

Gloria Filiorum Patres

Each day, discovery.



ELTHAM COLLEGE

Head Injury Policy

Last reviewed: Nov 2025



Version Control Information

[illegible]



Head Injury Policy

This policy has been guided by the NICE NG232 (2023) Head injury: assessment and early management, RFU Headcase Concussion Guidelines (2023) and UK Concussion Guidelines for Grassroots Sport (2023) and the return to play head Injury medical team.

The guidelines include the recommendation to rest and sleep as much as needed for the first 24 to 48 hours and avoid using devices which involve screen time. Or to call 999 for emergency medical assessment when a significant injury has occurred. See head injury management.

Eltham College is committed to a whole school approach to the care and management of those members of the school community who sustain a head injury. We take our responsibility for the health and welfare of pupils extremely seriously. We recognise the dangers presented by a head injury that may result in a diagnosis of concussion. To ensure that pupils receive medical care of the highest standard, we have retained the services of a medical consultancy, Return2Play (R2P), which offers specialist advice on the management of concussion and the required rehabilitation.

It is therefore important that any head injury identified should be assessed by the medical team, or a qualified First aider as soon as possible, then inputted onto our head injury management system Return2Play, where an appointment can be made with a head injury specialist. Return2Play's online injury management system allows staff to keep an up-to-date injury register of pupils and ensures that if they sustain a concussion, it can be recorded, with advice being sent to the injured pupil and parents/guardians. Importantly, the system monitors symptoms during recovery, links with doctors and nurses experienced in the management of concussion and keeps everyone informed about progress through the concussion return to play pathway. Return2Play also links with SOCS teams sheets so that injured pupils cannot be selected for fixtures.

In the Junior School there is a higher incidence of minor head bumps due to pupil age range, therefore all head injuries will be recorded in the medical centre and parents notified. Junior school pupils will be entered on the Return2Play system only if they have a significant mechanism of injury and/or display any signs of concussion.

Where a pupil is not on the return to play system, this policy will provide the guidance in managing a possible concussion. Therefore, the pupil would need to be reviewed by the medical team in school if during school hours or by a medical professional outside of school hours, with relevant documentation provided to the school's medical team (The Foxbury and Junior school). If the pupil is to continue to participate in sports at Eltham College, management and follow up care/rehabilitation should be carried out by the school's medical team before returning to normal activities and sports. Parents/Guardian are to be kept informed where appropriate. The School Nurse and her medical team can seek further advice from the head injury specialist via R2P at any time where needed.

It is important to note that once a concussion diagnosis has been made this cannot be reversed or undiagnosed. The diagnosis forms part of a legal document. The diagnosis can be followed up and reviewed by the qualified medical clinician as part of a medical management. Should a parent or student wish to appeal this, they should note that the PE Department will be unable to help. All

communication should be via the senior school nurses or the junior school nurse who are our qualified, registered nurses.



Children and adolescents have a greater risk of problems associated with concussion resulting from head injury. Studies show that they take longer to recover and have more significant memory and mental processing issues and are more susceptible to rare and dangerous neurological complications. Symptoms may not develop for hours, days or even weeks after the knock to the head. It is when there is a repeated blow to the head not long after an initial head injury where most complications can arise, with increased danger of permanent disability or death.

- This policy is for all and any visitor's; staff/teachers, pupils, parents, coaches, and administrators to read the guidance and familiarise themselves with the necessary steps to:

RECOGNISE the signs of concussion;

REMOVE anyone suspected of being concussed immediately and;

RETURN safely to daily activity, education/work and, ultimately, sport.

DEFINITIONS

Head injury is a 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 and days. Effects are usually temporary. 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.

TRAINING

Return2Play provide access to Head Injury & Concussion online training modules for staff, pupils and parents. These are updated annually at a minimum and when there are changes to guidance. All staff involved with sport will undertake the course annually. All medical staff who join Eltham College's medical team undertake an induction programme which includes familiarisation with this policy, undertaking the specific Return2Play online module for medical staff and training on the Return2Play platform.

RISK ASSESSMENT

Our Deputy Head Co-curricular, Director of Sports, Health and Safety facilities staff in collaboration with any coaches must carry out a dynamic risk assessment which is specific to the venue, conditions at the time, pupils 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 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 – are pupils well-prepared to play?



