WYMONDHAM COLLEGE HEAD INJURY AND CONCUSSION POLICY

WYMONDHAM COLLEGE MEDICAL CENTRE

Document Control:

Document Owners:	**Ali Crowter and Laura May**		
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Wymondham College Head Injury and Concussion Policy

1. INTRODUCTION

Wymondham College is committed to ensuring the health, safety, and wellbeing of all students. Head injuries and concussions, even if seemingly minor, can have profound consequences. This policy outlines procedures to manage such injuries consistently and safely, ensuring timely medical intervention, appropriate monitoring, and clear communication with parents or guardians.

While the policy is primarily focused on the management of sport-related head injuries, the protocols and procedures outlined are intended to apply to all head injuries, regardless of the cause. This includes:

- Slips, trips, and falls (e.g., in corridors, playgrounds, or classrooms)
- Non-accidental injuries (e.g., suspected abuse or assault)
- Accidental impacts (e.g., bumping into objects, falling from furniture).

For the staff working within Wymondham College Prep School, please follow their 'Health and Safety Policy - First Aid', where guidance on managing head injuries can be found in Annex B -WCPS-First-Aid-Policy-2023-24.pdf

2. PURPOSE

This policy, aligned with the recommendation from UK Concussion Guidance for Non-Elite (Grassroots) Sport (2024), intends to guide Wymondham College staff through safe management of students who have sustained head injuries, focusing on **recognition**, **immediate action**, and **safe return to daily life**.

It aims to:

- Define head injury and concussion.
- Support staff in recognising concussion and escalating concerns.
- Outline immediate management procedures.
- Ensure effective observation and follow-up.
- Protect students' academic and physical recovery.
- Follow national concussion management guidelines.

3. SCOPE

All staff must follow the response to a head injury as set out in this policy. It applies to-

- All Wymondham College students (day and boarding).
- All College activities including lessons, sports, excursions, and boarding time.
- Any head injury that may have occurred outside of school life and is reported to the College (e.g. Day student injured at weekend).

4. DEFINITION OF HEAD INJURY AND CONCUSSION

- **Head Injury**: 'Any trauma to the head other than superficial injuries to the face' (National Institute for Health and Care Excellence, 2023). Traumatic brain injuries are the result of a head injury that causing normal brain function to be disturbed and can be classified as mild (known at concussion), moderate or severe (NICE, 2023).

- **Concussion**: A mild traumatic brain injury caused by a direct bump, blow, or jolt to the head, neck or body resulting in an impulsive force being transmitted to the brain. This impact can result in a disturbance of brain function and can affect the way a person thinks and feels, their memory, mood, behaviour and concentration (Child Brain Injury Trust, 2019).

For the purpose of this policy, a healthcare professional is defined as a registered Nurse, Nurse Practitioner, Paramedic, or Doctor who can provide advanced assessments beyond basic first aid.

4.1. KEY FACTS ON CONCUSSION

Symptoms of concussion typically appear immediately or within minutes of injury but may be delayed and appear over the first 24-48 hours following the initial head injury. Importantly, Loss of consciousness (being 'knocked out') occurs in less than 10% of people that are concussed and is not required to diagnose concussion (Headway, 2025).

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 appropriately managed, individuals are at risk of the following health implications:

- **Prolonged symptoms** – sometimes referred to as post-concussion syndrome
- **Long term health issues**
- **Death** – an extremely rare complication, with higher risk associated when sustaining a second impact when not fully recovered from the initial impact (UK Government, 2024).

This places great emphasis on the importance of recognition and immediate removal from play during sport. The risks of these complications far outweigh the benefits of allowing a player to continue; therefore, all Wymondham College Staff should follow the rule:

IF IN DOUBT, SIT THEM OUT!

Additionally, Wymondham College staff are expected to follow the Football Association's 2022 recommendations on deliberate heading, available at: FA guidance on heading in football in England | England Football

4.2. CONCUSSION SIGNS AND SYMPTOMS

Following a head injury, removing the student from activity is crucial - 'If in doubt, sit them out!'

Signs of concussion/Visible clues:

Any one or more of the following visible clues can indicate a concussion:

- Loss of consciousness or responsiveness.
- Lying motionless on ground/slow to get up.
- Unsteady on feet/balance problems or falling over/ incoordination.
- Dazed, blank or vacant look.
- Slow to respond to questions.
- Confused/not aware of plays or events.
- Grabbing/clutching of head.
- An impact seizure/convulsion.
- Tonic posturing – lying rigid/ motionless due to muscle spasm (may appear unconscious).
- More emotional/irritable than normal for that person.
- Vomiting.

