



Dulwich Prep & Senior

HEAD INJURY POLICY

This is a whole school policy that applies to all sections of the School, including the Early Years



Persons responsible for this policy:

School Nurse

Director of Sport

This policy was reviewed in:

September 2024

HEAD INJURY POLICY

1. AIMS

At Dulwich Prep & Senior we recognise that the welfare and continuing good health of every pupil is paramount and that a head injury has the potential to lead to long term health issues if the pupil is not cared for in the best possible way both at the time of injury and subsequently as they recover. A head injury can be sustained at any time whilst the pupil is in school or whilst taking part in off-site activities. The policy deals with the process from the initial head injury, through to any subsequent treatment, care and recuperation that may be needed.

a. Head Injury in School

Minor head injuries, bumps and knocks are common, particularly to children in schools.

All head injuries occurring on the main school site or on the playing field during the school day will be referred, where possible to the School Nurse for assessment. If a pupil in the Early Years or Pre-Prep sustains a head injury, the Early Years and Pre-Prep staff will carry out immediate first aid and will contact the School Nurse for advice, as necessary. The School Nurse will attend Early Years for any major head injury, where possible.

b. Minor Head Injury

Where the pupil's head injury is deemed to be minor the School Nurse or first aider with a recognised first aid qualification (list available on PIMS) (a **First Aider**) will treat accordingly. If required, following initial assessment, the pupil will be brought to the Medical Room for monitoring and appropriate first aid until they are well enough to return to class. The School Nurse or First Aider will record the incident, either by completing a school accident form, or entering the details onto the computerised system (iSAMS). A note should be made of how the head injury was sustained and subsequent action undertaken. All parents/guardians will be informed of any head injury, either by telephone or email. A copy of the head injury advice leaflet (Appendix 1) will be given to the child to take home or attached to the email sent to the parent.

c. Major Head injury

If a pupil sustains a major head injury, the School Nurse or First Aider will call the emergency services immediately. The parent/ guardian will be informed by a member of staff as soon as possible. An accident form will be completed and the information recorded on iSAMS.

d. **Concussion**

If a concussion is diagnosed by the School Nurse or a First Aider as a result of a head injury sustained at school, regardless of whether it is as a result of activity in the playground, classroom or during a sporting activity, the care shall be carried out in accordance with this policy.

As a school we will adhere to the 4R's:

- **Recognise** - the symptoms of concussion
- **Remove** - the child from the activity
- **Recover** - guide the child and parent through the graduated return to activity and sport (GRAS) protocol
- **Return** - ensure the safe return to activity

2. **APPLICATION OF THIS POLICY**

Head injury can happen at any time and, therefore, it is essential that all staff (including but not limited to: teaching staff, play leaders, administrative staff, medical staff, external first aid providers and coaching staff) are familiar with this policy and are aware of where to seek help if a pupil has a head injury.

3. **HELPFUL DEFINITIONS**

Head injury is trauma to the head that may or may not include injury to the brain.

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 or 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.

4. **STAFF TRAINING**

All staff will be provided with basic concussion awareness training to ensure that they are able to recognise the signs and symptoms of concussion, follow the procedures as laid out in this policy and as such manage where needed, the return to school/return to play (Graduated Return to Activity and Sport – GRAS) process. Additional training will be given to the sports teachers in the form of the [HEADCASE](#) training provided by the RFU.

A number of staff will undergo further training in the form of a recognised first aid course and a list of these staff will be available on PIMS.

5. RISK ASSESSMENT: SPORT

All teachers and coaches in charge of sporting activities 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:

- Are pupils fit for sport?
- 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?
- Sufficient warm-up – are pupils well-prepared to play? (RFU Activate programme – see appendix 4)
- Are pupils wearing the correct equipment for each sport?
- First Aiders are present at all fixtures and practices and are able to summon immediate medical assistance.
- All coaching and teaching staff are able to recognise the symptoms of concussion and are vigilant in monitoring players/pupils.
- Every head injury is taken seriously.
- Any head injury sustained during the sporting activity is recorded appropriately and, where needed, action is taken to prevent further injury to others.

Sports teachers should check the School's concussion register prior to any sports session (training or match) to ensure that all pupils engaging in the activity are safe to do so.

Relevant information must be handed over to external coaches where they are being used.

6. CONCUSSION AWARENESS

This is a summary of symptoms that can be experienced when concussion has occurred. **It should 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 the playground or sporting activity and immediate first aid and/or 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 the playground or sporting activity and medical attention sought.