PE teachers and/or teachers in the senior leadership team should check the School's Return2Play concussion register via SOCS prior to any sports session (training or match) to ensure that all pupils engaging in the activity are safe to do so. They should then pass any relevant information to external coaches; this is essential as external coaches do not have access to Return2Play 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 Head of Safety, Energy & Compliance. It is crucial that all staff abide by this so that improvements can be made to pitches and facilities around the school.

Responsibilities

- All head injuries must be recorded on Return2Play and/or documented on ISAMS as appropriate.
- The medical team are responsible for monitoring accident reports and informing the Health and Safety Team of any areas of concern for risk assessments.
- It is the responsibility for the Health & Safety Committee to ensure the school environment is inspected regularly to minimise the risks for sustaining head injuries.
- The School Nurse will review this policy annually.

Measures to reduce risk of Head Injury/Concussion

PE Staff are encouraged to take the following steps to minimise the risk of any potential head injuries:

- Pupils should be healthy and fit for sport.
- Pupils are taught safe playing techniques and encouraged to follow rules of play.
- Pupils should display sportsman like conduct at all times and maintain respect for both opponents and fellow team members equally.
- Pupils always wear the right equipment such as shin-pads and mouth guards.
- Equipment should be in good condition and worn correctly.
- Inform and reinforce to the pupils the dangers and consequences of playing whilst injured or with suspected concussion.
- Qualified first aiders are present at all matches and practices, in accordance with the first aid policy, and can summon immediate medical assistance.
- All coaching staff are able to recognise signs and symptoms of concussion and are vigilant in monitoring pupils accordingly.
- The online Accident, Incident and Near-Miss Reporting form completed as appropriate and promptly and with sufficient detail. This must be completed by the first responder on scene. [Health and Safety Accident, Incident and Near Miss form \(office.com\)](#).
- Ensure that pupils are taught safe playing techniques and encouraged to follow rules of play.
- Ensure that pupils are healthy enough to participate and have undergone medical evaluation.
- **Every concussion is taken seriously.**
- **Medical advice is strictly adhered to**

INITIAL REVIEW – IMMEDIATELY AFTER A SUSPECTED CONCUSSION

Following a suspected concussion, all pupils should be initially assessed by the School Nurse and their medical team or a qualified first aider who has completed the head injury training and added onto return 2 play (R2P). The school's medical team should be notified especially if further assessment is needed to ensure that there are no significant underlying medical issues. It is important that all signs and symptoms of a suspected concussion are noted and communicated to the Foxbury medical centre.

Signs and symptoms are often short lived and may only be witnessed at the time of injury or immediately afterwards. If this is the case, even if confirmed that there are no underlying issues, and the pupil has no ongoing symptoms the pupil should undertake the R2P in this policy. The School Nurse and their medical



team should use the Head injury assessment and concussion check list in appendix 1. If being sent home and parent/guardian notified and a copy of appendix 2 given. SCAT 6 symptom check list to monitor recovery. The SCAT 6 see appendix 6 & 7.

RETURN TO PLAY REVIEW

Having completed the 14 days of relative rest and up to Stage 5 of the GRTP, all pupils should be reviewed/assessed by a healthcare professional before returning to contact activities and other activities with a predictable risk of head injury e.g. Rugby, football, gymnastics, horse riding, combat sports etc. A review by a HCP should confirm recovery and that there are no other underlying conditions or ongoing issues. This will be found in their R2P head injury management system.

The following should be flagged for a GP review:

- Children and young people who struggle to return to their studies.
- Individuals who struggle to return to their work or studies.
- Those who persistently fail to progress through the GRTP because symptoms return.
- It is recommended that anyone who sustains two or more concussions in a 12-month period should seek advice from their GP for a specialist opinion in case they have an underlying pre-disposition or risk factors.



Head injury management

Call 999 if any of the following red flags are identified post head injury

RED FLAGS
<ul style="list-style-type: none">• Deteriorating conscious state• Increasing confusion or irritability• Severe or increasing headache• Repeated vomiting• Unusual behaviour change• Seizure or convulsion• Double vision or deafness• Weakness or tingling/burning in arms or legs• Midline or severe neck pain• Increasing or persistent difficulty walking normally or poor balance• Any suspicion of skull fracture (bleeding/clear fluid from nose, ear, black eye with no injury close by, bruising behind one or both ears, visible trauma to scalp or skull).• Amnesia

An ambulance should also be called for any person sustaining a head injury who is

- High energy head injury (struck by a vehicle, fall from a height greater than 1m, rollover motor accident, bicycle collision etc.
- Taking anticoagulant medication/ history of clotting disorder.
- Current drug or alcohol intoxication
- Aged 65 years or older

Next of kin, parent/guardian, The School Nurse and her medical team are notified immediately when an ambulance is called.

