Ludgrove School

HEAD INJURIES POLICY

AIMS

At Ludgrove 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 the School receive the best possible care and attention. Whilst a head injury can be sustained at any time, this policy has been put together with specific focus on dealing with injuries sustained during a sporting activity.

The policy deals with 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 play or return to learn protocols.

DEFINITIONS

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.

TRAINING - All sports staff and nurses receive training in head injury and concussion.

RISK ASSESSMENT

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 – are pupils well-prepared to play?

CONCUSSION AWARENESS

Concussion recognition is summarised in Appendix 1. Below is a summary of symptoms that can be experienced when concussion has occurred. It should though be noted that there is no definitive list/combination of symptoms to prove that a concussion has occurred.

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

If after any head injury or violent shaking of the head any of the signs or symptoms listed above occur the case should be treated as a concussion, with the pupil removed from play (if the injury has taken place within a match context) and medical attention sought. If there are no immediate signs or symptoms but the mode of injury was such that concern remains, the pupil should still be removed from play (if the injury take place within a match context) and medical attention sought.

If any of the following symptoms (‘red flags’ listed in Appendix 1) are reported or observed, the pupil should be reviewed immediately by a medical professional and, if necessary, a 999 call placed to the emergency services.

- 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.

The majority (80-90%) of concussions resolve in a short period (c.7-10 days) although this may be longer in children and in adolescents. It is for this reason that a more conservative approach is undertaken with pupils at Ludgrove, ensuring that enough time is allowed for healing and to minimise the risk of potential further injury.

During the recovery period, the brain is more vulnerable to further injury, and if a pupil returns before he has fully recovered, this may result in:

- Prolonged concussion symptoms
- Possible long-term health consequences e.g. psychological and/or degenerative brain disorders;
- further concussive event being FATAL, due to severe brain swelling – known as second impact syndrome

INJURY MANAGEMENT AND ESCORTING THE PUPIL FOR MEDICAL ATTENTION

Any pupil who is sent for medical attention should be accompanied by a member of staff. **In no circumstances should a pupil be accompanied only by another pupil.**

Assessment of a head injury should take place immediately after it is sustained. Where concussion is suspected, medical opinion should be sought immediately either by:
Escorting the pupil to a member of the match-day medical team

- Escorting the pupil to the First Aid provision at an external venue (when the injury is sustained whilst, for example, visiting another school); or
- Dialling 999 (if there are any concerns about the immediate health of the pupil and/or when no other medical provision is available).

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 Ludgrove School staff. On return to School, any pupil who has sustained a head injury should be escorted to the nurses for review so that the correct process can then be initiated nurses.

NURSES ROOM PROTOCOL AROUND CONCUSSION

WHERE CONCUSSION IS SUSPECTED

If on completion of the assessment a concussion is suspected, the injury must be recorded on ISAMS and the accident book and concussion protocol implemented

Where an injury is so severe or concerning that it is clear an ambulance should be called, staff should dial 999 and seek support from the emergency services.

If there are signs or symptoms present that are outlined in Appendix 2, but it is felt that a 999 call is not immediately required, the pupil should be referred to attend A&E without delay.

After the pupil's discharge from A&E, they should return home with parents or guardians, where they should remain for a minimum of 48 hours to rest before returning to school and commencing stage 2 of the GRAS protocol.

Alternatively, if no signs or symptoms outlined in Appendix 2 have developed, the pupil should be kept in sick bay under observation for a minimum of two hours. Assuming that after two hours there are still no signs or symptoms outlined in Appendix 2, the pupil can be discharged into the care of a responsible adult. After the pupil's discharge from sick bay, the nurses should act as the responsible adult for the pupil, checking on him at least twice daily in the following 48 hour period.

Any emergence of the examples of neurological deterioration outlined in Appendix 2 should prompt urgent re-assessment by the nurses or, if necessary, transfer to A&E.

WHERE CONCUSSION IS NOT SUSPECTED

Pupils who have sustained a head injury where no signs or symptoms were apparent at the time, have not emerged since and show no concerning signs to the assessing nurse may be discharged from the surgery right away.

If after 48 hours no signs or symptoms have emerged, the nurse can clear the injury and mark the pupil as safe to return to sport.

