Date Dec 2024
Review Date Dec 2025
Responsibility Nurse Manager and Director of Sport

EPSOM

COLLEGE

HEAD INJURIES POLICY

For more information and advice please contact:

Dr **Sam Barke**, Head of Sports Medicine, Return to Play

e: sam.barke@meloramedicalgroup.co.uk
t: 020 3773 1045

Hannah Farish, Nurse Manager, Epsom College

e: Hannah.farish@espomcollege.org.uk
t: 01372 821199

Date Dec 2024
Review Date Dec 2025
Responsibility Nurse Manager and Director of Sport

CONTENTS

AIMS 3

APPLICATION OF THIS POLICY 3

DEFINITIONS 3

RETURN2PLAY SOFTWARE 3

TRAINING 4

RISK ASSESSMENT 4

CONCUSSION AWARENESS 5

INJURY MANAGEMENT AND ESCORTING THE PUPIL FOR MEDICAL ATTENTION 6

REPORTING OF A HEAD INJURY BY TEACHERS/COACHES 7

MEDICAL CENTRE PROTOCOL AROUND CONCUSSION 7

WHERE CONCUSSION IS SUSPECTED 7

DIAGNOSED OR SUSPECTED CONCUSSION: NEXT STEPS 8

RETURN TO LEARNING 9

RETURN TO ACTIVITY & SPORT 9

APPENDIX 1: CONCUSSION RECOGNITION 10

1. VISIBLE CLUES OF SUSPECTED CONCUSSION 10

2. SIGNS AND SYMPTOMS OF SUSPECTED CONCUSSION 10

3. MEMORY FUNCTION 10

4. RED FLAGS 10

APPENDIX 2: HEAD INJURY ADVICE SHEET 11

APPENDIX 3: MEDICAL CENTRE: REFERRAL TO A&E PROTOCOL 12

APPENDIX 4: SAMPLE GRADUATED RETURN TO PLAY (GRTP) PROTOCOL 13

APPENDIX 5: HEAD INJURY MANAGEMENT TEAM 14

APPENDIX 6: EPSOM COLLEGE GRTP PROTOCOL 15

AIMS

At Epsom College we take our responsibility for the health and welfare of pupils extremely seriously. We recognise the dangers presented by a head injury that results in a diagnosis of concussion. To ensure that pupils receive medical care of the highest standard, we have retained the services of a medical consultancy, Return2Play, which offers specialist advice on the management of concussion and the required rehabilitation.

This document summarises current best practice and recommendations to ensure all pupils who sustain a head injury whilst at the School receive the best possible care and attention. Whilst a head injury can be sustained at any time, this policy has been put together with specific focus on dealing with injuries sustained during a sporting activity.

The policy deals with the process from the point of impact, through determination of the severity of the injury and required actions, to diagnosis of concussion and the subsequent treatment, care and recuperation required during the graduated return to play or return to learn protocols.

APPLICATION OF THIS POLICY

This policy applies to All members of the Epsom College Community which include support and teaching staff, pupils and visitors on site.

All the above are expected to familiarise themselves with the contents of this policy in view of their various roles caring for pupils within the School.

This policy also applies to visiting teams and coaches.

DEFINITIONS

Head injury is a trauma to the head that may or may not include injury to the brain.

Concussion is a traumatic brain injury that alters the way the brain functions. Although concussions are usually caused by a blow to the head, they can occur when the head and upper body are violently shaken (such as a whiplash injury). There is usually a rapid onset of symptoms but occasionally these can be delayed by hours and days. Effects are usually temporary with around 80% resolving within 7- 10 days. Concussion results in a range of signs or symptoms which may not include loss of consciousness. In all cases of concussion, the risk to short term and long-term health exists where the injury is not managed properly.

RETURN2PLAY SOFTWARE

Return2Play’s online injury management system allows staff to keep an up-to-date injury register of pupils and ensures that if they sustain a concussion it can be recorded, with advice being sent to the injured pupil, Parents, and the Head Injury management team (see appendix 5).

Importantly, the system monitors symptoms during recovery, links with doctors experienced in the management of concussion, and keeps everyone informed about progress through the concussion return to play pathway.

[Return2Play links with SOCS teams sheets so that injured players cannot be selected for fixtures]

TRAINING

Return2Play provide access to Head Injury and Concussion online training modules for staff, pupils and parents. These are updated annually at a minimum and when there are changes to guidance. All staff involved with sport will undertake the course annually.

All medical staff who join the Medical Centre undertake an induction programme which includes familiarisation with this policy, undertaking the specific Return2Play online module for medical staff and training on the Return2Play platform.

