LEICESTER GRAMMAR SCHOOL TRUST

POLICY AND PROCEDURES FOR THE MANAGEMENT OF HEAD INJURIES

This policy refers to the whole Leicester Grammar School Trust (LGST) incorporating Leicester Grammar School (LGS), Leicester Grammar Junior School (LGJS) and Leicester Grammar School Stoneygate (LGSS).

It should be read in conjunction with each individual school's first aid policy and procedures.

Aim

At Leicester Grammar School Trust 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 School receive the best possible care and attention. A head injury can be sustained at any time, therefore this policy has been written to deal with injuries sustained both on and off the sports pitch.

The policy identifies 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 Activity (GRTA) programme.

Leicester Grammar School Trust (LGST) invests and works in partnership with Return 2 Play, a head injury and concussion care service. Return 2 play are part of the Meliora Medical Group, the UK's leading medical services provider for schools. This partnership facilitates access to specialist medics, 7-days-a-week through convenient webcam appointments to ensure a timely and personalised recovery.

Return2Play provides an online injury management system allowing staff to keep an up-to-date injury register of pupils and ensures that if they sustain a concussion it can be recorded and communicated to the interested parties. Return2Play links with SOCS teams sheets so that injured players cannot be selected for fixtures

Terms of reference

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.

Risk assessment

In regards to a sporting fixture or training event, 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 and pre-season training – are pupils well-prepared to play?

Teachers and coaches should make the necessary checks to ensure all pupils engaging in the activity are safe to do so. Staff responsible for pupils in Year 6 and above should check the School's Return2Play concussion register via SOCS prior to any sports session (training or match).

All teaching staff should then pass any relevant information to external coaches as they will not have access to the information for reasons of GDPR.

As part of their health and safety responsibilities, all staff have a duty of care to report any accidents, incidents or near-misses to the School Nursing Team. It is crucial that all staff abide by this so that improvements can be made to pitches and facilities around the School.

Procedures

Non-sport related injury

In the event a knock to the head has been sustained during an activity not related to sport, the pupil should be initially assessed by a qualified first aider or member of the School Nursing Team.

The pupil's condition should be monitored; they can return to normal lessons on the proviso they will be supervised. If deemed necessary, a curtesy telephone call will be made to parents to inform them of the event to enable them to continue with the observation when the pupil returns home.

If at any point the pupil displays head injury symptoms such as:

- Nausea
- Headache

- Tender bruising or swelling to scalp
- Dizziness

the child should be reassessed by a school nurse and observed for further deterioration in their condition. Parents are to be informed by telephone and a decision made as to if the child to be collected from school. The parents are to be provided with a head injury advice sheet (appendix three) advised to seek further medical assessment if they are concerned and signposted to the NHS website www.nhs.uk or NHS 111. If the child is in Year 6 or above, the school nurse should log the injury on the Return 2 play portal and parents should be encouraged to make an appointment with Return 2 Play as soon as possible.

For any head knock, staff must record the details in the first aid room attendance book however trivial, and any relevant medical information should be recorded on SIMS by the school nurse. For primary school aged children, a head bump wristband is to be applied to the pupil's wrist, so staff and parents are aware of the injury and to be vigilant for a change in the pupil's condition.

If the pupil displays any of the following signs or symptoms, they will require immediate further medical assessment.

- Loss of consciousness/confusion or drowsiness
- Loss of balance or difficulty in walking
- Loss of power in arms/legs
- Clear fluid leaks from nose or ear
- Significant visual disturbance – blurred or double vision
- Severe headache not eased by pain relief
- Vomiting
- Seizure

The School Nurse or first aider will decide the most appropriate way of transporting the patient. If an ambulance is required, the emergency 999 service should be used. In cases of a less severe nature, it may be appropriate to transport them to hospital by one of the three following options.

- Contacting the parents and request that they undertake the duty themselves.
- Using the school minibus with the School Nurse or any other member of staff accompanying.
- Using a taxi with the School Nurse or other member of staff accompanying.