DIAGNOSED OR SUSPECTED CONCUSSION: NEXT STEPS.

All concussions and suspected concussions should be recorded on ISAMS. If a concussion or suspected concussion is sustained when away off site, the pupil should be escorted by the Master-in- Charge to the nurses upon their return, so that they can be reviewed and the correct process can then be initiated by the nurses.

Where it becomes apparent that a pupil has sustained a concussion or suspected concussion playing for another club or team outside School and this has not been logged on ISAMS, the nurses should be immediately informed so that they can record the injury, clarifying details with the pupil and their parents as necessary.

GRADUATED RETURN TO ACTIVITY AND SPORT (GRAS PROGRAMME – HEADCASE APRIL 2023)

It is increasingly acknowledged that, in some children, returning to academic work while they are still concussed can cause a significant delay in recovery and a deterioration in academic achievement. Where debilitating concussion-related symptoms remain present, a pupil should not be considered fit to return to learning.

Sometimes it may be necessary to reduce the pupil's workload or to allow extra time for assignments.

GRADUATED RETURN TO PLAY (GRTP)

Any pupil who has a concussion or suspected concussion must be managed under the GRAS programme prior to returning to physical activity, regardless of how the injury occurred.

During GRAS a pupil is required to gradually build up the amount of exercise they undertake until they are back to full play, provided the signs and symptoms of concussion do not occur. All exercise during GRAS must be directly supervised by the coach.

There is a minimum return time of 21 days (with the date of injury being day 0), provided there is a symptom free period of 14days. This means that a player will miss a minimum of two weeks with the potential to play on the third weekend (but only if they have been symptoms free for the preceding 14 days)

APPENDIX 1: CONCUSSION RECOGNITION

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 / being slow to get up
- Unsteadiness on feet / balance problems or falling over / lack of coordination
- 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 and symptoms may suggest a concussion

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

Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, and should not be returned to activity before a medical assessment, Pupils with a suspected concussion should not be left alone.

RED FLAGS

If ANY of the following are observed or reported then the player should be reviewed immediately by a medical professional. If necessary, consider calling 999.

Remaining unconscious / deteriorating consciousness	Severe or increasing headache
Pupil complaining of neck pain	Unusual change in behaviour
Increasing confusion or irritability	Prolonged vision problems such as double vision
Repeated vomiting	Bleeding from one or both ears or deafness
Having a fit, seizure or convulsion	Clear fluid leaking from ears or nose
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 do so
- Do not remove helmet (if present), unless trained to do so. Based on the protocols and advice published by Return2Play.

APPENDIX 2: NURSES SURGERY: REFERRAL TO A&E PROTOCOL

The below should be used as a guide for the Nurses to consider whether a pupil should be referred to a hospital Accident & Emergency department. Where there is any doubt, a referral should be made.

Concerning signs and symptoms:

- Deteriorating conscious state
- Increasing confusion, irritability or behavioural change
- Repeated vomiting Seizure or convulsion
- Any focal neurological symptoms since the injury (e.g. Weakness or tingling/burning in arms or legs)
- Severe or worsening headache or neck pain despite simple analgesia
- Visual disturbance (eg persistent double vision)
- Clear fluid leaking from ears or nose
- Bleeding from one or both ears or experiencing deafness Other evidence of possible facial or skull fractures

Relevant past medical history:

- Any previous brain surgery
- Any history of bleeding or clotting disorders Current anticoagulant therapy such as warfarin

Other considerations:

- Current drug or alcohol intoxication (as may mask serious symptoms)
- There are any safeguarding concerns (for example, possible non-accidental injury or a vulnerable person being affected)
- Continuing concern by the professional about the diagnosis
- Visible trauma to the head not covered above but still of concern to the professional

TRANSFER CONSIDERATIONS

Where the decision is taken to refer a pupil to an Accident & Emergency department, the duty nurse will determine whether an ambulance is required based on the pupil's clinical condition. If an ambulance is deemed not to be required, a car is an appropriate means of transport provided that the pupil is accompanied.

If an ambulance is deemed necessary for transfer of the pupil to hospital, the pupil must be accompanied by a responsible adult.

A letter summarising signs and symptoms should be sent with the pupil if possible.