Forres Sandle Manor (Non-Academic) Policy

Policy Title	**Head Injuries**
Policy Lead (Appointment (& Initials)	**School Nurse (CS)**
Date of Last Review	**January 2022**
Date of Next Review	**July 2022**

HEAD INJURIES

AIMS

Children frequently sustain minor head injuries. This policy aims to give advice on what signs and symptoms should be looked for in children who have had a bump to their head and when medical advice should be sought.

TYPES OF HEAD INJURY

Head injuries fall into two categories:

- External, usually scalp injuries.
- Internal, which may involve the skull, blood vessels within the skull or the brain.

Fortunately most childhood falls or blows to the head cause injury to the scalp only.

WHAT ACTION BE TAKEN WHEN A CHILD SUSTAINS A HEAD INJURY

If a child sustains a head injury, no matter how small, they must be escorted up to Matron where relevant advice will be sought.

If the child is alert and behaving normally after the bump to the head and is able to answer questions, for example 'When is your birthday?', 'How old are you?' or 'What did you have for lunch?' then an ice pack will be applied and they will stay with Matron until the child is deemed well enough to return to school. The child will then need to be watched carefully for the next 24 to 48 hours.

All staff will be emailed and asked to watch the child carefully throughout the day. If a staff member is concerned, the child should immediately be sent back to the Matrons. They must always be accompanied.

Children can appear well immediately after a head injury but all staff should look out for the following side effects in particular:

- Loss of consciousness.
- Vomiting.
- Fits or abnormal limb movements.
- Persistent dizziness or difficulty walking.
- Strange behaviour or confused speech.

If one or more of these side effects presents, the child should be accompanied back to the Matron, where medical advice would be sought or Matron would take the child to Accident and Emergency at Salisbury District Hospital.

If a head injury occurs at bedtime and the child falls asleep soon after, the overnight Matron will check the child a few times during the night. If the head injury has happened within 4 hours of bed time, the child will be woken up once to check they are rousable. After this, if the child is a normal colour and their breathing is normal then the child will be left to sleep. There is no need to keep a child awake after a head injury.

If, however, the on duty Matron was not happy with the child's breathing and/or colour then the child would be partly woken. The child should fuss a little and attempt to resettle. *If they still seem very drowsy, Matron should try to wake them fully*. If the child couldn't be woken, further assistance would be called.

Where a bump to the head has been assessed and deemed to be a higher level injury, the School Nurse would implement regular observations for an initial period of 48 hours, including through the night.

COMMUNICATION WITH PARENTS

In the event of a head injury, parents of both boarders and day children must be notified. This is regardless of whether or not medical advice has been sought. This is normally done by email, however if a response isn't received from a day parent by the end of the school day, a phone call home must also be made. All information must be relayed clearly to the parent, including how the injury occurred and any treatment, including medication given. It is vital that day parents are informed where an incident has occurred so that they can monitor the child accordingly during the evening. A Head Injury form must be completed by the Matron and parent before a day pupil goes home (see FSM Concussion Policy).

RECORDING HEAD INJURIES

All head injuries must be recorded on SchoolBase and also in the Head Injuries log book which lives in the drawer to the left of the computer in the Matrons' surgery. This log book must always be read by Matrons at handover times and signed.

The Head Injuries log book and head injuries recorded on SchoolBase should be checked on a weekly basis by the Head of Boarding, in conjunction with the School Nurse.

If a head injury occurs whilst a child is off-site on a school trip or away fixture, all information regarding the head injury MUST be passed on to the duty Matron by the member of staff immediately on returning to school through completion of the Head Injury form found in all First Aid kits. The Duty Matron will then record information on SchoolBase and enter details in the Head Injuries log book.

INTERNAL HEAD INJURIES

These can be life threatening and if any of the following symptoms are present then medical advice MUST be sought:

- Unconsciousness for more than a few seconds.
- Abnormal breathing.
- Obvious serious head wound.
- Bleeding or clear fluid from the nose, ear or mouth.
- Disturbance of speech or vision.
- Pupils of unequal size.
- Weakness or paralysis.
- Neck pain or stiffness.
- Seizure.