If any of the following symptoms, known as 'Red Flags' 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; or
- experiencing weakness/tingling/burning in limbs.

NOTE: if there is any concern that the pupil has sustained a spinal injury the pupil **MUST NOT BE MOVED**. If the School Nurse or the First Aider attending the pupil has any suspicion of this the emergency services (999) must be called immediately.

The majority (80-90%) of concussions resolve in a short period (7-10 days) although this may be longer in children and adolescents. It is for this reason that a more conservative approach is undertaken with pupils at Dulwich Prep & Senior 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; or
- a further concussive event being **FATAL**, due to severe brain swelling – known as second impact syndrome.

7. INJURY MANAGEMENT - ESCORTING THE PUPIL FOR MEDICAL ATTENTION

Any pupil who receives a head injury that is deemed to be significant should immediately be removed from the playground/field and sat out from further participation. If staff are unsure, the child should be sent to the Medical Room or seen by a First Aider. 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 directly to the Medical Room;
- escorting the pupil to a First Aider or member of the match-day medical team if available;
- escorting the pupil to the First Aid provision at an external venue (when the injury is sustained whilst, for example, visiting another school);
- escorting the pupil to their parent and guardian and passing on relevant information surrounding the head injury and the suggested action plan (followed up by an email detailing the injury and attaching concussion guidelines). The action plan should always suggest a visit to A&E; or
- phoning 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 Dulwich Prep & Senior staff. On return to school, the School Nurse must be informed of any pupil who has sustained a head injury as soon as possible, either in person or by email so that the correct process can then be initiated (as per below).

8. GRADUATED RETURN TO ACTIVITY & SPORT (GRAS)

A Graduated return to Activity & Sport (GRAS) is instigated for all cases of concussion regardless of how the head injury was sustained and any pupil who has a concussion or suspected concussion must be managed under the GRAS pathway before returning to physical activity.

Stage 1: Initial Relative Rest

Note day 0 = when suspected concussion happened

24-48 hours after concussion

Stage 2: Return to Daily Activities and Light Physical Activities

Following 24-48 hours initial rest period (minimum 24 hours after concussion event).

Practical considerations:

- there may be mild symptoms with activity which is okay; and
- if any symptoms become more than mildly worsened by any mental or physical activity, rest until they subside.

Stage 3: Aerobic Exercise and Low Level Body Weight Resistance Training

Start Stage 3 when symptoms allow e.g. mild symptoms are not worsened by daily activities/light physical activities.

Practical considerations:

- if symptoms more than mildly increase, or new symptoms appear, stop and rest briefly until they subside; and
- resume at a reduced level of exercise intensity until able to tolerate it without more than mild symptoms occurring.

Stage 4 Non-Contact Training drills and weight Resistance Training

No earlier than day 8.

Practical considerations:

- if symptoms more than mildly increase, or new symptoms appear, stop and rest briefly until they subside; and

- resume at a reduced level of exercise intensity until able to tolerate it without more than mild symptoms occurring.

Stage 5: Full Contact Practice

No earlier than day 15.

Practical considerations:

- recurrence of concussion symptoms following head impact in training should trigger removal of the player from activity;
- should continue to be symptom free; and
- any occurrence of symptoms will require moving back to a previous stage where the level of activity/exercise does not more than mildly worsen symptoms.

Stage 6: Return to Play

No earlier than day 21

Practical considerations:

- symptom-free at rest for the preceding 14 days AND continued to be symptom-free during training.

As a school, Dulwich Prep & Senior uses the RFU Headcase guidelines as their overarching source of best practice in relation to concussion.

Particular roles and responsibilities in relation to head injury and GRAS for staff leading any sporting activity are set out in **Appendix 2**

9. RETURN TO LEARNING FOLLOWING CONCUSSION DIAGNOSIS

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.

The child's parents must keep a regular check on the pupil during recovery and report any symptoms to the School Nurse or form teacher. If during the school day, there are any concerns regarding symptoms impacting on learning or if it is felt that concentration is worsening symptoms, the parent should be informed as the pupil may need further assessment by a medical professional.

Sometimes it may be necessary to reduce the pupil's workload or to allow extra time for assignments. Where this is the case the pupil's teachers should liaise with the parents and the School.

APPENDIX 1: HEAD INJURY ADVICE

Minor head injury and knocks to the head are common, particularly in children. Sometimes a knock to the head can cause damage to a blood vessel which may bleed. This is uncommon, but can be serious. Symptoms may develop within 24 hours, but sometimes may not appear for up to 3 weeks.