Symptoms of concussion at or shortly after injury:

Presence of any one or more of the following symptoms may suggest a concussion:

- Disoriented (not aware of their surroundings e.g. opponent, period, score).
- Headache.
- Dizziness/feeling off-balance.
- Mental clouding, confusion or feeling slowed down.
- Drowsiness/feeling like 'in a fog'/ difficulty concentrating.
- Visual problems.
- Nausea.
- Fatigue.
- 'Pressure in head'.
- Sensitivity to light or sound.
- More emotional.
- Doesn't feel right.
- Concerns expressed by parent, official, spectators about a player.

5. IMMEDIATE RESPONSE FOLLOWING HEAD INJURY

All head injuries must be treated as potentially serious.

Immediate Response and First Aid:

1. **Safety** - Ensure the scene is safe and assess the student using basic first aid.
2. **Initial Assessment** - Assess the student's level of consciousness and visible injuries.
3. **Stabilise the Head and Neck** - Minimise movement if there is any suspicion of spinal injury. If the student is wearing protective headgear, do not remove it unless absolutely necessary.
4. **Apply First Aid if Needed** - If there is visible bleeding, apply pressure with a sterile dressing, avoiding movement of the head and neck.
5. **Call for help** - Alert the College Nurse at the Wymondham College Medical Centre as soon as possible:
    a. Internal extension number: 3291
    b. External number: 01953 609027
    c. Mobile: 07974071056
6. If no Nurse is available, the first aider/supervising staff should call 111 or 999 if any red flags present.
7. Inform Senior Leadership Team on ext: 4444.
8. **Stay with them** - Never leave the injured individual unattended.
9. **Notification** - Inform the parents or guardians as soon as possible.

In the event of significant injury (e.g. high-risk mechanism such as fall from height) or **ANY** of the following **RED FLAG** symptoms, immediate help should be sought, and 999 called for advice and assistance:

- **Any loss of consciousness because of the injury**
- **Deteriorating consciousness (more drowsy)**
- **Amnesia (no memory) for events before or after the injury**
- **Increasing confusion or irritability**
- **Unusual behaviour change**
- **Any new neurological deficit e.g. —Difficulties with understanding, speaking, reading or writing —Decreased sensation —Loss of balance —Weakness —Double vision**
- **Seizure/convulsion or limb twitching or lying rigid/ motionless due to muscle spasm**
- **Severe or increasing headache**
- **Repeated vomiting**
- **Severe neck pain**
- **Any suspicion of a skull fracture (e.g. cut, bruise, swelling, severe pain at site of injury)**
- **Previous history of brain surgery or bleeding disorder**
- **Current 'blood-thinning' therapy**
- **Current drug or alcohol intoxication**

6. FIRST AID AND MEDICAL ASSESSMENT IF NO RED FLAG'S PRESENT

In the ABSENCE of a Red flags after the occurrence of a head injury:

- Remove the child from play / activity **If in doubt, sit them out!**
- Assessment of the head injury can be carried out by the first aider present using the pocket concussion tool as in Appendix 1.
- If the student is presenting with any signs or symptoms as stated in 4.2 of this policy, supervising staff are to contact the Wymondham College Medical Centre for advice/support, and when able, the student should be escorted to the medical centre for Nurse review:
  - Internal extension number: 3291
  - External number: 01953 609027
  - Mobile: 07974071056
- Students with symptoms should be reviewed by the Medical Centre Nurse as soon as possible.
- The College Nurse will conduct a full assessment including symptom check, neurological review, and may use the **Glasgow Coma Scale** during the assessment (Appendix 2)**.**
- If required or advised based on first aid assessment and injury circumstances, arrange ambulance transport (999) OR non-emergency transport to the nearest Accident and Emergency department.
- The Nurse assessing the student should also complete the **concussion checklist** to help guide management (Appendix 3).
- Parents/guardians should be informed as soon as possible.
- If Wymondham College Medical Centre is closed or does not have a Nurse on site dial 111/999 as appropriate.
- Senior Leadership Team (dial ext: 4444) to be informed by Medical Centre/Supervising staff member if student is requiring emergency assistance.
- Online accident form to be filled in by the staff member who was present at the time of injury.
- Medical Centre to inform Head of PE, Head of Houses and Tutors or any resulting diagnosis and to inform of start of a *Graduated Return to Activity (education / work) and Sport* programme (see Appendix 4).
- Medical centre staff to add students name to Return To Play Register.xlsx in medical centre shared folder if concussion is diagnosed (share this information with PE department and house staff).
- All staff to help support student if a *Graduated return to Activity (education / work) and Sport* programme has been implemented, including review at 2 weeks (Appendices 4 and 6).
- Pain relief to be given as necessary to alleviate symptoms during period of recovery.

