YARM SCHOOL
EDUCATING FOR LIFE

HEAD INJURY AND CONCUSSION POLICY

1. Introduction

The aim of this policy is to ensure that Yarm School pupils receive the highest possible standard of care following a head injury. The welfare of the pupil both short and long term must always come first.

This policy refers to head injuries and/or concussion sustained during any activity or incident, sporting or otherwise, and will reflect current guidelines from the England Rugby (RFU), the National Institute for Health and Care Excellence and the Medical Officers for Schools Association (MOSA).

This policy is for staff, parents, guardians and pupils of Yarm School. All concussions/head injuries must be taken seriously to safeguard the health and welfare of children and young people. Failing to do so can have serious consequences including, in extremely rare cases, death.

2. Terminology

It is important to distinguish between the terms 'Head Injury' and 'Concussion'.

Head injury is a trauma to the head, face, jaw or nose that may or may not include injury to the brain (MOSA).

Concussion is a traumatic brain injury resulting in a disturbance of the normal working of the brain. It is usually the result of one of the following:

- A direct blow to the head (e.g. a clash of heads or the head hitting the ground)
- The head being shaken when the body is struck (e.g. a high impact tackle) (RFU 2016)

3. Assessment

Any pupil sustaining a head injury should be immediately removed from that activity and assessed by a qualified First Aider. The pupil will be accompanied at all times by a teacher/adult (not a pupil) until the assessment has been made. Where immediate medical attention is not indicated (as per section 4 and 5 of this policy), the pupil's parents/guardians may be contacted and required to collect their child and advised to seek further medical assessment. Minor head injuries, such as a graze or bump to the head or face, will be assessed and treated onsite by a qualified First Aider. This will be documented on the iSAMS system in the Senior School. Pre Prep and Prep School pupils will receive a 'Head Injury Information' sheet to take home to parents.

4. Emergency management.

The following situations indicate a **Medical Emergency** and pupils should be transported **immediately** via ambulance to the nearest emergency department.

A pupil who exhibits any of the following symptoms;

- Rapid deterioration of neurological function such as weakness or paralysis, loss of balance and/or episodes of unresponsiveness;
- Decreasing level of consciousness;
- Decrease or irregularity of breathing;
- Any signs or symptoms of neck, spine or skull fracture or bleeding;
- Seizure activity;
- Any pupil with a witnessed prolonged loss of consciousness and who is not stable (i.e. condition is worsening).

5. Referral to Hospital

The qualified First Aider should refer any pupil who has sustained a serious head injury to a hospital emergency department, using the ambulance service if deemed necessary, if any of the following are present:

- Any loss of consciousness as a result of the injury;
- Any focal neurological deficit - problems restricted to a particular part of the body or a particular activity, for example, difficulties with understanding, speaking, reading or writing; decreased sensation; loss of balance; general weakness; visual changes; abnormal reflexes; and problems walking since the injury;
- Any suspicion of a skull fracture or penetrating head injury - signs include clear fluid running from the ears or nose, black eye with no associated damage around the eyes, bleeding from one or both ears, bruising behind one or both ears, penetrating injury signs, visible trauma to the scalp or skull of concern to the professional since the injury;
- Amnesia for events before or after the injury;
- Persistent headache since the injury;
- Any vomiting episodes since the injury;
- Any seizure since the injury;
- Any previous brain surgery;
- A high-energy head injury. For example, pedestrian struck by motor vehicle, fall from a height of greater than one metre or more than five stairs, diving accident, high-speed motor vehicle collision, roll over motor accident, bicycle collision, or any other potentially high-energy mechanism;
- Any history of bleeding or clotting disorders;
- Current anticoagulant therapy such as warfarin;
- Current drug or alcohol intoxication;
- There are any safeguarding concerns (for example, possible non-accidental injury or a vulnerable person is affected);

(NICE Head Injury Guidelines 2023 relating to referral to hospital)

In the absence of any of the risk factors above, consider referral to an emergency department if any of the following factors are present, depending on judgement of severity:

- Irritability or altered behaviour, particularly in infants and children aged under 5 years;
- Visible trauma to the head not covered above but still of concern to the First Aider;
- No one is able to observe the injured person at home;
- Continuing concern by the injured person or their family or carer about the diagnosis (NICE Head Injury Guidelines 2014 relating to referral to hospital);

6. Communication

Pupils with serious Head Injuries (where immediate management is not indicated as described in section 4 and 5 of this policy) must be handed over to their parent or guardian. Pupils are not allowed home unaccompanied.

The adult supervising the activity is responsible for notifying the student's parent or guardian. The qualified First Aider must submit an Accident Report Form (Pink) and forward this to Mark Rathmell, Estates Manager.

A Head Injury advice sheet or Head Case card (Appendix 1) should be given to each pupil that has sustained a head injury.

If the Head Injury occurs outside of School time, parents are responsible for informing School and are expected to keep school up to date with any relevant information.

7. Return to play/participation

Concussion must be taken extremely seriously to safeguard the short and long term health and welfare of players, and especially young players.

