

Head Injury Concussion Guidance



Introduction

Injuries to the head can occur in many situations in the school environment, when a student's head comes into contact with a hard object such as the floor, a desk, or another student's body. The potential is probably greatest during activities where collisions can occur such as in the playground, during sport and PE. But you could have a head injury anywhere doing any activity. Concussion is a disturbance of the normal working of the brain without causing any structural damage. It usually follows a blow directly to the head, or indirectly if the head is shaken when the body is struck.

It is important to recognise that it is not necessary to lose consciousness to sustain a concussion following a blow to the head.

The risk of injury is dependent upon the velocity and the force of the impact, part of the head involved in the impact and any pre-existing medical conditions. Symptoms may not develop for some hours, or even days, after a knock to the head, and in rare cases can develop weeks after a head injury.

Whilst an initial concussion is unlikely to cause any permanent damage, a repeat injury to the head soon after a prior, unresolved concussion, can have serious consequences. The subsequent injury does not need to be severe to have permanently disabling or deadly effects.

Types of Head injuries

The initial symptoms shown by the student who has suffered a head injury will dictate what actions school staff should follow e.g. seeking first aid support.

First aiders are not expected to be able to diagnose head injuries, such as concussion, but will be required to make appropriate judgements when managing a student who has received an impact to the head.

Students who receive an impact to the head should immediately be removed from any activity in which they are participating and checked for signs and symptoms.

The NHS state common symptoms for severe head injuries include:

- headache
- dizziness
- feeling or being sick
- memory loss – you may not remember what happened before or after the injury
- clumsiness or trouble with balance
- feeling stunned, dazed or confused
- changes in your vision – such as blurred vision, double vision or "seeing stars"
- being knocked out or struggling to stay awake

Bump to the head

If a student suffers a blow to the head but is showing no symptoms after being monitored (for approximately 15 minutes), the incident can be treated as a bump to the head and the student can return to their lesson.

Further actions for a 'bump' to head

Bump to head protocol:

- First Aider to communicate with relevant staff to make them aware the student has suffered a bumped head and to be alert to any changes in their condition

- Member of staff to record the incident on SIMS
- Parents/ carers are informed their child has bumped their heads and will need to continue to monitor their condition.

Possible Severe Head injury / Concussion

When dealing with concussion you should follow the 3R procedure (Remove, recover, return).

Remove

The first step to dealing with head injuries or concussion is to remove the injured person from the activity they are undertaking:

1. If concussion is suspected, start by giving first aid and if safe to do so remove the injured person from the activity.
2. The injured person must not return to the activity unless they have stopped displaying signs of concussion or symptoms associated with concussion.
3. Any head injury will then need to be monitored, if there are any concerns then professional medical advice should be sought.

At Hans Price Academy:

If a student is showing one of the common symptoms they should not return to their activity under any circumstances and should be watched closely at all times until they are transferred to the care of their parents. If their condition deteriorates, staff may need to seek medical advice by calling 111, or even 999 for an ambulance.

If the academy is unable to contact the student's parent/carer, they should make a decision to seek further medical advice.

Staff should provide the parent/carer with a description of the incident and ensure they fully understand the importance of obtaining further medical advice. Where there is a possible language barrier with parents, another way of communication will need to be implemented e.g translator, guidance provided in the first language.

Recover

The majority of people who suffer a concussion will make a full recovery within a few weeks of the injury occurring. However, it is essential they are given the correct rest and time for the body to allow the recovery to happen.

This means the injured person will need to:

1. Rest until concussion symptom free. This includes rest from physical activities and also brain activities such as: reading, TV, computer, video games and smart phones.
2. Following this initial period of recovering from symptoms the injured person should take a gradual approach to normal activities. In the 14 days after symptoms end the person should continue to rest from sport or any activity with a foreseeable head injury risk. They should also look to minimise prolonged brain activities as well.
3. If symptoms begin to return the injured person should reduce both brain and physical activities so that they subside.
4. It is reasonable and common that a student may miss a day or two of school following a concussive injury. However, extended absence is uncommon.

5. The academy will work with the child to ensure that physical and brain activity is suitable for the recovery plan of the student.

Return – when recommended, how to support a return following medical advice

The final part of a concussive recovery is returning to normal activities. It is important to remember that a return to academic studies should always be made before a return to sports.

Return to Studies and Work

1. Once symptom free as described above a gradual return to normal activities should begin. Depending on the severity of the injury and symptoms consideration should be given to the appropriateness of full study days and amount of homework/working hours.
2. In a small number of cases the symptoms may be prolonged and the academy will have to work with medical professionals to create a timetable suitable for the student or work schedule suitable for the member of staff.

Return to Sport Physical Activity

1. Following the recommended recovery period as listed above people can begin to consider returning to sport after a successful return to learning/work.
2. For students they should follow a [Gradual Return to Play](#) (GRTP) Framework.

Links

<https://keepyourbootson.co.uk/wp-content/uploads/2019/04/Adult-Concussion-Management-Guidelines-2018.pdf>

FREE TRAINING RESOURCES

<https://www.englandrugby.com/participation/playing/headcase>

[https://rise.articulate.com/share/nc3KPjesYQrj5WjJ4tGS6Grs_ERkPY2Q#/#/](https://rise.articulate.com/share/nc3KPjesYQrj5WjJ4tGS6Grs_ERkPY2Q#/)

Latest AFPE Guidance on Heading:

<https://www.thefa.com/-/media/thefacom-new/files/rules-and-regulations/2021-22/heading-guidance/youth-heading-guidance-chart.ashx>