Head Injury Policy

St Michael's Easthampstead CE Primary School

At St Michael's we are a community of active learners who **go above and beyond** in everything we do, equipping ourselves to make a difference in our own lives and in the lives of others.

Policy Name	Head Injury Policy
Brief Description:	Sets out the school's procedures for responding to, assessing and managing head injuries, including when to seek emergency medical attention and how to support pupils' safe return to learning and physical activity.
Status: Statutory/non-statutory	Non- Statutory *(The policy is non-statutory but contains statutory responsibilities schools must follow)*
Other related policies and procedures:	Child Protection and Safeguarding Policy First Aid Policy Health and Safety Policy Supporting Pupils with Medical Conditions Policy Behaviour Policy Educational Visits Policy Sports / PE Policy Accident Reporting Procedures
Approval level: HT/Governors/FGB	FGB
Approved by the Governing Board on:	23/3/2026
Frequency to be reviewed	Annually
Latest Date for Next Review:	23/3/2027
Version + Schedule of Amendments:	1
Signed:	Shaun Riordan
Position:	Headteacher
Date of Signature:	23/3/2026

1. Introduction

St Michael's Easthampstead's Head injury Policy has been written in accordance with NICE clinical guideline, Overview | Head injury: assessment and early management | Guidance | NICE, NHS Head Injury and concussion guidelines, Head injury and concussion - NHS, and the NHS Healthier together advice leaflet Head Injury | Accidents and Injuries | Healthier Together. Any head injury resulting from an intentional act will be treated as a safeguarding concern and managed in line with the Child Protection and Safeguarding Policy. All staff must report head injuries immediately to a first aider and record incidents in line with school procedures.

2. Background

Head injury is defined as any trauma to the head other than superficial injuries to the face. Head injury is the commonest cause of death and disability in people aged 1–40 years in the UK. Each year, 1.4 million people attend emergency departments in England and Wales with a recent head injury. Between 33% and 50% of these are children aged less than 15 years.

Head injuries sustained during all sports and because of an incident. They can be extremely difficult to assess – the vast majority are minor and result in minimal significance. It is not necessary to lose consciousness to sustain neurological damage or concussion following a blow to the head.

The risk of neurological damage is dependent on the velocity and the force of the impact, the part of the head involved in the impact and any pre-existing medical conditions. Symptoms may not necessarily develop for some hours, or even days, after the head injury, and in rare cases develop weeks afterwards.

Whilst an initial concussion is unlikely to cause permanent damage, a repeat injury to the head soon after a prior, unresolved concussion can have serious implications. The subsequent head injury does not need to be severe to have permanently disabling or deadly effects.

3. Procedure

All head injuries incurred during term-time on site will be referred to a first aider for initial assessment unless the casualty requires immediate hospitalisation.

Even if a pupil considers themselves to be fit or uninjured, they will automatically be placed off games/PE/sport etc. until seen by a first aider or a medical practitioner. In such cases, written evidence may be required if the pupil is assessed by someone other than the school. Pupils who have sustained concussion type injury may be excluded from all sport/ PE/ games/ play equipment for a minimum period following the incident with a gradual return to these activities during that period. This is dependent on advice from a medical practitioner.

If in doubt a pupil, parent or member of staff should discuss their concerns with a first aider and/ or seek professional medical advice. Parents will be informed of all head injuries on the same day.

If a pupil hits their head:

1. Inform first aider immediately
2. Assess
3. Decide: monitor / call parents / A&E / 999
4. Record incident
5. Provide head injury advice

Call 999 if:

Someone has hit their head and has:

- Been knocked out and has not woken up
- Difficulty staying awake or keeping their eyes open
- A fit (seizure)
- Fallen from a height more than 1 metre or 5 stairs
- Problems with their vision or hearing
- A black eye without direct injury to the eye
- Clear fluid coming from their ears or nose
- Bleeding from their ears or bruising behind their ears
- Numbness or weakness in part of their body
- Problems with walking, balance, understanding, speaking or writing
- Hit their head at speed, such as in a car crash, being hit by a car or bike or a diving accident
- A head wound with something inside it or a dent to the head

Also call 999 if you cannot get someone to A&E safely.

Also call 999 if you cannot get someone to A&E safely.

