BRADFIELD COLLEGE

Bradfield College Head Injury Policy

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Version	Author	Date	Changes
1.0	J. Chapman	Oct 2018	N/A
2.0	P. Kenyon	Nov 2021	Full review of safe practise standards in line with professional sports guidelines and BSA advice
2.1	P. Kenyon	Dec 2023	Re-wrote section 4 in line with national updates
2.2	H. Nightingale	Jan 2026	Literature review and reference update. Changes documented below: -All minor head injuries are off games for 48hrs REMOVED -Concussion symptoms present for 30mins or less are not put on the return to play pathway REMOVED -Nurses and physios are expected to complete the initial review of pupil within 48hrs of injury onset -The physio will then complete the follow up review on day 7, day 14 and day 22 post injury

			-If parents would prefer doctor lead care they can access specialist care via return to play. Details in policy -Gradual return to play pathway has been extended to 23 days (Concussion Guidelines for the Education Sector 2015)

1. Introduction

This policy is written for all members of Bradfield College staff. It's aims are:

a. To acknowledge the significance of concussion, however it occurs.
b. To encourage an understanding both by pupils and staff that a return to sport too soon after a concussion injury carries significant risk to immediate and long-term health.
c. To acknowledge that concussion can affect cognitive functioning for weeks after an injury, and to encourage staff to support affected pupils.
d. To provide a protocol to follow to facilitate a prompt medical review if a pupil suffers a suspected concussion on school grounds.
e. To provide a protocol to follow during the recovery phase to ensure that a pupil is appropriately managed to allow them to make a full and safe recovery.

2. Concussion

Concussion is a brain injury caused by a blow to the head or body which leads to shaking of the brain (Concussion Guidelines for the Education Sector (CGES). **It does not require a loss of consciousness** to be diagnosed – in fact, <10% of people with concussion present in this way. It can occur in any situation where there is the possibility of suffering a head injury – either a direct blow to the head or the head being shaken when the body is struck. Attention should be particularly paid to:

- High-impact sports
- Sports undertaken from a height (e.g., climbing)
- Sports carried out on a hard surface (e.g., cycling, tennis, fives)
- Sports involving a hard ball, bat, or racquet (e.g., cricket, tennis, lacrosse, fives)

Symptoms of concussion can first present at any time after the impact. It is important to realise that the signs and symptoms of concussion may only last a matter of seconds or minutes and can easily be missed.

Concussion must be taken extremely seriously to safeguard the short- and long-term health and welfare of pupils. Typically, most people recover from concussion over a period of days or weeks, although in some cases symptoms may be prolonged. A small minority turn into **post-concussion syndrome,** which can last for months and even years, so a conservative approach needs to be taken. This is considered in the guidance. There is good evidence that during the recovery period from concussion, the brain is more vulnerable to further injury.

If a pupil returns to sport before they have fully recovered and have further concussions this may result in:

- Prolonged concussion symptoms
- Possible increased risk of long-term health consequences e.g., mild cognitive impairment or (*possible*) degenerative brain disorders in later life (e.g., dementia. See 'further information').
- In adolescents, a further concussive event before recovery can in rare cases be FATAL, due to severe brain swelling. This is known as **second impact syndrome.**

The following pupils may all require a longer recovery period:

- Those with a history of a previous concussion within 12 months
- Those who have had a prolonged period of recovery from a previous concussion
- Those pupils who have Attention Deficit Hyperactive Disorder (ADHD)

3. Assessing the pupil

Please refer to flow charts below and Appendix 1 Head Injury Flow Chart from R2P summarising initial decision making as to whether the injury is a concussion or a mild head injury and actions which should be taken once diagnosis is made. Use of the concussion recognition tool advised. (Mc Crory et al. 2013)

Pocket CONCUSSION RECOGNITION TOOL™

To help identify concussion in children, youth and adults

RECOGNIZE & REMOVE

Concussion should be suspected **if one or more** of the following visible clues, signs, symptoms or errors in memory questions are present.

1. Visible clues of suspected concussion

Any one or more of the following visual clues can indicate a possible concussion:

Loss of consciousness or responsiveness
Lying motionless on ground / Slow to get up
Unsteady on feet / Balance problems or falling over / Incoordination
Grabbing / Clutching of head
Dazed, blank or vacant look
Confused / Not aware of plays or events

2. Signs and symptoms of suspected concussion

Presence of any one or more of the following signs & symptoms may suggest a concussion:

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

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3. Memory function

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

"What venue are we at today?"
"Which half is it now?"
"Who scored last in this game?"
"What team did you play last week / game?"
"Did your team win the last game?"

Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, and should not be returned to activity until they are assessed medically. Athletes with a suspected concussion should not be left alone and should not drive a motor vehicle.

It is recommended that, in all cases of suspected concussion, the player is referred to a medical professional for diagnosis and guidance as well as return to play decisions, even if the symptoms resolve.

RED FLAGS

If ANY of the following are reported then the player should be safely and immediately removed from the field. If no qualified medical professional is available, consider transporting by ambulance for urgent medical assessment:

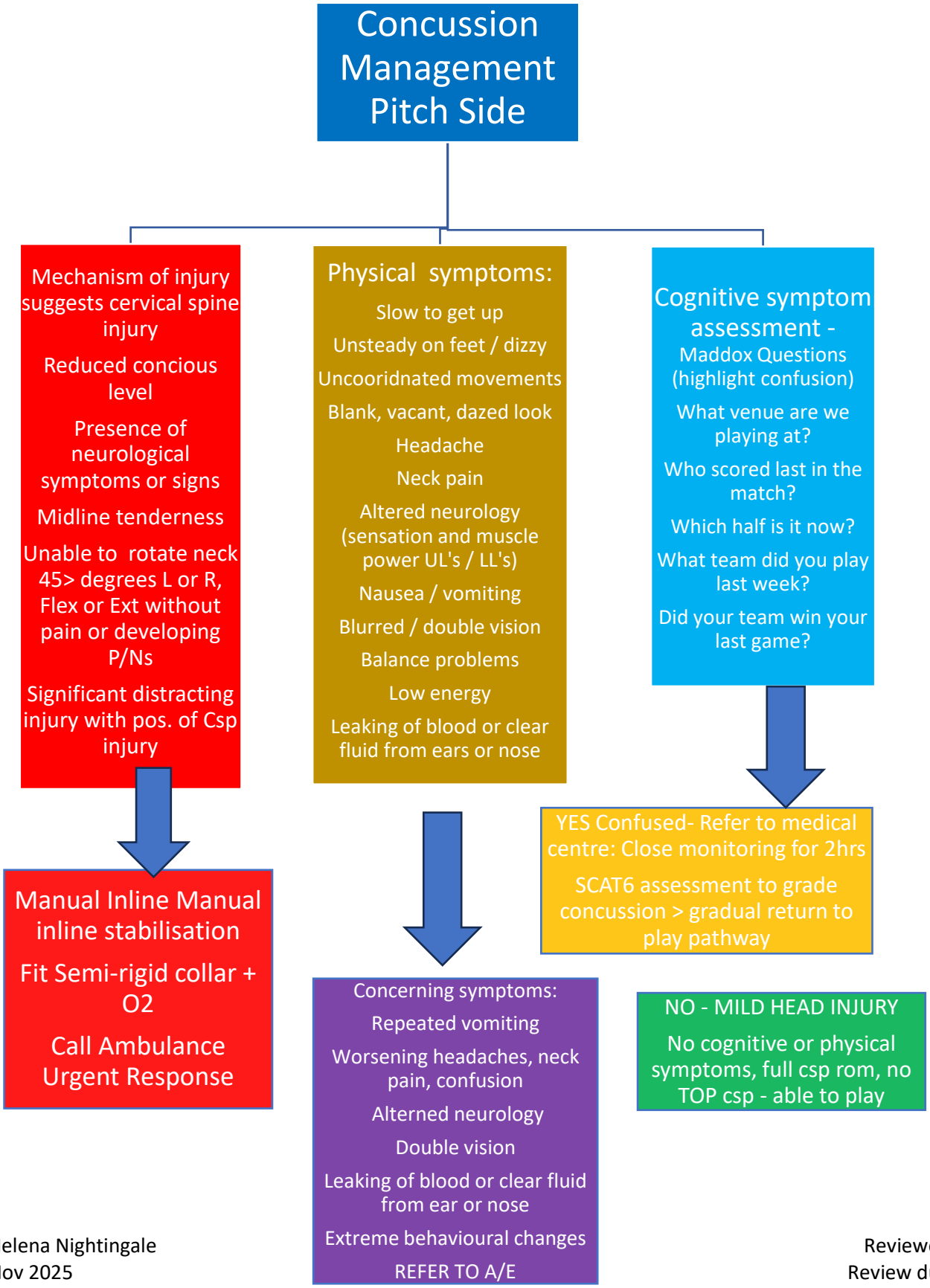
- Athlete complains of neck pain
- Increasing confusion or irritability
- Repeated vomiting
- Seizure or convulsion
- Weakness or tingling / burning in arms or legs
- Deteriorating conscious state
- Severe or increasing headache
- Unusual behaviour change
- Double vision