Mild or moderate head injuries

- All head injuries should be assessed for any signs of concussion (see appendix 1 for concussion checklist)
- Any pupil exhibiting signs of concussion should be referred unto R2P or the School Nurse and her medical team
- All head injury observations will be electronically stored within the pupil record on the medical database and R2P
- Any pupil sustaining a head injury should receive a head injury advice sheet which should be provided to the parents/ guardians as guidance (see appendix 2).
- Anyone sustaining a head injury should not be allowed to drive themselves or travel home unaccompanied by either school or public transport, and alternate arrangements must be made.
- First aiders will follow management of sporting head injures guideline (see appendix 3).



Concussion

If after any head injury or violent shaking of the head any of the signs or symptoms listed below highlighted or see appendix 1 occur the case should be treated as a concussion, with the pupil removed from play (if the injury has taken place within a match context) and 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 play (if the injury took place within a match context) and medical attention sought.

It is not unusual for symptoms to persist for several days or weeks, therefore returning to school following head injury may be dependent on special concessions for the pupil regarding academic and sport exemptions being put into place. These would be agreed between the School Nurse, Parents and the School, and may require specialist recommendations, if necessary, for a prolonged period. The college follows the Graduated return to play guidance (GRTP) used for schools and clubs from the rugby football union (RFU) and England hockey. Appendix 4 & 5.

Staff should be aware that the symptoms of concussion can include ANY or ONE of the following:

APPENDIX 1: CONCUSSION RECOGNITION

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 / being slow to get up
- Unsteadiness on feet / balance problems or falling over / lack of coordination
- Grabbing / clutching of head
- Dazed, blank or vacant look
- Confused / not aware of plays or events

2. SYMPTOMS OF SUSPECTED CONCUSSION

Presence of any one or more of the following symptoms may suggest a concussion.

Headache	Fatigue
"Pressure in head"	"Don't feel right"
Balance problems	Neck pain
Nausea or vomiting	More emotional
Drowsiness	More irritable
Dizziness	Sadness
Blurred vision	Nervous or anxious
More sensitive to light	Difficulty concentrating
More sensitive to noise	Difficulty remembering
	Feeling slowed down
	Feeling "in a fog"

3. AWARENESS

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

- "Where are we today?"
- "What event are we doing?"
- "Who scored last in this game?"
- "What event are we doing?"
- "Who scored last in this game?"

Any athlete with a suspected concussion should be **IMMEDIATELY REMOVED FROM PLAY**, and should not be returned to activity before a medical assessment. Pupils with a suspected concussion should not be left alone.

RED FLAGS

If **ANY** of the following are observed or reported then the player should be reviewed immediately by a medical professional. If necessary, consider calling 999.

Neck pain or tenderness	Weakness or numbness/tingling in more than one arm or leg
Seizures, 'fits' or convulsions	Repeated vomiting
Loss of vision	Severe or increasing headache
Loss of consciousness	Increasingly restless, agitated or combative
Increased confusion or deteriorating conscious state	Visible deformity of the skull

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.
- Assume a possible spinal injury in all cases of head injury.



MEDICAL CENTRE PROTOCOL AROUND CONCUSSION In the School Medical Centre, assessment will follow the guidance in Appendices 1. **WHERE CONCUSSION IS SUSPECTED** If on completion of the assessment a concussion is suspected, the injury must be recorded on Return2Play and concussion protocol implemented. **Appendix 4 &5.**

Onset of symptoms

It should be noted that the symptoms of concussion can first present at any time (but typically in the first 24-48hrs) after the incident which caused the suspected concussion. Guidance for staff in the management of sporting head injury see Appendix 3. Instructions for general head injury and monitoring see Appendix 1 and 2.

Returning to Sport after a Head Injury

Whilst an initial concussion may not cause permanent damage, a repeat injury to the head soon after the prior unresolved concussion can have serious consequences. A subsequent injury does not have to be severe to have permanently disabling or deadly effects. Even if a pupil considers him/herself to be fit or uninjured, he/she will be automatically placed off games until seen by an appropriate qualified medical team. In such cases, written evidence will be required. Any pupil sustaining a concussion type injury may be excluded from all contact sports and the GTRP protocol implemented. **See appendix 4 &5.** This is dependent on the advice of the examining medical team. Under the GTRP protocol, the pupil can proceed to the next stage if no symptoms of concussion are shown at the current stage (that is, both the periods of rest and exercise during that 48-hour period).

