

**Caldicot School
Ysgol Cil-y-Coed**



Caldicot School Health & Safety Guidance: Dealing with Concussion

September 2018

Ratified by the Governing Body on 25th September 2018

1. Introduction

This document has been written in line with the Welsh Government Guidance (21190:2014), 'concussion for school and community sport up to age 19'. The WG Guidance illustrates the dangers of concussion and highlights how concussion can be fatal if handled incorrectly. It is designed to raise awareness of the symptoms of concussion and of the actions to take if concussion is suspected, in order to help prevent tragedy for children and young people. Some sports clearly carry higher risks than others, but concussion can happen in any sport or recreational activity. It is important to be alert to the dangers of concussion when any force to the head is witnessed or reported. This document also outlines the school's protocol for returning to school after having been absent due to a diagnosis of concussion.

2. What is concussion?

Concussion is a disturbance in brain function caused by a direct or indirect force to the head or neck. It results in a variety of signs or symptoms, and often does not involve loss of consciousness. Concussion should be suspected in the presence of any one or more of the following:

- Symptoms (e.g. headache, feeling sick, visual problems).
 - Physical signs (e.g. unsteadiness, loss of coordination or consciousness).
 - Impaired brain function (e.g. confusion, loss of memory).
- (Please refer to Appendix 1 for further information.)

3. Concussion Management - Recognise and Remove

- 3.1 Concussion management must be taken extremely seriously to safeguard the welfare of young people.
- 3.2 If a member of staff is supervising a sporting activity and a student receives a force to the head or is suspected of having a concussion, they must remove the student immediately from play and must not permit the student to resume play, in the match or training, on the same day.
- 3.3 The member of staff must consult an Emergency First Aider to determine if the pupil requires emergency medical attention.
- 3.4 Parents of any player who has sustained a force to the head, or who displays symptoms of concussion, must be contacted by the school and arrangements made for the collection of the student, with advice given to seek the assistance of a healthcare professional for assessment.
- 3.5 It is important that the School Welfare Officer is kept informed and that an accident form is completed following the incident.
- 3.6 Following a concussion, the player must rest for a minimum period of 14 days and not take part in any form of training, matches, or significant mental exertion. GRTP Protocol must be followed. (Please refer to Appendix 2.)
- 3.7 Unless concussion is ruled out by a qualified healthcare professional, players must follow the full concussion protocol.

- 3.8 It is recommended that after having suffered concussion, every student seeks advice from a suitable health professional before returning to play.

NB: This procedure does not only relate to sporting injuries. The above procedure must be followed for all instances where a pupil sustains a force to the head whilst in the care of the school (and / or is suspected of having a concussion).

4. Return to School following Concussion

- 4.1 It is reasonable for a student to be absent from school following concussion, but extended absence is uncommon. Health professional advice should be sought by the parent/carer before the student returns to school. It is the responsibility of the parent/carer to inform the school if their child has been diagnosed with concussion.
- 4.2 On return to school the student should report to the Welfare Officer with details of any medical advice issued by the GP or Healthcare Practitioner. The Welfare Officer will liaise with parents and teaching staff with regard to the welfare of the pupil.
- 4.3 The Welfare Officer will ensure that 'return to school arrangements' are put in place in order to fully support the pupil's recovery. For example, the Welfare Officer may issue the student with an early exit pass from lessons to ensure the pupil avoids busy corridors; the student will be following the Graduated Return to Play Protocol (6 stages in total; please refer to Appendix 2); there may be additional advice provided by the GP or Healthcare Practitioner which must be followed.
- 4.4 The Welfare Officer will inform staff via email of the pupil's 'return to school arrangements'. This email will also advise staff to consult with the Welfare Officer if they note that the student displays any changes in behaviour, fatigue, difficulty in concentrating or remembering. (NB: GRTP Protocol also involves intellectual exertion and, as such, cognitive abilities during the GRTP period may be affected.)
- 4.5 If at any time a member of staff suspects, or is informed by the student of a re-occurrence of concussion symptoms during the GRTP period, they must refer the student to the Welfare Officer immediately so that parents can be contacted and medical advice sought.
- 4.6 At each stage of the GRTP Protocol the pupil will be required to "check in" with the Welfare Officer who will issue a card to the pupil, outlining the stage that the pupil has reached, which may then be shown to staff. The Welfare Officer will ensure that details of the concussion and relevant stages of GRTP Protocol are placed on the student's medical records on the school database.
- 4.7 PE staff must maintain a dialogue with the Welfare Officer and ensure that the GRTP Protocol is followed, as well as any additional measures recommended by the GP or Healthcare Practitioner.