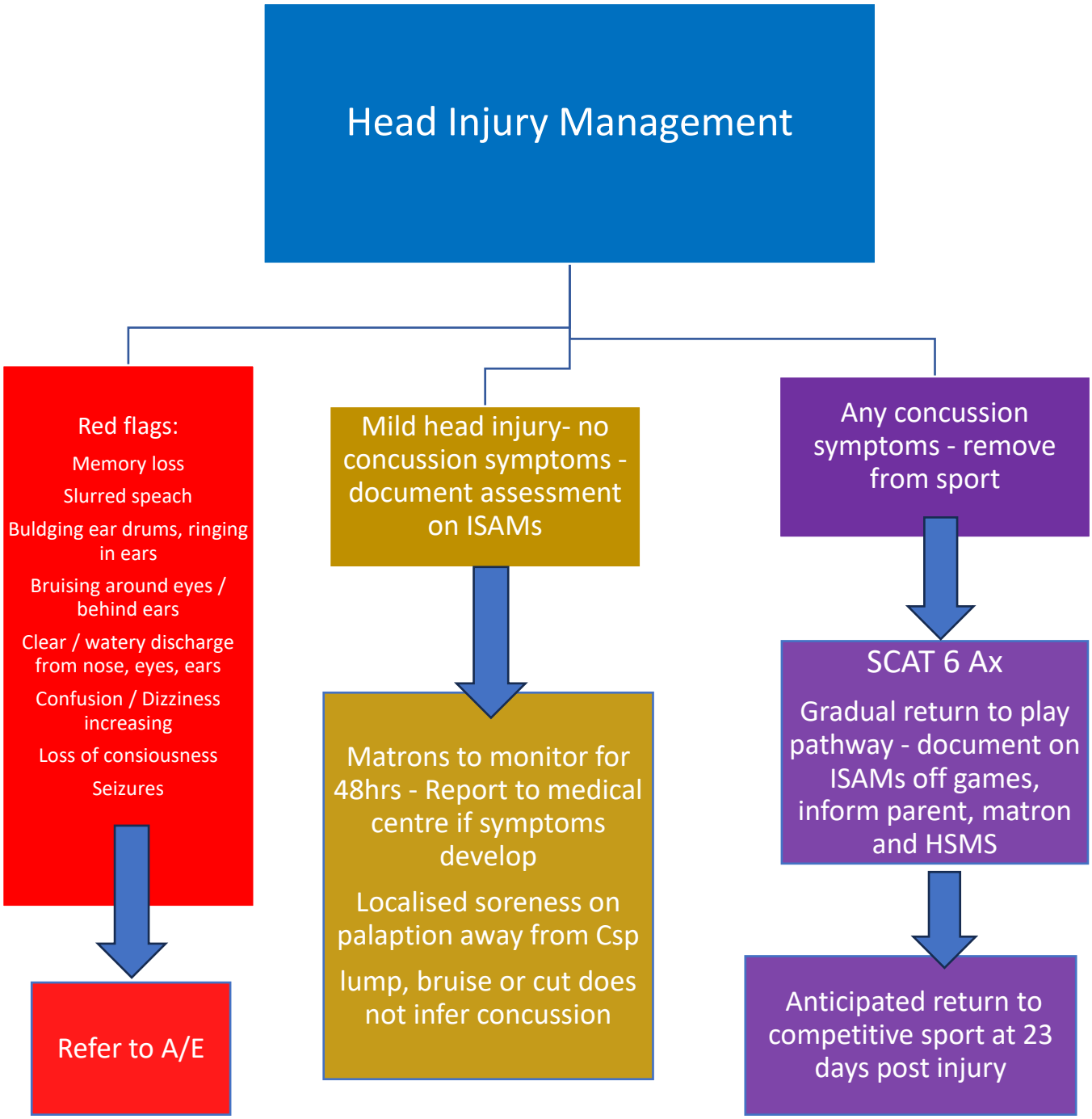
Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the player (other than required for airway support) unless trained to so do.
- Do not remove helmet (if present) unless trained to do so.