7. TOOLS FOR ASSESSING CONCUSSION

For staff present at the time of injury
As already mentioned in Section 6 of this Policy, tools such as the Concussion Recognition Tootl (Pocket CRT) can be used by first aiders and registered healthcare professionals (Nurses, Paramedics, Doctors) to help aid the assessment of the head injury.

The Concussion Recognition Tool can be found at: The Concussion Recognition Tool 6 (CRT6), and a quick access version can be seen in Appendix 1 (Concussion Consensus Group, 2023).

Tools for registered healthcare professionals

- A careful history is VITAL to establish the mechanism of injury. This must be taken from either the child or staff/ parent present at the time of injury.
- Concussion checklist should be completed by the Nurse performing the initial assessment and repeated according to need (see Appendix 2).
- Observations, including neurological observations, should be taken and recorded using the Wymondham College Observation Chart and Glasgow Coma Scale (GCS) documented, using the form in Appendix 3.
    - **A GCS of less than 15 is abnormal and considered a red flag requiring urgent medical advice and assessment.**
- The Sport Concussion Assessment Tool (SCAT6) can be used as a guide to help identify a concussion. It has been developed to provide consistency of diagnosis.

SCAT6 is for age 13 years and older:
SCAT6-v7.pdf (wpengine.com)
Child SCAT is for age 8-12 years:
Child-SCAT6-v5.pdf (wpengine.com).

8. OBSERVATION PROTOCOL

Day pupils: Must be assessed by a trained first aider and Medical Centre Nurse and communicate with parent/guardian promptly so that the student can be collected by a parent/guardian and monitored at home.

Boarders: Contact with the parents/guardians early is essential. Boarding students with suspected or diagnosed concussion should ideally be collected by parent/guardian and observed at home for the first 24-48 hours post injury. If the student is unable to return home for this supervision, they are to remain in the medical centre for at least 24 hours, managed as follows:

- Overnight observations every 2–3 hours using a standard head injury checklist and neurological observation chart (Appendices 2 and 3).
- Any deterioration triggers emergency medical escalation.
- On return to boarding, House staff must be briefed on symptoms to monitor and provided with clear guidance on symptoms to monitor for, and when and how to escalate and manage students with head injuries.
- If the medical centre is closed, contact Senior Leadership Team (ext: 4444) for support in arranging student to be collected by parent/guardian as unsuitable to board.

9. PARENTAL AND GUARDIAN NOTIFICATION

- Parents/guardians will be informed of any moderate or severe head injury **at the earliest opportunity**.
- Minor injuries will be communicated the same day via telephone and followed up with an email summary.

- For boarders, updates will be provided through the Houseparent and Medical Centre.
- Students should be given head injury information leaflet prior to leaving the medical centre, and safety netting advice and guidance should be provided by the Nurse (Head injury leaflet shown in Appendix 5).

10. GRADUATED RETURN TO ACTIVITY (EDUCATION/WORK) AND SPORTS

Students with suspected or confirmed concussion must follow the Graduated Return to Activity and Sports Programme shown in Appendix 4 of this policy, with further detail provided in the Wymondham College Standard Operating Procedure: Graduated Return to Activity and Sport.

Measures and reviews that will be required fur students include:

- Reduced screen time, homework, and classroom expectations.
- Modified physical activity and rest periods.
    - A minimum **two-week** break from contact sports, even for mild concussion.
    - Stepwise return supervised by the College Nurse or a GP, with review at 2 weeks according to GRAS guidance (Appendices 4 and 6).
- Full medical clearance is required before resuming contact sports or physically demanding activities.

11. STAFF ROLES AND RESPONSIBILITIES

- **All staff**: Must report and escalate any suspected head injury.
- **College Nurse**: Leads medical assessment, monitoring, and documentation.
- **Houseparent's and boarding staff**: Responsible for overnight care and monitoring of boarders.
- **PE staff/coaches**: Must follow sports-specific protocols and remove athletes with suspected concussion immediately **If in doubt, sit them out!**

12. DOCUMENTATION

All incidents are recorded in:

- The College's medical records system (Medical Tracker)
- A Head Injury Log for ongoing audit.
- Safeguarding records to be completed and concerns escalated if relevant.
- Students' observations should be recorded on individual Neurological Observation chart (See appendix 3).
- GRAS head injury spreadsheet stored on Wymondham College Medical Centre shared documents file, should be accordingly.
- Copies of monitoring checklists and parent communications are retained for inspection.
- Head injury information leaflet and ACORN information leaflets given to student/parent/guardian (Appendix 5). Printable concussion leaflet available from: ACORN-Blank-Template.pdf.

13. TRAINING AND AWARENESS

All staff receive annual training on:

- Recognising signs of head injury/concussion.
- Basic first aid and escalation procedures.
- Using the observation checklist and reporting requirements.
- Sports coaches receive additional concussion recognition and management training.
- Educational materials are available for students and parents.