Parents of both boarders and day pupils would be notified immediately and a Matron would accompany the child to hospital.

CONCUSSION

Concussion in many cases is mild and will not cause long term damage. Children usually recover after a week or two. Playing sports is one of the most common causes of concussion.

Please see FSM's Concussion policy below for further details and protocols.

CONCUSSION: FSM POLICY AND PROTOCOLS

What is Concussion?

Concussion is a brain injury caused by either direct or indirect forces to the head. It 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.

Typically standard neuro-imaging such as MRI or CT scan is normal.
CONCUSSION MUST BE TAKEN EXTREMELY SERIOUSLY

Children and Concussion

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

1. Are more susceptible to concussion
2. Take longer to recover
3. Have more significant memory and mental processing issues.
4. Are more susceptible to rare and dangerous neurological complications, including death caused by a second impact syndrome
5. Are more vulnerable to further injury during the recovery period

When a player sustains a head/neck injury or is suspected of such, the player must be attended by a **suitably trained person** who is confident to assess the injury and look for signs of concussion.

GAP students should therefore not referee rugby matches unless qualified to do so and must only officiate other sports when there is additional teaching staff in close proximity.

Visible clues of potential concussion - what you see

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

- Dazed, blank or vacant look.
- Lying motionless on ground / Slow to get up.
- Unsteady on feet / Balance problems or falling over / Inco-ordination.
- Loss of consciousness or responsiveness.
- Confused / Not aware of plays or events.
- Grabbing / Clutching of head.
- Convulsion.
- More emotional / Irritable.

Symptoms of potential concussion - what you are told

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

- Headache.
- Dizziness.
- Mental clouding, confusion, or feeling slowed down.
- Visual problems.
- Nausea or vomiting.
- Fatigue.
- Drowsiness / Feeling like “in a fog” / difficulty concentrating.
- “Pressure in head”.
- Sensitivity to light or noise.

Questions to ask - what questions to ask

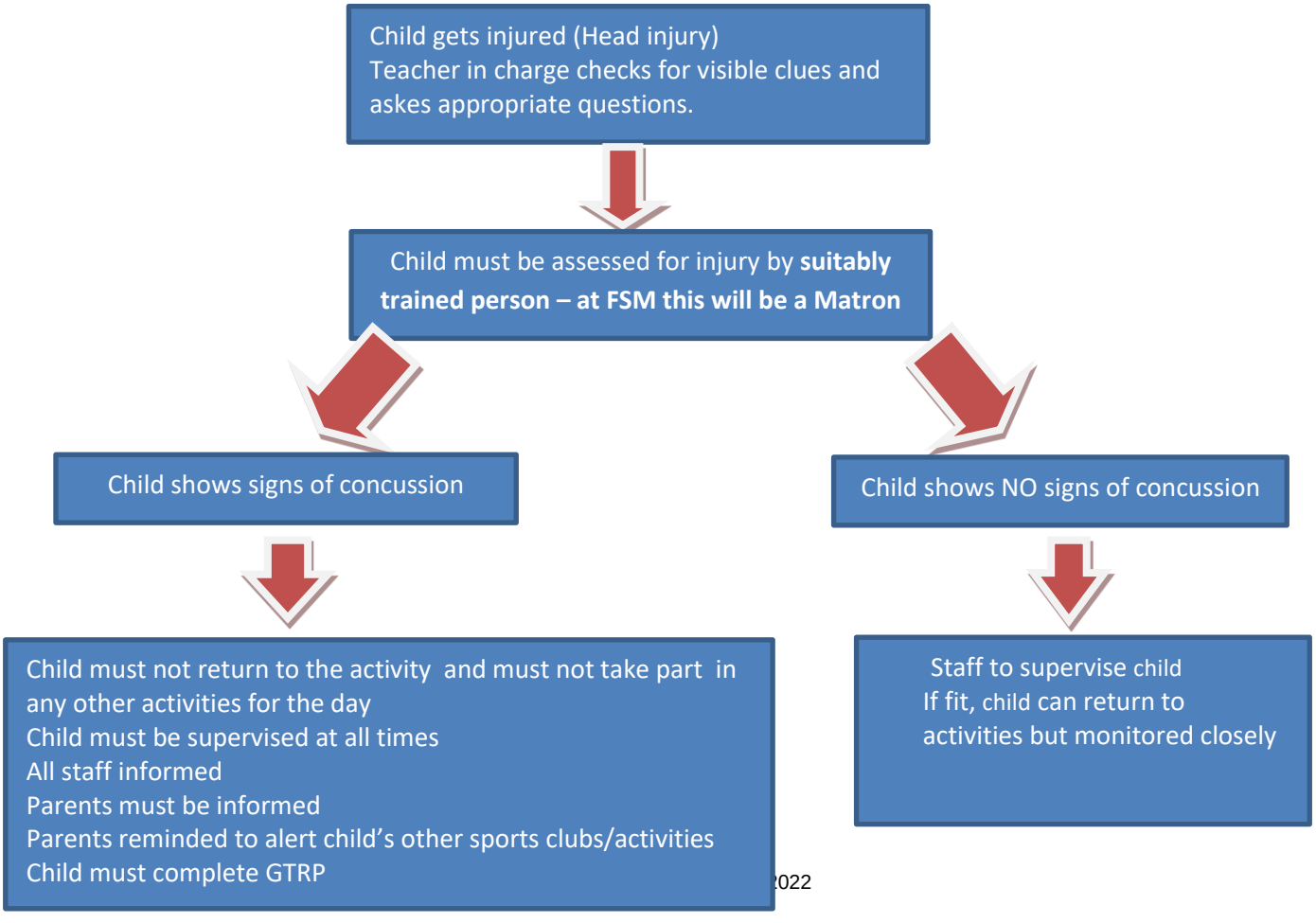
Failure to answer any of these questions correctly may suggest a concussion:

- “Where are you?”
- “What year group are you in?”
- “What were you doing previously?”
- “What part of the day is it now?”
- “What was for breakfast/lunch/supper today”

If a player has signs or symptoms of a possible concussion that player must be:
RECOGNISED AND REMOVED and IF IN DOUBT, SIT THEM OUT.

- Matrons must become involved at this point – matrons mobile: 07917 062540

A Flow Chart of action: “If in Doubt, Sit them Out”



If the injury is confirmed as a concussion through playing rugby, it must be reported to the Hampshire RFU within 48 hours.

Tel: 01329 833022 E-Mail: hampshirerugby@yahoo.co.uk

For full concussion advice, please see following link:
http://www.englandrugby.com/mm/Document/MyRugby/Headcase/01/30/49/01/parentssummary_Neutral.pdf

GRADUATED RETURN TO PLAY (GRTP)

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

A GRTP should only commence if the child:

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

In the early post injury period, rest is defined as *complete physical and cognitive rest*. However, if recovery is delayed, rest is defined as being activity below the level at which physical activity or cognitive activity provokes symptoms.

	Rehabilitation stage	**Exercise allowed**	**Objective**	**Requirement**
Date of event:	Off school while symptomatic	**Complete body rest and brain rest for minimum 24 hours** (no reading, no TV, no computer, no driving)	Rest & Recovery	Child must be symptom free for 48 hours before moving to stage 1.
Stage 1 **Minimum rest period 14 days**	Once symptom-free (and without masking medication e.g. paracetamol)	**None**	Recovery	Confirmation of recovery by healthcare professional advised before progress to stage 2
Stage 2 -at earliest **day 15**	Light aerobic exercise	Light jogging for 10-15 minutes, swimming or stationary cycling at low to moderate intensity. No resistance training	Increase heart rate	48 hours symptom-free for U19's before progress to next stage
Stage 3 -at earliest **day 17**	Sport-specific exercise	Running drills. No head impact activities.	Add movement	48 hours symptom-free for U19's before progress to next stage

Stage 4 -at earliest **day 19**	Non-contact training drills	Progression to more complex training drills, eg passing drills. May start progressive resistance training	Exercise, coordination and cognitive load	48 hours symptom-free for U19's **and** confirmation of recovery by healthcare professional before progress to next stage
Stage 5 -at earliest **day 21**	Full contact practice	Normal training activities	Restore confidence and assess functional skills by coaching staff	48 hours symptom-free for U19's before progress to next stage
Stage 6 -at earliest **day 23**	Return to play	Player rehabilitated	Full recovery	

In the case of a **confirmed concussion**, movement to Stage 5 (full contact practice) must have recovery confirmed by a healthcare practitioner (GP, doctor, medical practitioner).