RISK ASSESSMENT

All the Grounds Team, teachers and coaches must carry out a dynamic risk assessment, specific to the venue, conditions at the time, players present and any other relevant factors at the start of the sporting activity. This risk assessment will inform the decisions taken about whether play goes ahead and whether any particular health and safety measures need to be in place to allow the game to proceed. Considerations should include:

- Ground conditions – is the ground too hard to play on?
- Safety of the environment – are posts and barriers close to the area of play sufficiently padded?
- Application of sporting technique – are pupils applying the correct techniques of play? Is further coaching required?
- Sufficient warm-up – are pupils well-prepared to play?
- Wear the right equipment, and mouth guards are compulsory for any contact training or contact matches.

Teachers-in-Charge should check the School's Return2Play concussion register via SOCS prior to any sports session (training or match) to ensure that all pupils engaging in the activity are safe to do so.
They should then pass any relevant information to external coaches; this is essential as external coaches do not have access to Return2Play for reasons of GDPR.

As part of their health and safety responsibilities, all staff have a duty of care to report any accidents, incidents or near-misses to the Head of Safety, Energy & Compliance. It is crucial that all staff abide by this so that improvements can be made to pitches and facilities around the School.

CONCUSSION AWARENESS

Concussion recognition is summarised in Appendix 1. Below is a summary of symptoms that can be experienced when concussion has occurred. **It should though be noted that there is no definitive list/combination of symptoms to prove that a concussion has occurred.**

Loss of consciousness	Nausea or Vomiting
Seizure or convulsion	Drowsiness
Confusion	Feeling like ‘in a fog’
Balance problems	Not feeling right
Difficulty in remembering	Sensitivity to noise
Amnesia	Sensitivity to light
Headache	Being more emotional
Blurred vision	Sadness
Neck pain	Fatigue or low energy
Feeling slowed down	Irritability
Dizziness	Nervousness or anxiety
Difficulty concentrating	‘Pressure in head’

If after any head injury or violent shaking of the head **any** of the signs or symptoms listed above occur the case should be treated as a concussion, with the pupil removed from play (if the injury has taken place within a match context) and medical attention sought. If there are no immediate signs or symptoms but the mode of injury was such that concern remains, the pupil should still be removed from play (if the injury take place within a match context) and medical attention sought.

If any of the following symptoms (‘red flags’ listed in Appendix 1) are reported or observed, the pupil should be reviewed immediately by a medical professional and, if necessary, a 999 call placed to the emergency services.

- Remaining unconscious or deteriorating conscious level/difficulty staying awake.
- Becoming increasingly confused or irritable.
- Experiencing a severe or increasing headache.
- Complaining of neck pain.
- Vomiting repeatedly.
- Demonstrating unusual behaviour.
- Having a fit, seizure or convulsion.

- Experiencing prolonged vision problems such as double vision.
- Bleeding from one or both ears or experiencing deafness.
- Having clear fluid leak from ears or nose.
- Experiencing weakness/tingling/burning in limbs.

The majority (80-90%) of concussions resolve in a short period (c.7-10 days) although this may be longer in children and in adolescents. It is for this reason that a more conservative approach is undertaken with pupils at Epsom College, ensuring that enough time is allowed for healing and to minimise the risk of potential further injury.

During the recovery period, the brain is more vulnerable to further injury, and if a pupil returns before he has fully recovered, this may result in:

- Prolonged concussion symptoms;
- Possible long-term health consequences e.g. psychological and/or degenerative brain disorders; or
- A further concussive event being **FATAL**, due to severe brain swelling – known as second impact syndrome.

INJURY MANAGEMENT AND ESCORTING THE PUPIL FOR MEDICAL ATTENTION

Any pupil who is sent for medical attention should be accompanied by a member of staff. **In no circumstances should a pupil be accompanied only by another pupil.**

Assessment of a head injury should take place immediately after it is sustained. Where concussion is suspected, medical opinion should be sought immediately either by:

- Escorting the pupil to a member of the match-day medical team
- Escorting the pupil directly to the Medical Centre
- Escorting the pupil to the First Aid provision at an external venue (when the injury is sustained whilst, for example, visiting another school); or
- Dialling 999 (if there are any concerns about the immediate health of the pupil and/or when no other medical provision is available).

Where the injury is sustained away from School, the staff member in charge should not delegate the task of escorting a pupil for medical attention to anyone other than a member of Epsom College School staff. On return to School, any pupil who has sustained a head injury should be escorted to the Medical Centre for review so that the correct process can then be initiated (as per below).

