

Godstowe

Head Injury Policy

Reviewed
September
2025

Head Injury/Concussion policy

This policy/guidance was updated in accordance with current UK guidance and in collaboration with the School Nurses and the Godstowe PE department.

Head bumps are very common in primary school age children. At school if the pupil displays no symptoms, and the child appears well, the bump will be treated as a bump rather than a head injury. However, a child may initially have or develop signs and symptoms of concussion and should be managed and treated according to this policy. You can experience concussion without a loss of consciousness. It is important to note that symptoms can develop hours, days and sometimes weeks after the initial head injury.

The key steps to managing concussion are:

RECOGNISE the signs

REMOVE anyone suspected of sustaining a concussion immediately from the activity

RETURN to daily activity, education and eventually sport when is safe to do so

The School Nurses, PE Staff and Qualified First Aiders are trained in recognising signs and symptoms of concussion. This training will extend to all staff. PE First Aid bags and playground First Aid kits include a pocket concussion recognition tool (see Appendix 1).

The School Nurse should be informed immediately if a severe head injury and suspected concussion occurs while on the school premises (Early Years/Lodge/Main School), and should be informed by the member of staff in charge of a trip if the injury happens offsite. As per school policy, a qualified First Aider will be present at all sporting fixtures on and off site and all school trips. The member of staff who witnessed the injury should either complete the accident form on Medical tracker or communicate with the School Nurses who will complete it on their behalf. It should include a detailed description of the event.

Managing a minor bump to the head

Assessment

Any pupil sustaining a head bump in main school should be assessed by a First Aider if available, then the School Nurse on duty. Any child sustaining a head bump in Early years and Lodge will be assessed by a First Aider and reviewed by the School Nurse if required. If there is concern that it is a severe head injury/concussion, the School Nurse will go to the child, rather than the child visiting the health centre.

The child will be checked for the following signs and symptoms:

- Bump/bruise to the head
- Graze or open wound.
- Headache
- Nausea or vomiting
- Dizziness
- Alertness: Assess level of responsiveness:
 - A** Alert? Eyes open?
 - V** Voice- do they respond to your voice
 - P** Pain- do they respond to painful stimuli
 - U** Unresponsive

Management

- Apply an ice pack to reduce swelling
- Allow the child to rest
- Check if pupils are reactive and responding to light
- Observe to ensure symptoms improve/ don't deteriorate
- Continue to assess, If no further symptoms and/or symptoms improve the child may return to class after 10 minutes
- Administer pain relief if required
- Provide them with a head bump sticker for awareness (Lodge and Lower School) and assess whether they should do PE that day (inform PE staff)
- Inform the child to let an adult know if they start to feel unwell or experience any of the above signs and symptoms
- Complete incident form on medical tracker and forward this to the parents and include current NHS guidance as outlined below:

“The NHS states that it is essential to seek further medical attention if any of the following occur in 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
- Cries constantly and cannot be soothed”

A communication is sent out each year to parents informing them of the Medical Tracker system and a reminder that they update us with their current email address.

If you are concerned it is more than a minor head bump, the parents should be informed as soon as possible.

Severe Head Injury and Concussion

More severe head injuries can occur during activities where collisions are likely to occur, for example in the playground and during PE. The injury is dependent on the velocity and the force of impact. Concussion can follow a blow to the head and disturb the normal working of the brain. A repeated injury to the head after an unresolved concussion can have serious detrimental effects.

Immediate Management of severe head injury/ concussion

Pupils suspected of having a head injury/concussion should be removed from the activity immediately and not return. The aim being to protect them from further injury. For safety, the school adopts the following motto:

“If in doubt, sit them out”

The pupil should be monitored and not left alone. The pupil will be assessed for the below signs and symptoms which require urgent medical assessment. It is important to note that these symptoms can occur briefly. :

- Headache
- Visual Problems
- Balance problems
- Repeated vomiting
- Numbness/pins and needles/weakness in body
- Hearing problems/tinnitus
- Disorientation and confusion
- Poor concentration
- Sensitive to light and noise
- Amnesia
- Slurred Speech
- Fatigue and drowsiness
- Seizure/convulsion/limb twitching/lying rigid
- Loss of consciousness
- Bruising around eyes
- Leakage of clear fluid from nose/eyes
- Severe neck pain
- Suspicion of a skull fracture

The Qualified First Aider or School Nurse will decide if there is need for further assessment, medical review or if an ambulance should be called.