Advise To Go to A&E if:

You or your child have had a head injury and:

- have a bruise, swelling or cut that's larger than 5cm on their head
- you have an open wound on your head
- you've been knocked out but have now woken up
- you've vomited (been sick) since the injury
- you have a headache that does not go away
- you notice a change in behaviour, like being more irritable, losing interest in things around you or being easily distracted (especially in children under 5)
- your child has been crying more than usual (especially in babies and young children)
- you have problems with memory
- you've been drinking alcohol or taking drugs just before the injury
- you have a blood clotting disorder (like haemophilia) or you take medicine to help prevent blood clots
- you've had brain surgery in the past
- Symptoms sometimes do not appear until a few days or weeks later
- Also go to A&E if you think someone has been injured intentionally.

The Casualty will be closely observed by a first aider. The Level of responsiveness will be monitored by a trained first aider who may use the Glasgow Coma Scale as guidance only. Staff may then refer the Casualty as outlined below.

<u>Criteria for referral to a hospital emergency department by the First aider / designated first aid lead / school office / DSL etc.:</u>

- GCS less than 15 on initial assessment
- Any loss of consciousness because of the injury
- Any focal neurological deficit since the injury (examples include problems understanding, speaking, reading, or writing; decreased sensation; loss of balance; general weakness; visual changes; abnormal reflexes; and problems walking)
- Any suspicion of a skull fracture or penetrating head injury since the injury (for example, clear fluid running from the ears or nose, black eye with no associated damage around the eyes, bleeding from one or both ears, new deafness in one or both ears, bruising behind one or both ears, penetrating injury signs, visible trauma to the scalp or skull of concern to the professional)
- Amnesia for events before or after the injury. The assessment of amnesia will not be possible in pre-verbal children and is unlikely to be possible in any child aged under 5 years
- Persistent headache since the injury
- Any vomiting episodes since the injury
- Any seizure since the injury
- Any previous cranial neurosurgical interventions.
- A high-energy head injury (for example, pedestrian struck by motor vehicle, occupant ejected from motor vehicle, fall from a height of greater than 1 m or more than five stairs, diving accident, high-speed motor vehicle collision, rollover motor accident, accident involving motorized recreational vehicles, bicycle collision, or any other potentially high-energy mechanism)
- History of bleeding or clotting disorder

All those with head injury considered well enough to return home or back to class will be given advice outlining when medical advice should be sought (see appendix 1), and sign posted to the NHS Head injury and concussion online advice Head injury and concussion - NHS, Head Injury | Accidents and Injuries | Healthier Together. If necessary, anyone sustaining a head injury should not be allowed to drive themselves or travel home unaccompanied by either school or public transport, and alternate arrangements must be made. The next of kin/parents/parents/carers will be contacted and notified accordingly by the school office. All head injuries must be recorded on an Accident/Incident Form or on Meditracker and the First aider/designated first aid lead should be informed.

Regular Health & Safety audits ensure the school environment is inspected to minimise the risks for sustaining head injuries.

4. Return to school following a head injury

It is not unusual for symptoms to persist for several days or weeks after the event. Therefore, returning to school following a head injury may be dependent on special concessions for the pupil regarding academic and sport exemptions being put into place. These would be agreed with the medical practitioner, parents, and the school.

If appropriate, the First aider/designated first aid lead/school office /DSL etc. will advise the relevant staff of any adjustments that a specific pupil needs following a head injury.

Staff should be aware that the symptoms of concussion can include any of the following:

- Headache
- Hearing problems/tinnitus
- Nausea and vomiting
- Memory problems
- Disorientation
- Visual problems
- Problems with balance and dizziness
- Fatigue and drowsiness
- Sensitivity to light and noise
- Numbness or tingling sensation
- Feeling slowed down or mentally foggy
- Slowness in following instructions or answering questions
- Impaired balance and poor hand-eye coordination
- Poor concentration
- Slurred speech
- Vacant stare
- Unsteady and shaky mobility
- Loss of insight
- Loss of consciousness
- Seizures or convulsions
- Sleeping difficulties
- Problems with waking up
- Appearing confused and disorientated
- Loss of consciousness
- Slurred speech
- Experiences of weakness or numbness in a part of the body

- Inappropriate emotions such as irritability or crying

5. Managing a head injury during sport/ PE

Appropriately trained First Aiders are on site during all matches and training sessions. All staff and coaches are to adhere to guidelines, such as those set out by World Rugby as best practice, to ensure that concussion is managed effectively (see appendix 2): -

