
Policy: Concussion Policy

It is recognised that this is medical matter and as such, the school medical team are primarily responsible for its management.

The school policy follows the Concussion Guidelines for the Education Sector. These guidelines have been agreed across different sports and re-produced as national guidelines for the education sector, endorsed by both the Department of Health and the Department of Education (see appendix 1). All employees must follow this guidance as well as the additional requirements that appear in the attached appendices, including the RFU guidelines on Graduated Return to Play (GRTP).

Appendix 1: Concussion Guidelines for the Education Sector.

Appendix 2: Letter to Parents – Outlining the topic of concussion and the schools stance on the area. This is to be sent to all new parents and routinely to all parents on an annual basis at the start of each academic year.

Appendix 3: Parental Notification of Possible Concussion Form – Provides guidance for the management of concussion including the Graduated Return to Play (GRTP) protocol. This must be completed and passed on to the parents/guardians of any pupil who is suspect of having experienced concussion either at school or whilst participating in school activities. In most cases this will be done by the school medical team, however, when this is not an option the member of staff in charge should perform this action. Blank hard copies will be kept in the schools medical department. In addition to a folder that is kept in the sports team's first aid kits. This is particularly relevant for away fixtures where the hand over to parents might be off site.

Appendix 4: Post-Concussion Fitness to Play Authorisation Form – The school medical team will provide this to the parents/guardians of any pupil who is suspected of having experienced concussion either at school or whilst participating in school activities. In the event that at the end of the GRTP the injured person is cleared by a medical professional (GP) outside the school medical team then this **must** be completed and returned to the school medical team before recommencing fully competitive sporting activities.

Appendix 5: Pocket Concussion Recognition Tool – To be used as an immediate assessment of concussion. Blank hard copies will be kept in the schools medical department. When dealing with the immediate care of someone with suspected concussion then these guidelines combined with the school's first aid and off site policies including critical incidences should be followed.

Appendix 6: GRTP Protocol Summary – All staff should be familiar with this summary, especially those involved in leading physical activity. This will be displayed on the Medical board in the staffroom in addition to the PE office. The school medical team will manage the pupil's progression through the GRTP protocols and will communicate to the following members of staff where appropriate: **Tutor, Head of House, Pastoral Deputy, Director of Sport.**

Stage 1 – Initial identification of suspected concussion

Stage 2 – Clearance following the initial 14 days rest period

Stage 3 - Final clearance and return to play

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Appendix 7: Medical Incident Form - To be completed by the member off staff managing the incident. Blank hard copies will be kept in the schools medical department. In addition to a folder that is kept in the sports team's first aid kits. A copy is to be sent to Assistant Bursar and School Medical Team.

Sports Teams First Aid Kits: Copies of the follow documents will be kept in a hardback folder in all sports teams' first aid kits to allow for the appropriate hand over of information to parents: School Concussion Policy, Parental Notification of Possible Concussion Form (Appendix 3), and Medical Incident From (Appendix 7).

Autumn 2017
Director of Sport (GCT)
Reviewed Autumn 2018
DoS (ASB)
Next Review Autumn 2019

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Appendix 1: CONCUSSION GUIDELINES FOR THE EDUCATION SECTOR

All concussions must be taken seriously to safeguard the health and welfare of children and young people. Failing to do so can have serious consequences including, in extremely rare cases, death. These guidelines are designed for professionals working in the education sector and, while they are aimed at school-aged children, can also be applied to over 18s in the absence of other advice.

WHAT IS CONCUSSION?

- Concussion is a brain injury caused by a blow to the head or body which leads to shaking of the brain
- Concussion results in a disturbance in brain function that can affect a child or young person's thinking, memory, mood, behaviour and level of consciousness. It can produce a wide range of physical symptoms and signs such as headache, dizziness and unsteadiness
- Concussion often occurs without loss of consciousness
- Most concussions recover with a period of physical and mental rest

WHERE DOES CONCUSSION OCCUR?

Concussion can occur during almost any physical education and sport session, physical activity, play and travel to or from school. Special attention should be paid to children involved in falls from height, fall on to hard surfaces, cycling, road traffic collisions and contact sports because of the risk of more serious injury.