All Head Injuries sustained outside of School hours are to be reported to the Medical centre for Assessment

REPORTING OF A HEAD INJURY BY TEACHERS/COACHES

All suspected Head Injuries must be recorded on an incident form by the Witnessing/In-charge staff member and forwarded onto the Medical Centre for monitoring and review.

MEDICAL CENTRE PROTOCOL AROUND CONCUSSION

In the School Medical Centre, assessment will follow the guidance in Appendices 2 and 4.

WHERE CONCUSSION IS SUSPECTED

If on completion of the assessment a concussion is suspected, the injury must be recorded on Return2Play and concussion protocol implemented.

- Where an injury is so severe or concerning that it is clear an ambulance should be called, staff should dial 999 and seek support from the emergency services.

- If there are signs or symptoms present that are outlined in Appendix 3, but it is felt that a 999 call is not immediately required, the pupil should be referred to attend A&E without delay.

  After the pupil's discharge from A&E, they should return to the Medical Centre and from there the duty nurse will implement A&E's management plan. This ensures that the Medical Centre get the right information from the hospital straight away. A pupil who has attended A&E should be booked into the next Return2Play clinic for review.

- Alternatively, if no signs or symptoms outlined in Appendix 3 have developed, the pupil should be kept in the Medical Centre under observation for a **minimum of two hours**. Assuming that after two hours there are still no signs or symptoms outlined in Appendix 3, the pupil can be discharged into the care of a responsible adult. **Under no circumstances should a pupil be discharged alone**. Hard copies of the Head Injury Advice Sheet (Appendix 2) must be given both to the pupil and to the responsible adult. These hard copies should be followed up as soon as possible with an electronic copy emailed to the pupil and the responsible adult.

  After the pupil's discharge from the Medical Centre, the Matron (or House Master or Assistant House Master should the Matron be unavailable) should act as the responsible adult for the pupil, checking on him at least twice daily in the following 48 hour period, updating the Medical Centre so the Return2Play system can be updated with notes as to how they have been feeling.

  Any emergence of the examples of neurological deterioration outlined in Appendix 3 should prompt urgent re-assessment by the Medical Centre or, if necessary, transfer to A&E.

DIAGNOSED OR SUSPECTED CONCUSSION: NEXT STEPS

All concussions and suspected concussions should be recorded on the Return2Play injury management system as soon as reasonably practicable, not only for the completeness of recording but also because the system provides medical advice to the pupil and informs the necessary staff members that the injury has occurred. This will be done by the nurse on duty in the Medical Centre (whether a member of Epsom College School staff or from an agency). If a concussion or suspected concussion is sustained when away off site, the pupil should be escorted by the Teacher in charge to the Medical Centre upon their return, so that they can be reviewed and the correct Return2Play process initiated.

Where it becomes apparent that a pupil has sustained a concussion or suspected concussion playing for another club or team outside School and this has not been logged on the Return2Play system, the Medical Centre should be immediately informed so that they can record the injury, clarifying details with the pupil and their parents as necessary.

If an entry is made to the Return2Play system, an alert will automatically be emailed to all relevant staff, including the (Parents, HMM, Matron, and Head Injury management Team) and all those who have access to the system [SOCS will be automatically updated, meaning that pupils who are injured will be flagged up as off sport and therefore not available for training of fixtures)

Pupils who have sustained a head injury where no signs or symptoms were apparent at the time, have not emerged since and show no concerning signs to the assessing nurse may be discharged by the Medical Centre provided that the following criteria are met:

- A review appointment has been booked for the pupil with a school nurse for two days time to ensure no symptoms have developed and see if they can go back on sport.

- The duty nurse has spoken with the pupil’s Matron, who then comes to sign him out of the Medical Centre as the responsible adult. If the Matron is unable to attend for the pupil’s discharge, the House Master or Assistant House Master must do so. Under no circumstances should a pupil be discharged alone. Hard copies of the Head Injury Advice Sheet (Appendix 2) can be given both to the pupil and to the responsible adult. These hard copies should be followed up as soon as possible with an electronic copy emailed to the pupil, the responsible adult, and the pupil’s Matron (if she is not the responsible adult).

- Thereafter, the Matron (or House Master or Assistant House Master should the Matron be unavailable) agrees to act as the responsible adult for the pupil, checking on him at least twice daily in the following 48 hour period, updating the Return2Play system with notes as to how he has been feeling.

If after 48 hours no signs or symptoms have emerged, the nurse can clear the injury and mark the pupil as safe to return to sport.

RETURN TO LEARNING

It is increasingly acknowledged that, in some children, returning to academic work while they are still concussed can cause a significant delay in recovery and a deterioration in academic achievement. Where debilitating concussion-related symptoms remain present, a pupil should not be considered fit to return to learning.