Where the pupil completes each stage successfully without any symptoms the pupil would take 23 days to complete their rehabilitation (this includes the 14 day rest period). If any symptoms occur while progressing through the GTRP protocol, the pupil must return to the previous stage and attempt to progress again after a minimum 24-hour period of rest has passed without the appearance of any symptoms.

GRADUATED RETURN TO PLAY (appendix 4&5)

The GTRP will be completed and signed off by a Doctor/Nurse, and her trained medical team. The pupil should be seen by the R2P Doctor/ or School Nurse and her trained medical team and not return to play until then.

The School Nurse and her medical team can oversee the daily GTRP by asking the following questions:

- **Have you experienced any vomiting today?**
- **Have you had any dizziness or loss of balance today?**
- **Have you had any visual problems, not being able to focus, blurred vision, not being able to see out of part of your eye today?**
- **Have you had any headaches today?**

A pupil may then be moved up the protocol by the medical team.

No pupil may return to match play without completion of the GTRP and approval by R2P Doctor or the School nurse and her trained medical team.

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.

- Progression through the GTRP stages is dependent upon the activity not more than mildly exacerbating symptoms. Further medical advice from the NHS via 111/or head injury specialist via R2P should be sought if symptoms deteriorate or do not improve by 10-14 days after the injury. Those with symptoms after 21-28 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.

RETURN TO LEARNING 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 and should remain at home. It is important that the pastoral team keeps a regular check on the pupil during recovery and if there are any concerns regarding symptoms impacting on learning or if it is felt that concentration is worsening symptoms, the pupil should be reassessed by the Medical Centre. If necessary, the Medical Centre will seek the advice of Return2Play's medical team to seek advice on how to manage the situation. Sometimes it may be necessary to reduce the pupil's workload or to allow extra time for assignments.

RETURN TO ACTIVITY AND SPORT (GRAS) Any pupil who has a concussion or suspected concussion must be managed under the R2P pathway prior to returning to physical activity, regardless of how the injury occurred. The latest Return to Activity & Sport pathway can be found in Appendix 4. No pupil may return to sports training until they have been cleared to do so by a doctor. No pupil may return to competitive sport/matches until they have been cleared to do so by a doctor, have been symptom free for a minimum of 14 days AND it has been at least 21 days since the injury. Please note concussion diagnosis is from the onset of injury/impact and thus counted as day 1.

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. Whilst a head injury can be sustained at any time in particular during a sporting activity.

The policy deals with 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 play or return to learn protocols.



Appendix 1

CONCUSSION CHECKLIST



ELTHAM COLLEGE

Name _____

Date of Injury: _____ Time of Injury: _____

Date & Time of Assessment: _____

Description of Injury _____

Observed Signs	0 Minutes	15 Minutes	30 Minutes	Prior to leaving
Appears dazed or stunned	Y/N	Y/N	Y/N	
Is confused about events	Y/N	Y/N	Y/N	
Repeats questions	Y/N	Y/N	Y/N	
Answers questions slowly	Y/N	Y/N	Y/N	
Can't recall events prior to knock	Y/N	Y/N	Y/N	
Can't recall events after knock	Y/N	Y/N	Y/N	
Loses consciousness (even briefly)	Y/N	Y/N	Y/N	
Shows behaviour/personality changes	Y/N	Y/N	Y/N	
Physical Symptoms				
Headache or "pressure" in head	Y/N	Y/N	Y/N	
Nausea or vomiting	Y/N	Y/N	Y/N	
Balance problems/dizziness	Y/N	Y/N	Y/N	
Fatigue or feeling tired	Y/N	Y/N	Y/N	
Blurred or double vision	Y/N	Y/N	Y/N	
Sensitivity to light	Y/N	Y/N	Y/N	
Sensitivity to noise	Y/N	Y/N	Y/N	
Numbness or tingling	Y/N	Y/N	Y/N	
Does not "feel right"	Y/N	Y/N	Y/N	
Cognitive Symptoms				
Difficulty thinking clearly	Y/N	Y/N	Y/N	
Difficulty concentrating	Y/N	Y/N	Y/N	
Difficulty remembering	Y/N	Y/N	Y/N	
Feeling more slowed down	Y/N	Y/N	Y/N	
Feeling sluggish, hazy or foggy	Y/N	Y/N	Y/N	
Emotional Symptoms				
Irritable	Y/N	Y/N	Y/N	
Sad/tearful	Y/N	Y/N	Y/N	
Aggressive/angry	Y/N	Y/N	Y/N	
Nervous	Y/N	Y/N	Y/N	

If pupils exhibit one or more of these signs or symptoms, they should be referred to school medical team or seek out of school medical attention/R2P and their parent(s) contacted.

