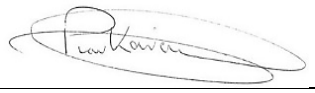
Head injury and GRTP Policy

Related Documents: Medical protocol and practice safe guarding, child protection and First Aid Policy.

Availability: This policy is made available to parents, guardians, carers, staff and pupils in the following ways: via the School website and Share point.

Monitoring and Review: This policy will be subject to regular monitoring, refinement and audit by the Chief Operating Officer (COO) and the Head. The COO will undertake a full annual review of this policy and procedures, inclusive of its implementation and the efficiency with which the related duties have been discharged. This discussion will be formally documented in writing. Any deficiencies or weaknesses recognised in arrangements or procedures will be remedied immediately and without delay. All staff will be informed of the update/reviewed policy and it is made available to them in either a hard copy or electronically.

Date: 17.02.22
Review:17.02.23

Signed	
Daniel Gibbons	
Daniel Gibbons - Head	Prav Karian - COO

Scope: This policy is applicable to all staff who work directly with pupils including after school activities and including volunteers.

Objectives: The aims of this policy are as follows;

- The aim of this policy is to ensure that Our Lady's Abingdon (OLA) 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/concussions sustained during any activities/Physical Education (PE) lessons
- This policy has been drafted alongside current guidelines from England Rugby, NICE Guidelines, NHS and British Journal of Sports medicine

Terminology

Head injury:
Is defined as: any trauma to the head other than superficial injuries to the face (NICE 2014) – this could mean a minor bump to the head or a major brain injury.

Concussion:
Is defined as: Concussion is an injury to the brain caused by a blow to the head or to another part of the body that causes the head to spin or jolt, but not enough to cause bruising or bleeding in the brain.

Concussion results in a disturbance in brain function that can affect a child or young person's thinking, memory, mood, behaviour and level of consciousness. It can produce a wide range of physical symptoms and signs such as headache, dizziness and unsteadiness.

Concussion is often under-diagnosed, is serious and if not managed correctly can lead to lifelong problems. (Chelwest.NHS 2022)

Not every pupil will exhibit the same symptoms for concussion sometimes it can take 24-48hours for symptoms to appear.

Common concussion signs include:

- Loss of consciousness
- Problems with balance
- Glazed look in the eyes
- Amnesia
- Delayed response to questions
- Forgetting an instruction, confusion about an assignment or position, or confusion of the game, score, or opponent
- Inappropriate crying
- Inappropriate laughter
- Vomiting

Less then 10% of children who experience a concussion will have a loss of consciousness, and whilst pupils may feel completely fine after a couple of days and often they will say they feel fine -this does not mean they have recovered.

Post-concussion syndrome
Recovering from concussion means your brain cells must return to the normal function by rebalancing levels of chemicals, like sodium and calcium, inside and outside of the cell. This process takes a lot of energy, so it is important to conserve energy during recovery. When properly managed, the majority of concussion symptoms will resolve within a couple of weeks, however over-exertion of brain cells during recovery can cause symptoms to persist for months or even years. A significant percentage (estimates vary between 10% and 30%) of concussion patients suffer from extended recovery, known as Post-Concussion Syndrome (PCS) – this is why Gradual Return To Play (GTRP) is so important.

Second Impact Syndrome

At OLA we enforce the GTRP policy in order to protect and safeguard our pupils from second impact syndrome which can be catastrophic as during recovery, the brain is more vulnerable to re-injury. In rare cases, a second concussion sustained during recovery can cause the brain to undergo massive swelling. This extremely rare condition is known as Second Impact Syndrome (SIS). Approximately half of SIS patients die from their injuries, and the survivors often suffer from life-long disability.

Assessment:

At OLA we follow the four R's principles in concussion management which are:

- **Recognise**
- **Remove**
- **Recover**
- **Return**

Any pupil sustaining a head injury should be immediately removed from that activity and referred to the School Nurse or Advanced first aider.