It is important that that the Pastoral/House team keeps a regular check on the pupil (minimum twice daily) during recovery and if there are any concerns regarding symptoms impacting on learning or if it is felt that concentration is worsening symptoms, the pupil should be reassessed by the Medical Centre. If necessary, the Medical Centre will seek the advice of Return2Play's medical team to seek advice on how to manage the situation.

Sometimes it may be necessary to reduce the pupil's workload or to allow extra time for assignments. Where this is the case, the pupil's House Master should liaise with the pupil's teachers etc.

RETURN TO ACTIVITY and SPORT (GRAS)

Any pupil who has a concussion or suspected concussion must be managed under the RTP pathway prior to returning to physical activity, regardless of how the injury occurred.

The latest Return to Activity and Sport pathway can be found in Appendix 4

No pupil may return to sports training until they have been cleared to do so by a doctor

No pupil may return to competitive sport/matches until they have been clearer to do so by a doctor. Have been symptom free for a minimum of 14 days at rest AND it has been at least 21 days since the injury.

REVIEW OF CONCUSSION DATA

The school will review concussions on an annual basis, or more regularly if required

APPENDIX 1: CONCUSSION RECOGNITION

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 / being slow to get up
- Unsteadiness on feet / balance problems or falling over / lack of coordination
- Grabbing / clutching of head
- Dazed, blank or vacant look
- Confused / not aware of plays or events

2. SYMPTOMS OF SUSPECTED CONCUSSION

Presence of any one or more of the following signs and 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' Blurred
Being more emotional	vision
Irritability	Sensitivity to light
Sadness	Amnesia
Fatigue or low energy	Feeling like 'in a fog'
Nervousness or anxiety	Neck pain
Not feeling right	Sensitivity to noise
Difficulty in remembering	Difficulty concentrating

3. AWARENESS

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

- Where are we today?
- What event are we doing?
- Who Scored last in this game?

Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, and should not be returned to activity before a medical assessment, Pupils with a suspected concussion should not be left alone.

RED FLAGS If ANY of the following are observed or reported then the player should be reviewed immediately by a medical professional. If necessary, consider calling 999.	
Remaining unconscious / deteriorating consciousness Pupil complaining of neck pain Increasing confusion or irritability Repeated vomiting Having a fit, seizure or convulsion Weakness or tingling / burning in arms or legs	Severe or increasing headache Unusual change in behaviour Prolonged vision problems such as double vision Bleeding from one or both ears or deafness Clear fluid leaking from ears or nose

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.
- Based on the protocols and advice published by Return2Play

APPENDIX 2: HEAD INJURY ADVICE SHEET

Name:	House:
Date of injury:	Time of injury:
Responsible adult for the next 48 hours:	Information sheet provided by:
Following your head injury you have received the following medical attention:	
Diagnosis and next steps:	

Whether or not concussion has been formally been diagnosed above, you should note the following points:

- You must not consume alcohol or take sedatives for 48 hours (this can mask any change in your condition).
- Mild headache and an increased need to sleep are not uncommon after a head injury.
- Simple painkillers (e.g. paracetamol) are safe to take for any headache. Do not take ibuprofen.
- You should get as much rest as possible, particularly over the next 48 hours.

If you or your responsible adult notice any of the following changes, medical attention should be sought immediately through the Medical Centre or the nearest Accident & Emergency department:

- Deterioration in level of consciousness / difficulty staying awake.
- Increase in confusion or irritability.
- Severe or increasing headache.
- Neck pain or stiffness.
- Repeated vomiting.
- Unusual behaviour.
- A fit, seizure or convulsion.
- Prolonged vision problems such as double vision / increase in light sensitivity.
- Bleeding from one or both ears or experiencing deafness.
- Clear fluid leaking from ears or nose.
- Weakness/tingling/burning in limbs.
- Increase in speech, comprehension or communication difficulties.

If you have been told you have **concussion** or **suspected concussion**, you will not be allowed to return to your School sport(s) or any other vigorous physical activity (including, for example, House sport(s)) until you have been assessed and passed fit to do so by a doctor. Full details of the return to sport pathway can be provided by the Medical Centre.

Please attend School lessons as normal unless you are advised to rest by the Medical Centre.

APPENDIX 3: MEDICAL CENTRE: REFERRAL TO A&E PROTOCOL

The below should be used as a guide for the Medical Centre to consider whether a pupil should be referred to a hospital Accident & Emergency department. Where there is any doubt, a referral should be made.