If a child has sustained a suspected severe head injury/concussion the parents/guardians should be informed immediately.

If a neck injury is suspected the child should be kept still. Do not move them. Support their head from behind keeping it in a neutral position. Instruct for an ambulance to be called. Stay with the child until the ambulance arrives. Monitor their vital signs and respond to any deterioration.

Management following severe head injury/concussion

Guidance has been developed with recommendations for the return to school, activity and sports, where the child is monitored carefully without worsening symptoms.

Godstowe School follows the Return to Play pathway (see Appendix 2) and UK concussion Guidelines for grassroots sport.

Initial 24-48 hours

Following a severe head injury/concussion it is important that the brain is allowed to recover fully. Immediate rest is important after concussion. The child should not be left alone for the first 24 hours and they should be monitored for signs and symptoms of worsening concussion. Initial rest should always be encouraged and screen use should be limited.

Continued Management

After 48 hours the child can start to introduce daily activities as per the Return to Play Pathway. They will not return to competitive sports before day 21 and only if they have remained symptom free at rest for 14 days.

If symptoms persist beyond 28 days the child should remain off sports and be assessed by their GP.

The School Nurses will work closely with parents, PE staff and teaching staff to ensure everyone is aware of the child's return to play pathway so communication is vital. Pupils are monitored and nurses will liaise with parents, teaching and PE staff to ensure a safe return to full academic and sporting activities. There is a stand-alone board in the Health Centre and PE staff room and a board in Lodge Office which lists any child that has had a head injury and the stage of their return to return to play protocol. There will also be an updated Google Form that will be shared with PE Staff. The child will be marked as off PE on ISAMS.

Parents are asked to inform us of any injury their child sustains outside of school and medical advice they have been provided with. If the child has not been reviewed by a medical professional the school nurses can assess the children using the child sports concussion assessment tool (the Child SCAT5). This is a standardised tool for evaluating injured children for concussion and can be used in children aged from 5 to 12 years. The Child SCAT5 is designed for use by medical professionals.

<https://sportandrecreation.org.uk/campaigns-and-policy/concussion/concussion-guidelines-for-grassroots-sport>

<https://www.nhs.uk/conditions/head-injury-and-concussion/>

<https://www.return2play.org.uk/concussion/>

Appendix 1

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 | - Headache |
| - Seizure or convulsion | - Dizziness |
| - Balance problems | - Confusion |
| - Nausea or vomiting | - Feeling slowed down |
| - Drowsiness | - "Pressure in head" |
| - More emotional | - Blurred vision |
| - Irritability | - Sensitivity to light |
| - Sadness | - Amnesia |
| - Fatigue or low energy | - Feeling like "in a fog" |
| - Nervous or anxious | - Neck Pain |
| - "Don't feel right" | - Sensitivity to noise |
| - Difficulty remembering | - 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 | - Deteriorating conscious state |
| - Increasing confusion or irritability | - Severe or increasing headache |
| - Repeated vomiting | - Unusual behaviour change |
| - Seizure or convulsion | - Double vision |
| - Weakness or tingling/burning in arms or legs | |

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.

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

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Appendix 2

Return to Activity & Sport Pathway (summary) – Sept 2023 Following a concussion/suspected concussion



Time since injury (earliest day)	Activity Level
0-2 days	Relative rest
Medical Assessment <i>(with school/club medical team or R2P if unable to access/higher level input required)</i> <i>to confirm diagnosis and give recovery advice</i>	
3-7 days	Light activity Gentle walks etc. Activity level shouldn't leave you breathless
8 days onwards	Low risk exercise & training Gradual increase in self-directed exercise – running, stationary bike, swimming, supervised weight training etc. Focus on fitness Can introduce static training drills (eg passing/kicking). Only drills with NO predictable risk of head injury
R2P Doctor Assessment <i>to assess fitness to start a formal return to sport and advise on timeframes</i>	
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 rest for 14 days)
R2P Doctor Assessment <i>to assess fitness to return to unrestricted sport, including matches</i>	
Day 21 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