THE 4 PRINCIPLES OF CONCUSSION MANAGEMENT:

1: **RECOGNISE** - Know the symptoms and signs of concussion and the DANGER SIGNS of potentially more serious brain injury.

RECOGNISING CONCUSSION:

After a fall or impact, concussion should be suspected in the presence of, or following, any one or more of the following:

- Symptoms e.g. headache, dizziness, nausea
- Physical signs e.g. unsteadiness, loss of consciousness/responsiveness
- Impaired brain function e.g. being dazed, confusion, memory loss
- Abnormal behaviour e.g. change in personality

DANGER SIGNS:

- Deteriorating conscious state (more drowsy)
- Increasing confusion or irritability
- Severe or increasing headache
- Repeated vomiting
- Unusual behaviour change

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- Seizure or convulsion
- Double or blurred vision
- Weakness, tingling or burning in limbs
- Midline or severe neck pain
- Increasing or persistent difficulty with walking normally or poor balance

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 – **IF IN DOUBT SIT THEM OUT.**

2: **REMOVE** - If concussion is suspected give first aid and, if it is safe to do so, immediately remove the pupil from play.

- Pupils with any symptoms following a head injury must be removed from playing or training and must not return to activity until all symptoms have cleared. Specifically, they must not return to play on the day of any suspected concussion.
- Parents should be notified in all cases of head injury as they need to monitor their child following such an incident and if concerned advised to see a doctor immediately. Head injury instructions should be provided and ideally all children with concussion should be seen by a health care professional, preferably a doctor, that day.

3: **RECOVER** - The majority of cases of concussion recover fully within a few weeks but they must be given the time and opportunity to do so – this means resting the body and resting the brain.

- The child or young person should have complete rest until symptom free. This includes rest from physical activities, and brain activities such as; reading, television, computer, video games and smart phones.
- To ensure complete recovery, it is recommended that even once symptom free they have a relative rest period for a minimum of 14 days from the injury. During this time they should rest from exercise/sport, activities with a predictable risk of further head injury, and prolonged reading and use of television, computer, video games and smart phones. If symptoms return, reduce the levels of provoking activity and re-introduce them more gradually.
- It is reasonable for a child to miss a day or two of school after a concussion if they feel unwell or if on returning to lessons their symptoms return. However, extended absence is uncommon.

4: **RETURN** - Children and young people should return to academic studies before they return to sport.

CONCUSSION AND SCHOOL STUDIES:

- Once symptom free, pupils should undertake a graded return to academic studies. Consideration should be given to managed return to full study days and gradual re-introduction of homework.



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- In a small number of cases, symptoms may be prolonged and this may impact on the child's studies. In such cases, early referral back to their GP and educational support services is advised

CONCUSSION AND PARTICIPATION IN SPORT:

Following the recommended rest period children and young people should return to sport by following a graduated return to play (GRTP) protocol (for further information see link on the back page). This should only be started when the child or young person is:

- symptom free at rest
- off all medication that modifies symptoms
- returned to normal studies

Children and young people should have an extended GRTP compared to adults and a minimum of 48 hours for each activity stage is recommended. This means that the minimum return to play interval is 23 days from injury, unless their recovery is closely supervised by a doctor with expertise in concussion management.

Following a concussion or suspected concussion, where possible children and young people should be reviewed/assessed by a doctor before returning to sport and other activities with a predictable risk of head injury e.g. football, rugby, gymnastics, horse riding, hockey, combat sports, skate boarding etc.

As an additional guiding principle, children and young people should avoid activities that have a predictable risk of further head injury for a minimum of 14 days after their symptoms have resolved, unless their recovery is closely supervised by a doctor with expertise in concussion management.

Children and young people who struggle to return to their studies or who persistently fail to progress through the GRTP because symptoms return should be referred to their doctor.

Children and young people who sustain two or more concussions in a 12-month period should be referred to their doctor for a specialist opinion in case they have an underlying pre-disposition.