- During home sports matches and training, the pupil must be removed from play and assessed at pitch side/pool side and transferred to medical room or treated pitch side, depending on severity of injury.
- In school during usual school hours (08:30 – 17:30hrs), the pupil should either be accompanied to the Medical room. for assessment, or the school nurse called to assess the pupil.
- During 'out of hours' (i.e. evening events), where the school nurse is not available or if the pupil is on a trip/at an away sports fixture, the pupil should be assessed by a First Aider. At such times, if the assessor is concerned for the health and well-being of the pupil, further advice should be sought (by telephoning NHS 111 or 999, if the head injury is assessed to be more severe).
- Parents/guardians/carers will be contacted, as soon as is reasonably practicable, informing them that their child has sustained a head injury.
- Treatment should be given based on the assessment, applying the appropriate course of evidence-based treatment.

PE and swimming staff are provided with a laminated pocket guide on concussion management in emergencies (Appendix 2) as recommended by RFU – these also have emergency numbers on them.

Staff are to contact the medical centre should these need replacing.

The Registered Nurse and Advanced first aiders follow the guideline set by NICE pre-hospital management for patients with head injury, also recommendations by England Rugby.

Transfer to Hospital

In the event of a head injury should any of the below occur transfer to hospital should be arranged via ambulance if required:

- GCS score of less than 15 on initial assessment - see appendix 1
- Any loss of consciousness as a result of the injury
- Any focal neurological deficit since the injury
- Any suspicion of a skull fracture or penetrating head injury since the injury
- Amnesia for events before or after the injury (assessment of amnesia will not be possible in preverbal children and is unlikely to be possible in children aged under 5 years)
- Persistent headache since the injury
- Any vomiting episodes since the injury (clinical judgement should be used regarding the cause of vomiting in those aged 12 years or younger and the need for referral)

- Any seizure since the injury
- Any previous brain surgery
- A high-energy head injury
- Any history of bleeding or clotting disorders
- Current anticoagulant therapy
- Current drug or alcohol intoxication
- There are any safeguarding concerns (for example, possible non-accidental injury or a vulnerable person is affected)
- Continuing concern by the professional about the diagnosis

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
- Visible trauma to the head not covered above but still of concern to the healthcare professional
- 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 (Pre-hospital management for patients with head injury 2021)
In the case where hospital transfer is not required pupils are sent home to the care of parents/guardians/carers with an advice letter, after assessment and a discussion with the Nurse/First Aider, this should include:

- Detailed account of how the head injury occurred
- Any medication/treatment that has been administered
- 'Red Flag' advice and how to seek help
- On-going management and assessment
- GRTP protocol

RED FLAGS

If a pupil presents with any Reg flag symptom do not move the pupil -call for medical assistance immediately -999

If on site call for School Nurse/Advance first aider

- Neck pain or tenderness
- Double vision
- Weakness or tingling/ burning in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness
- Deteriorating conscious state
- Repeated Vomiting
- Increasingly restless, agitated or combative

All head injuries are to be logged in accident book and documented on Isams.

Our GTRP policy is on a case by case basis and with the full cooperation of parents/guardians/carers.

GTRP PATHWAY

RECOGNISE	
Incident/accident on-site/during games/fixture/swimming	Away during fixture at another school/on school trip/off school site
INJURY OCCURS	INJURY OCCURS
Assessed by: • School Nurse • Advanced First aider • Paramedic	Assessed by: • School Nurse • Advanced First aider • Paramedic
On pitch/court/pool/site assessment: Pupil has injury with suspected concussion	On pitch/court/pool/site assessment: Pupil has injury with suspected concussion
REMOVE FROM PLAY/ACTIVITY	
Pupil escorted to medical centre	Pupil escorted to medical centre/first aid area
• Nurse to Assess pupil with SCAT5 • Transfer to Hospital via 999 if required • Home with parents/guardians/ carers with Head injury letter and discussion	• Nurse to Assess pupil with SCAT5 • Transfer to Hospital via 999 if required • Home with parents/guardians/ carers with Head injury letter and discussion • Parents or staff to email nurse@ola.org.uk to update Off-games records.
RECOVER	
<u>Days 1&2 Post head Injury</u> • Complete rest from physical activity • Minimal screen time • No driving • Consider time off or adapted school work	<u>Days 1&2 Post head Injury</u> • Complete rest from physical activity • Minimal screen time • No driving • Consider time off or adapted school work