**Nurse Assessment**

		COMMENTS
Pupil Reaction	Y / N	
Facial nerve check/ Jaw	Y / N	
Hearing	Y / N	
Balance	Y / N	
Strength	Y / N	
Co-ordination	Y / N	

ACTION:**HEAD INJURY ADVICE SHEET GIVEN YES NO**

Pupil returned to class

Pupil sent home

Pupil referred to A&E

NAME:**SIGNATURE:**



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
- Does not wake for feeds or cries constantly and cannot be soothed

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

If you are very concerned about these symptoms or they go on for more than 2 months, make an appointment to see your GP.

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?

- Ensure that they have plenty of rest initially. A gradual return to normal activities/school is always recommended.
- Increase activities only as symptoms improve and at a manageable pace.
- It is best to avoid computer games, sporting activity and excessive exercise until all symptoms have improved.

www.what0-18.nhs.uk

This guidance is written by healthcare professionals from across Hampshire, Dorset and the Isle of Wight



Head Injury Advice Sheet

Advice for parents and carers of children



Concussion following a head injury

- Symptoms of concussion include mild headache, feeling sick (without vomiting), dizziness, bad temper, problems concentrating, difficulty remembering things, tiredness, lack of appetite or problems sleeping – these can last for a few days, weeks or even months. Some symptoms resolve quickly whilst others may take a little longer.
- Concussion can happen after a mild head injury, even if they haven't been "knocked out".
- 9 out of 10 children with concussion recover fully, but some can experience long term effects, especially if they return to sporting activities too quickly. It is really important that your child has a gradual return to normal activities and that they are assessed by a doctor before beginning activities that may result in them having another head injury.
- If you are very concerned about these symptoms or they last longer than 2 months, you should seek medical advice from your doctor.

Advice about going back to nursery / school

- Don't allow your child to return to school until you feel that they have completely recovered.
- Try not to leave your child alone at home for the first 48 hours after a significant head injury.

Advice about returning to sport

- Repeated head injury during recovery from concussion can cause long term damage to a child's brain.
- Expect to stay off sport until at least 2 weeks after symptoms are fully recovered.
- Always discuss with your child's school and sports club to discuss a gradual return to full activity.

For further information:

Rugby: goo.gl/1fsBXz



Football: goo.gl/zAgbMx



For further support and advice about head injuries, contact:



- Visit the [Brain Injury Trust website](https://www.braininjurytrust.org.uk).



www.what0-18.nhs.uk

This guidance is written by healthcare professionals from across Hampshire, Dorset and the Isle of Wight

CS45385 April 2020



Appendix 3

Management of Sporting Head Injury by non medical first aiders

Recognise and remove:

Where a pupil suffers a blow to the head consider an associated spinal injury until proven otherwise.

Obtain history and observe pupil for (signs):

Dazed, blank or vacant look

Lying motionless on the ground, slow to get up

Unsteady on feet, balance problems, falling over, and poor coordination

Loss of consciousness or responsiveness

Confused/not aware of surroundings or events

Grabbing or holding the head

Convulsion

Emotional or irritable

Pupil may complain of (symptoms):

Headache

Dizziness

Mental clouding, confusion, feeling slowed down

Visual disturbance

Nausea or vomiting

Fatigue

Drowsiness, difficulty in concentrating,

'Pressure in head'

Sensitivity to light or noise

Questions to ask:

'Where are we today?'

'Which half of the game is it now, what activity were you doing?'

'Who scored the last point?'

'What team did you play last week?'

'Did your team win the last game?'

If the pupil fails to answer correctly the five memory questions, the pupil should be removed from the field of play for a medical evaluation (coaches should use professional judgement if a pupil does not answer a question correctly i.e. in the heat of a match a pupil may genuinely not remember who scored last).

Blurred or "fuzzy" vision should also be treated in the same way and professional judgement also used if the pupil does not seem "right" (slurred speech, odd behaviour such as anger or crying etc)

The pupil **MUST NOT** resume play once removed from the field for suspected concussion.