Concerning signs and symptoms:

- Deteriorating conscious state
- Increasing confusion, irritability or behavioural change
- Repeated vomiting
- Seizure or convulsion
- Any focal neurological symptoms since the injury (e.g. weakness or tingling/burning in arms or legs)
- Severe or worsening headache or neck pain despite simple analgesia
- Visual disturbance (e.g. persistent double vision)
- Clear fluid leaking from ears or nose
- Bleeding from one or both ears or experiencing deafness
- Other evidence of possible facial or skull fractures

Relevant past medical history:

- Any previous brain surgery
- Any history of bleeding or clotting disorders
- Current anticoagulant therapy such as warfarin

Other considerations:

- Current drug or alcohol intoxication (as may mask serious symptoms)
- There are any safeguarding concerns (for example, possible non-accidental injury or a vulnerable person being affected)
- Continuing concern by the professional about the diagnosis
- Visible trauma to the head not covered above but still of concern to the professional

TRANSFER CONSIDERATIONS

Where the decision is taken to refer a pupil to an Accident & Emergency department, the duty nurse will determine whether an ambulance is required based on the pupil's clinical condition. If an ambulance is deemed not to be required, a car is an appropriate means of transport provided that the pupil is accompanied.

If an ambulance is deemed necessary for transfer of the pupil to hospital, the pupil must be accompanied by a responsible adult (preferably a parent or member of House staff).

A letter summarising signs and symptoms should be sent with the pupil if possible.

APPENDIX 4: GRADUATED RETURN TO ACTIVITY AND SPORT (UPDATED AUGUST 2023)

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 *(with school/club medical team or R2P if unable to access/higher level input required)* *to confirm diagnosis and give recovery advice*
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 *to assess fitness to start a formal return to sport and advise on timeframes*
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
	R2P Doctor Assessment *to assess fitness to return to unrestricted sport, including matches*
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

APPENDIX 5 - HEAD INJURY MANAGEMENT TEAM

INCLUDES:

- Medical Centre
- Michael Johnson – Director Of Sport
- Matthew Jackson – Head of Strength and Conditioning
- Bret Garrard (Director of Hockey)
- Jess Roberts (SSE Coach)
- Andy Parkinson (Director of Football and Head of Lower School Activities)
- Will Towers (Senior School Activities Coordinator)
- Paul Burke – Director of Rugby
- Mikaela Austin (Director of Netball)
- Geraldine Liddy – Cover Supervisor
- Lorraine Roche – Cover Supervisor
- Lucy Romano - Co-Curricular Co-ordinator
- Liz Turtle – Sports administrator

Epsom College Concussion Graduated Return to Play

Since Injury	Activity
Day 0-2	**Rest**
Day 3-7	**Light activity** *Gentle walks etc. (self led) - shouldn't be breathless activity*
Day 8-14	**Low risk exercise & training (S&C Coach)** *Stage 1 - 20 minute cycle on stationary bike* *Stage 2 - Interval run on treamill - 2 minutes on, 1 minute off x 8*
Day 15-20	**Gradual return to sport training (Sport Coach)** *Stage 1 - non contact training* *Stage 2 - contact training (controlled contact followed by unpredicted contact)*
Day 21	**Earliest return to competitive sport**

GRTP Checklist

Student Name:

Date	Symptoms					Activity & Notes	Staff Member
	Headache	0	1	2	3		
	Dizziness	0	1	2	3		
	Nausea (Vomiting)	0	1	2	3		
	Visual Promblems	0	1	2	3		
	Fatigue	0	1	2	3		
	Headache	0	1	2	3		
	Dizziness	0	1	2	3		
	Nausea (Vomiting)	0	1	2	3		
	Visual Promblems	0	1	2	3		
	Fatigue	0	1	2	3		
	Headache	0	1	2	3		
	Dizziness	0	1	2	3		
	Nausea (Vomiting)	0	1	2	3		
	Visual Promblems	0	1	2	3		
	Fatigue	0	1	2	3		
	Headache	0	1	2	3		
	Dizziness	0	1	2	3		
	Nausea (Vomiting)	0	1	2	3		
	Visual Promblems	0	1	2	3		
	Fatigue	0	1	2	3		
	Headache	0	1	2	3		
	Dizziness	0	1	2	3		
	Nausea (Vomiting)	0	1	2	3		
	Visual Promblems	0	1	2	3		
	Fatigue	0	1	2	3		
	Headache	0	1	2	3		
	Dizziness	0	1	2	3		
	Nausea (Vomiting)	0	1	2	3		
	Visual Promblems	0	1	2	3		
	Fatigue	0	1	2	3		