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Responsibility Senior Sister

HEAD INJURY POLICY

The following has been developed in accordance with NICE clinical guideline 56 - Head Injury, International Rugby Board Concussion Guidelines and the RFU Guidelines for schools and colleges.

Background

Injuries to the head can occur in many situations in the school environment i.e. any time that pupil's head comes into contact with a hard object such as the floor, a desk, or another pupil's body. The potential is probably greatest during activities where collisions can occur such as in the playground, during sport and PE, and if messing around indoors during breaks. The nature of rugby means that concussion can occur during both training and in matches.

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, the 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.

A return to sporting activity before complete resolution of the concussion exposes the player to the risk of recurrent concussions which can occur with ever decreasing forces.

There are concerns that repeated concussion could shorten a player's career, interfere with academic performance, and may have some potential to result in permanent neurological impairment.

Players must be encouraged to report any suspected injury and to be honest with themselves, coaching, and medical staff for their own protection.

Symptoms of Concussion

Staff should be aware that the symptoms of concussion can include any of the following:

- Headache
- Hearing problems/tinnitus
- Nausea and vomiting
- Memory problems
- Disorientation
- Visual problems
- Problems with balance and dizziness
- Fatigue and drowsiness
- Sensitivity to light and noise
- Numbness or tingling sensation
- Feeling slowed down or mentally foggy
- Slow to follow instructions or to answer questions
- Impaired balance and poor hand-eye coordination
- Poor concentration
- Slurred speech
- Vacant stare
- Unsteady and shaky mobility
- Loss of insight
- Loss of consciousness
- Seizures or convulsions
- Sleeping difficulties
- Problems with waking up
- Appearing confused and disorientated
- Slurred speech
- Weakness or numbness in a part of the body
- Inappropriate emotions, such as irritability or crying

In the event of a pupil sustaining an injury to the head, the HMM/Medical Centre must be notified as soon as possible.

This applies to injuries sustained outside school as well as during school hours.

Pupils will then be seen Medical Centre for initial assessment by the nurse on duty/ Medical Officer unless the casualty requires immediate hospitalisation.

Criteria for referral to an emergency ambulance service

1. Unconsciousness or lack of full consciousness, (for example, problems keeping eyes open).

2. Any focal (that is, restricted to a particular part of the body or a particular activity) neurological deficit since the injury (examples include problems understanding, speaking, reading or writing; loss of feeling in part of the body; problems balancing; general weakness; any changes in eyesight; and problems walking).

3. Any suspicion of a skull fracture or penetrating head injury (for example, clear fluid running from the ears or nose, black eye with no associated damage around the eye, bleeding from one or both ears, new deafness in one or both ears, bruising behind one or both ears, penetrating injury signs, visible trauma to the scalp or skull).

4. Any seizure ('convulsion' or 'fit') since the injury.

5. A high-energy head injury (for example, pedestrian struck by motor vehicle, occupant ejected from motor vehicle, a fall from a height of greater than 1 m or more than five stairs, diving accident, high-speed motor vehicle collision, rollover motor accident, accident involving motorized recreational vehicles, bicycle collision, or any other potentially high-energy mechanism).

6. The injured person or their carer is incapable of transporting the injured person safely to the hospital emergency department without the use of ambulance services (providing any other risk factor indicating emergency department referral is present).

In the Medical Centre, the Casualty will be closely observed. The level of consciousness will be monitored using the Glasgow Coma Scale, and vital signs will be recorded. The Nurse on duty may then refer the Casualty as outlined below:-

Criteria for referral to a hospital emergency department by the Medical Centre

- GCS less than 15 on initial assessment
- Any loss of consciousness as a result of the injury
- Any focal neurological deficit since the injury (examples include problems understanding, speaking, reading or writing; decreased sensation; loss of balance; general weakness; visual changes; abnormal reflexes; and problems walking)
- Any suspicion of a skull fracture or penetrating head injury since the injury (for example, clear fluid running from the ears or nose, black eye with no associated damage around the eyes, bleeding from one or both ears, new deafness in one or both ears, bruising behind one or both ears, penetrating injury signs, visible trauma to the scalp or skull of concern to the professional)
- Amnesia for events before or after the injury. The assessment of amnesia will not be possible in pre-verbal children and is unlikely to be possible in any child aged under 5 years
- Persistent headache since the injury
- Any vomiting episodes since the injury
- Any seizure since the injury
- Any previous cranial neurosurgical interventions
- A high-energy head injury (for example, pedestrian struck by motor vehicle, occupant ejected from motor vehicle, fall from a height of greater than 1 m or more than five stairs, diving accident, high-speed motor vehicle collision, rollover motor accident, accident involving motorized recreational vehicles, bicycle collision, or any other potentially high-energy mechanism)
- History of bleeding or clotting disorder
- Current anticoagulant therapy, such as warfarin
- Current drug or alcohol intoxication
- Age 65 years or older
- Suspicion of non-accidental injury.

