HEAD INJURY AND CONCUSSION POLICY

1. Introduction

The Oratory School ("the school") is committed to ensuring all parents and staff have a clear understanding of how to deal with someone who has sustained a head injury and ensuring pupils receive the best possible care following a head injury.

1.1 The aim of this policy is to:

1.1.1 Ensure understanding of the key terms and the link between head injury and brain injury.

1.1.2 Identify sport activities which carry a risk of head injury.

1.1.3 Signposts the need to carry out suitable risk assessments for all sport activities undertaken at the Oratory school. However, this policy is not a substitute for the risk assessments themselves which are tailored to the activity in question and the site, and resources of the particular Oratory School or school being visited and are continually updated; and

1.1.4 Provide clear processes to follow when a student does sustain a head injury.

1.2 This policy applies to:

1.2.1 School staff (including part time or occasional employees or visiting teachers);

1.2.2 Students of the School

1.2.3 Parents of Students at the School; and

1.2.4 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.

1.3 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.

2 Definitions

2.1 The following terms are used in this policy:

2.1.1 **Head injury :** means any trauma to the head other than superficial injuries to the face.

2.1.2 **Traumatic Brain Injury (TBI**): is an injury to the brain caused by a trauma to the head (head injury).

2.1.3 **Concussion**: is a type of traumatic brain injury (**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.

2.1.4 **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.'

2.1.5 **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.

2.1.6 **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 which could eventually lead to dementia.

2.1.7 **Contact sport:** is any sport where physical contact is an acceptable part of play for example rugby, football and hockey.

2.1.8 **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.

3 The risks

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

3.2 Collisions can cause a head injury, which can cause a traumatic brain injury such as a concussion.

3.3 It is very important to recognise that a student can have a concussion, even if they are not 'knocked out'. Transient loss of consciousness is not a requirement for diagnosing concussion and occurs in less than 10% of concussions.

3.4 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.

3.5 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 in a condition known as Chronic Traumatic Encephalopathy (CTE).

4 Preventative steps to reduce the risks.

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

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

4.2.1 Identify the specific risks posed by the sport activity, including the risk of players sustaining head injuries.

4.2.2 Identify the level of risk posed.

4.2.3 State the measures and reasonable steps taken to reduce the risks and.

4.2.4 Identify the level of risk posed with the measures applied.

Blank Risk Assessment template can be found at the end of this policy. (Appendix 3)

4.3 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:

4.3.1 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 'Concussion Guidelines for the Education Sector', which can be viewed here: https://www.afpe.org.uk/physical-education/wp-content/uploads/Concussion_guidelines_for_the_education_sector_June2015.pdf

4.3.2 Football:

4.3.2.1 General FA concussion guidelines: https://www.thefa.com/get-involved/fa-concussion-guidelines-if-in-doubt-sit-them-outold

4.3.2.2 FA Heading Guidance: https://www.thefa.com/news/2020/feb/24/updated-heading-guidance-announcement-240220

4.3.3 Rugby:

4.3.3.1 https://www.englandrugby.com/participation/playing/headcase/age-grade/schools-and-colleges

4.3.3.2 RFU Graduated Return to Play guidelines: https://www.englandrugby.com/dxdam/04/0453acb5-5fe2-4608-91b0-a2bd191c3016/HEADCASE%20GRTP.pdf

4.3.4 Hockey:

4.3.4.1 GB & England Hockey Concussion Policy https://www.cuhc.org.uk/wp-content/uploads/2020/10/CUHC-Concussion-Policy-2020-21.pdf

4.3.4.2 England Hockey 'Safe Hockey' guides https://www.englandhockey.co.uk/governance/duty-of-care-in-hockey/safe-hockey

4.4 Potential measures to reduce the risk of players sustaining head injuries while playing sports. These may include:

4.4.1 Pre match protocols which need to be adhered to (attached at Appendix 1)

4.4.2 Structuring training and matches in accordance with current guidelines from the governing body of the relevant sport (see above);

4.4.3 Removing or reducing contact elements from contact sports, for example removing 'heading' from football.

4.4.4 Removing or reducing removing the contact elements of contact sports during training sessions.

4.4.5 Ensuring that there is an adequate ratio of coaches to players in training.

4.4.6 Ensuring that students are taught safe playing techniques.

4.4.7 Ensuring that students are taught to display sportsman like conduct at all times and maintain respect for both opponents and fellow team members equally.

4.4.8 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.).

4.4.9 Using equipment and technology to reduce the level of impact from collision between players (e.g. gumshields, helmets etc).

