CLAREMONT
FAN COURT SCHOOL

POLICY:

Head Injury, Concussion and Return to Play Policy

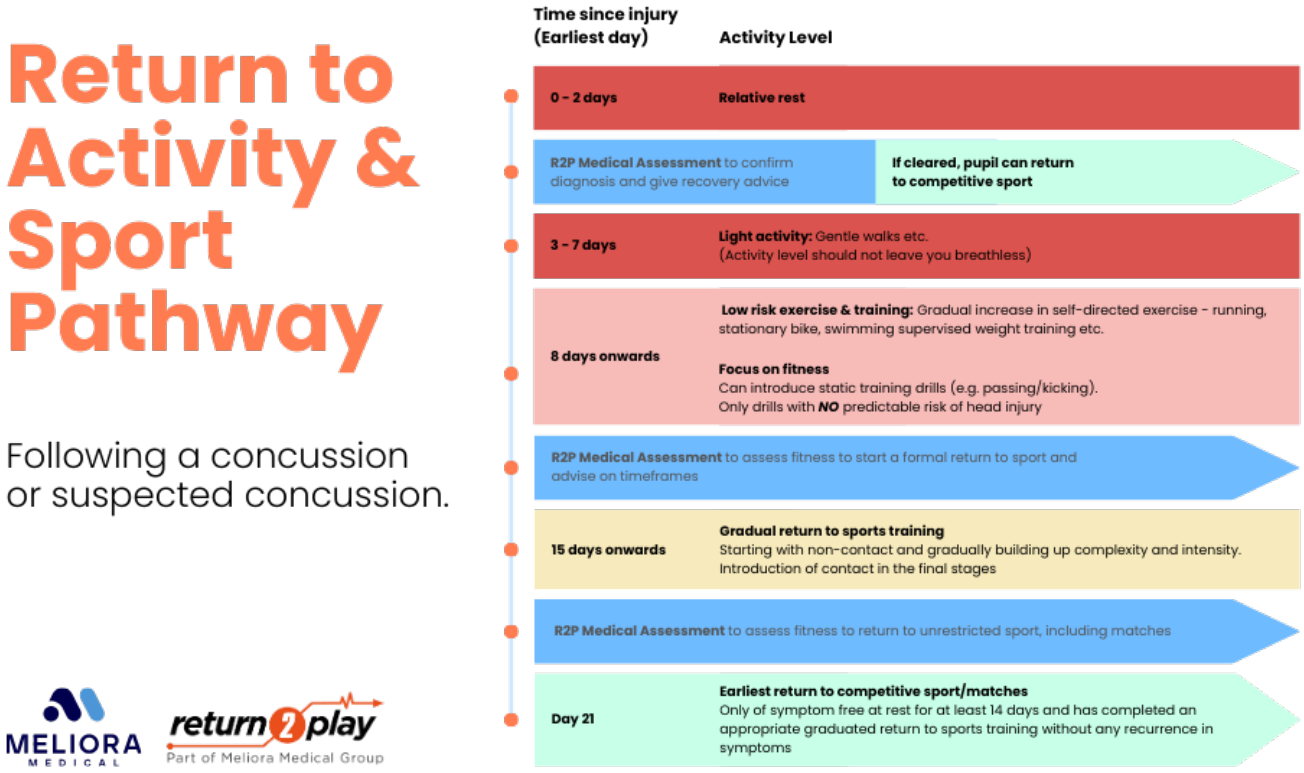
Policy Statement

Claremont Fan Court School seeks to provide a safe environment for pupils and staff. Any pupil who is suspected of having a significant head injury with immediate symptoms of concussion or serious injury should be referred for assessment at either a walk-in centre or Accident & Emergency department.

For pupils aged 8 and above who have a head injury and it is unclear if concussion may be a factor, the school has teamed up with Return to Play (R2P) for expert guidance and advice on concussion. Pupils who present with milder symptoms should be referred to R2P. Parents can also refer their child for concussion assessment for head injuries that occur both inside and outside of school. If a referral to R2P is made, the child must not participate in any sports inside and outside of school until they have been cleared as fit to play. It is the responsibility of the parents to arrange an assessment with R2P following any initial referral and to arrange follow up appointments and clearance when fit. Further details on how to access R2P can be found on the parent portal.

- Concussion is a brain injury that can occur both in and out of sport
- We all have an important role to play in the recognition and management of any head injury
- Returning to normal life (and work/school) should take priority over returning to sport
- Most concussions recover well with time
- Injury to the brain is significantly reduced if the brain is allowed to recover before being put at risk of further injury – *"If in doubt, sit them out"*
- There are "Return to Sport" protocols to help safely manage a return to sporting activity. These were updated in April 2023 following the release of UK government guidance (see below). Timeframes listed are the earliest allowed, progress should be dependent on symptoms and medical clearance.

R2P return to activity & sport pathway – Sept 2024



What is concussion?

Knowledge around concussion, how it should be managed and the potential short and long-term health implications, has advanced hugely in recent years. The term "concussion", while useful, is imprecise and there remains disagreement around the definition of the injury and the process going on within the brain.

What we know about concussion:

- It is a traumatic brain injury
- It can be caused by a direct head blow but also from forces transmitted to the head – e.g. a whiplash/violent shaking injury
- It can cause a wide range of signs and symptoms
- The effects tend to be short-lived

Signs and symptoms of concussion

There are many signs and symptoms that may suggest a concussion has occurred. There is no single definitive list of signs or symptoms that prove a concussion has happened. There may only be one symptom present, or there may be multiple signs and symptoms.