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Appendix 2: Letter to Parents

August 2018

Concussion

Dear Parents/Guardians

The school wishes to draw your attention to the subject of concussion. As with all medical matters, the school medical team will act as the main point of contact, liaising between staff and parents. They can be contacted via telephone by calling main reception or via e-mail medical@westbuckland.com

The school Policy follows the Concussion Guidelines for the Education Sector. These guidelines have been agreed across different sports and re-produced as national guidelines for the education sector, endorsed by both the Department of Health and the Department of Education.

Concussion is a traumatic brain injury in which forces are transmitted to the brain and result in a temporary impairment of brain function. This can occur at any time when an individual's head meets a hard object such as the floor, a desk another person's body. In addition to whiplash type movements of the head. Ignoring the signs and symptoms of concussion can potentially lead to far more serious brain injury or a prolonged recovery period. Therefore, in order to safeguard the injured person both in the short and long term this type of injury must be taken seriously. The good news is that the majority of concussions resolve themselves within a short period and from the outset there should be a positive outlook and attitude towards recovery.

The key to successful managing recovery from a suspected concussion is to adopt an open and collaborative approach between the school, pupils, parents and medical profession. It may be necessary to have a graduated return to academic studies. In terms of returning to sporting activities, the guidelines are very stringent and must be adhered to. This is referred to as a **Graduated Return to Play (GRTP)** and includes a mandatory 23 days exclusion from sport (not including the day on which the injury occurred) and various medical assessments during this period.

What happens if my son/daughter is suspected of having concussion?**Out of School:**

- If you suspect your son/daughter may have experienced concussion we advise to always seek professional medical assessment. If concussion is suspected or confirmed, **it is vital that it is reported to the school medical team as soon as possible**, so it can be managed appropriately, including the GRTP protocol.

At School:

- The school will provide you with a completed 'Parental Notification of Possible Concussion Form'. This will include further details on managing suspected concussion, including the GRTP protocol.
- As symptoms for concussion can often be delayed, a member of staff might not be aware of any possible concussion, especially if the injury may not have been brought to their attention.

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If symptoms then present themselves later, out of school, then, out of school guidance should be followed.

- The school will only permit a player to play again on completion of the GRTP and once the school medical team or your own GP has given clearance. In the case of the latter, written permission must be provided to the school medical team by parents/guardians confirming that this clearance has been given.

Further details on the Concussion Guidelines for the Education Sector can be found on www.sportandrecreation.org.uk/concussion-guidelines

In addition, the Rugby Football Union are at the forefront of concussion management and an excellent resource should you wish to find out more. This includes educational interactive online courses. [RFU Headcase Concussion Awareness](#)

I am sure that you will all understand the serious nature of head injuries and the reason why we are ensuring a robust, user-friendly and well-publicised system for the management of this type of occurrence. If you have any further queries, please do not hesitate to contact the school medical team.

Kind regards,

West Buckland School Medical Department and The Sport and Physical Education Department.

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Appendix 3: Parental Notification of Possible Concussion Form

Name of Injured Person		
Date		
Venue		
Probable cause of Concussion		
Assessment (Circle as appropriate)	Assessment carried out by:	Assessment Tool Used: Pocket Concussion Recognition Tool
	Health Care Professional Coach/Member of staff, other Name	

It is suspected that your son/daughter has suffered concussion. The school policy follows the concussion guidelines for the education sector. These have been agreed across different sports and re-produced as national guidelines for the education sector, endorsed by both the Department of Health and the Department of Education.

It advised that:

- He/she is seen today by a health care professional, preferably a doctor.
- Parents/guardians, family members, friends should be aware of the signs and symptoms of concussion, which may require further evaluation and/or treatment. These symptoms usually start at the time of the injury but the onset may be delayed for up to 24–48 hours. (Please refer to Pocket Concussion Recognition Tool)
- Organisations to which your son/daughter are involved, such as sports clubs, should also be notified.
- Refrain from participation in any activities the day of, and the day after, the occurrence.
- Refrain from taking any medicine unless (1) current medicine, prescribed or authorised, is permitted to be continued to be taken, and (2) any other medicine is prescribed by a health care professional.
- Refrain from cognitive activities requiring concentration cognitive activities such as TV, video games, computer work, and text messaging.

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If you are unclear and have questions about the above symptoms, please contact your GP or dial the NHS 111 helpline.

