports like football and rugby
https://www.alzheimers.org.uk/about-dementia/risk-factors-and-prevention/head-injury-sport-dementia