14. REVIEW OF POLICY

The Head Injury Policy is reviewed annually by the Health and Safety Committee in consultation with the Medical Centre and Safeguarding Lead.

Immediate review occurs following a serious incident or changes in national guidance (e.g. NICE, DfE, or UK Concussion Guidelines).

RESOURCES:

National Institute for Health and Care Excellence (2023) *Head injury: assessment and early management. NICE Guideline: NG 232.* Online. Available at: Overview | Head injury: assessment and early management | Guidance | NICE

Headway (2025) *Mild head injury and concussion.* Online. Available at: Mild head injury and concussion | Headway. [Accessed on 20/05/2025].

UK Government (2024) *The UK Concussion Guidelines for Non-Elite (Grassroots) Sports.* Online. Available At: uk-concussion-guidelines-for-grassroots-non-elite-sport---november-2024-update-061124084139.pdf

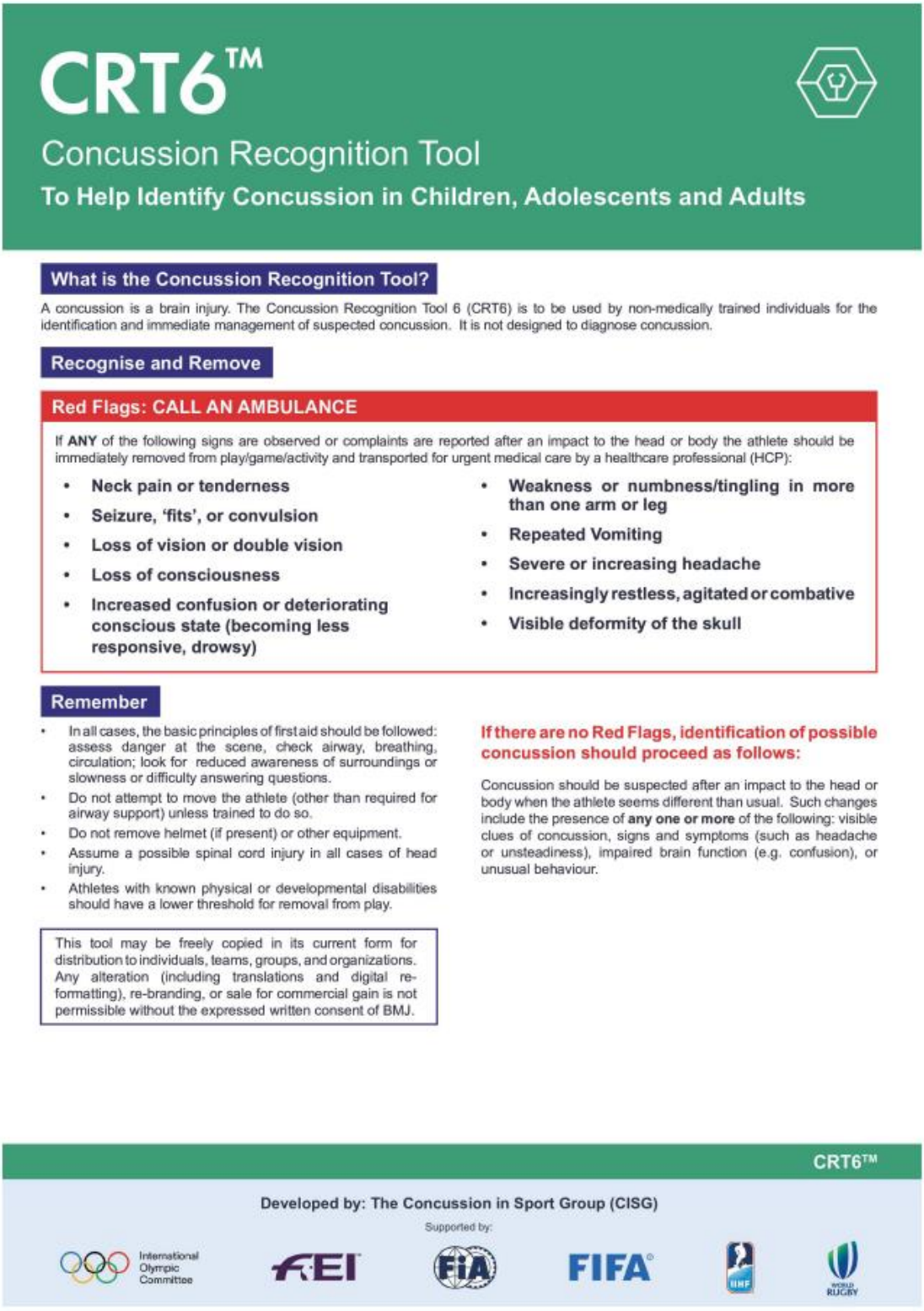
Child Brain Injury Trust (2017) Concussion. Online. Available at: Concussion.pdf (childbraininjurytrust.org.uk)

Printable Concussion Sheet (After Concussion, Return to normality)

ACORN-Blank-Template.pdf (childbraininjurytrust.org.uk)

APPENDIX 1:

Available from: The Concussion Recognition Tool 6 (CRT6)



CRT6™

Concussion Recognition Tool

To Help Identify Concussion in Children, Adolescents and Adults

What is the Concussion Recognition Tool?

