SHREWSBURY HOUSE SCHOOL TRUST

HEAD INJURY AND CONCUSSION POLICY

Policy owner:	Bursar
Approved by:	Executive Head
Date of last review:	September 2025
Next review:	September 2027

Introduction

This policy is applicable to all pupils within the Trust, including those in the Early Years Foundation Stage. It should be read in conjunction with the Early Years Foundation Stage Policy and the SHS and Rowans school First Aid policies.

The aim of this policy is to:

1. ensure understanding of the key terms and the link between head injury and brain injury;
2. identify activities and sports which carry a risk of head injury;
3. underscore the importance of creating suitable risk assessments for sport activities being undertaken by the School; and
4. provide clear processes to follow when a pupil does sustain a head injury.

This policy applies to:

- School staff (including part time or occasional employees or visiting teachers);
- pupils of the Schools;
- parents of pupils at the Schools; and
- any other individual participating in any capacity in a School activity. For example, this would include a contractor providing sports coaching, or a volunteer on a School trip.

A head injury could happen in any area of School life. This policy focuses on sport activities (both contact sports and non-contact sports) where the risk of head injuries happening is higher but can be used for head injuries which occur in another context. However, due to the young age of the children minor head injuries are relatively common but should never be taken for granted.

Definitions

The following terms are used in this policy:

1. **Head injury**: means any trauma to the head other than superficial injuries to the face.
2. **Traumatic Brain Injury (TBI)**: is an injury to the brain caused by a trauma to the head (head injury).

3. **Concussion**: is a type of TBI resulting in a disturbance of brain function. It usually follows a blow directly to the head, or indirectly if the head is shaken when the body is struck. Transient loss of consciousness is not a requirement for diagnosing concussion and occurs in less than 10% of concussions.
4. **Transient Loss of consciousness**: is the sudden onset, complete loss of consciousness of brief duration with relatively rapid and complete recovery. It can also be referred to as 'being knocked out' or a 'blackout.'
5. **Persistent loss of consciousness**: is a state of depressed consciousness where a person is unresponsive to the outside world. It can also be referred to as a coma.
6. **Chronic Traumatic Encephalopathy (CTE)** is one type of degenerative and progressive brain condition that's thought to be caused by TBIs and repeated episodes of concussion. CTE usually begins gradually several years after receiving TBIs or repeated concussions. The symptoms affect the functioning of the brain.
7. **Contact sport**: is any sport where physical contact is an acceptable part of play for example rugby, football and hockey.
8. **Non-contact sport**: is any sport where physical contact is not an acceptable part of play but where there are nonetheless potential collisions between players and between players and the ball, for example cricket and netball.

The Risks

Playing contact and non-contact sport increases an individual's risk of collision with objects or other players.

Collisions can cause a head injury, which can cause a TBI such as a concussion.

It is very important to recognise that a pupil can have a concussion, even if they are not 'knocked out'.

Children and young adults are more susceptible to concussion than adults because their brains are not yet fully developed and thus more vulnerable to injury.

The current evidence suggests that repeated episodes of concussion, even where there is no transitory loss of consciousness, can cause significant changes to the structure and function of the brain – please see CTE above.

Preventative Steps to Reduce the Risks

Any person responsible for the undertaking of a sporting activity must ensure a suitable risk assessment for the specific sport activity is created.

This risk assessment should be tailored to the specific School environment and should:

1. identify the specific risks posed by the sport activity, including the risk of players sustaining head injuries;
2. identify the level of risk posed;
3. state the measures and reasonable steps taken to reduce the risks and;
4. identify the level of risk posed with the measures applied.

The governing bodies of most sports played in Schools have each produced head injury guidelines that are specific to their sport. Those responsible for risk assessing sport activities in School should have regard to the relevant and latest guidelines when carrying out their risk assessment, for example:

- The UK Government publication for UK concussion Guidelines for non-elite (grassroots) sport: https://acrobat.adobe.com/e6105f01-373d-458e-901b-d9d89a6e4a66
- The Sport and Recreation Alliance includes members from the major sports governing bodies, including the RFU, ECB, FE, RFL and England Hockey. Together they have produced a number of resources, which can be viewed here: https://www.afpe.org.uk/page/Concussion_Resources
- Football: https://www.englandfootball.com/concussion
- Rugby: https://www.englandrugby.com/run/player-welfare/headcase
- Hockey: https://www.englandhockey.co.uk/governance/duty-of-care-in-hockey/ safe-hockey

Potential measures to reduce the risk of players sustaining head injuries while playing sports might include:

1. Structuring training and matches in accordance with current guidelines from the governing body of the relevant sport (see above);
2. Removing or reducing contact elements from contact sports, for example removing 'heading' from football;
3. Removing or reducing removing the contact elements of contact sports during training sessions;
4. Ensuring that there is an adequate ratio of coaches to players in training;
5. Ensuring that pupils are taught safe playing techniques;
6. Ensuring that pupils are taught to display sportsman like conduct at all times and maintain respect for both opponents and fellow team members equally;
7. Using equipment and technology to reduce the level of impact from collision with physical objects (e.g. using padding around rugby posts, using soft balls, not overinflating footballs etc.);
8. Using equipment and technology to reduce the level of impact from collision between players (e.g. gumshields, helmets etc);
9. Coaching good technique in high risk situations (such as rugby tackles);
10. Ensuring that the playing and training area is safe (for example, that is not frozen hard, and there are suitable run-off areas at the touchlines);
11. Ensuring that a medical professional is easily accessible during training and matches.