It is possible that your son/daughter will require a graduated return to academic studies. In terms of returning to sporting/physical activities (both in and out of school), the guidelines are very stringent and must be adhered to. This is referred to as a **Graduated Return to Play (G RTP)**. Whilst it is the parents/guardians responsibility to oversee the G RTP process. The key to successful management is to adopt an open and collaborative approach between the school, pupils, parents and medical profession. Please see guidelines below.

Graduated return to play (G RTP) protocol: Players can only move on to the next stage once they have been symptom free during the full period of each stage. If they are not symptom free, they must stay at that stage until they are.

REHABILITATION STAGE	EXERCISE AT EACH STAGE OF REHABILITATION	OBJECTIVE	TIME
Complete rest for initial 24 hours	Complete physical and mental rest with no symptoms	Rest	14 days
No activity	Complete physical rest with no symptoms	Recovery	
Following medical (School medical team/GP) clearance Light aerobic exercise	Walking, swimming or stationary cycling keeping intensity <70% maximum heart rate (Max HR = 220 – age of player) No resistance training	Increase heart rate	2 days
Sport specific exercise	Running drills, no impact activities	Add movement	2 days
Non-contact drills	Progression to more complex training drills eg passing drills. May start progressive resistance training	Exercise, co-ordination and mental load	2 days
Following medical clearance (GP Only) full contact practice	May participate in normal training activities	Restore confidence and assess functional skills by coaching staff	2 days

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After 24 hours, return to play	Player rehabilitated	Recovered	23 days
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The school will only permit a player to play again once the school medical team or your own GP has given clearance. In the case of the latter, written permission must be provided to the school medical team by parents/guardians confirming that this clearance has been given.

As with all medical matters, the school medical team will act as the main point of contact, liaising between staff and parents in helping to manage the GRTP process. medical@westbuckland.com

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Appendix 4: Post-Concussion Fitness to Play Authorisation Form

Name of Pupil	
Date of Possible concussion	
Return to Play date	

As the parent/guardian of the above named pupil, I can confirm that my son/daughter has followed the Graduated Return to Play Protocol. This has included assessment and clearance by a GP.

Parental signature _____

Printed name _____

This form must be returned to the School Medical Team before your son and daughter is allowed to full participate in sport.



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Appendix 5: Pocket 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.

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

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 | - Headache |
| - Seizure or convulsion | - Dizziness |
| - Balance problems | - Confusion |
| - Nausea or vomiting | - Feeling slowed down |
| - Drowsiness | - "Pressure in head" |
| - More emotional | - Blurred vision |
| - Irritability | - Sensitivity to light |
| - Sadness | - Amnesia |
| - Fatigue or low energy | - Feeling like "in a fog" |
| - Nervous or anxious | - Neck Pain |
| - "Don't feel right" | - Sensitivity to noise |
| - Difficulty remembering | - Difficulty concentrating |

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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 | - Deteriorating conscious state |
| - Increasing confusion or irritability | - Severe or increasing headache |
| - Repeated vomiting | - Unusual behaviour change |
| - Seizure or convulsion | - 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 do so
- 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 6: GRTP Protocol Summary

Players can only move on to the next stage once they have been symptom free during the full period of each stage. If they are not symptom free, they must stay at that stage until they are.

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Following (School medical team/GP) clearance full contact practice	May participate in normal training activities	Restore confidence and assess functional skills by coaching staff	2 days
After 24 hours, return to play	Player rehabilitated	Recovered	23 days

The school will only permit a player to play again once the school medical team or your own GP has given clearance. In the case of the latter, written permission must be provided to the school medical team by parents/guardians confirming that this clearance has been given.

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Appendix 7: Medical Incident Form**Personal Details**

Name DOB / /

School..... GP Name and Address (if known)

.....

..... Contact Number

.....

Incident Information

Date of Incident / / Location of Incident Injury

..... Treatment

..... Ambulance Required: yes / no Name of Hospital

(if applicable) Name of Escort

Parents Informed: yes / no Date & Method of Contact

Follow Up Information:

.....

..... Name of Medic

Signature

Copies must be sent to the School Medical Team and Assistant Bursar