A concussion is a brain injury. The Concussion Recognition Tool 6 (CRT6) is to be used by non-medically trained individuals for the identification and immediate management of suspected concussion. It is not designed to diagnose concussion.

Recognise and Remove

Red Flags: CALL AN AMBULANCE

If **ANY** of the following signs are observed or complaints are reported after an impact to the head or body the athlete should be immediately removed from play/game/activity and transported for urgent medical care by a healthcare professional (HCP):

- **Neck pain or tenderness**
- **Seizure, 'fits', or convulsion**
- **Loss of vision or double vision**
- **Loss of consciousness**
- **Increased confusion or deteriorating conscious state (becoming less responsive, drowsy)**
- **Weakness or numbness/tingling in more than one arm or leg**
- **Repeated Vomiting**
- **Severe or increasing headache**
- **Increasingly restless, agitated or combative**
- **Visible deformity of the skull**

Remember

- In all cases, the basic principles of first aid should be followed: assess danger at the scene, check airway, breathing, circulation; look for reduced awareness of surroundings or slowness or difficulty answering questions.
- Do not attempt to move the athlete (other than required for airway support) unless trained to do so.
- Do not remove helmet (if present) or other equipment.
- Assume a possible spinal cord injury in all cases of head injury.
- Athletes with known physical or developmental disabilities should have a lower threshold for removal from play.

If there are no Red Flags, identification of possible concussion should proceed as follows:

Concussion should be suspected after an impact to the head or body when the athlete seems different than usual. Such changes include the presence of **any one or more** of the following: visible clues of concussion, signs and symptoms (such as headache or unsteadiness), impaired brain function (e.g. confusion), or unusual behaviour.

CRT6™

Developed by: The Concussion in Sport Group (CISG)

Supported by:

International Olympic Committee · FEI · FIA · FIFA · UNF · World Rugby

Concussion Recognition Tool 6 - CRT6™

CRT6 Concussion Recognition Tool

To Help Identify Concussion in Children, Adolescents and Adults

1: Visible Clues of Suspected Concussion

Visible clues that suggest concussion include:

- Loss of consciousness or responsiveness
- Lying motionless on the playing surface
- Falling unprotected to the playing surface
- Disorientation or confusion, staring or limited responsiveness, or an inability to respond appropriately to questions
- Dazed, blank, or vacant look
- Seizure, fits, or convulsions
- Slow to get up after a direct or indirect hit to the head
- Unsteady on feet / balance problems or falling over / poor coordination / wobbly
- Facial injury

2: Symptoms of Suspected Concussion

Physical Symptoms
Headache
"Pressure in head"
Balance problems
Nausea or vomiting
Drowsiness
Dizziness
Blurred vision
More sensitive to light
More sensitive to noise
Fatigue or low energy
"Don't feel right"
Neck Pain

Changes in Emotions
More emotional
More Irritable
Sadness
Nervous or anxious

Changes in Thinking
Difficulty concentrating
Difficulty remembering
Feeling slowed down
Feeling like "in a fog"

Remember, symptoms may develop over minutes or hours following a head injury.

3: Awareness

(Modify each question appropriately for each sport and age of athlete)

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

"Where are we today?"

"What event were you doing?"

"Who scored last in this game?"

"What team did you play last week/game?"

"Did your team win the last game?"

Any athlete with a suspected concussion should be - IMMEDIATELY REMOVED FROM PRACTICE OR PLAY and should NOT RETURN TO ANY ACTIVITY WITH RISK OF HEAD CONTACT, FALL OR COLLISION, including SPORT ACTIVITY until ASSESSED MEDICALLY, even if the symptoms resolve.