No casualty, who is a child, will to travel to hospital unaccompanied. Whilst at the hospital, staff remain "in loco parentis" until parents relieve them of their duty of care for the child.

If there are concerns raised regarding the mechanism of the injury, the appropriate Head Teacher or member of the Senior Leadership Team is to be informed.

Sport related injury

All players and coaches should adhere to the RECOGNISE and REMOVE principle. That being, in the event a head injury is sustained during a sporting activity and there are signs or symptoms of concern raised, the pupil should be removed immediately from play, a concussion assessment conducted and the following procedures followed. The pupil **may not** return to play for the remainder of the sporting activity.

1. Assessment of a head injury should take place immediately after it is sustained using the Pocket Concussion Recognition Tool (appendix two).

2. An accurate history of the head injury should be obtained not only from the pupil but also from other witnesses such as coaches, referees and spectators.

3. **When a serious head injury has occurred or if marked concussion is present, the pupil should be immediately transferred to hospital via ambulance. A member of staff should accompany the pupil. Parents must be informed.**

   Symptoms may include:

   - 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.

4. A more thorough medical assessment must be sought if ANY concerns regarding the pupil's condition are raised, concussion is suspected, or if there are no immediate signs or symptoms but the mode of injury was such that concern remains. This can be achieved by either:

   - Escorting the pupil to a member of the match-day medical team
   - In school hours, requesting the School Nurse to attend or escorting the pupil directly to the Medical Suite
   - Escorting the pupil to the First Aid provision at an external venue (when the injury is sustained whilst, for example, visiting another school)
   - Contacting the pupil's parent and a decision regarding the speed and mode of transportation to a medical facility made.
   - Dialling 999 (if there are any concerns about the immediate health of the pupil and/or when no other medical provision is available).

   Please note, any pupil who has sustained a head injury should be accompanied by a member of staff. In no circumstances should a pupil be accompanied only by another pupil. 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 Leicester Grammar School Trust Staff.

5. Parents should be directly contacted, verbally notified of the head injury, informed of the signs and symptoms to observe for and a head injury advice sheet provided (appendix three). The parents should be advised to seek medical assessment if they are concerned about the health of their child.

6. For pupils in Year 6 and above, an on-line report should be entered via the Return 2 Play system and parents advised to book an on-line appointment at their earliest convenience for a medical assessment.

7. All appropriate staff are to be made aware of a serious head injury sustained by the pupil via morning briefing/e-mail/pastoral bulletin the next working day. This is to ensure that once the pupil returns to school, any concerns or changes in behaviour are identified promptly and the pupil is sent to the School Nurse for assessment.

8. It is the parents and pupil's responsibility to inform any sporting clubs attended outside school of the head injury. It is also expected that parents and/or pupils will inform the school of any head injury which has occurred outside of school and the supporting advice given by the assessing medical professional.

<u>The Graduated Return To Activity Pathway (GRTA)</u>

Any pupil who has sustained a head injury and been given a diagnosis of concussion or suspected concussion by a medical professional, must be managed under the GRTA pathway, regardless of how or where the concussion occurred.

The GRTA pathway has been published by the UK Government and adapted for use by LGST (appendix four). It acts as <u>mandatory guidelines</u> on the timing of return to physical exercise, training and match play for contact sport at LGST, it emphasises the necessity for follow-up checks and supervision. The advice is currently a gradual increase in physical activity after an initial 24-48hr rest period, culminating in a return to competition sport after a minimum of 21 days.