4.4.10 Coaching good technique in high risk situations (such as rugby tackles);

4.4.11 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);

4.4.12 Ensuring that a medical professional is easily accessible during training and matches.

5 Head injuries sustained outside of school

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

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

5.3 Where a student sustains a head injury which has caused a concussion whilst participating in an activity outside of the school, the parents of the student concerned should promptly provide details of the incident to the Housemaster and Health Centre and keep them updated of any developments that occur after the head injury. This would apply, for example, if a student suffers a concussion playing rugby for an external rugby club or if a student sustains a head injury while talking part in an informal game of sport, for example in the local park.

5.4 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.

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

6 Procedure to follow where a student sustains a head injury at School.

6.1 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.

6.2 Where a student sustains a suspected head injury or concussion, the person supervising the activity should immediately remove the student from play when it is safe to do and seek appropriate medical professional from the school Nurse on duty.

6.3 Those individuals to whom this policy applies 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 at Schedule Two, and is

also available for download (here: https://bjsm.bmj.com/content/bjsports/47/5/267.full.pdf) The tool identifies the following signs and symptoms of suspected concussion:

6.3.1 Loss of consciousness.

6.3.2 Seizure or convulsion.

6.3.3 Balance problems.

6.3.4 Nausea or vomiting.

6.3.5 Drowsiness.

6.3.6 More emotional.

6.3.7 Irritability.

6.3.8 Sadness.

6.3.9 Fatigue or low energy.

6.3.10 Nervous or anxious.

6.3.11 “don’t feel right”.

6.3.12 Difficulty remembering.

6.3.13 Headache.

6.3.14 Dizziness.

6.3.15 Confusion.

6.3.16 Feeling slowed down.

6.3.17 “Pressure in head”.

6.3.18 Blurred vision.

6.3.19 Sensitivity to light.

6.3.20 Amnesia.

6.3.21 Feeling like “in a fog”.

6.3.22 Neck pain.

6.3.23 Sensitivity to noise; and

6.3.24 Difficulty concentrating.

6.4 Where a student display any of the symptoms above, they should not be permitted to return to play and should be assessed by the medical professional immediately.

6.5 The duty Nurse should determine whether the student is displaying any "red flag" symptom/s in which case the ambulance services should be called on 999. The Pocket Concussion Recognition Tool at Schedule Two identifies the following red flags:

6.5.1 Athlete complains of neck pain.

6.5.2 Increasing confusion or irritability.

6.5.3 Repeated vomiting.

6.5.4 Seizure or convulsion.

6.5.5 Weakness or tingling/burning in arms or legs.

6.5.6 Deteriorating conscious state.

6.5.7 Severe or increasing headache.

6.5.8 Unusual behaviour change; and

6.5.9 Double vision.

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

6.7 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.

6.8 The school will liaise with the medical professional to ensure that the form at Schedule One is completed as soon as reasonably practicable whenever a student suffers a suspected head injury.

6.9 The Oratory School Nurse on Duty will assess all head injuries for 1 hour post injury, (or longer if required) completing all necessary recorded observations (SCAT3™ Sport Concussion Assessment Tool – 3rd edition For use by medical professionals only). During this time they will liaise with the student's parents, (coaches) notifying them of the head injury as soon as reasonably possible, and actions taken. Copies of completed injury report forms are given to parents, any visiting school coaches present, and the Oratory nurses will mail out a copy to the visiting schools Health centre. A hard copy is kept on file in the Oratory School health centre.

6.10 NHS Head injury Advice sheets are given to all parents and carer of pupils who have sustained a head injury. (R3)

6.11 The Oratory Schools Off Games list is updated, post every injury reported, for all students, by the School Nursing team.

6.12 These Injury Report Forms will be reported on at the Oratory School termly Health and Safety meetings (GDPR protected) by the Nurse Manager.

6.13 Staff will liaise with the Nurse on Duty to ensure that the Injury Report form (Appendix 1) is completed as soon as reasonably practicable whenever a student suffers a suspected head injury/Concussion/sports injury.

6.14 Nursing staff will follow up on any School pupils assessed in the Health centre to include off games list, correspondence and seeing the injury through to recovery.

7 Managing a return to play following a head injury

7.1 Any student that has suffered a head injury and showed symptoms of concussion should be subject to a graduated return to play programme (**GRTP**).

7.2 The GRTP should be developed in consultation with the Oratory School GP (boarders)on the first appointment available. Day Pupils and Visiting Pupils will be referred to their own School GP or personal GP/qualified medical professional and the GRTP will be tailored to the specific circumstances of the individual (including the type of injury sustained and the relevant sport). For an example GRTP, see the GRTP developed by England Rugby here:

7.3 https://www.englandrugby.com/dxdam/04/0453acb5-5fe2-4608-91b0-a2bd191c3016/HEADCASE%20GRTP.pdf

7.4 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.