The RFU/Hampshire Hockey recommend **48 hrs** at each stage **after** 14 days rest for U19's and below.

SAFEGUARDING STATEMENT

Any information sharing between schools and clubs must be done ONLY with the consent of the parents and it should be noted that ANY information of this type is STRICTLY CONFIDENTIAL; information regarding children should only be shared with DBS cleared school/club/health professionals and parents. Communicating this information in writing (by e-mail or letter) should include the statement:

"This correspondence, and any attachments, is strictly confidential and may be legally privileged. It is intended only for the addressee. If you are not the intended recipient, any disclosure, copying, distribution or other use of this communication is strictly prohibited. If you have received this message in error, please contact the sender."

RECURRENT OR DIFFICULT CONCUSSIONS

Following a concussion a child is at an increased risk of a second concussion within the next 12 months.

Children with:

- A second concussion within 12 months;
- A history of multiple concussions;
- Unusual presentations; or
- Prolonged recovery,

Should be assessed and managed by health care providers (multi-disciplinary) with experience in concussions.

Recognise
Remove
Refer
Rest
Recover
Return

Head Injury Advice Form: blank copies of this should also be kept in first aid kits.

Where Head injuries occur both a paper and electrical copy should be given/sent to the parent, and a copy retained for records. Parents must also be reminded that it is recommended that this information is shared with any other sports/activity organisations which this person is involved with currently.

FORRES SANDLE MANOR

Head Injury Advice Form

Child's name: …… DOB …… Date / time of injury: ……

Brief details of injury and treatment: ……

……

First Aider: ……Position: …….. Signed by parent: ……..

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The person named above sustained a head injury, which has been reviewed as described. They have been treated but recovery time is variable in different individuals and the injured person will need monitoring for a further period by a responsible adult as head injury/concussion problems may not become apparent for some time after the original incident.

They should eat, drink and sleep as normal but should avoid pain relief medication. They should not ride bikes or play sports if they feel in any way unwell.

The following are often experienced after head injury:

- Mild headache
- Nausea (feeling sick)
- Mood changes, irritability
- Loss of appetite
- Disturbed sleep
- Lack of concentration and forgetfulness

These should settle down in the days following the incident but medical advice should be obtained from a General Practitioner or NHS 111 if there are any concerns during this time (tel: 111).

If you notice any change in behaviour:

- Severe or worsening headache, unconsciousness, persistent drowsiness, difficulty waking, unusual sleep patterns
- Slurred speech, nonsense speech, difficulty speaking or understanding
- Behave unusually or seem confused; are very irritable
- Vomiting
- Fits, convulsions, sudden collapse or fainting
- Blurred vision, double vision or any other problems of eyesight
- Deafness, persistent noise, ringing or any other problems of hearing
- Problems of balance, weakness, tingling or numbness in limbs
- Bleeding or discharge of clear fluid from ears or nose (not simple nosebleed)

Please contact your doctor or the nearest Accident and Emergency department immediately.
In an Emergency telephone **999**

Other important points:

- Rest (physically and mentally), including training or playing sports until symptoms resolve and child is medically cleared
- No prescription or non-prescription drugs without medical supervision, Specifically: - No sleeping tablets, aspirin, anti-inflammatory medication or sedating pain killers
- Children should not train or play sport for at least 21 days until medically cleared by a registered healthcare professional

Remember, it is better to be safe.
Consult your doctor as soon as possible after a suspected concussion.
Children should not be left alone for at least 24 hours