



BABINGTON

HOUSE SCHOOL

Head injury and Concussion Policy

Date of Policy	Review Date	Reviewed By	Approved By
June 2026	June 2027	Michelle Da Silva	SLT and the Governing Body

Safeguarding and child protection are at the forefront and underpin all relevant aspects of process and policy development at Babington House School.

All systems, processes and policies operate with the best interests of the child at their heart.

Every Child Matters									
Health and Self care	✓	Safety	✓	Learning and Development and Behaviour for Learning		Parent Links		Transition and the Community	
Early Years Foundation Stage Overarching Principles									
A Unique Child		Positive Relationships		Enabling Environments	✓	Children develop and learn in different ways and at different rates			

RELATED POLICIES
First Aid Policy
Safeguarding Policy
Health and Safety Policy
Health and Safety Policy – EYFS

We take the welfare of our students extremely seriously, both on and off the sports field. We have comprehensive policies in place to ensure that if a student sustains an injury, they receive the appropriate management. That includes this policy, which specifically addresses head injuries.

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.

What is Concussion?

CONCUSSION MUST BE TAKEN EXTREMELY SERIOUSLY

- Concussion is a brain injury caused by either direct or indirect forces to the head.
- Concussion typically results in the rapid onset of short-lived impairment of brain function.
- Loss of consciousness occurs in less than 15% of concussion cases and whilst a feature of concussion, loss of consciousness is not a requirement for diagnosing concussion.
- Concussion results in a disturbance of brain function (e.g., memory disturbance, balance problems or symptoms) rather than damage to structures such blood vessels, brain tissue or fractured skull.
- Concussion is only one diagnosis that may result from a head injury. Head injuries may result in one or more of the following:
 1. Superficial injuries to scalp or face such as lacerations and abrasions
 2. Sub concussive event – a head impact event that does not cause a concussion
 3. Concussion – an injury resulting in a disturbance of brain function
 4. Structural brain injury – an injury resulting in damage to a brain structure for example fractured skull or a bleed into or around the brain

Concussion in Children and Adolescents

It is widely accepted that children and adolescents (18 years and under) with concussion should be managed more conservatively. This is supported by evidence that confirms that children:

- are more susceptible to concussion
- take longer to recover
- have more significant memory and mental processing issues
- are more susceptible to rare and dangerous neurological complications, including death caused by a second impact syndrome

Prevention Procedure

In order to try and reduce the risk of concussion the following guidance is followed:

- Ensure the playing or training area is safe e.g., playing area condition, safety equipment utilised
- Ensure correct playing techniques are coached and performed consistently by all players
- Explain the dangers of inappropriate tackles or styles of play and penalise them immediately if they occur

- Encourage pupils and parents to report any concussions that occur during any activity and to report any concussions that occur out of school. It is essential that all parties involved communicate if a pupil is concussed.

Initial procedure to follow where a student sustains a head injury at School

The welfare of students 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.

The following are 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;
- “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; and
- Difficulty concentrating.

Where a student sustains a suspected head injury or concussion, the person supervising the activity should immediately remove the student from play where it is safe to do and refer the student to either the School Nurse or a qualified First Aider.

The School Nurse or First Aider will determine whether the student is displaying any “red flag” symptom in which case the ambulance services should be called on 999.

The Pocket SCAT 2 Tool at Appendix One 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;
- Double vision.

The School Nurse or First Aider will update ISAMS with details of the head injury as soon as reasonably possible, and in any case on the same day of the incident. The entry should include the following details: the student's name, the date of the incident, the time of the incident, a description of the incident, a description of the head injury incurred, and a description of any action taken. A 'Head Bump' wrist band will also be applied with the date and time of the head bump. This is to alert staff and parent/carers to keep close observation for the signs of concussion.

Parents will receive a phone call or an email notification with the details of the injury logged with a head injury guidance sheet for their reference at home.

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 with the parents

IF IN DOUBT, SIT THEM OUT

Management of head injury/Concussion sustained outside of school

It is the responsibility of the parents to inform school staff (including the school nurse) if their child has sustained a head injury outside of school (or a school activity), either confirmed concussion or not. The school nurse will be able to help manage any symptoms whilst on the school premises and assist in the management, including of the GRTP protocol.