7.5 It is the responsibility of the Oratory School Staff to ensure a pupil does not participate in any inappropriate physical activity at School whilst they are subject to a GRTP. Off Games list is updated daily on ISAMS.

8 Breaches of this policy

8.1 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:

8.1.1 if a student attempts to return to play in breach of their GRTP plan, the school will consider the matter under the school's student disciplinary policy.

8.1.2 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

8.1.3 if a parent fails to report to the school a head injury their child sustains outside of School, the School will consider the matter under the terms of the School parent contract.

Links for further information and advice:

- Head injury Advice Leaflet
- https://scghed.com/wp-content/uploads/2016/04/SCAT3_EN.pdf
- EMD028_Head_Injury_Child.pdf (ruh.nhs.uk)
- https://www.englandrugby.com/dxdam/04/0453acb5-5fe2-4608-91b0-a2bd191c3016/HEADCASE%20GRTP.pdf
- FA Heading Guidance PDF

Appendix 1

BEING PREPARED

Some basic questions at the start of every session can highlight any issues before they become a problem.
Players with a drink on hot days, and sufficient layers on cold ones, are likely to be more attentive as well as having their basic needs of fuel and warmth covered.

1. Have you got a drink? Hydration on a hot day is imperative. But it is also necessary in wintry weather as players can still dehydrate when exercising.
2. What did you have for breakfast? A good breakfast aids concentration and provides energy.
3. What should we wear? Layers on a chilly day.
4. Are you fit and well to play today? Check for injuries on ISAMS.
5. Have you got your mouthguard/ headguard? Protect mouth and scalp!
6. Do you have any pupils playing with underlying medical conditions i.e., diabetes, Asthma. Do they have medicines/inhalers/EpiPen with them?

FIRSTAID PROVISION

- Make sure you know as a coach or ref who is providing First Aid cover for the match.
- Make sure you always have access to an Orange First Aid bag.
- Orange First Aid bags can be collected pre match and should be returned post-match for restocking in readiness for the next match day.
- If it is necessary to call emergency services from the pitch side, please note my 3 words from the What 3 words app which can be downloaded onto your phone.

bowhead. retail. Duplicate.

This will bring the Ambulance to the front circle, and it can be directed from there by a member of staff to the emergency.

Address (near): The Oratory School, Woodcote, South Oxfordshire, Oxfordshire, Southeast England, England, RG8 0PJ United Kingdom

Have your mobile with all the emergency contact numbers on your phone.

- Clare Mcsoley 07786396132
- Jane Reynolds 07501 993626
- HealthCentre 01491683535
- HealthCentre Mobile 07786396124

Appendix 2

The Oratory School Health Centre
Sister in Charge: Ms Clare Mcsoley RGN
Direct line +44 (0)1491 683535
F. +44 (0)1491 683537
E. healthcentre@oratory.co.uk

The Oratory School
Woodcote
Nr Reading
South Oxfordshire
RG8 0PJ
United Kingdom

T. +44 (0)1491 683500
F. +44 (0)1491 680020
E. enquiries@oratory.co.uk
W. www.oratory.co.uk

REPORT OF INJURY

NAME:

DATE OF BIRTH:

SCHOOL:

GAME: **TEAM:**

Name of accompanying Staff:

Date: **Time seen:**

Relevant medical history:

Allergies:

Date of last Tetanus:

School Doctor or GP

Parent or Guardian: **Relationship:**
Address **Tel No:**

INJURY (continued over the page if necessary)

How acquired:

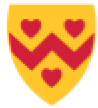
Findings on examination:

Treatment given:

Advice and recommended follow-up:

Person(s) informed:

Nurses' Signature:



THE ORATORY

Key:
Red: Do not proceed – risk must be reduced to a lower level
Amber: Proceed only if specific controls will not allow the risk to increase
Green: Risk controlled effectively. Proceed with operation and monitor for changes

Likelihood	Severity		
	Medium	High	High
	Low	Medium	High
	Low	Low	Medium

Appendix 3

Risk Assessment:								
Location(s):								
Person(s) exposed:	**Visitors / Staff**	✓	**Pupils**	✓	**Contractors**	✓	**Other**	✓

Hazard	**Risk Rating**			**Control Measures to Reduce Risk**	**Residual Risk Level**		
	Likelihood	**Severity**	**Risk**		**Likelihood**	**Severity**	**Risk**

Additional comments, control measures and arrangements for monitoring:

Schedule 1

Concussion Recognition Tool

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.

Annexure 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

Annexure 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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