The pupil must not be left alone and MUST be added to R2P. If unable to add onto R2P, the pupil should be taken to the Foxbury if during school hours by a member of staff (they must NOT be allowed to be taken by another pupil). Failing this immediate medical attention should be sought.

The coach/staff member MUST inform the school's medical team if a bang on the head has occurred leading to a pupil needing to be removed from the field of play (even if concussion is not diagnosed and the pupil returns to play).



Appendix 4

Return to Sport Pathway (Summary) May 2023 following a Concussion/Suspected Concussion



U19s and Below

Day	Non-Contact Sport	Day	Contact Sport
0-2	Early relative rest	0-2	Early relative rest
2-6	Return to activities of daily living	2-6	Return to activities of daily living
	If no exacerbation of symptoms, can proceed		If no exacerbation of symptoms, can proceed
7-13	Introduction of low-risk physical exercise <i>Gradual increase in solo exercise – running, stationary bike, swimming, supervised weight training etc.</i> FOCUS ON FITNESS	7-13	Introduction of low-risk physical exercise <i>Gradual increase in solo exercise – running, stationary bike, swimming, supervised weight training etc.</i> FOCUS ON FITNESS
	Medical Clearance		Medical Clearance
14-20	Return to PE/Games sessions <i>Gradual increase in intensity, complexity and duration</i>	14-20	Return to PE/Games sessions <i>Gradual increase in intensity, complexity and duration</i>
	Medical Clearance <i>Should have been symptom free at rest for at least 14 days prior to final clearance</i>		Medical Clearance <i>Should have been symptom free at rest for at least 14 days prior to final clearance</i>
21	Earliest return to matches/competition	21	Earliest return to contact training
			If no exacerbation of symptoms, can proceed
23		23	Earliest return to matches/competition

Adapted from "UK Concussion Guidelines for Non-Elite (Grassroots) Sport" published by UK Government, April 2023

Return to Sport Pathway (Summary) May 2023 following a Concussion/Suspected Concussion



Adults

Non-contact sport follows the same pathway as for U19s and below.

Day	Contact Sport
0-2	Early relative rest
2-6	Return to activities of daily living
	If no exacerbation of symptoms, can proceed
7-13	Introduction of low-risk physical exercise <i>Gradual increase in solo exercise – running, stationary bike, swimming, supervised weight training etc.</i> FOCUS ON FITNESS
	Medical Clearance
14-18	Return to sport-specific training (non-contact) <i>Gradual increase in intensity, complexity and duration</i>
	Medical Clearance <i>Should have been symptom free at rest for at least 14 days prior to final clearance</i>
19	Earliest return to contact training
	If no exacerbation of symptoms, can proceed
21	Earliest return to matches/competition

Adapted from "UK Concussion Guidelines for Non-Elite (Grassroots) Sport" published by UK Government, April 2023



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.	<ul style="list-style-type: none"> 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)	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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)	<ul style="list-style-type: none"> 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. 	

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

Stage	Focus	Description of activity	Comments
Stage 4	Return to study and work	<ul style="list-style-type: none"> 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)	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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)	<ul style="list-style-type: none"> 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	<p>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.</p> <p>* The day of the concussion is Day 0 (see example below).</p>	<p>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.</p> <p>Disabled people will need specific tailored advice which is outside the remit of this guidance.</p>

Example:

- Concussion on Saturday 1st October (Day 0)
- All concussion-related symptoms resolved by Wednesday 5th October (Day 4)
- No less than 14 days is needed before the individual returns to sport-specific training involving head impacts or where there may be a risk of head injury (Stage 5) on Wednesday 19th October (Day 18)
- Continue to be guided by the recommendations above and, if symptoms do not return, the individual may consider returning to competitive sport with risk of head impact on Wednesday 26th October (Day 25)



Appendix 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.

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.

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CRT6™

Developed by: The Concussion in Sport Group (CISG)

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Appendix 7

Concussion Recognition Tool 6 - CRT6™



CRT6

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	Changes in Emotions
Headache	More emotional
"Pressure in head"	More Irritable
Balance problems	Sadness
Nausea or vomiting	Nervous or anxious
Drowsiness	
Dizziness	
Blurred vision	
More sensitive to light	
More sensitive to noise	
Fatigue or low energy	
"Don't feel right"	
Neck Pain	

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