If the head injury occurs at school, parents will be required to inform any outside sports (and any other relevant) clubs that their child is currently following the GRTP protocol. If the head injury occurs outside of school on a school activity, the suspected concussion should also be reported using the Accident/Incident reporting process as outlined in the First Aid Policy.

Remember the 6 R's

Recognise: Know the signs and symptoms of concussion

Remove: If a player is concussed or there is even a potential concussion, they should be removed from play immediately

Refer: Once removed from play, the player should be referred to a medical practitioner (Doctor) or healthcare professional (nurse / paramedic) who is trained in evaluating and treating concussion

Rest: Pupils must rest from exercise until symptom free and then a Graduated Return to Play (GRTP) must be followed

- Under 19 years of age – 2 weeks rest followed by GRTP protocol
- Individuals should avoid the following initially and then gradually re-introduce them:

- ❖ Reading
- ❖ TV
- ❖ Computer games
- ❖ Driving
- ❖ Playing of wind instruments
- Needing to miss a day or two of academic study is not unusual

Recover: Full recovery, being symptom free, from the concussion is required before return to play is authorised by a medical practitioner or healthcare professional.

Return: They must go through a GRTP and receive medical clearance in writing (if assessed outside of school) before returning to play.

Recurrent Concussions

Following concussion, a player is at increased risk of a second concussion within the next 12 months.

Players with:

- A second concussion
- A history of multiple concussions
- Unusual presentations or
- Prolonged recovery

Should be assessed by a medical practitioner (doctor) with experience in sports-related concussions. If such a practitioner is not available then the player should be managed using the GRTP protocol from the lower age group as a minimum.

Onset of Symptoms

The signs and symptoms of concussion can present at any time but typically become evident in the first 24-48 hours following a head injury. Signs of concussion may develop during this time and we often find that a child may have been feeling well when resting at home but finds returning to the busy, noisy environment of school causes concussion to become more evident. For example, focusing on computer or iPad screens, reading text, looking up and down at the whiteboard or just running about with friends during break times. This may cause a generalised headache or just difficulty concentrating on lessons and these are both signs of concussion.

Recovery from Concussion

Recovery from concussion is spontaneous and typically follows a sequential course. The majority (80-90%) of concussions resolve in a short (7-10 day) period, although the recovery time frame may be longer in children and adolescents.

Pupils must be encouraged not to ignore symptoms at the time of injury and must not return to play / any other identified activities prior to the full recovery following a diagnosed concussion. The risks associated with premature return include:

- A second concussion
- Increased risk of other injuries due to poor decision making or reduced reaction time associated with concussion
- Reduced performance
- Serious injury or death due to an unidentified structural brain injury
- A potential increased risk of developing long-term neurological deterioration

Graduated Return to Play Protocol (GRTP)

All pupils with a diagnosed or potential concussion must go through a graduated return to play (GRTP) program as outlined in this document.

A GRTP program should only commence if the player:

- has completed the minimum rest period for their age
- is symptom free and off medication that modifies symptoms of concussion.

Medical or approved healthcare professional clearance is required prior to commencing a GRTP.

The management of a GRTP should be undertaken on a case-by-case basis and with the full cooperation of the player. The commencement of the GRTP will be dependent on the time in which symptoms are resolved.

It is important that concussion is managed so that there is physical and cognitive rest (avoidance of activities requiring sustained concentration), until there are no remaining symptoms for a minimum of 24 consecutive hours without medication that may mask the symptoms.

The Graduated Return to Play Program (Appendix 3)

The GRTP Program contains six distinct stages:

- The first stage is the recommended rest period for the athlete's age
- The next four stages are training based restricted activity
- Stage 6 is a return to play.

Under the GRTP Program, the Player 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 24-hour period).

If any symptoms occur while progressing through the GRTP protocol, the player 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.

Prior to entering Stage 5, a Medical Practitioner or approved healthcare professional and the Player must first confirm that the player can take part in this stage. Full contact practice equates to return to play for the purposes of concussion. However, return to play itself shall not occur until Stage 6.

The GRTP applies to all sporting and physical activities.