Appendix 1

CONCUSSION RECOGNITION TOOL

<p>Recognise and Remove: Concussion should be suspected if one or more of the following visible clues, signs, symptoms or errors in memory function are present.</p>	
<p>1. Visible clues of suspected concussion Any one or more of the following visual clues can indicate a possible concussion:</p> <p><i>Loss of consciousness or responsiveness</i> <i>Lying motionless on ground / Slow to get up</i> <i>Unsteady on feet / Balance problems or falling over / Lack of co-ordination</i> <i>Grabbing / Clutching of head</i> <i>Dazed, blank or vacant look</i> <i>Confused / Not aware of plays or events</i></p>	<p>3. Memory function Failure to answer any of these questions correctly may suggest a concussion:</p> <p><i>“What venue are we at today?”</i> <i>“Which half is it now?”</i> <i>“Who scored last in this game?”</i> <i>“What team did you play last week / game?”</i> <i>“Did your team win the last game?”</i></p>
<p>2. Signs and symptoms of suspected concussion Presence of any one or more of the following signs and symptoms may suggest a concussion:</p> <p><i>Loss of consciousness</i> <i>Headache</i> <i>Seizure or convulsion</i> <i>Dizziness</i> <i>Balance problems</i> <i>Confusion</i> <i>Nausea or vomiting</i> <i>Feeling slowed down</i> <i>Drowsiness</i> <i>“Pressure in head”</i> <i>More emotional</i> <i>Blurred vision</i> <i>Irritability</i> <i>Sensitivity to light</i> <i>Sadness</i> <i>Amnesia</i> <i>Fatigue or low energy</i> <i>Feeling like “in a fog”</i> <i>Nervous or anxious</i> <i>Neck Pain - “Don’t feel right”</i> <i>Sensitivity to noise</i> <i>Difficulty remembering</i> <i>Difficulty concentrating</i></p>	<p>4. 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:</p> <p><i>Athlete complains of neck pain</i> <i>Deteriorating conscious state</i> <i>Increasing confusion or irritability</i> <i>Severe or increasing headache</i> <i>Repeated vomiting</i> <i>Unusual behaviour change</i> <i>Seizure or convulsion</i> <i>Double vision</i> <i>Weakness or tingling / burning in arms or legs</i></p> <p>Remember:</p> <ul style="list-style-type: none"> • 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.
<p>NB: Any athlete with suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, and should not be returned to activity until they are assessed medically. Athletes with suspected concussion should not be left alone and should not drive a motor vehicle.</p> <p>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.</p>	

(Welsh Government Guidance Document (21190:2014), ‘concussion for school and community sport up to age 19.’)

Appendix 2

What is GRTP?

The Welsh Government recommended Graduated Return To Play (GRTP) Protocol following Concussion for School and Community Sports up to age 19 (A player's age is deemed to be as at 1st September of the school year)

It is important for pupils to understand: DO NOT RETURN TO PLAY OR CONTINUE TO PLAY OR TRAIN IF YOU HAVE ANY SYMPTOMS – SEEK HEALTH PROFESSIONAL ADVICE

- Following concussion there must be a minimum rest period (no excessive physical or intellectual exercise) of at least 14 days.
- Graduated return to play may continue only after completion of the minimum rest period, and only at each stage if symptom free and off medication that modifies concussion symptoms.
- Health professional advice should be obtained during the rest and return to play period.
- Any player with any symptoms following a head injury should not return to training or playing whilst symptoms persist.
- A second head impact in a player who has not fully recovered from concussion could lead to serious brain injury or death.

GRTP Stage 1- REST (AT LEAST 14 GRTP DAYS)	WARNING! HEALTH PROFESSIONAL CLEARANCE RECOMMENDED	GRTP Stages 2-4 (AT LEAST 6 GRTP DAYS)	WARNING! HEALTH PROFESSIONAL CLEARANCE RECOMMENDED	GRTP Stage 5 (AT LEAST 2 GRTP DAYS)	GRTP Stage 6 (FOLLOWING AT LEAST 22 GRTP DAYS)
Minimum of 14 days rest with no excessive physical or intellectual exercise. Player should return to school or college during this time if symptom free and off any medication for concussion.	Caution! Stage 2 of Return to Play Protocol should be started only if the player is symptom free and off medication that modifies symptoms of concussion.	Stage 2 – Light aerobic exercise 48 hours Stage 3 – Sport specific exercise 48 hours Stage 4 – Non contact training drills 48 hours Progress to the next stage only if symptom free and off medication for concussion, for 48 hours	Caution! Contact sport should be authorised only if the player is symptom free and off medication.	Stage 5 – Full contact practice 48 hours Progress to the next stage only if symptom free and off medication for concussion, for 48 hours	Stage 6 – Return to play Earliest return is the 23 rd day after concussion, only if symptom free and off medication for concussion

NB: Additional safeguards are needed for repeat concussions. Any player with a second concussion within 12 months, a history of multiple concussions, a player with unusual presentations or prolonged recovery, should be assessed and managed by a health care professional with expertise in sports-related concussion. Any recurrence of symptoms during GRTP must be referred for medical advice.
The Welsh Government recommends that, in all cases of suspected concussion, the player is referred to a health professional for diagnosis and guidance, as well as return to play decisions, even if the symptoms resolve.

(Welsh Government Guidance Document (21190:2014), 'concussion for school and community sport up to age 19.')