from McCrory et. al, Consensus Statement on Concussion in Sport. Br J Sports Med 47 (5), 2013

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Concussion Management Pitch Side
Mechanism of injury suggests cervical spine injury
Reduced concious level
Presence of neurological symptoms or signs
Midline tenderness
Unable to rotate neck 45> degrees L or R, Flex or Ext without pain or developing P/Ns
Significant distracting injury with pos. of Csp injury
Manual Inline Manual inline stabilisation
Fit Semi-rigid collar + O2
Call Ambulance Urgent Response
Physical symptoms:
Slow to get up
Unsteady on feet / dizzy
Uncooridnated movements
Blank, vacant, dazed look
Headache
Neck pain
Altered neurology (sensation and muscle power UL's / LL's)
Nausea / vomiting
Blurred / double vision
Balance problems
Low energy
Leaking of blood or clear fluid from ears or nose
Concerning symptoms:
Repeated vomiting
Worsening headaches, neck pain, confusion
Alterned neurology
Double vision
Leaking of blood or clear fluid from ear or nose
Extreme behavioural changes
REFER TO A/E
Cognitive symptom assessment - Maddox Questions (highlight confusion)
What venue are we playing at?
Who scored last in the match?
Which half is it now?
What team did you play last week?
Did your team win your last game?
YES Confused- Refer to medical centre: Close monitoring for 2hrs
SCAT6 assessment to grade concussion > gradual return to play pathway
NO - MILD HEAD INJURY
No cognitive or physical symptoms, full csp rom, no TOP csp - able to play


Head Injury Management
Red flags:
Memory loss
Slurred speach
Buldging ear drums, ringing in ears
Bruising around eyes / behind ears
Clear / watery discharge from nose, eyes, ears
Confusion / Dizziness increasing
Loss of consiousness
Seizures
Refer to A/E
Mild head injury- no concussion symptoms - document assessment on ISAMs
Matrons to monitor for 48hrs - Report to medical centre if symptoms develop
Localised soreness on palaption away from Csp
lump, bruise or cut does not infer concussion
Any concussion symptoms - remove from sport
SCAT 6 Ax
Gradual return to play pathway - document on ISAMs off games, inform parent, matron and HSMS
Anticipated return to competitive sport at 23 days post injury

If a situation arises whereby there is a conflict of opinion as to the significance of a blow to the head, in the absence of a qualified medical professional, the Official in charge is the responsible decision-maker. He or she has the authority to remove the player from the game until they seek a medical assessment.

All Bradfield College staff, and other players, coaches, parents, matrons, teachers etc - have a joint responsibility to do their best to ensure that someone they suspect may have concussion, is removed from play in a safe manner. Any staff or spectators witnessing a pupil with a possible concussion attempting to continue playing, must inform the Official in charge as soon as possible to recommend the pupil seeks medical attention.

IF IN DOUBT, SIT THEM OUT

When a pupil is taken to the medical centre, a school nurse or physio will then carry out an assessment of the pupil's symptoms and arrange the appropriate medical treatment:

If concussion is diagnosed, the pupil will follow the Rugby Football Union (RFU) Headcase guidance (2024) appropriate for their age:

4. Concussion timetable, including graduated return to play programme.

Time since Injury (Earliest Day)	Date	Activity Level	Exercise allowed	Objective
0-2 days		**Relative rest**	Including 1-2 days complete body and brain rest, if needed. No physical exercise; can travel with the team	Recovery
			Medical assessment with nurse or physio to confirm diagnosis and give recovery advice	
3-7 days		**Light activity**	Gentle walks etc. Activity shouldn't leave the pupil breathless	To maintain low level fitness
8 days onwards		**Low risk exercise & training**	Gradual increase in self-directed exercise – light jogging for 10-15 mins, stationary bike, swimming, supervised weight training etc. Can introduce static training drills (e.g., passing/ kicking). Only drills with ***NO*** predictable risk of head injury.	Focus on fitness.
			Nurse or physio to assess fitness-to-start a formal return to sport.	
15 days onwards		**Gradual return to sports training**	Starting with non-contact and gradually building up complexity and intensity. Introduction of contact in the final stages (only when symptom-free at for 14 days)	Exercise, coordination and skills/tactics
			Nurse or physio to assess fitness to return to unrestricted sport, including matches	
Day 23 earliest		**Earliest return to competitive sport/matches**	Only if symptom free at rest for at least 14 days and has completed gradual return to sports training without any recurrence in symptoms	Return to competitive sports/matches