Head Injuries Sustained outside of School

As noted above, repeated concussions can cause significant changes to the structure and function of the brain, in particular the child's brain.

It is very important that the School, pupils and their parents take a holistic approach to the management of head injury causing concussions and cooperate with regards to sharing information.

Where a pupil sustains a head injury which has caused a concussion whilst participating in an activity outside of the School, the parents of the pupil concerned should promptly provide the School office at the relevant school with sufficient details of the incident, and keep the School updated of any developments thereafter. This would apply, for example, if a pupil suffers a concussion playing rugby for an external rugby club or if a pupil sustains a head injury while taking part in an informal game of sport, for example in the local park.

The School will determine the appropriate way forward on receiving a notification of this nature. That might include reviewing any return to play plan already established by the external club, or if no such plan has been put in place, considering whether a return to play plan should be established under this policy.

In turn the School will inform parents where a pupil has sustained a head injury causing a concussion at School.

Procedure to Follow where a Pupil Sustains a Head Injury at School

The welfare of pupils is of central importance. Any person to whom this policy applies should adopt a cautious approach if they are in any doubt as to whether a head injury has occurred and/or whether the head injury has caused a concussion.

Where a pupil sustains a suspected head injury or concussion, the person supervising the activity should immediately remove the pupil from play where it is safe to do and administer first aid or seek a qualified first aider. Annex 1 must be completed by the member of staff supervising the activity in all instances.

Members of staff should be aware of the symptoms of a concussion. The British Medical Journal has published a one page 'Pocket Concussion Recognition Tool' to help identify concussion in children, youth and adults. The tool is attached (see Annex 2). The tool identifies the following signs and symptoms of suspected concussion:

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

Where a pupil displays any of the symptoms above, they should not be permitted to return to play and should be assessed by the medical professional.

If a qualified person is available, that medical professional should determine whether the pupil is displaying any "red flag" symptom in which case the ambulance services should be called on 999. The Pocket Concussion Recognition Tool (Annex 2) identifies the following red flags:

- Athlete complains of neck pain;
- Increasing confusion or irritability;
- Repeated vomiting;
- Seizure or convulsion;
- Weakness or tingling/burning in arms or legs;
- Deteriorating conscious state;

- Severe or increasing headache;
- Unusual behaviour change; and
- Double vision.

The School will liaise with the medical professional to ensure that the pupil's parents are notified of the head injury as soon as reasonably possible, and in any case on the same day of the incident.

Anyone sustaining a head injury and showing symptoms of concussion will not be allowed to drive themselves or travel home unaccompanied by either school or public transport, and alternate arrangements should be made.

The School will liaise with the medical professional to ensure that details including the location of injury, date and time are completed on SchoolBase and parents emailed the details as soon as reasonably practicable whenever a pupil suffers a suspected head injury.

At the Rowans School, the child is also given a green wrist band to wear to indicate that they have had a head injury including the date and time. This is for all cases of head injury, not just those sustained playing sport.

At Shrewsbury House School, the child is given a head bump sticker to indicate that they have had a head injury. This is for all cases of head injury, not just those sustained playing sport.

If the injury is assessed as low risk by a qualified first aider the child may return to activities but should be monitored for the signs indicated on the leaflet in Annex two which is displayed on the staff notice board. If the child remains in School, staff are to be made aware of the head injury and that the child needs extra monitoring.

All copies of the email sent to parents should be stored on SchoolBase.

Managing a Return to Play Following a Head Injury

Any pupil who has suffered a head injury and showed symptoms of concussion should be subject to a graduated return to play programme (GRTP).

The GRTP should be developed in consultation with a suitably qualified medical professional and be tailored to the specific circumstances of the individual (including the type of injury sustained and the relevant sport).

It is the responsibility of the parents to ensure that their child does not participate in any inappropriate physical activity outside of School whilst they are subject to a GRTP.

Breaches of this Policy

The School takes its duty of care very seriously. The School will take appropriate action against any person found to have breached this policy. For example:

- if a pupil attempts to return to play in breach of their GRTP plan, the School would consider the matter under the School's pupil disciplinary policy;
- if a member of staff fails to report a head injury, the School would consider the matter under the School's staff disciplinary policy; and
- If a parent fails to report to the School a head injury their child sustains outside of School, the School would consider the matter under the terms of the School parent contract.

Annex 1 - Head Injury Form

(for use if information is not able to be directly recorded in SchoolBase)

Name of pupil	
Date of incident	
Time of incident	
Description of incident	
Description of head injury	
Action taken	

SIGNED: ……

NAME: ……..

POSITION: ……..

DATE:...../……/……

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
- Seizure or convulsion
- Balance problems
- Nausea or vomiting
- Drowsiness
- More emotional
- Irritability
- Sadness
- Fatigue or low energy
- Nervous or anxious
- "Don't feel right"
- Difficulty remembering
- Headache
- Dizziness
- Confusion
- Feeling slowed down
- "Pressure in head"
- Blurred vision
- Sensitivity to light
- Amnesia
- Feeling like "in a fog"
- Neck Pain
- Sensitivity to noise
- 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
- Increasing confusion or irritability
- Repeated vomiting
- Seizure or convulsion
- Weakness or tingling/burning in arms or legs
- Deteriorating conscious state
- Severe or increasing headache
- Unusual behaviour change
- Double vision

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 so do
- 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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