What are the signs of concussion?

If any of the following signs are noted the injured person should be suspected of having sustained a concussion:

- Dazed, blank or vacant look
- Lying motionless on ground or slow to get up
- Unsteady on feet/falling over/incoordination.
- Inappropriate or unusual behaviour
- Loss of consciousness or not responsive
- Grabbing / clutching of head
- Seizure (fits).

Important note: The vast majority of concussions do not have a loss of consciousness (being knocked out). It occurs in less than 10% of injuries and is not required to diagnose concussion.

What are the symptoms of concussion?

If any of the following symptoms are experienced the injured person should be suspected of having sustained a concussion:

- Headache
- Dizziness
- Confusion, or feeling "slow"
- Visual problems
- Nausea or vomiting
- Fatigue
- Drowsiness / feeling like "in a fog" / difficulty concentrating
- "Pressure in head"
- Sensitivity to light or noise

Often children find it difficult to express exactly how they feel. It is common for them to say "I just don't feel right".

Worrying symptoms – the "Red Flags"

If any of the following signs or symptoms are noted then the injured person should be transferred to the nearest hospital for urgent medical assessment.

- Severe neck pain
- Double vision
- Weakness or tingling / burning in arms or legs
- Severe or increasing headache
- Seizure
- Loss of or deteriorating consciousness (increasingly drowsy)

- Repeated vomiting
- Increasing confusion or irritability
- Unusual behaviour change.

Immediate management

Any head injury should be assessed by the school nurse or first aider.

If playing sport, the player should be removed from play immediately and take no further part in the activity.

Both sporting and non-sporting concussions need rest. The injured person should be monitored in a quiet, warm environment to ensure no worrying symptoms develop. It is recommended that anyone suspected of sustaining a concussion should be reviewed by a healthcare professional, even if symptoms have gone.

Important note: It is common for the injured person to feel much better quickly. This does not mean they have recovered so, if playing sport, they should not return to play.

On-going management

The initial focus should be on return to normal life – and for pupils, return to learning – before a return to sport.

1. Rest

Early rest is key to good recovery from concussion. The injured person should be advised to take it easy for a couple of days and have a day or two off school if feeling unwell. It's sensible to minimise screen time and reading during this stage.

2. Return to normal life

If symptom free after a day or two of rest, the focus can change to returning to activities of normal life. This should be done gradually, only moving onto the next phase if remaining symptom free.

An example of a phased "Return to normal life" might be:

Phase 1: Rest

Phase 2: "Working from home" – homework, reading etc

Phase 3: "Part-time study" – half days, avoiding complicated study

Phase 4: "Full return to academic work".

Important note: Return to Learn – Sometimes, the only symptom of concussion that persists is difficulty concentrating in the classroom. Often children don't realise this is caused by their concussion and it goes unnoticed, persists and results in poor recovery and poor academic performance.

Teachers have an important part to play in recognising if a child is under-performing following a concussion, so it is sensible to let them know the injury has occurred.

Return to sport

Latest research has shown that there are benefits from returning to some physical exercise during the first weeks of recovery. Obviously exercise also has wider physical and mental health benefits.

There can be a gradual return to low-risk physical exercise from 1 week post-injury as long as the injured person is managing with day-to-day activities (i.e. school/work) without exacerbation of symptoms. The focus should be on maintaining fitness – running, stationary bike, swimming etc. They should not be taking part in formal training activities or competition. For example, while running for fitness maintenance would be allowed, they shouldn't be taking part in athletics training or competitions.

As long as pupils are symptom-free and have fully returned to normal life and light exercise, a return to sport can start after 14 days. Return to sport should follows a phased process, gradually increasing the amount and intensity of activity. Activities with a risk of contact should be the final stage of a return. Medical assessments are required prior to returning to sports training and then at the end of the graduated return-to-play period, before a player can be cleared as safe to return to sport.

An example of a phased (or graduated) return to sport:

Phase 1: The 7 day rest period.

Phase 2: Light, "low-risk" exercise e.g. walking, light jog, cycle

Medical Assessment for clearance to return to training (circa day 14)

Phase 3: Sport-specific exercise e.g. running drills

Phase 4: Non-contact training e.g. more complex training with increased intensity

Phase 5: Unrestricted training activity

Medical Assessment for clearance to return to competition

Phase 6: Return to play

The earliest return to competitive/match play is day 21 post-injury and only if symptom free at rest for at least 14 days AND have completed Phase 3-5 without recurrence in symptoms.

Risks following a concussion

All concussions have the potential to be serious. While the vast majority recover without any long-term implications, risks are significantly increased if further injury is sustained when the brain has not had time to recover.

If concussions are not managed properly there are the following health risks:

1. **Prolonged symptoms** – sometimes referred to as post-concussion syndrome
2. **Long term health issues** – concerns around neuro-degenerative problems (there remains some controversy around this)
3. **Death** – an extremely rare complication called "Second Impact Syndrome".

This is why recognition and immediate removal from play during sport is so important. The risks of these complications far outweigh the benefits of allowing a player to continue "If in doubt, set them out".

Medical assessment

Ideally all concussions should be looked after by a doctor experienced in the management of the injury. This not only ensures that the right advice is given but it has also been shown to improve recovery.

Medical assessment with a doctor is recommended at the following timepoints:

1. As soon as possible after the initial injury.
2. Before starting the graduated return to play (GRTP) process (circa day 14).
3. Before return to full sporting activity.
4. If there are any concerns about recovery.