



St Hilary's Prep School Policy

Head Injury and Concussion Policy

This is the Head Injury and Concussion Policy and procedures of St. Hilary's School.

We actively promote democracy, the rule of the law, individual liberty and mutual respect and patience of those with different faiths and beliefs. These are fundamental British Values which underpin all that we offer, as does our School Motto 'Not for oneself but for all.'

Introduction

- 1.1 We take the welfare of our pupils extremely seriously, both on and off the sports field. We have comprehensive policies in place to ensure that if a pupil sustains an injury, they receive the appropriate treatment. That includes this policy, which specifically addresses head injuries.
- 1.2 A head injury could happen in any area of school life. This policy focuses on sport activities where the risk of head injuries happening is higher but can be used for head injuries which occur in another context e.g. collision at playtime.
- 1.3 The School's Lead First Aider oversees the management of head injuries that happen at School, completing initial assessments for those that occur on site, and collecting information from staff and parents if they occur off site or at non-school activities.
- 1.4 The aim of this policy is to:
 - 1.4.1 Ensure understanding of the key terms and the link between head injury and brain injury;
 - 1.4.2 Identify sport activities which carry a risk of head injury;
 - 1.4.3 Underscore the importance of creating suitable risk assessments for sport activities being undertaken by the School;
 - 1.4.4 Provide clear processes to follow when a pupil does sustain a head injury; and
 - 1.4.5 Provide parents and pupils with clear information about the School's approach, including the comprehensive processes in place.
- 1.5 This policy applies to:
 - 1.5.1 School staff (including part time or occasional employees or visiting teachers);
 - 1.5.2 Pupils of the School;
 - 1.5.3 Parents of Pupils at the School

2. Definitions

2.1 The following terms are used in this policy:

- 2.1.1 **Head injury:** means any trauma to the head other than superficial injuries to the face.
- 2.1.2 **Traumatic Brain Injury (TBI):** is an injury to the brain caused by a trauma to the head (head injury).
- 2.1.3 **Concussion:** is a type of traumatic brain injury (TBI) resulting in a disturbance of brain function. It usually follows a blow directly to the head, or indirectly if the head is shaken when the body is struck. Transient loss of consciousness is not a requirement for diagnosing concussion and occurs in less than 10% of concussions.
- 2.1.4 **Transient Loss of consciousness:** is the sudden onset, complete loss of consciousness of brief duration with relatively rapid and complete recovery. It can also be referred to as 'being knocked out' or a 'blackout.'
- 2.1.5 **Persistent loss of consciousness:** is a state of depressed consciousness where a person is unresponsive to the outside world. It can also be referred to as a coma.
- 2.1.6 **Chronic Traumatic Encephalopathy (CTE)** is one type of degenerative and progressive brain condition that's thought to be caused by TBIs and repeated episodes of concussion. CTE usually begins gradually several years after receiving TBIs or repeated concussions. The symptoms affect the functioning of the brain and eventually lead to dementia.
- 2.1.7 **Contact:** sport where physical contact is an acceptable part of play for example rugby.
- 2.1.8 **Non-contact sport:** is any sport where physical contact is not an acceptable part of play but where there are nonetheless potential collisions between players and between players and the ball for example cricket, football, netball and hockey.
- 2.1.9 **Activities:** recreational activities where head injuries can occur such as climbing, paddle sports, mountain walking, outdoor pursuit camps, games in the playground, and accidental trips and falls.

3. The Risks

- 3.1 Any collision can cause a head injury, which can cause a traumatic brain injury such as a concussion.
- 3.2 Playing contact and non-contact sport increases an individual's risk of collision with objects or other players.
- 3.3 It is very important to recognise that a pupil can have a concussion, even if they are not 'knocked out'. Transient loss of consciousness is not a requirement for diagnosing concussion and occurs in less than 10% of concussions.
- 3.4 Children and young adults are more susceptible to concussion than adults because their brains are not yet fully developed and thus more vulnerable to injury.
- 3.5 The current evidence suggests that repeated episodes of concussion, even where there is no transitory loss of consciousness, can cause significant changes to the structure and function of the brain in a condition known as CTE.