Pupils will be reviewed:

Day 0 The same day as the injury

Day 7 Before starting skills, drills and gentle jogging

Day 14 Before progressing dynamic activity

Day 22 Prior to being signed back on sport

This programme has been agreed across sports and reproduced as national guidelines for the Education Sector endorsed by the Department of Health and the Department for Education. It must be emphasised that these are minimum return to play times and in pupils who do not recover fully within these timeframes, these will need to be longer.

When a pupil completes each stage successfully without any symptoms, they will take 23 days minimum to complete their rehabilitation (this includes the 14-day rest period). If any symptoms occur while progressing through the Graduated Return to Play (GRTP) protocol, the pupil must return to the previous stage and attempt to progress again after a minimum 48-hour period of rest has passed without the appearance of any symptoms. If well enough, the pupil will then be moved up the protocol.

If the nurse / physio has any concerns at any point during the concussion pathway, she will speak to the GP or give the pupil a GP appointment. Once GRTP has been successfully completed this will be documented in their ISAMS notes, they will be taken off managed participation in sport and can now return to play. ISAMS documentation of their concussion care can be printed off and taken to any sports club to which they may belong, that is not associated with Bradfield College, to inform sports coaches where abouts they are on their care pathway.

5. Heading Advice for Football

Following government research and consultation in May 2021, new advice from England Football, states that: "It is recommended that heading practice is limited to 10 headers per session and only one session a week where heading practice is included. Players should be responsible for monitoring their own heading activity" file:///C:/Users/pauli/Downloads/youth-heading-guidance-chart.pdf

6. When No School Nurse or Physio is Available

If there is no school nurse or physio available or the incident happens off site, then the pupil should be assessed by a first aider, an accident report filled in on firefly and the pupil must see a school nurse or physio at the earliest opportunity. It is the first aider's responsibility to decide whether or not the pupil requires further medical treatment, and in all cases the parents must be notified.

If a pupil has sustained a head injury at an event not related to the school, it is the parents' responsibility to inform the medical centre so that appropriate care can be continued in school.

7. When To Refer On

It is advised that a pupil is referred on for specialist help either through their GP or via the private return to play doctors group if a pupil:

- Consider referring on if 2 or more concussions within 12 months
- Consistently fails to progress through the gradual return to play pathway

- Presents with symptoms which management strategies are beyond our scope of practice for example specialist vestibular rehabilitation to improve balance issues.

8. Further Information, Links and References

Concussion Guidelines for the Education Sector (CGES) – Updated 2015
Concussion-Guidelines.pdf

Rugby Football Union (RFU) – updated guidelines 2024
HEADCASE | Rugby Football Union

Medical Officers of Schools Association (MOSA) (This can only be accessed by members)
https://www.mosa.org.uk/

Alzheimers society - Some research does suggest traumatic brain injuries may increase the risk of dementia. However, there is still much more research to be done to understand this complex issue, particularly in relation to contact sports like football and rugby. (Article written April 2021)
https://www.alzheimers.org.uk/about-dementia/risk-factors-and-prevention/head-injury-sport-dementia

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Ingebrigtsen, T.; Romner, B.; Kock-Jensen, C. (2000) Scandinavian guidelines for initial management of minimal, mild, and moderate head injuries. The Scandinavian Neurotrauma Committee. The Journal of trauma 48(4): 760-6#

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Patricious J, Meeuwisse W, Schneider K, Consensus Statement on Concussion in Sport (2022) Journal of Sports Medicine (57) 11

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Tavender, E. J., Bosch, M., Green, S. et al. (2011) Quality and consistency of guidelines for the management of mild traumatic brain injury in the emergency department. Academic Emergency Medicine 18(8): 880-9