The majority (80-90%) of concussions resolve in a short period (7-10 days). This may be longer in children and adolescents and a more conservative approach should be taken with them. During this recovery time, however, the brain is more vulnerable to further injury, and if a player returns too early, before they have fully recovered, this may result in:

- Prolonged concussion symptoms;
- Possible long term health consequences e.g. psychological and/or brain degenerative disorder;
- **Further concussive events being fatal, due to severe brain swelling – known as second impact syndrome.**

Yarm School strongly recommends that pupils with concussion, and all pupils who have lost consciousness due to a Head Injury, should follow the RFU's Graduated Return to Play (GRTP) Pathway (see Appendix 1). The School will itself implement the GRTP Pathway, and parents should ensure that it is consistently applied outside of school.

The Initial 14 day rest period commences on the day after the concussion is sustained or the day after the symptoms have stopped, whichever is later. For example, if the pupil sustains Concussion on the 1st of the month, symptoms stop on the 4th of the month, then the 14 day rest period commences on the 5th of the month.

The GRTP Activity stages should only be started when the person:

- Has had 14 days of symptom free relative rest
- Is off all medication that modifies symptoms e.g. painkillers
- Has returned to normal studies or work

Clearance by a Doctor or suitably qualified Healthcare Professional is recommended prior to the activity stages.

Parents/guardians are responsible for organising any medical assessments required for the pupil to follow the GRTP pathway. Yarm School will enforce rest from sport during this time. Pupils will not be allowed to take part in contact sports until the full GRTP period has been observed and the successful completion of the GRTP pathway is verified by a Medical Professional.

8. Rest

Individuals should avoid the following initially and then gradually re-introduce them:

- Reading
- TV
- Computer games
- Driving

The GRTP should be undertaken on a case by case basis and with the full cooperation of the player and their parents/guardians.

9. Training

The Head of Rugby should ensure that:

- all rugby coaches complete the England Rugby on-line training course;
- all rugby players in Years 10 and above complete the England Rugby on-line training course;
- all rugby players in Years 9 and below watch a video about Head Injury and concussion.
- follow the Concussion Education Code of Practice (Appendix 2)

Resources:
https://keepyourbootson.co.uk/rugbysafe-toolkit/headcase/

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Next review: July 2025 (LW, CACW, ACGK)

Appendix 1 – Graduated Return to Play Pathway (RFU 2024)

It must be emphasised that these are minimum return to play times and for pupils who do not recover fully within these timeframes, these will need to be longer.

Summary of the Graduated Return to Play (RFU 2016)

Stage	Rehabilitation Stage	Exercise Allowed	Objective
1	Rest	Complete physical and cognitive rest without symptoms	Recovery
2	Light aerobic exercise	Walking, swimming or stationary cycling keeping intensity, <70% maximum predicted heart rate. No resistance training.	Increase heart rate and assess recovery
3	Sport-specific exercise	Running drills. No head impact activities.	Add movement and assess recovery
4	Non-contact training drills	Progression to more complex training drills, e.g. passing drills. May start progressive resistance training.	Add exercise + coordination, and cognitive load. Assess recovery
5	Full Contact Practice	Normal training activities	Restore confidence and assess functional skills by coaching staff. Assess recovery
6	Return to Play	Player rehabilitated	Safe return to play once fully recovered.

Before a pupil can commence the exercise elements of the GRTP i.e. Stage 2, they must be symptom free for a period of 48 hours (for U19).

The pupil can then progress through each stage as long as no symptoms or signs of concussion return. If any symptoms occur while progressing through the GRTP protocol, the pupil must consult with their medical practitioner before returning to the previous stage and attempting to progress again after a minimum 48-hour period of rest, without the presence of symptoms.

If it is not feasible to conduct Levels 2 – 4 in school, these may be done by pupils in their own time, supervised by parents with appropriate guidance. Alternatively, the protocol may simply be extended with each level being conducted by the coach at an external sports club or in school by other PE staff during PE lessons, when they are able. On completion of Level 4 the player may resume full contact practice (Level 5) with Medical Practitioner clearance.

Appendix 2 - CONCUSSION EDUCATION CODE OF PRACTICE

The RFU, our national Constituent Bodies and partners, are determined to ensure that we lead the way in keeping the welfare of our players at the forefront of all we do. The below is mandatory and part of the Continental Tyres Schools competition regulations:

"2. An educational establishment will only be eligible for the Competition upon it providing evidence that at least one member of staff has completed the relevant HEADCASE online concussion module at the time of application."

The new version of the HEADCASE eLearning module is now available, as per below information, and the school will be required to meet the following criteria before the first round of the competition:

- The named coach and/or team manager for each age group must have completed the HEADCASE Concussion Awareness training eLearning Module, which can be accessed from the following link: https://gms.rfu.com/GMS/coursefinder

- All players in extra-curricular contact rugby in Year 7 and above to have successfully completed the HEADCASE eLearning module for age grade players, which can be accessed in the following link: OPEN ACCESS ELEARNING: AGE GRADE PLAYERS (U13 – U18)

- All parents to be signposted to the HEADCASE Concussion Awareness e-learning in the following link: OPEN ACCESS ELEARNING: PARENTS & GUARDIANS OF AGE GRADE PLAYERS