- Concussion must be taken extremely seriously to safeguard the long-term welfare of pupils.
- Pupils suspected of having concussion must be removed from play and must not resume play in the match/ PE lessons. A suspected concussion will result in immediate removal from activity and a graduated return to learning and sport, in line with current medical guidance.
- Pupils suspected of having concussion must be medically assessed.
- Pupils suspected of having concussion or diagnosed with concussion must go through a graduated return to play protocol (GRTP).
- Pupils must receive medical clearance before returning to play.
- Pupils suspected of concussion must not return to sport on the same day.

6. Returning to sport/ PE after a head injury

Whilst an initial concussion may not cause permanent damage, a repeat injury to the head soon after the prior unresolved concussion can have profound consequences. A subsequent injury does not have to be severe to have permanently disabling or deadly effects.

World Rugby states:

"Whilst the guidelines apply to all age groups particular care needs to be taken with children and adolescents due to the potential dangers associated with concussion in the developing brain. Children under ten years of age may display different concussion symptoms and should be assessed by a Medical Practitioner using diagnostic tools. As for adults, children (under 10 years) and adolescents (10 – 18 years) with suspected concussion MUST be referred to a Medical Practitioner immediately. Additionally, they may need specialist medical assessment. The Medical Practitioner responsible for the child's or adolescent's treatment will advise on the return to play process, however, a more conservative GRTP approach is recommended. It is appropriate to extend the amount of time of asymptomatic rest and /or the length of the graded exertion in children and adolescents.

Children and adolescents must not return to play without clearance from a Medical Practitioner."

Even if a pupil considers themselves to be fit or uninjured, they will be automatically placed off games until seen by a medical practitioner. In such cases, written evidence may be required.

Any pupil sustaining a concussion type injury may be excluded from all contact sports and/or PE for a minimum of two weeks, with a gradual return to sporting activity during that period. This is dependent on the advice of the examining Medical Practitioner.

7. Measures to reduce risk of Head Injury/Concussion

Staff are encouraged to take the following steps to minimise the risk of any potential head injuries:

- Pupils should be healthy and fit for sport
- Pupils are taught safe playing techniques and encouraged to follow rules of play

- Pupils should display sportsman like conduct at all times and maintain respect for both opponents and fellow team members equally
- Pupils always wear the right equipment such as scrumcaps, shin-pads, and mouth guards
- Equipment should be in good condition and worn/ used correctly
- Inform and reinforce to the players the dangers and consequences of playing whilst injured or with suspected concussion
- Qualified first aiders are present at all matches and practices, in accordance with the first aid policy, and can summon immediate medical assistance
- All coaching staff and teaching staff can recognise signs and symptoms of concussion, and are vigilant in monitoring players accordingly
- Accident/Incident forms/ Meditracker completed promptly and with sufficient detail
- Every concussion is taken seriously
- Advice from the presiding medical officer is strictly adhered to
- Ensure that athletes are taught safe playing techniques and encouraged to follow rules of play
- Ensure that players are healthy enough to participate and have undergone medical evaluation.

8. Neck injury

If a neck injury is suspected, the child should only be moved by emergency healthcare professionals with appropriate spinal care training.

9. Early Years Foundation Stage (EYFS)

Procedure on-site:

We will follow a similar process as per the rest of the school. A member of the senior management team/ early years lead will be called to make the initial assessment and if deemed necessary First aider /designated first aid lead/school office/DSL will also make a further assessment. Where necessary the First aider/designated first aid lead will attend the child providing appropriate clinical assessment and care. If the child requires immediate medical attention due to a life-threatening injury an ambulance will be called. The First aider/designated first aid lead will advise accordingly to the procedure to follow.

Procedure off-site:

Parents will be notified when a pupil sustains a head injury, no matter how minor. If off-site, paediatric first aid trained staff will be responsible for the assessment or treatment of the injured child and/or the hosting location's first aid team. Please follow the below procedure with regards to informing the parents and calling ambulance.