All those having sustained a head injury but considered well enough to return home or to the boarding house will be given a head injury advice sheet outlining when urgent medical advice should be sought, if necessary.

Next of kin/parents/HMM will be contacted and notified accordingly.

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

All head injuries must be recorded on an Incident Form and forwarded to the Medical Centre for monitoring and review.

It is recommended that individuals should avoid the following initially, and then gradually re-introduce them:

- Reading
- TV
- Computer games
- Driving

It may be reasonable for a pupil to miss a day or two of academic studies but extended absence is uncommon. Even if a pupil considers him/herself to be fit or uninjured, he/she will be automatically placed off games until seen by the School Medical Officer.

Any pupil sustaining a concussion type injury may be excluded from all contact sports for period of 23 days, with reassessment during that period.

Return to play will not be permitted unless authorised by the School Medical Officer

Managing a head injury during sporting activity

Appropriately trained First Aiders are on site during all matches and training sessions. All Coaches are to adhere to the guidelines as set out by the International Rugby Board (IRB) to ensure that concussion is managed effectively:-

- *Concussion must be taken extremely seriously to safeguard the long term welfare of Players.*
- *Players suspected of having concussion must be removed from play and must not resume play in the match.*
- *Players suspected of having concussion must be medically assessed.*
- *Players suspected of having concussion or diagnosed with concussion must go through a graduated return to play protocol (GRTP).*
- *Players must receive medical clearance before returning to play.*

Management of Graduated Return to Play (GRTP)

Following a minimum of fourteen days complete rest, the pupil shall be assessed by the school GP and, if asymptomatic during all of that time, he/she may commence a programme of GRTP.

This will take place under the supervision of the PE staff and during timetabled sports lessons. The pupil will participate in certain activities as outlined in the programme devised & issued by the sports department and in line with current guidelines.

After each session the pupil will be seen & assessed by the Medical Centre and may progress to the next level of the programme providing there are no further symptoms.

If at any time symptoms develop the programme will be extended, the pupil must drop back to the previous level and/or may be reassessed by the GP.

Once the programme has been successfully completed, the Medical/Nursing staff will authorise the return to full sports.

The IRB states:

" Whilst the guidelines apply to all age groups particular care needs to be taken with children and adolescents due to the potential dangers associated with concussion in the developing brain.

Children under ten years of age may display different concussion symptoms and should be assessed by a Medical Practitioner using diagnostic tools. As for adults, children (under 10 years) and adolescents (10 – 18 years) with suspected concussion MUST be referred to a Medical Practitioner immediately. Additionally, they may need specialist medical assessment. The Medical Practitioner responsible for the child's or adolescent's treatment will advise on the return to play process, however, a more conservative GRTP approach is recommended. It is appropriate to extend the amount of time of asymptomatic rest and /or the length of the graded exertion in children and adolescents.

Children and adolescents must not return to play without clearance from a Medical Practitioner."

Measures to reduce risk of Head Injury/Concussion

The Health & Safety Committee will ensure the school environment is inspected regularly to minimise the risks for sustaining head injuries.

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 expected 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 scrum-caps, shin-pads and
- Mouth guards. Equipment should be in good condition and worn correctly.
- Inform and reinforce to the players 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 are able to summon immediate medical assistance.
- All coaching staff are able to recognise signs and symptoms of concussion, and are vigilant in monitoring players accordingly.
- Accident/Incident forms are completed promptly and with sufficient detail.
- Every concussion is taken seriously.
- Advice from the presiding medical officer is strictly adhered to.

This policy has been developed in accordance with NICE clinical guideline 56 - Head Injury http://www.nice.org.uk/guidance/CG56/NICEGuidance and the International Rugby Board Concussion Guidelines http://www.irbplayerwelfare.com/?documentid=3 and RFU guidelines http://www.englandrugby.com/my-rugby/players/player-health/concussion-headcase/schools-and-colleges/