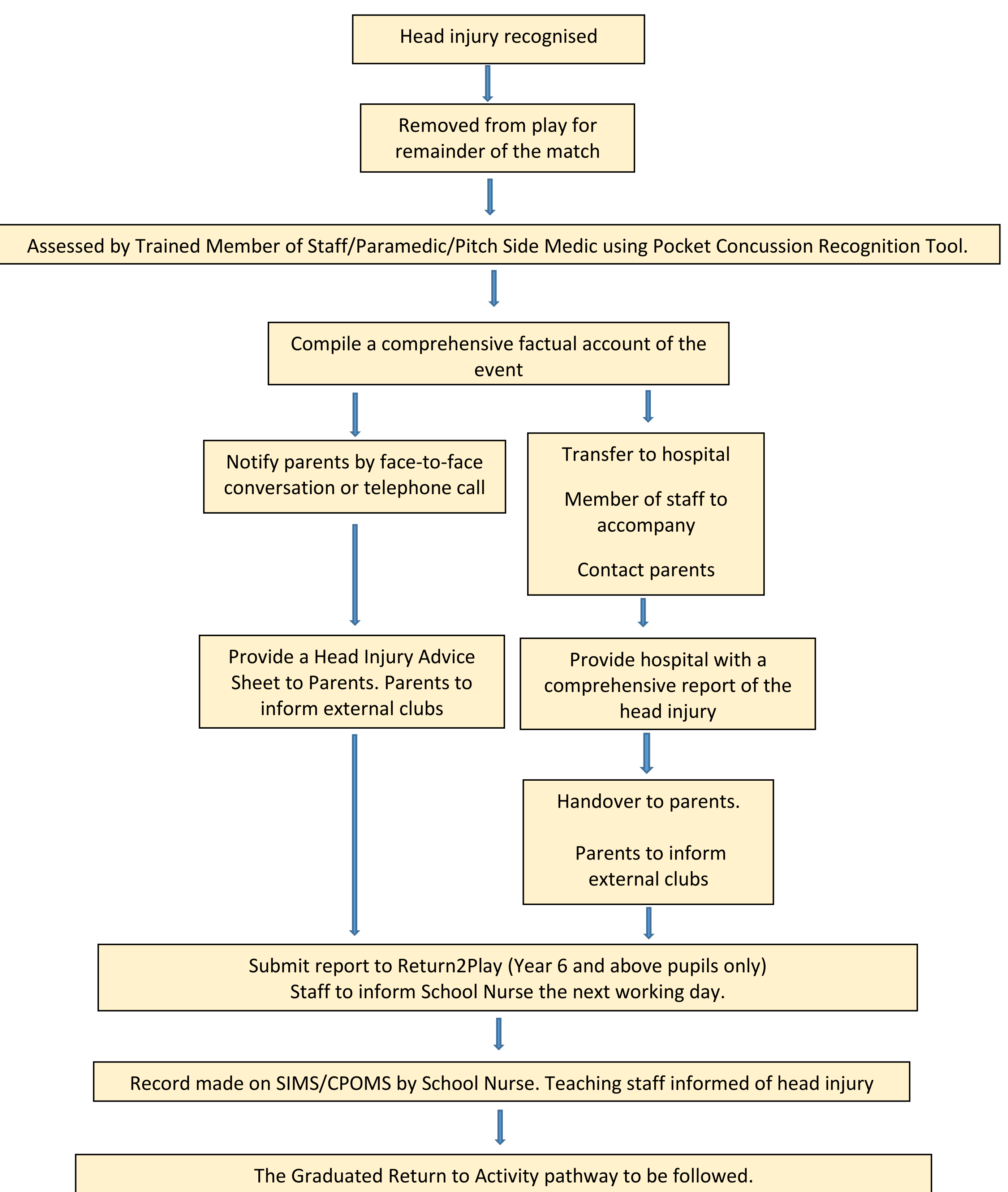
The GRTA pathway will be carried out for all pupils following a concussive head injury under the supervision and guidance of the Director of Rugby/Head of PE/School Nurse and under the care of Return2Play. Sports staff will understand the importance of undertaking the stepped approach to returning to full match play and of discussing any concerns during this phase with the School Nurse/Head of Rugby/Head of PE. For pupils in Year 6 and above, Return2Play should formally clear the pupil to return to full match play, for younger pupils this should be undertaken by their GP.

It is recognised that on occasions concussion may not be evident until several days after the event or injury. In this event the GRTA pathway should be implemented as soon as a diagnosis of concussive head injury has been made and the process adhered to.

As part of the process, it is also prudent to consult with the pupil's teachers to ensure that their academic performance has returned to normal prior to commencing their GRTA.