It is important to follow medical advice after any head injury, especially with regard to returning to any physical or sporting activity.

THINGS YOU MIGHT NOTICE:

Your child may feel generally miserable and “off colour”. Do not force him/her to eat, but make sure that they have enough to drink.

Your child may be more tired than usual. Allow him/her to sleep if they want to. Just pop in and see them every hour or so. Do not be confused between normal sleep and unconsciousness - someone who is unconscious cannot be woken up - you need to be satisfied that they are reacting normally to you.

Your child may have a headache. Paediatric paracetamol may be given for this but do not give ibuprofen or aspirin as they could cause the injury to bleed (NHS 04.18). A young child may show a headache as fretfulness.

Keep your child quiet and resting as much as possible.

These symptoms should improve steadily and your child should be back to normal within a few days, but it can take up to 2 weeks.

Even after a minor head injury complications may occur, but these are rare.

Call 999 or go to A&E without delay if you notice any of the following signs:

- Continuing drowsiness or difficulty in waking from sleep
- Numbness or weakness in part of their body
- Problems with walking, balance, understanding or speaking
- Vomiting since the injury
- Complaining of severe headache or trouble with their eyesight
- Cries more than usual, or is more difficult to settle than usual
- Becomes irritable
- Has any kind of attack which you think is a fit



A small percentage of children who have experienced a head injury will suffer some ongoing **minor** symptoms for a period of days following a head injury. The most commonly experienced symptoms are recurrent mild headaches, excessive tiredness and some difficulty in concentrating on tasks requiring close attention. These are very common symptoms after a head injury and usually settle fairly rapidly over 48-72 hours.

Dulwich Prep & Senior operates a Graduated Return to Activity and Sport protocol for pupils who have sustained a head injury with diagnosed concussion. The school works with the parents to monitor and ensure a safe return to sport.

APPENDIX 2: ROLES AND RESPONSIBILITIES FOR TEACHING STAFF LEADING SPORTING ACTIVITY (GAMES/PE/SWIMMING)

Role of the staff member leading the sporting activity

1. **Midweek or Saturday; parent present** - If parents present, advise them to have the pupil checked by a doctor. Follow up with an email to the parent attaching head injury advice. Inform the School Nurse of the details of the injury in person/through an accident form or via email. Inform the Head of the sport concerned who will email home the GRAS protocols. Head of the sport concerned to enter details on iSAMS Off Games Manager.
2. **Saturday; no parent present** - If no parent is present, contact the pupil's parents explaining what happened and request collection. Upon collection follow the same advice as in 1 above.
3. **Midweek; School Nurse/ First Aider** - Accompany the boy to the School Nurse or a First Aider and outline the details of the injury directly to them. School Nurse or a First Aider will take over from here. Head of the sport concerned to be informed and to email home the GRAS protocols once the School Nurse or a First Aider has made the initial contact. Head of the sport concerned to enter details on iSAMS Off Games Manager.
4. **Midweek; School Nurse or a First Aider not on-site** - Accompany the child at the end of the day and hand him over to the adult collecting him, passing on details of the injury. Give the adult collecting the pupil a head injury advice sheet or email it to them. Send the School Nurse details of the injury via an accident form or email. Inform the Head of the sport concerned who must email the GRAS protocols to the parent. Head of the sport concerned to enter details on iSAMS Off Games Manager.
5. If no parent is collecting the child DO NOT allow them to go home alone. Contact the parent and request an adult collect him.
6. If the parents have any queries regarding the decision made in relation to the head injury refer them to the Director of Sport/School Nurse.
7. Make a follow up call to the parent (even if the School Nurse has placed a call midweek) especially if the injury has occurred on a Saturday.

Role of the School Nurse/ First Aider

1. Liaise with Director of Sport to ensure GRAS protocol has been sent to parents.
2. Email parent to outline dates of stages of GRAS.
3. Inform HOS, HOY and form tutor of dates of stages of GRAS.
4. Liaise throughout the 21-day period with HOS with regard pupils progress.

Director of Sport

1. Ensure all sports staff are aware of the incident and pupil involved and outline the protocols to be followed.
2. Write pupils name on a 'google document', highlighting the date of the initial injury and the due dates of subsequent GRAS stages.
3. Ensure programme in place for pupil to return to activity and sport which mirrors the GRAS.

For further information, please refer to:

[HEADCASE Extended Guidelines](#)

[HEADCASE Essential Guide](#)

[GRAS Programme](#)

[HEADCASE E-learning](#)

[Educare - Concussion awareness](#)

[St. Johns ambulance injury advice](#)