Severe Head injury (refer to pg. 4)

- Call an ambulance immediately
- Remain with child until professional help arrives – do not leave child unattended
- Inform the school office who will call parents
- Accompany child to hospital with ambulance – remain with child until parents arrive

Minor Head injury

- Child should be assessed and treated by a paediatric first aider

- Parents should be called where possible to advise of the injury and to collect if necessary.
- The information regarding the Head injury must be put on Meditracker for parents to access.
- If the child remains in the setting monitoring should take place – if their condition deteriorates necessary action must be taken.

References

Healthier together advice - Head Injury | Accidents and Injuries | Healthier Together

NHS Guidelines - Head injury and concussion - NHS

NICE guidelines
Overview | Head injury: assessment and early management | Guidance | NICE

NHS > Health A-Z > Concussion
http://www.nhs.uk/Conditions/Concussion/Pages/Introduction.aspx

Rugby Football Union
HEADCASE | Rugby Football Union (englandrugby.com)

World Rugby Concussion Guidelines
Concussion Guidance | World Rugby

10. Appendix 1 -

Head Injury Reporting Form

Child Name	
Date	
Time	
Parent contacted by	
Details	

Your child sustained a Head injury today and has been monitored since the incident; we have not identified anything that caused concern up to the time of them going home. If any of these symptoms are present (particularly loss of consciousness even for a brief time), **immediately go to your local A&E or call 999 and ask for an ambulance.**

Symptoms usually start within 24 hours but may not appear for up to 2 or 3 weeks.

- Headache
- Loss of consciousness
- Nausea and vomiting
- Memory problems
- Disorientation
- Visual problems
- Problems with balance and dizziness
- Fatigue and drowsiness
- Sensitivity to light and noise
- Numbness or tingling sensation
- Feeling slowed down or mentally foggy
- Slowness in following instructions or answering questions
- Impaired balance and poor hand-eye coordination
- Poor concentration
- Slurred speech
- Vacant stare
- Unsteady and shaky mobility
- Loss of insight
- Seizures or convulsions
- Sleeping difficulties
- Problems with waking up
- Appearing confused and disorientated
- Experiences of weakness or numbness in a part of the body
- Inappropriate emotions such as irritability or crying

Links for advice

1) NHS Link Head injury
https://www.nhs.uk/conditions/head-injury-and-concussion/

2) Healthier Together Head injury advice – parents
https://www.healthiertogether.nhs.uk/young-person/head-injury

11. Appendix 2 – Meditracker Reporting Form

Dear Parent

Your child sustained a head injury at school today and has been monitored since the incident.

We have not identified anything that caused concern up to the time of them going home.

If any of the following symptoms are present, particularly loss of consciousness (even just for a short time), immediately go to your local accident and emergency (A&E) department or call 999 and ask for an ambulance.