4. Preventative steps to reduce the risks

- 4.1 All our games and outdoor pursuits training, including pre-season, trips, and matches are supervised by staff who are First Aid trained. Any staff member involved in games and outdoor pursuits has undertaken concussion awareness training through TES Develop/Educare which is refreshed annually.
- 4.2 Any person responsible for the undertaking of a sporting or outdoor pursuits activity must ensure a suitable risk assessment for the specific activity is created. This risk assessment should be tailored to the specific School environment and should:
 - 4.2.1 Identify the specific risks posed by the sport or activity, including the risk of participants sustaining head injuries;
 - 4.2.2 Identify the level of risk posed;
 - 4.2.3 State the measures and reasonable steps taken to reduce the risks and;
 - 4.2.4 Identify the level of risk posed with the measures applied.
- 4.3 The governing bodies of most sports and outdoor activities have each produced head injury guidelines that are specific to their sport/activity. School specific sport and outdoor pursuits risk assessments are updated annually and available from the Director of Sport and Business Manager. Those responsible for risk assessing sport and outdoor pursuit activities in School should have regard to the relevant and latest guidelines when carrying out their risk assessment.
- 4.4 Potential measures to reduce the risk of pupils sustaining head injuries while playing sports and taking part in activities might include:
 - 4.4.1 Structuring participation in accordance with current guidelines from the governing body of the relevant governing body;

- 4.4.2 Removing or reducing the contact elements of contact sports during training sessions;
- 4.4.3 Ensuring that there is an adequate ratio of coaches/instructors to pupils taking part;
- 4.4.4 Ensuring that pupils are taught safe techniques to take part in the sport/activity;

Using equipment and technology to reduce the level of impact from collision with physical objects (e.g. wearing helmets when climbing and canoeing, using padding around posts, not overinflating footballs etc.);
- 4.4.5 Using equipment and technology to reduce the level of impact from collision between pupils (e.g. gumshields);
- 4.4.6 Coaching good technique in high risk situations (such as rugby tackles, climbing);
- 4.4.7 Ensuring that the area is safe (for example, that is not frozen hard, and there are suitable run-off areas at the touchlines, assessing white water, stability of rock face);
- 4.4.8 Ensuring that a first aid trained member of staff is easily accessible during sports and outdoor pursuits activities.

5. Head injuries sustained outside of school

- 5.1 As noted above, repeated concussions can cause significant changes to the structure and function of the brain, in particular the child's brain.
- 5.2 It is therefore very important that the School, pupils and their parents take a holistic approach to the management of head injury causing concussions and cooperate with regards to sharing information.
- 5.3 Where a pupil sustains a head injury which has caused a concussion whilst participating in an activity outside of the School, the parents of the pupil concerned should promptly provide the School First Aid Lead with sufficient details of the incident, and keep the First Aid Lead updated of any developments thereafter. This would apply, for example, if a pupil suffers a concussion playing rugby for an external rugby club or if a pupil sustains a head injury while taking part in an informal game of sport, for example in the local park.
- 5.4 The School will determine the appropriate way forward on receiving a notification of this nature. That might include reviewing any concussion programme already established by the external club, or if no such programme has been put in place, considering whether this should be established.
- 5.5 In turn the School will inform parents where a pupil has sustained a head injury causing a concussion at School.

6. Initial procedure to follow where a pupil sustains a head injury at School

- 6.1 The welfare of pupils is of central importance. Any person to whom this policy applies should adopt a cautious approach if they are in any doubt as to whether a head injury has occurred and/or whether the head injury has caused a concussion.
- 6.2 Those individuals to whom this policy applies should be aware of the symptoms of a concussion.

[UK Concussion Guidelines for Grassroots Sport | Sport and Recreation Alliance](#)

Where a pupil sustains a suspected head injury or concussion, the person supervising the activity should immediately remove the pupil, where it is safe to do and refer the pupil to either the First Aid Lead, a qualified first aider or medical professional.

- 6.3 The First Aid Lead, first aider or medical professional will determine whether the pupil is displaying any “red flag” symptom in which case immediate medical assessment should be sought. If the concussion occurs on a school trip, the trip leader will seek a medical assessment, using first aid trained staff on the trip and/or seeing a medical professional.
- 6.4 The concussion will be added to the School’s Head Injury Log. The Head Injury Log will include the following details: the pupil’s name and form, the date of the incident, a description of the incident, a description of any action taken. All head injuries are recorded on an Accident Record form and recorded in 3sys. A separate log for head injuries is also kept.
- 6.5 The School First Aid Lead or a member of staff in consultation with a pupil’s parents will risk assess the injury and symptoms and agree transport arrangements with parents. Anyone sustaining a head injury and showing symptoms of concussion will not be allowed to drive themselves home and alternate arrangements will need to be made.

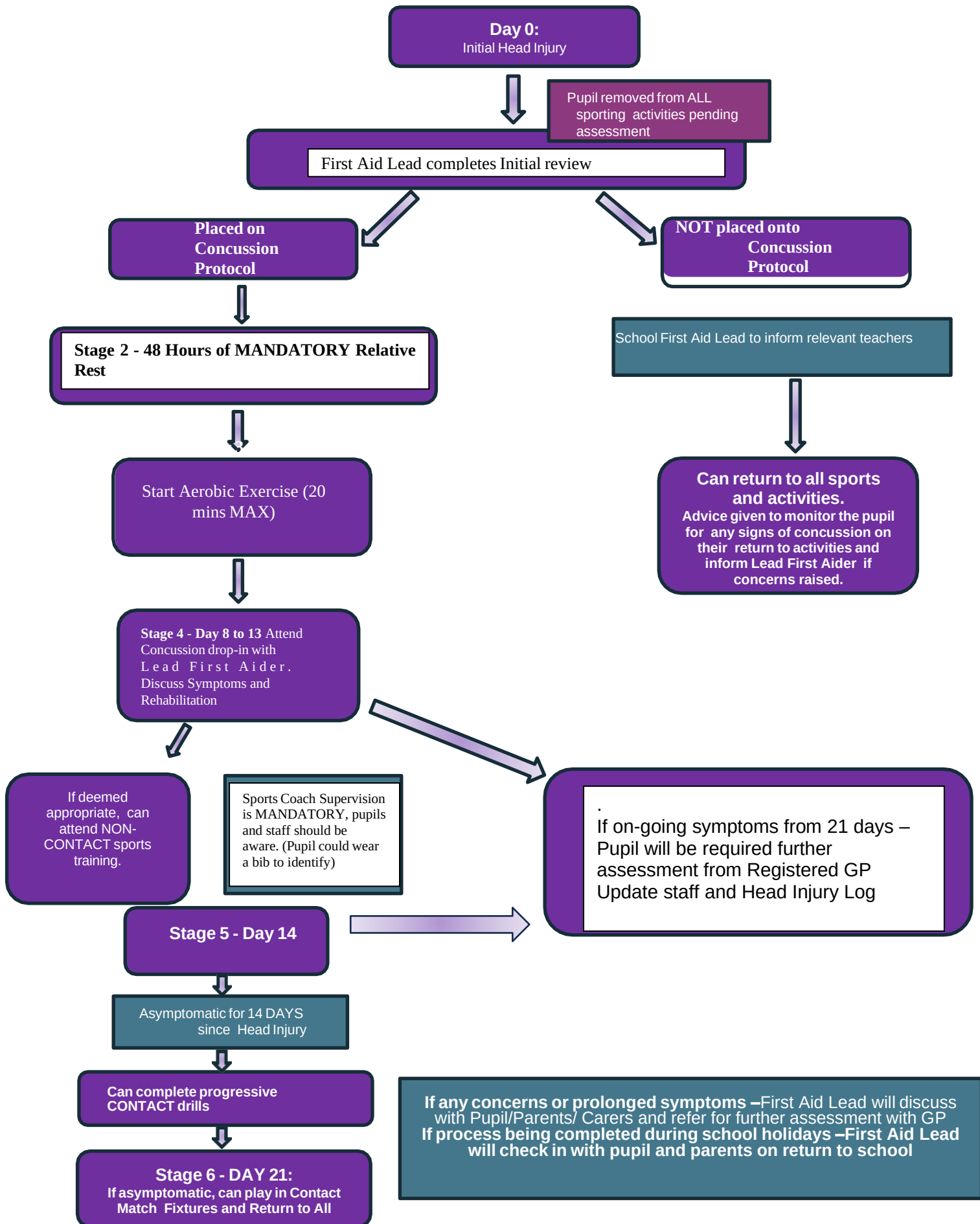
7. Concussion Pathway (Schedule 1)

- 7.1 Any pupil that has suffered symptoms of concussion will follow the Concussion Pathway.
- 7.2 The information below details how the Concussion Pathway should be used to ensure the safe management of concussion:
 - 7.2.1 Live head injury log: A spreadsheet of pupils’ current fitness to play sport/participate in activities is accessible to staff. This allows us to ensure that, if injured, a pupil is not put at risk of taking part in an activity that may be harmful to their recovery. The log also allows the First Aid Lead to track current injuries and audit previous injuries.
 - 7.2.2 Injury Logged: As soon as a pupil’s concussion has been logged by the First Aid Lead, they will inform all staff ensuring that the Head teacher and Director of Sport are made aware first. The First Aid Lead will call the parents/guardians to discuss what had happened and advise them to seek further medical advice. The School Lead First Aider will do follow-up calls to the parents/guardians. A standard letter will go to the parents outlining what they should look out for.
 - 7.2.3 Rest and Review: The pupil may require complete physical and cognitive rest for 48 hours, this includes screen time and homework. As such if the injury occurs

during the week or on a Sunday the pupil may need to miss school during this immediate period if symptoms deem it necessary.

- 7.2.4 Assessment: If there are no signs or symptoms of concussion, after a 48-hour assessment with the First Aid Lead or a qualified Medical professional, the pupil can return to activities/games/sport. The First Aid Lead will update the head injury log and in consultation with parents inform relevant staff that the pupil can return to a full range of lesson activities, sports and extra-curricular clubs and societies.
- 7.2.5 Assessment: If there any signs/symptoms/diagnosis of concussion at the 48-hour period the pupil will follow the Concussion Pathway back to full activities.
- 7.2.6 Under the Concussion Pathway, a pupil can only proceed to the next stage if there are no symptoms of concussion during rest and at the level of exercise achieved in the previous stage. If any symptoms occur while going through the pathway, the pupil must return to the previous stage and attempt to progress again after a minimum 48-hour period of rest without symptoms.
- 7.2.7 On completion of the Concussion Pathway, the following procedure will be followed:
 - (a) If there have been red flags at the time of the head injury, a medical practitioner assessment must be sought by the parents for the pupil to return to full contact sports, match play or other activities;
 - (b) If there have been no red flags at the time of the head injury, the School First Aid Lead, with parental consent, will assess whether the pupil is fit to return to full contact sports, match play and other activities. If the pupil is passed as fit to play, staff will be informed and the head injury log will be updated accordingly. If there are any concerns from the School Lead First Aider arising from the assessment, a medical practitioner risk assessment must be sought by the parents for the pupil to return to play.
- 7.3 It is the responsibility of the parents to ensure that their child does not participate in any inappropriate physical activity outside of School whilst they are subject to the Concussion Pathway.

Head Injury Concussion Pathway Flowchart



Concussion Pathway:

Stage 1: the identification of the head injury Name: Date of Injury: Form: How injury occurred and description of injury:				
Stage of Protocol	Exercise Involvement	Learning Involvement	Objectives	Parent/Pupil Tracker
Stage 2: 24 - 48 hours Rest Start Date: Review Date: <i>If symptomatic, but not worsening – go to Stage 3</i>	Gentle exercise – walking allowed Activity 10-15 min intervals	Minimise screen time Can read for short periods Easy activity No PHONE or COMPUTER use Rest at home or reduced activity in school	Initial brain rest and manage the early stages of recovery	Comments:
Stage 3 (Day 3 - 7) Date Commenced: <i>No additional assessment required by School Lead First Aider</i>	Start aerobic exercise e.g. stationary cycling Low level body weight exercises 20 mins max sessions Short brisk walks	Return to School, reading but reduced TV/ computer/ screen time If symptomatic need more rest time, then try again. Pupils can take time out in the Well-being Hub at school.	May have some increased activity both in school and external. Increase heart rate and allow increasing blood flow to brain to help healing	Comments:
Stage 4 (Day 8 - 13) Meeting with School Nurse Date : <i>Concussion drop in with School Lead First Aider. Brief conversation to discuss progress.</i>	If recovery going well – Can attend NON –CONTACT sport training Sports Coaches must supervise	Normal schooling if symptom free No activity that will cause an increased risk of additional pressure to head/ brain <i>Teachers will be aware and raise concerns if needed</i>	If symptomatic –School Lead First Aider and Sports Coach to discuss Revert to previous stage and if necessary further assessment by GP <i>If symptoms improve - commence NON – CONTACT sport</i>	Comments:
Stage 5(Day 14 - 20) Date Commenced: Start Contact Sport Date: <i>Requires Further SCAT6 Head Injury Assessment</i>	If asymptomatic at rest for 14 DAYS – Can complete CONTACT Drills with Coach Supervision. Unrestricted training Immediately remove is Symptoms re-emerge	Return to full academic work if not already doing so. If symptomatic will require further Neuro Assessment with GP	Meeting booked with School Lead First Aider for Potential Day 21 Review Date:	Comments:
Stage 6 (Day 21) Date Reached:	Return to Full Activities and sport including full contact fixtures <i>Stage should not be reached before Day 21 and ONLY if no symptoms for last 14 days and symptom free during training</i>		Teachers and Sports Coach to be made aware by School Lead First Aider	Comments:



PHOTO OF
CHILD

Individual Healthcare Plan (IHP) for Head Injuries and Concussion

Date: _____ Review date: _____

Child's details

Name			
Group/class/form		Date of Birth	
Address			

My child has been assessed by a medical doctor and **has been** diagnosed with a serious head injury and/or concussion. Please circle appropriate answer.

Yes / No

My child has been assessed by a doctor and concussion has **not** been diagnosed.

Yes / No

My child has a head injury and/or concussion and the doctor's recommendations are:

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My child has been given the following medication

Name of medication	Dose:
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Family/guardian contact information

1. Contact name	
Relationship to child	
Phone number (work)	
(mobile)	
(home)	
2. Contact name	
Relationship to child	
Phone number (work)	
(mobile)	
(home)	
3. Contact name	
Relationship to child	
Phone number (work)	
(mobile)	
(home)	

Hospital contact

Name	
Role	
Phone number	

GP

Name & Address	
Phone number	

Activities that require special precautions, and how to manage

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Arrangement for school trips

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Other information

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This plan has been agreed by pupil, parent, carer, doctor/consultant and school:

Parent

Name:	Signature:
Role:	Contact number:

Pupil

Name:	Signature:
Role:	Contact number:

School

Name:	Signature:
Role:	Contact number:

Head Injuries and Concussion Log

Name of child	Form	Date of Incident	Description of injury	Date of when they are placed on Concussion Protocol

Written: February 2025

Reviewed: July 2025, September 2026

Next review date: June 2027

Person responsible: Mr Duncan Sinclair (Headmaster), Mr Jack Don-Carolis (Director of Sport), Ms Jackie Trew (Lead First Aider)