Appendix One- Head Injury Management Flow Chart

Sports Related Head Injury Management



Appendix Two - Concussion Recognition Tool (CRT-6)

CRT6™

Concussion Recognition Tool

To Help Identify Concussion in Children, Adolescents and Adults

What is the Concussion Recognition Tool?

A concussion is a brain injury. The Concussion Recognition Tool 6 (CRT6) is to be used by non-medically trained individuals for the identification and immediate management of suspected concussion. It is not designed to diagnose concussion.

Recognise and Remove

Red Flags: CALL AN AMBULANCE

If **ANY** of the following signs are observed or complaints are reported after an impact to the head or body the athlete should be immediately removed from play/game/activity and transported for urgent medical care by a healthcare professional (HCP):

- **Neck pain or tenderness**
- **Seizure, 'fits', or convulsion**
- **Loss of vision or double vision**
- **Loss of consciousness**
- **Increased confusion or deteriorating conscious state (becoming less responsive, drowsy)**
- **Weakness or numbness/tingling in more than one arm or leg**
- **Repeated Vomiting**
- **Severe or increasing headache**
- **Increasingly restless, agitated or combative**
- **Visible deformity of the skull**

Remember

- In all cases, the basic principles of first aid should be followed: assess danger at the scene, check airway, breathing, circulation; look for reduced awareness of surroundings or slowness or difficulty answering questions.
- Do not attempt to move the athlete (other than required for airway support) unless trained to do so.
- Do not remove helmet (if present) or other equipment.
- Assume a possible spinal cord injury in all cases of head injury.
- Athletes with known physical or developmental disabilities should have a lower threshold for removal from play.

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If there are no Red Flags, identification of possible concussion should proceed as follows:

Concussion should be suspected after an impact to the head or body when the athlete seems different than usual. Such changes include the presence of **any one or more** of the following: visible clues of concussion, signs and symptoms (such as headache or unsteadiness), impaired brain function (e.g. confusion), or unusual behaviour.

CRT6™

Developed by: The Concussion in Sport Group (CISG)

Supported by:

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Concussion Recognition Tool

To Help Identify Concussion in Children, Adolescents and Adults

1: Visible Clues of Suspected Concussion

Visible clues that suggest concussion include:

- Loss of consciousness or responsiveness
- Lying motionless on the playing surface
- Falling unprotected to the playing surface
- Disorientation or confusion, staring or limited responsiveness, or an inability to respond appropriately to questions
- Dazed, blank, or vacant look
- Seizure, fits, or convulsions
- Slow to get up after a direct or indirect hit to the head
- Unsteady on feet / balance problems or falling over / poor coordination / wobbly
- Facial injury

2: Symptoms of Suspected Concussion

Physical Symptoms
Headache
"Pressure in head"
Balance problems
Nausea or vomiting
Drowsiness
Dizziness
Blurred vision
More sensitive to light
More sensitive to noise
Fatigue or low energy
"Don't feel right"
Neck Pain

Changes in Emotions
More emotional
More Irritable
Sadness
Nervous or anxious

Changes in Thinking
Difficulty concentrating
Difficulty remembering
Feeling slowed down
Feeling like "in a fog"

Remember, symptoms may develop over minutes or hours following a head injury.

3: Awareness

(Modify each question appropriately for each sport and age of athlete)

Failure to answer any of these questions correctly may suggest a concussion:

"Where are we today?"

"What event were you doing?"

"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 PRACTICE OR PLAY and should NOT RETURN TO ANY ACTIVITY WITH RISK OF HEAD CONTACT, FALL OR COLLISION, including SPORT ACTIVITY until ASSESSED MEDICALLY, even if the symptoms resolve.

Athletes with suspected concussion should **NOT**:

- Be left alone initially (at least for the first 3 hours). Worsening of symptoms should lead to immediate medical attention.
- Be sent home by themselves. They need to be with a responsible adult.
- Drink alcohol, use recreational drugs or drugs not prescribed by their HCP
- Drive a motor vehicle until cleared to do so by a healthcare professional

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Appendix Three- Head Injury Advice Leaflet

Head Injury Advice Sheet

Advice for parents and carers of children

How is your child?