Conclusion

Concussion is a serious injury that if not treated correctly can have significant long-term effects. However, when playing contact sports and participating in other physical activities concussion is always a risk factor whatever precautions are taken. We aim to minimise the possible risks by ensuring that our students follow the advised concussion procedures as advised by all the relevant governing bodies.

Pupil facing staff undergo online concussion awareness training once a year. The School Nurse and First Aiders are able to recognise and diagnose concussion but will also refer a child with a serious head injury to be assessed in an emergency department if they are concerned that a medical assessment is also needed.

If the child is diagnosed with a concussion at any point, this is not a decision that can later be reversed and the child will need to follow the GRTP protocol. Please understand that the nurse and sports staff are acting in the best interest of your child. If the child is cleared of concussion, they will be able to return to sports but we will still be watchful for delayed concussion.

We will always advise that further professional medical advice is sought if you have any concerns about whether or not your child is suffering from concussion and report any such injury to the school as soon as possible so that we can provide the appropriate care during their recovery.

Links

NHS Services There are a number of NHS services or resources that staff/parents/pupils may find useful:

- NHS Direct (www.nhs.uk)
- NHS Choices (www.nhs.uk)
- Specialist Minor Head Injury Clinics. (www.nhs.uk/service-search)
- NICE Guidelines (<https://www.nice.org.uk/guidance/cg56>)
- United States CDC Concussion Education website (https://www.cdc.gov/headsup/basics/concussion_whatis.html)

Appendix 1

Pocket SCAT2



Concussion should be suspected in the presence of **any one or more** of the following: symptoms (such as headache), or physical signs (such as unsteadiness), or impaired brain function (e.g. confusion) or abnormal behaviour.

1. Symptoms

Presence of any of the following signs & symptoms may suggest a concussion.

• Loss of consciousness • Seizure or convulsion • Amnesia • Headache • "Pressure in head" • Neck Pain • Nausea or vomiting • Dizziness • Blurred vision • Balance problems • Sensitivity to light • Sensitivity to noise	• Feeling slowed down • Feeling like "in a fog" • "Don't feel right" • Difficulty concentrating • Difficulty remembering • Fatigue or low energy • Confusion • Drowsiness • More emotional • Irritability • Sadness • Nervous or anxious
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2. Memory function

Failure to answer all questions correctly may suggest a concussion.

"At 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?"

3. Balance testing

Instructions for tandem stance

"Now stand heel-to-toe with your **non-dominant** foot in back. Your weight should be evenly distributed across both feet. You should try to maintain stability for 20 seconds with your hands on your hips and your eyes closed. I will be counting the number of times you move out of this position. If you stumble out of this position, open your eyes and return to the start position and continue balancing. I will start timing when you are set and have closed your eyes."

Observe the athlete for 20 seconds. If they make more than 5 errors (such as lift their hands off their hips; open their eyes; lift their forefoot or heel; step, stumble, or fall; or remain out of the start position for more than 5 seconds) then this may suggest a concussion.

Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, urgently assessed medically, should not be left alone and should not drive a motor vehicle.

Appendix 3
Graduated Return To Play Programme
Under 19s

STAGE	Exercise/Activity allowed	Duration	<i>If any symptoms (re)occur whilst progressing through the GRTP programme, the pupil should rest for a minimum of 48 hours - and until symptom free - and then should return to a previous stage, as directed by Medical Centre staff.</i>
Stage 0 Initial Rest (Body & Brain)	No exercise. Minimise screen time. Consider time off school.	24-48 hours. Review by HCP.	
Stage 1 Relative Rest (Symptom limited activities)	Daily activities that do not provoke symptoms. No exercise.	14 days (including stage 1).	
Must be symptom free before progressing to stage 2			
Stage 2 Light Aerobic exercise	E.G. Light jogging for 10-15 minutes, swimming or stationary cycling.	Minimum 48 Hours.	
Stage 3 Sport-Specific Exercise	E.G. Running drills. No head impact activities.	Minimum 48 hours.	
Stage 4 Non-Contact training	E.G. Passing drills. May start progressing resistance training.	Minimum 48 hours.	
Review by Health Care Professional			
Stage 5 Full Contact Practice	Following medical review, can return to normal training activities.	Minimum 48 hours.	
Stage 6 Return to play	Normal game play.	Minimum 48 hours EARLIEST RETURN TO PLAY- 23 DAYS	