Athletes with suspected concussion should **NOT**:

- Be left alone initially (at least for the first 3 hours). Worsening of symptoms should lead to immediate medical attention.
- Be sent home by themselves. They need to be with a responsible adult.
- Drink alcohol, use recreational drugs or drugs not prescribed by their HCP
- Drive a motor vehicle until cleared to do so by a healthcare professional

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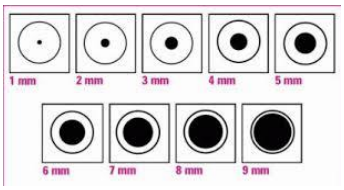
Echemendia RJ, *et al*. *Br J Sports Med* June 2023 Vol 57 No 11

APPENDIX 2:

Student Name: **DOB:** **House:**

		DATE: Time											
EYES OPEN	4	SPONTANEOUS											
	3	TO SPEECH											
	2	TO PAIN											
	1	NONE											
BEST VERBAL RESPONSE	5	ORIENTATED											
	4	CONFUSED											
	3	INAPPROPRIATE											
	2	INCOMPREHENSIBLE SOUNDS											
	1	NONE											
BEST MOTOR RESPONSE	6	OBEYS COMMAND											
	5	LOCALISES PAIN											
	4	WITHDRAWAL TO PAIN											
	3	FLEXION TO PAIN											
	2	EXTENSION TO PAIN											
	1	NONE											
		TOTAL SCORE											
PUPIL SCALE													
PUPILS	**RIGHT**	SIZE											
		REACTION											
	LEFT	SIZE											
		REACTION											
ARMS		NORMAL POWER											
		MILD WEAKNESS											
		SEVERE WEAKNESS											
		FLEXION TO PAIN											
		EXTENSION											
		NO RESPONSE											
LEGS		NORMAL POWER											
		MILD WEAKNESS											
		SEVERE WEAKNESS											
		FLEXION TO PAIN											
		EXTENSION											
		NO RESPONSE											
Nurse initials													

APPENDIX 3:

Concussion Signs and Symptoms Checklist

(Medical Centre use)

Student name: **DOB:**
Date of injury: **Time of injury:**

Place a TICK in any boxes that apply. Observe pupil for at least 30 minutes.

Observed Signs	0min	15min	30min	60min	90min		
Appears dazed or stunned							
Increasingly confused about events							
Repeats questions							
Answers questions slowly							
Can't recall events after injury							
Loses consciousness (even briefly)							
Shows behaviour or personality changes							
Any seizure/ convulsion							
Physical Symptoms							
GCS score less than 15							
Severe headache that's increasing							
Presence of any neck pain							
'Pressure' in head							
Nausea or increased vomiting							
Balance problems or dizziness							
Feeling tired							
Blurry or double vision							
Sensitivity to light or noise							
Numbness, tingling or weakness							
Does not 'feel right'							
Headache							
Cognitive Symptoms							
Difficulty thinking clearly							
Difficulty concentrating							
Difficulty remembering							
Feeling sluggish, hazy or foggy.							
Emotional Symptoms							
Irritable (or increasing irritability)							
Sad							
More emotional than usual							
Nervous							

One or more of the above signs or symptoms indicates a concussion.

PLEASE call 999 immediately if any RED FLAGS are noted.

Please tick the outcome following assessment and observation in Medical Centre:

- ❑ Back to school
- ❑ Home
- ❑ Medical centre
- ❑ Referral to A&E

Checklist:

- ❑ PE emailed
- ❑ House staff emailed
- ❑ Parents emailed and sent copy of Graduated Return to Activity and Sport (GRAS) programme (See SOP for graduated return to activity and sport).
- ❑ Student and parent/guardian given copy of head injury advice and concussion advice (ACORN) leaflets
- ❑ Follow up appointment made for 2 weeks' time:
    - Date of FU appointment:

Name of Clinician/Nurse and sign:

APPENDIX 4: GRADUATED RETURN TO ACTIVITY (EDUCATION/WORK) AND SPORT PROGRAMME

Stage	PE	Activities (see note 1)	Education	Progression to next stage	Comments
Stage 1 24-48 hours	None	No activities. No driving a vehicle. No physical exercise	No attendance at school	Parent has confirmed fitness to progress or boarder assessed by Medical Centre	Monitoring if student returns to site post A&E. Student to remain restricted to Medical Centre or Day house. Advice to parents is no return for 48 hours minimum.
Stage 2 Day 3-7	None	No activities. No school trips. Light physical exercise (note 2)	Gradual return to schoolwork while at home or in boarding house	Parent has confirmed fitness to progress or boarder assessed by Head of House.	Monitoring if at school by boarding house staff. Consultation with Medical centre if any symptoms.
Stage 3 Day3-7	None	No activities. No school trips. Progress light physical exercise (note 3)	Possible reduced timetable and/or extended breaks during day	Parent has confirmed fitness to progress or Boarder assessed by Head of House.	Monitoring when at school. Consultation with Medical centre if any symptoms.
Stage 4 8 days onwards	None	No activities No school trips. Progress light physical exercise (note 4)	Return to full school education	At 14 days- health check by Medical Centre.	Monitoring when at school
Stage 5 15 days onwards	None	Light physical exercise subject to note 5 Activities allowed subject to note 6 School trips allowed subject to note 7		Student has continued to progress with no ill health.	As day 21 approaches – Check with parents and student if symptom free for 14 days. Inform parents of intention to allow return to full sports.
Stage 6 21 days onwards	Return to normal game play	Return to full activities and school trips		Subject to 14 days clear of symptoms	The day of the concussion is day 0. This is therefore day zero plus 21.
If symptoms continue beyond 28 days-student to remain out of sport and medical advice be sought from a GP					