RED

If your child has any of the following during the next 48 hours:

- Vomits repeatedly i.e. more than twice (at least 10 minutes between each vomit)
- Becomes confused or unaware of their surroundings
- Loses consciousness, becomes drowsy or difficult to wake
- Has a convulsion or fit
- Develops difficulty speaking or understanding what you are saying
- Develops weakness in their arms and legs or starts losing their balance
- Develops problems with their eyesight
- Has clear fluid coming out of their nose or ears

You need urgent help
Go to the nearest Hospital Emergency (A&E) Department or phone 999

AMBER

If your child has any of the following during the next 48 hours:

- Develops a persistent headache that doesn't go away (despite painkillers such as paracetamol or ibuprofen)
- Develops a worsening headache

You need to contact a doctor or nurse today
Please ring your GP surgery or call NHS 111 - dial 111

GREEN

If your child:

- Is alert and interacts with you
- Vomits, but only up to twice
- Experiences mild headaches, struggles to concentrate, lacks appetite or has problems sleeping

Self Care
Continue providing your child's care at home. If you are still concerned about your child, call NHS 111 – dial 111

How can I look after my child?

- The child should be monitored in a quiet, warm environment to ensure no worrying symptoms develop.
- Ensure they have plenty of rest initially, it is sensible to avoid screen time and reading during this stage.
- The child should be advised to take it easy for a couple of days and have a day or two off school if feeling unwell. A gradual return to normal activities/school is always recommended.
- Increase activities only as symptoms improve and at a manageable pace.

Head Injury Advice Sheet

Advice for parents and carers of children

Concussion following a head injury

Concussion can happen after a mild head injury, even if they were not "Knocked out".
Symptoms can include mild headache, feeling sick (without vomiting), dizziness, bed temper, problems concentrating, difficulty remembering things, tiredness, lack of appetite or problems sleeping. Some symptoms resolve quickly whilst others may take a little longer.

9 out of 10 children with concussion recover fully, but some can experience long term effects. It is important your child follows a gradual return to normal activities and they have been assessed by a doctor before beginning activities.

If you are concerned your child has sustained a concussion, please:

- Refer to the guidance overleaf
- Inform the School Nursing Team
- If your child is in Year 6 or above, please log into Return 2 Play and book an on-line appointment to see a head injury specialist doctor. Return 2 Play website:

Advice about returning to sport

If your child has been given a diagnosis of concussion, it is important for their brain to be given enough time to rest and recover before they return to activity and sport **both in and outside of school.**

This is the return to activity and sport pathway you can expect your child to follow over the coming weeks:

If you have any queries, please contact the School Nursing Team on: schoolnurse@leicestergrammar.org.uk

Alternatively, you can telephone via the school reception:
Leicester Grammar Junior School (0116) 2591950
Leicester Grammar Senior School (0116) 2591900
Leicester Grammar Stoneygate School (0116) 2592282

Appendix Four- Graduated Return to Activity (GRTA)

• Generally, a short period of relative rest (first 24-48 hours) followed by a gradual stepwise return to normal life (education, work, low level exercise), then subsequently to sport is safe and effective. It is reasonable for a student to miss a day or two of studies.
• Progression through the stages below is dependent upon the activity not more than mildly exacerbating symptoms. Medical advice from Return 2 Play or via NHS 111 should be sought if symptoms deteriorate or do not improve by 14 days after the injury. Those with symptoms after 28 days should seek medical advice via their GP.
• Participating in light physical activity is beneficial and has been shown to have a positive effect on recovery after the initial period of relative rest. The focus should be on returning to normal daily activities of education and work in advance of unrestricted sporting activities.