Days 3-14 • Complete physical rest • Continue other activities as long as symptom free	Days 3-14 • Complete physical rest • Continue other activities as long as symptom free
Days 15 to 18 • Commence Graduated return to play as per guidelines (see appendix 3) • Any symptoms STOP - rest for 24 hours	Days 15 to 18 • Commence Graduated return to play as per guidelines (see appendix 2) • Any symptoms STOP - rest for 24 hours
DAY 19 PUPILS TO BE REASSESED BY NURSE WITH SCAT5 -any concerns to be referred to GP	
Earliest Return to full play is 23 days	

Key information regarding the GRTP process

- Concussion is recognised within 48 hours of the injury (ideally immediately) and the decision is made to remove.
- This decision is then fixed and OLA will not allow the pupil/s to return to play until they have been reviewed by a suitably qualified Doctor trained in concussion assessment and management
- If a parent, guardian, carer, coach or GP contests the original decision then, on the basis of child protection and World Rugby/RFU guidelines, this contestation will be rejected.
- The Pupil should usually see School Nurse around day 19 after the original injury, although in very occasional circumstances (and likely where there is a query over the original decision) the pupil can be seen at 10 days (but no earlier) after the injury.
- Any Doctor signing a pupil back to play before 10 days is not following national and international guidelines and demonstrates a lack of awareness of concussion management.
- OLA has a duty of care to ensure its pupils are kept safe and allowing a child to return to play too early (even if the GP has signed them off) doesn't excuse the school from its duty of care

References:

England Rugby - headcase

https://www.englandrugby.com/participation/playing/headcase/resources

British Journal of sports medicine – Scat5

https://bjsm.bmj.com/content/bjsports/early/2017/04/26/bjsports-2017-097506SCAT5.full.pdf

Concussion Guidelines for the education sector

www.sbns.org.uk

Chelsea and Westminster NHS

https://www.chelwest.nhs.uk/your-visit/patient-leaflets/medicine-services/concussion-in-children-and-teenagers

National Institute for clinical excellence NICE-

https://www.nice.org.uk/guidance/cg176/chapter/1-Recommendations#pre-hospital-assessment-advice-and-referral-to-hospital

Appendix 1 Glasgow Coma scale

Appendix 2 – Pocket concussion recognition tool

OLA
OUR LADY'S ABINGDON

Pocket CONCUSSION RECOGNITION TOOL

To help identify concussion in pupils

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 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
- Seizure or convulsion
- Balance problems
- Nausea or vomiting
- Drowsiness
- More emotional
- Irritability
- Sadness
- Fatigue or low energy
- Nervous or anxious
- "Don't feel right"
- Difficulty remembering
- Headache
- Dizziness
- Confusion
- Feeling slowed down
- "Pressure in head"
- Blurred vision
- Sensitivity to light
- Amnesia
- Feeling like "in a fog"
- Neck pain
- Sensitivity to noise
- Difficulty concentrating

3. Memory function

Failure to answer any of these questions correctly may suggest a concussion (When assessing a pupil make sure the question is age appropriate)

"Where are we today?"
"Which half is it now?"
"Who scored last in this game?"
"What team did you play last week / game?"
"What did you do in your last PE lesson?"

Any pupil with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, and should not be returned to activity until they are assessed medically. Pupils with a suspected concussion should not be left alone.

It is recommended that, in all cases of suspected concussion, the pupil is referred to a medical professional/school nurse 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 pupil should be safely and immediately removed from the field if appropriate. The school nurse/advanced first aider should be summoned immediately and an ambulance called.

- Pupil complains of neck pain (Do not move pupil)
- Increasing confusion or irritability
- Repeated vomiting
- Seizure or convulsion
- Weakness or tingling / burning in arms or legs
- Deteriorating conscious state
- Severe or increasing headache
- Unusual behavior change
- Double vision

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 so do.
- Do not remove helmet (if present) unless trained to do so.

School Nurse: 01235 523147
ext: 220

Reception: 01235 524658
ext: 227

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

Appendix 3 – GRTP Programme