NOTE	DESCRIPTION

1	Activities include social football, basketball, netball, cricket, weight training, swimming or any other physical activity that may result in over exertion or head impact. Clubs involving activity such as water sports, horse riding and skiing.
2	Light physical exercise restricted to walking and normal routine movement across the site.
3	Progress to light aerobic activity such as jogging or low-level body resistance work.
4	Progress self-directed exercise such as running, spinning bike, low level body resistance work.
5	Progress to exercise that may involve contact but only where close supervision and 1:1 by qualified coach is available.
6	Return to activities but where these may involve head impact there must be close supervision by a qualified coach for the sport or activity.
7	Attendance allowed but subject to an assessment by the Trip Leader of the suitability of the trip in relation to any activities, travel distance and any residential aspect.

FAQS

1. Is 'suspected concussion' to be regarded as actual concussion? *Answer - yes*.
2. During the GRTP when can activities such as lunch time social football be played? *Answer-only after day 14, a satisfactory health check by the Medical Centre and with a qualified coach being present to give close 1:1 supervision.*
3. How can a Head of House make a medical assessment at stages 2 and 3? *Answer- this is not a medical assessment as such. It is an assessment made based on how the student is and has been feeling and any indications of ill health and particularly no red flags observed by matrons or other boarding house staff.*
4. I'm not a first aider, what are the signs and symptoms to look for? *Answer-these are described in the Medical Centre policy. You do not have to be a first aider to spot a health concern.*
5. What does monitoring mean at stages 1-4? *Answer- Monitoring by staff does not include overnight routine checks. If it was felt this was needed due to the condition of a student, they should not be at school. If their condition deteriorated to the extent, it was felt this was needed, a 999 call for an ambulance should be made. Monitoring means a routine welfare checks typically first thing in the morning, lunchtime and for boarders last thing before bed. This is a minimum routine and does not have to be recorded other than when the student is being cared for in the Medical Centre.*
6. For day students will the Medical Centre provide a day 14 check? *Answer- yes, but if the parents have had a doctor confirm the student is fit to progress, this will be accepted (email confirmation required from parents).*

APPENDIX 5:

Head Injury

You have sustained a head injury and following a thorough examination you are considered fit to be sent home. We have checked your symptoms and you seem well on the road to recovery.

When you get home it is unlikely that you will have any further problems. Most head injuries do not lead to serious complications.

You may feel some of the following symptoms over the next few days which should ease over the next 2 weeks:

- A slight headache.
- *You may take a simple painkiller such as paracetamol*
- Feeling a bit "off colour"
- Feeling sick without vomiting
- Dizziness
- Irritability or bad temper
- Problems concentrating or memory problems
- Tiredness
- Lack of appetite
- Problems sleeping

If you feel concerned about any of these symptoms in the first few days after the injury, you should see your own doctor or revisit the medical centre (boarders)

If any of the following symptoms return or occur we advise that you seek medical assistance either from your doctor, the medical centre or the nearest Accident and Emergency Department without delay:

- Blurred/double vision, or any other new problem with your eyesight
- Severe, persistent headache that won't go away
- Vomiting more than twice
- Lack of co-ordination, or problems with your balance
- Excessive drowsiness (or difficulty in walking)
- Any confusion (not knowing where you are, getting things muddled up)
- Unconsciousness or lack of full consciousness
- Any fits (collapsing or passing out)
- Severe pain down the back of the neck which doesn't improve with painkillers
- Bleeding or new deafness in one or both ears

The nearest A&E is at NNUH.

Contact number: 01603 287325

Minor Head Injuries

Students Name:

_____

Date of Injury

Time of Injury

Injury description (continue overleaf if needed):

Tick as appropriate

- **Day student**
- **Boarder**
- **Visitor**

Signature of First Aider:

_____

First Aider Name:

_____

WYMONDHAM COLLEGE

Head Injury

Advice Sheet

Must be signed for by parent/guardian

After Concussion, Return to Normality (ACoRN)

Expected signs of concussion

- Headache
- Fatigue
- Feeling sick
- Poor concentration
- Poor balance/coordination
- Sensitvity to light or noise

Please give regular pain relief for the next 24 hours and consider giving for up to 1 week. (For doses follow guidance on medicine packaging).