Graduated return to activity (education/work) and sport programme

Stage	Focus	Description of activity	Comments
Stage 1	**Relative rest period (24-48 hours)**	Take it easy for the first 24-48 hours after a suspected concussion. It is best to minimise any activity to 10 to 15-minute slots. You may walk, read and do some easy daily activities provided that your concussion symptoms are no more than mildly increased. Phone or computer screen time should be kept to the absolute minimum to help recovery.	
Stage 2	**Return to normal daily activities outside of school or work.**	• Increase mental activities through easy reading, limited television, games, and limited phone and computer use. • Gradually introduce school and work activities at home. • Advancing the volume of mental activities can occur as long as they do not increase symptoms more than mildly.	There may be some mild symptoms with activity, which is OK. If they become more than mildly exacerbated by the mental or physical activity in Stage 2, rest briefly until they subside.
	Physical Activity (e.g. week 1)	• After the initial 24–48 hours of relative rest, gradually increase light physical activity. • Increase daily activities like moving around the house, simple chores and short walks. Briefly rest if these activities more than mildly increase symptoms.	
Stage 3	**Increasing tolerance for thinking activities**	• Once normal level of daily activities can be tolerated then explore adding in some home-based school or work-related activity, such as homework, longer periods of reading or paperwork in 20 to 30-minute blocks with a brief rest after each block. • Discuss with school or employer about returning part-time, time for rest or breaks, or doing limited hours each week from home	Progressing too quickly through stages 3 - 5 whilst symptoms are significantly worsened by exercise may slow recovery. Although headaches are the most common symptom following concussion and may persist for several months, exercise should be limited to that which does not more than mildly exacerbate them. Symptom exacerbation with physical activity and exercise is generally safe, brief and is self-limiting typically lasting from several minutes to a few hours.
	Light aerobic exercise (e.g. weeks 1 or 2)	• Walking or stationary cycling for 10–15 minutes. Start at an intensity where able to easily speak in short sentences. The duration and the intensity of the exercise can gradually be increased according to tolerance. • If symptoms more than mildly increase, or new symptoms appear, stop and briefly rest. Resume at a reduced level of exercise intensity until able to tolerate it without more than mild symptom exacerbation. • Brisk walks and low intensity, body weight resistance training are fine but no high intensity exercise or added weight resistance training.	

Stage	Focus	Description of activity	Comments
Stage 4	**Return to study and work**	• May need to consider a part-time return to school or reduced activities in the workplace (e.g. half-days, breaks, avoiding hard physical work, avoiding complicated study).	Progressing too quickly through stages 3 - 5 whilst symptoms are significantly worsened by exercise may slow recovery. Although headaches are the most common symptom following concussion and may persist for several months, exercise should be limited to that which does not more than mildly exacerbate them. Symptom exacerbation with physical activity and exercise is generally safe, brief and is self-limiting typically lasting from several minutes to a few hours.
	Non-contact training (e.g. during week 2)	• Start training activities in chosen sport once not experiencing symptoms at rest from the recent concussion. It is important to avoid any training activities involving head impacts or where there may be a risk of head injury. Now increase the intensity of exercise and resistance training.	
Stage 5	**Return to full academic or work-related activity**	• Return to full activity and catch up on any missed work.	Individuals should only return to training activities involving head impacts or where there may be a risk of head injury when they have not experienced symptoms at rest from their recent concussion for 14 days. Recurrence of concussion symptoms following head impact in training should trigger removal of the player from the activity.
	Unrestricted training activities (not before week 3)	• When free of symptoms at rest from the recent concussion for 14 days can consider commencing training activities involving head impacts or where there may be a risk of head injury.	
Stage 6	**Return to competition**	This stage should not be reached before day 21* (at the earliest) and only if no symptoms at rest have been experienced from the recent concussion in the preceding 14 days and now symptom free during pre-competition training. * The day of the concussion is Day 0 (see example below).	Resolution of symptoms is only one factor influencing the time before a safe return to competition with a predictable risk of head injury. Approximately two-thirds of individuals will be able to return to full sport by 28 days but children, adolescents and young adults may take longer. Disabled people will need specific tailored advice which is outside the remit of this guidance.

This document is produced with reference to and following the guidelines set out by the UK Government “UK Concussion Guidelines for Non-Elite (Grassroots) Sport” (April 2023)