Symptoms in a pre-verbal child

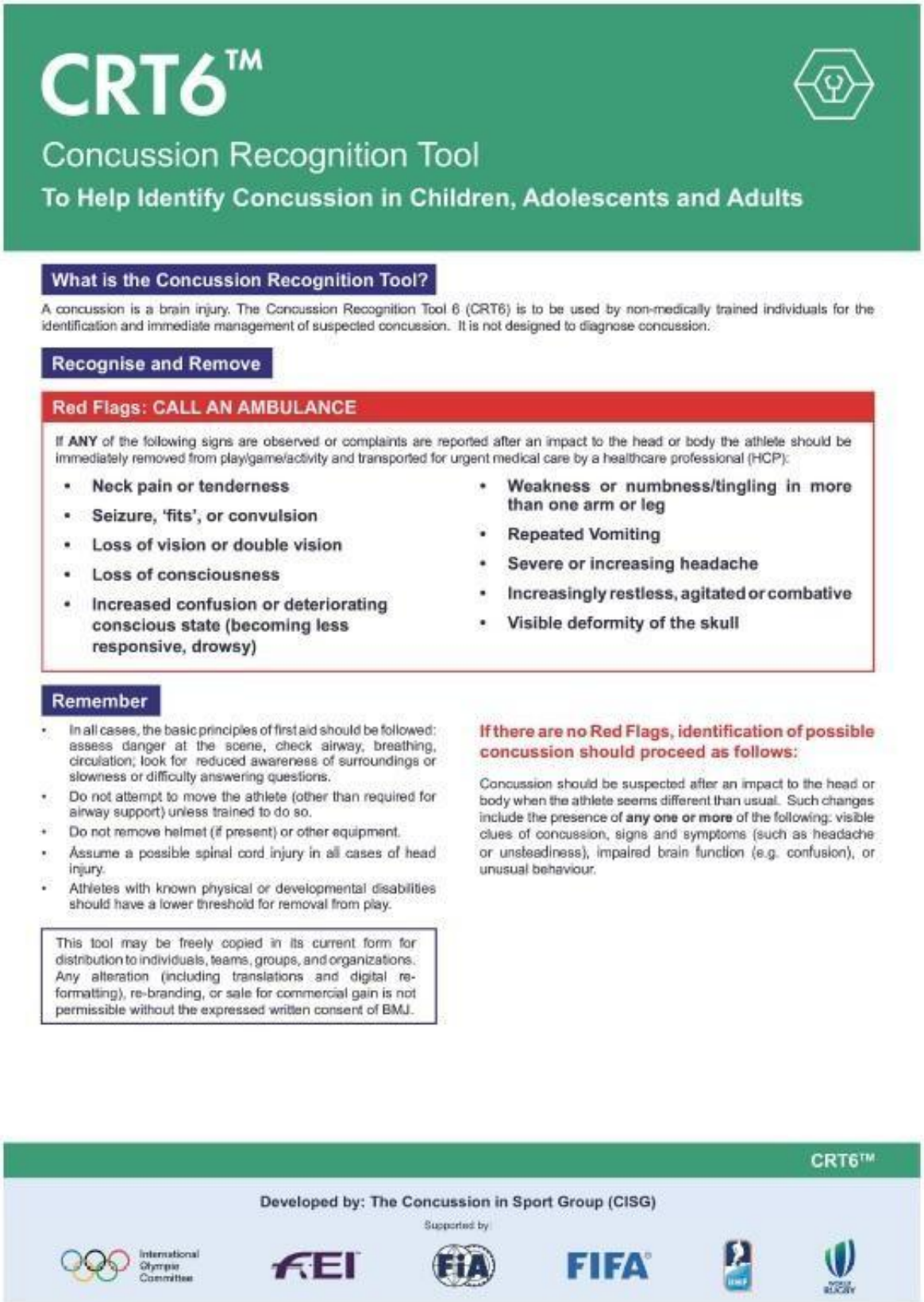
- Unconsciousness, either briefly or for a longer period
- Difficulty staying awake or still being sleepy several hours after the injury
- Bleeding from their ears or bruising behind one or both ears
- Clear fluid coming from their ears or nose
- Vomiting since the injury
- Irritability or unusual behaviour
- Having a seizure or fit (when your body suddenly moves uncontrollably)
- Numbness or weakness in part of their body

Symptoms in a verbal child

- Difficulty speaking, such as slurred speech
- Difficulty understanding what people say
- Reading or writing problems
- Balance problems or difficulty walking
- Persistent Headache
- General weakness
- Vision problems, such as blurred or double vision
- Memory loss (amnesia), such as not being able to remember what happened before or after the injury

NHS Advice links
NHS Healthier Together - https://www.healthiertogether.nhs.uk/young-person/head-injury
NHS Head Injury - https://www.nhs.uk/conditions/head-injury-and-concussion/

12. Appendix 3 – Concussion Recognition Tool



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

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?"

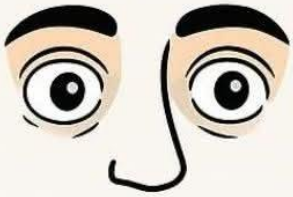
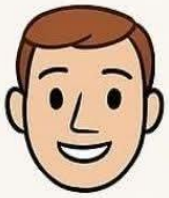
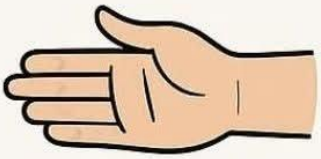
"Did your team win the last game?"

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

Glasgow coma scale

EYE OPENING		VERBAL RESPONSE		MOTOR RESPONSE	
					
Spontaneous	4	Oriented	5	Obey commands	6
To sound	3	Confused	4	Localizing	5
To pressure	2	Words	3	Normal flexion	4
None	1	Sounds	2	Abnormal flexion	3
		None	1	Extension	2

GLASGOW COMA SCALE SCORE

Mild	Moderate	Severe
13–15	9–12	3–8