The traffic light system below gives a step by step guide on how to manage the expected signs of concussion detailed below.

- You can move forward to the next stage when you have been symptom free for 24 hours.
- If symptoms re-appear then please move back to the previous stage to help relieve symptoms.
- If symptoms become worse at any point, then please contact either your GP, NHS24 (111) or, if urgent care required, call 999.
- If you still have symptoms after 2 weeks, please see your own GP

For return to sport, we recommend a minimum of 2 weeks rest. You can access this guidance from "**If in doubt, sit them out**" (Or scan the QR code).

STOP and rest both body and mind

OK to try

- Board games
- Short telephone conversations
- Light crafts

Not yet

- No screen time (TV, computer games, mobile phones, tablets etc)
- No school
- No sports/physical play
- No reading

If no concussion signs for 24 hours, then please move to the amber stage

REST, but preparing to move

OK to try

- Light reading
- Limited TV
- Short visits from friends
- 30 mins of school work
- short walks

Not yet

- No school yet
- Avoid computers and computer games
- No sports/physical play

If no concussion signs for 24 hours, then please move to the green stage. If signs return, go back to previous stage.

RETURNING to normal learning activities

OK to try

- Phased return to school (perhaps half days or 3-5 days attendance as tolerated
- Phased return to homework: beginning at 30 mins and increasing

Not yet

- No sports/physical play for 2 weeks post injury
- No tests/exams until full phased transition back to education
- No technical subjects (Home Economics/Technical/Science) for 2 weeks

Discuss with your child and agree when phased return to normality is completed. If this is taking more than two weeks, please see your own GP.

Review date: July 2020

315092 v1.0

WYMONDHAM COLLEGE PREP SCHOOL

WYMONDHAM COLLEGE

Information for parents and guardians after a Head Injury

Following a head injury an adult should supervise your child for the next 24 hours. They should also receive regular pain relief (for example, Paracetamol). If you are concerned that they are developing a problem, please telephone this Emergency Department and, if necessary, bring them back to hospital.

The signs that you should look out for are:

- If your child becomes unusually sleepy or is hard to wake up
- Headache all the time, which painkillers don't help.
- Repeated vomiting
- Weakness of arms or legs, e.g. unable to hold things
- Difficulty in seeing, walking, or acts clumsy and uncoordinated.
- Confusion (not knowing where they are, getting things muddled up).
- Fluid or blood coming from ear or nose.
- Fits (convulsions or seizures)
- Any other abnormal behaviour.

Allow your child to sleep as normal. We would encourage you to check on them a couple of times overnight to check:

- Do they appear to be breathing normally?
- Are they sleeping in a normal posture?
- Do they make the expected response when you rouse them gently? (E.g. pulling up sheets, cuddling teddy-bear)
- If you cannot satisfy yourself that your child is sleeping normally, then waken them fully to check.

If you have any concerns about any of the above please contact the Emergency Department.

The vast majority of children who receive this advice leaflet will not develop signs of concussion. However, if signs of concussion are apparent after the first 24 hours, please use the guidance overleaf.

For further advice, information and support around Childhood Acquired Brain Injury, please also contact the **Child Brain Injury Trust online at childbraininjurytrust.org.uk or via email: info@cbituk.org**

APPENDIX 6:

Graduated Return to Activity and Sport (GRAS) Programme
2 Week Check – In

Student to be assessed by a Nurse in the medical centre and the following to be checked;

- ○ Is the student remaining symptom free?
- ○ Is the student managing to do all schoolwork and normal daily life without triggering head injury symptoms?
- ○ Does the student know what secondary concussion is and that it remains a risk?
- ○ Does the student acknowledge and agree to the guidance as set out in GRAS programme for week 3?
- ○ Does the student have a copy of the guidance for week 3?
- ○ Has parents and house staff been emailed a reminder of the guidance for week 3?

Graduated Return to Activity and Sport (GRAS) Programme
2 Week Check – In

NAME:
DATE OF CONCUSSION:

You are deemed fit to commence the third week of your concussion recovery programme.
You are required to still do the following for **1 more week:**

- Partake in no PE lessons.
- Avoid **all** activities that has a risk of head injury in Wymondham Life/ your own leisure time. This includes activities such as football, rugby, horse riding, skateboarding, skiing, boxing, trampolining, jumping from any height, play-fighting.
- Avoid all competitive sports outside of school i.e. at external clubs.

You can be involved in non-contact sports/exercise such as jogging, supervised gym/weight training, walking.
If any symptoms of concussion reoccur you are required to return to light physical exercise such as walking only and be reassessed by medical centre Nurse.

DATE OF COMPLETION OF GRAS PROGRAMME: