

# Head Injury and Concussion Policy

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## 1. Introduction

- 1.1 The aim of this policy is to ensure that Bedford Modern School students receive the highest possible standard of care following a head injury. The welfare of the student both short and long term must always come first.
- 1.2 This policy refers to head injuries and/or concussion sustained during any activity or incident, sporting or otherwise.
- 1.3 This policy will reflect current guidelines from the England Rugby (RFU) and World Rugby (formerly the International Rugby Board) and the National Institute for Health and Care Excellence.
- 1.4 This policy is for students, staff and parents/carers of students at Bedford Modern School.

## 2. Terminology

- 2.1 It is important to distinguish between the terms 'head injury' and 'concussion'.

- Head injury is a trauma to the head, face, jaw or nose that may or may not include injury to the brain.
- Concussion is a traumatic brain injury resulting in a disturbance of the normal working of the brain. It is usually the result of one of the following:
  - A direct blow to the head (e.g. a clash of heads or the head hitting the ground).
  - The head being shaken when the body is struck, e.g. a high impact tackle (RFU 2018).
  - Concussions can occur in many situations in the school environment, such as falling in the playground, on the sports field, impact injury to head from contact with a hard object such as the floor, a desk or another student's body, upper body injury without knock to head / whiplash. The potential is

- probably greatest during activities where collisions can occur such as in the playground, during sport and PE.
- Students may also get concussion when playing rugby or other activities out of school but come into school with the symptoms and signs.
  - The nature of rugby means that concussion can occur in both training and fixtures. It is important that these situations are recognised as the concussion can affect their academic performance and or behaviour, as well as putting them at risk of more serious consequences if they sustain another concussion before recovery (RFU 2018).
  - The recovery process from a concussion is personal to each individual. Students and staff should not make comparisons.

### **3. Assessing the student**

Bedford Modern School follows guidance from the RFU, specifically the ***Recognise, Remove, Recover and Return process*** (see guidelines below) and the ***Graduated Return to Play (GRTP)*** protocol.

3.1 Any student sustaining a head injury should be immediately removed from that activity and referred to the School Nurse or other healthcare/medical professional. In the absence of a School Nurse or healthcare/medical professional, the student should be assessed by a qualified First Aider and referred for a medical opinion according to the referral guidelines in section 4 of this policy.

- During home sports matches and training, the student must be removed from play and assessed at pitch side and transferred to available nursing/first aid resources or treated pitch side, depending on severity of injury.
- In school during usual school hours (i.e. 08:00 – 17:30hrs), the student should either be accompanied to the nurses' dept. for assessment, or a member of the nursing team called to assess the student.
- During 'out of hours' (i.e. evening events), where the school nurse is not available or if the student is on a trip/at an away sports fixture, the student should be assessed by a First Aider. At such times, if the assessor is concerned for the health and well-being of the student, further advice should be sought (by telephoning NHS 111 or 999, if the head injury is assessed to be more severe).
- Parents/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.

3.2 Nursing and sports staff are issued with emergency information cards including a laminated pocket sports 'Concussion Recognition Tool' (CRT 5 – see guidelines/resources below). Emergency procedure cards (with postcodes and phone numbers) are in all sports First Aid bags. Sports staff should contact the nurses' dept. should the pocket CRT 5 tool or emergency information card require replacing.

3.3 The nursing staff will refer to NICE guidelines (pre – hospital management for patients with head injury) and Headcase RFU guidelines in the assessment and referral for head injuries (see section on Guidelines/Resources). The Glasgow Coma Scale (GCS) will be used to assess the level of consciousness. A GCS chart can be found in appendix A.

3.4 The nursing team are supported by an external ambulance support company who supply appropriately trained medical personnel for support at certain fixtures. For the 2019/2020 academic year, Bedford Modern School are supported by Paramedics and Emergency Technicians from Ambulance Response Services Ltd (ARSL). ARSL attend all Saturday home fixtures at The King Room, some mid-week fixtures and when there are a large number of visiting players (i.e. for competitions/tournaments).

#### **4. Referral to Hospital**

4.1 The School Nurse or, in the absence of the School Nurse, the qualified First Aider should refer any student who has sustained a head injury to a hospital emergency department, using the ambulance service if deemed necessary, if any of the following are present:

- GCS score of less than 15 on initial assessment
- Any loss of consciousness as a result of the injury
- Any focal neurological deficit - problems restricted to a particular part of the body or a particular activity, for example, difficulties with understanding, speaking, reading or writing; decreased sensation; loss of balance; general weakness; visual changes; abnormal reflexes; and problems walking since the injury.
- Any suspicion of a skull fracture or penetrating head injury - signs include clear fluid running from the ears or nose, black eye with no associated damage around the eyes, bleeding from 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 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.
- Any seizure since the injury.
- Any previous brain surgery.
- 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 meter or more than 5 stairs, diving accident, high speed motor vehicle collision, rollover motor accident, accident involving motorised recreational vehicles, bicycle collision, or any other potentially high-energy mechanism.
- Any history of bleeding or clotting disorders.
- Current anticoagulant therapy such as warfarin.
- 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.

(NICE Head Injury Guidelines 2019 relating to referral to hospital)

4.2 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 Head Injury Guidelines 2019 relating to referral to hospital).

4.3 Where the student has been assessed as not meeting any of the criteria above, they should be discharged into the care of their parents/carers together with a head injury advice letter from the nursing team (see appendix B), and following a discussion with the nurse caring for the student at that time. The discussion should include:

- providing a detailed account of how the injury was sustained

- what treatment has been provided thus far (including analgesia given, if any)
- 'safety' net' advice – warning signs to look out for, when to seek further help/medical advice
- Advice around ongoing management (i.e. rest, Graduated return to play).

## 5. Emergency Management

5.1 Where a student exhibits the following situations/symptoms, this indicates a medical emergency and requires emergency medical assistance, by telephoning 999 and requesting an ambulance.

- Rapid deterioration of neurological function
- Decreasing level of consciousness
- Decrease or irregularity of breathing
- Any signs or symptoms of neck, spine or skull fracture or bleeding
- Seizure activity
- Any student with a witnessed prolonged loss of consciousness and who is not stable (i.e. condition is worsening).

***An accident form reporting the injury/incident should be completed as soon as possible after the event and submitted to the Nurses department.***

## 6. Concussion information

6.1 Concussion must be taken extremely seriously to safeguard the short and long term health and welfare of players, and especially young players.

6.2 Some estimates suggest that in a third of adolescents with concussion, recovery can take place in 1-2 days. The majority (80-90%) of concussions resolve in a short (7-10 day) period. This may be longer in children and adolescents and a more conservative approach should be taken with them. During this recovery time however, the brain is more vulnerable to further injury, and if a player returns too early, before they have fully recovered, this may result in:

- Prolonged concussion symptoms
- Possible long term health consequences e.g. psychological and/or brain degenerative disorders
- Further concussive event (although rare) being FATAL, due to severe brain swelling – known as second impact syndrome.

6.3 It is extremely important that sports staff and parents acknowledge any head injuries and subsequent concussions, which occur away from Bedford Modern School. This could include (but is not limited to):

- During away schools sports fixtures
- where students are taking part in sports for clubs external to school
- during activities/incidents away from school (i.e. a fall whilst skiing, a head injury following a fainting episode at home for example)

Following such an incident, the responsible adult (i.e. parent/carer or sports staff) should notify the school nurses of any head injury/concussion by emailing: [nurses@bedmod.co.uk](mailto:nurses@bedmod.co.uk)

6.4 Students with concussion should follow the Concussion Management Pathway in school aged athletes (see appendix C). Students can only start the Graduated Return to Play (GRTP) from day 15, once all symptoms have resolved and he/she is ready to do so. If parents/carers are unsure that the symptoms have resolved by this stage, they should seek advice from the senior nurse at school or their own GP.

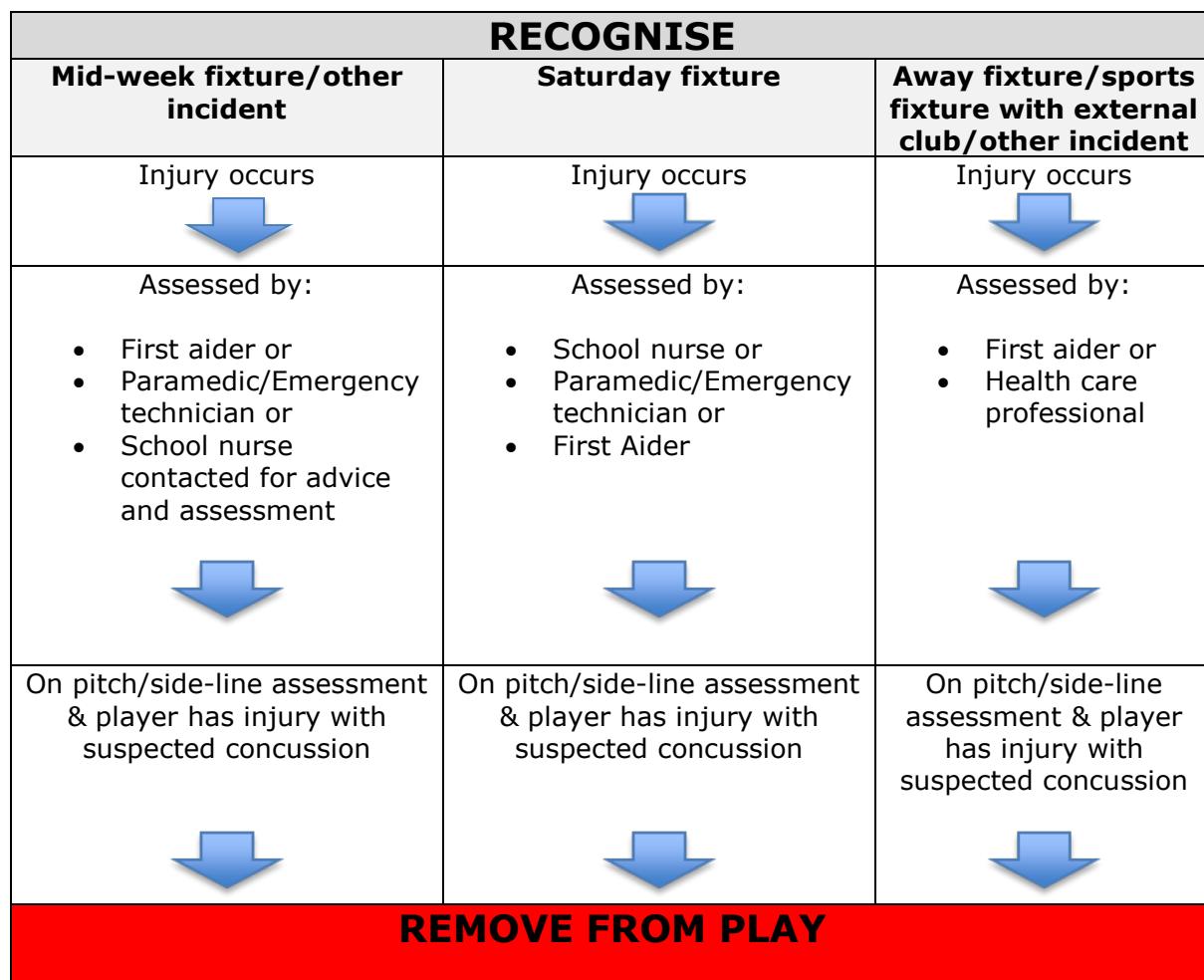
6.5 A key aspect of recovery is for all parties – students, parents/carers, sports coaches, concussion team and other staff – to have a clear and open understanding of the length of recovery and the stages contained therein. Honesty is required from all parties so that the student can be properly supported.

It is recommended that the students should have 24-48 hours complete rest at home but extended absence is uncommon.

6.6 The GRTP should be undertaken on a case by case basis and with the full cooperation of the player and their parents/guardians.

6.7 In order to facilitate the GRTP process and communicate a pupil's progress through each stage, the Bedford Modern School post-concussion GRTP form (see appendix D) should be completed. This form is initiated by the nurses and a copy is sent to parents with a letter (see appendix E), to sports department staff and tutors within 48 hours of the head injury/concussion taking place. A paper copy of the post-concussion GRTP form will be held by the school nurses and when completed, scanned onto the student's ISAMs medical records.

## 7. Concussion – Initial Diagnosis and Management



<b>Mid-week fixture/other incident</b>	<b>Saturday fixture</b>	<b>Away fixture</b>
<b>Player must be removed from play and</b>	<b>Player must be removed from play and</b>	<b>Player must be removed from play and will not</b>

<b>will not play any further part in game</b>	<b>will not play any further part in game</b>	<b>play any further part in game</b>
		
Student escorted / transfer to First Aid room at King Room or to nurses dept. on main site.  	Student escorted / transfer to First Aid room at King Room  	Player escorted / transfer to Medical Centre / First Aid Tent on site  
<ul style="list-style-type: none"> <li>• 999 for emergency transfer to A&amp;E or</li> <li>• Referred to GP or A&amp;E Department for further assessment or</li> <li>• Home with parents/carers with head injury advice sheet and safety net of what to do if concerns with recovery at home</li> </ul>  	<ul style="list-style-type: none"> <li>• 999 for emergency transfer to A&amp;E or</li> <li>• Referred to GP or A&amp;E Department for further assessment or</li> <li>• Home with parents/carers with head injury advice sheet and safety net of what to do if concerns with recovery at home</li> </ul>  	<ul style="list-style-type: none"> <li>• 999 for emergency transfer to A&amp;E or</li> <li>• Referred to GP or A&amp;E Department for further assessment or</li> <li>• Home with parents/carers with head injury advice sheet and safety net of what to do if concerns with recovery at home</li> <li>• Parents or sports staff to email school nurses on <a href="mailto:nurses@bedmod.co.uk">nurses@bedmod.co.uk</a></li> </ul>  
<b>RECOVER</b>		
<b>Day 1 &amp; 2 post injury</b>  24/48 hours complete rest at home (Student may be absent from school Thursday and Friday) <ul style="list-style-type: none"> <li>• No activity</li> <li>• No screen time</li> <li>• No school</li> <li>• No driving</li> </ul> <b>Day 3 to 14 post injury</b> <ul style="list-style-type: none"> <li>• No sport</li> <li>• Light activity</li> <li>• Half day attendance as needed</li> <li>• Watch for:</li> </ul>	<b>Day 1 &amp; 2 post injury</b>  24/48 hours complete rest at home (Student may be absent from school on Monday) <ul style="list-style-type: none"> <li>• No activity</li> <li>• No screen time</li> <li>• No school</li> <li>• No driving</li> </ul> <b>Day 3 to 14 post injury</b> <ul style="list-style-type: none"> <li>• No sport</li> <li>• Light activity</li> <li>• Half day attendance as needed</li> <li>• Watch for:</li> </ul>	<b>Day 1 &amp; 2 post injury</b>  24/48 hours complete rest at home <ul style="list-style-type: none"> <li>• No activity</li> <li>• No screen time</li> <li>• No school</li> <li>• No driving</li> </ul> <b>Day 3 to 14 post injury</b> <ul style="list-style-type: none"> <li>• No sport</li> <li>• Light activity</li> <li>• Half day attendance as needed</li> <li>• Watch for: <ul style="list-style-type: none"> <li>○ Loss of concentration of memory</li> </ul> </li> </ul>

<ul style="list-style-type: none"> <li>○ Loss of concentration of memory</li> <li>○ Worsening of concussion symptoms</li> </ul> <p>If any issues, reduce attendance for <u>48 hours</u> and retry.</p> 	<ul style="list-style-type: none"> <li>○ Loss of concentration of memory</li> <li>○ Worsening of concussion symptoms</li> </ul> <p>If any issues, reduce attendance for <u>48 hours</u> and retry.</p> 	<ul style="list-style-type: none"> <li>○ Worsening of concussion symptoms</li> </ul> <p>If any issues, reduce attendance for <u>48 hours</u> and retry.</p> 
<b>Day 15 to 23 post injury</b>	<b>Day 15 to 23 post injury</b>	<b>Day 15 to 23 post injury</b>
<ul style="list-style-type: none"> <li>• Commence graduated return to play provided student has been in full time attendance at school</li> <li>• Carry out activities as per GRTP (see appendix D)</li> </ul>		
<b>Concussion Clinic assessment at school before FULL RETURN TO PLAY</b>		
<b>PLEASE NOTE:</b> <b>With a straightforward recovery post head injury/concussion, the earliest return to play will be 23 days.</b> <b>If the student does not pass the SCAT 5 assessment, he/she will be re-assessed at a later date.</b>		

## 8. Concussion Management team

The senior nurse (Rachel Lloyd) and school nurses (Angela MacGregor and Louise Rayner-Curtis) will be responsible for follow up and to liaise with appropriate medical staff, parents/carers, the Head of Rugby, sports coaches and teaching staff.

A concussion clinic will be held in the nurses dept. on an as needed basis. Bedford Modern School will be supported by Dr David Niblett and Dr Ben Linton-Willoughby (Bedford Blues Club Doctors), who will see students in school to assess their recovery and return to play. Parents/carers are welcome to forward any queries/questions they may have to the school nurses, who will then forward these to the medical staff as needed.

Communication from the nursing team regarding GRTP will be by email (or telephone as needed).

<b>Key information regarding GRTP process:</b>
<ul style="list-style-type: none"> <li>• Concussion is recognised within 48 hours of the injury (ideally immediately) and the decision is made to remove.</li> <li>• This decision is then fixed and BMS will not allow the student to return to play until they have been reviewed by a suitably qualified Doctor trained in</li> </ul>

concussion assessment & management (this can be any Doctor but if the school has a concern regarding any decision then they can refer this concern to the Doctor covering the BMS concussion clinic and can provide further advice as needed).

- If a parent, 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 student should usually see the concussion Doctor around day 23 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. The Concussion Doctor has advised BMS to reject any such assessment and require assessment at the appointed time point by a concussion trained Doctor.
- BMS has a duty of care to ensure its students 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.

## 9. Prevention and Education

It is the aim of Bedford Modern School to protect students participating in sports and other unspecified activities (where possible). It is appreciated that proper education and supervision may help to minimise the risk to the student. It is recommended that:

- All staff associated with sport are issued with information on signs and symptoms of concussion.
- All sports staff to consider volunteering to undertake first aid training and to maintain an appropriate first aid qualification.
- All sports staff and staff associated with sporting activities to have an understanding of school protocols and available resources around concussion including RFU guidelines "Don't be a Head Case".
- Following a head injury, students and parents/carers are given written handouts informing them of the signs and symptoms of concussion and follow up advice following all head injuries.
- All students, parents/carers can recognise the signs and symptoms of concussion and are aware of the importance of informing staff if their son/daughter has sustained a head injury during outside clubs/activities and to inform clubs of injuries that have occurred at school.
- Where students are known to have long term disabilities and chronic medical conditions, the student should be risk-assessed before taking part in sports where there is a risk of injury or concussion. Parents/carers are encouraged to share any medical information they feel is relevant to the safety of their child.
- Academic staff will inform the school nurses if they notice any concentration issues in any of their students.
- Class or team mates are encouraged to report injuries or concerns which they have in regard to class/social/behavioural changes in their friends.
- All staff must recognise the importance of the need for medical intervention to ensure ongoing evaluation of injury throughout graduated return to play (GRTP).
- Students should recognise the importance of reporting their injury and symptoms to their parents/guardians and informing their team coaches to ensure current guidelines are followed. All such instances must be passed onto Medical Centre.
- The RFU Headcase webpage should be accessed and read by parents/carers are advised that appropriate staff are informed of any Head Injuries which have

- occurred at outside clubs and to pass such information to medical centre staff in all incidences.
- SCAT 5 baseline assessment to be carried out with all first and second team rugby players at the start of the season (See guidelines/resources below).

## **10. Training**

All nursing staff, rugby coaches, games/PE staff and any other school staff who regularly support students with sporting activities complete the England Rugby on-line training course. This should be undertaken as soon as possible into the start of the autumn term.

All rugby players in years 10 and above complete the England Rugby on-line training course.

All rugby players in years 9 and below watch a video about Head Injury and concussion.

## **11. Guidelines/Resources**

- British Journal of Sports Medicine- Concussion Recognition Tool 5. Link: <https://bjsm.bmj.com/content/bjsports/early/2017/04/26/bjsports-2017-097508CRT5.full.pdf>
- British Journal of Sports Medicine – Sport Concussion Assessment Tool Fifth edition (SCAT 5). Link: <https://bjsm.bmj.com/content/bjsports/early/2017/04/26/bjsports-2017-097506SCAT5.full.pdf>
- England Rugby – Concussion. Link: <https://www.englandrugby.com/my-rugby/players/player-health/concussion-headcase/>
- England Rugby – Recognise, Remove, Recover, Return. Link: [https://www.englandrugby.com/mm/Document/General/General/01/31/43/27/3RecogniseandRemove\\_English.pdf](https://www.englandrugby.com/mm/Document/General/General/01/31/43/27/3RecogniseandRemove_English.pdf)
- Headway UK – guidance around Glasgow Coma Scale. Link: <https://www.headway.org.uk/about-brain-injury/individuals/effects-of-brain-injury/coma-and-reduced-awareness-states/glasgow-coma-scale/>
- National Institute for Clinical Excellence (NICE). Head injury: assessment and early management. Clinical guideline [CG176] Published date: January 2014. Last updated: September 2019
- NHS - Head injuries and Concussion advice. Link: <https://www.nhs.uk/conditions/minor-head-injury/>

**Mrs. R Lloyd  
Senior School Nurse**

**Mr. S Sinclair  
Director of Sport**

**October 2019  
Review Date October 2020**

(Sooner if significant National/International changes to management of Head Injuries and Concussion)

## **Appendix A**

### **Glasgow Coma Scale (GCS).**

The GCS is a very simple, easy to administer technique which is used to rate the level consciousness/severity of coma. It assesses the patient's ability to open their eyes, move and speak. The total score is calculated by adding up the scores from the different categories, shown in the tables below, and ranges from a minimum of 3 to a maximum of 15:

Mild; GCS = 13 – 15

Moderate; GCS = 9 – 12

Severe; GCS = below 8

<b>Best motor response</b>	<b>Verbal responses</b>	<b>Eye opening</b>
6 Obeying commands 5 Movement localised to stimulus 4 Withdraws 3 Abnormal muscle bending or flexing 2 Involuntary muscle straightening and extending 1 None	5 Orientated response 4 Confused conversation 3 Inappropriate words 2 Incomprehensible sounds 1 None	4 Spontaneous 3 To speech 2 To pain 1 None

### Head injury advice letter to parents/carers.

Dear Parent/Carer,

This is to inform you that ..... has seen the School Nursing team following a head injury today. Usually after such an injury there is no serious damage, but occasionally problems can occur. The treatment your child received was:

.....  
.....  
.....

Please seek further medical advice (GP, Walk-in Centre, A&E or by calling NHS 111 or 999 if urgent help needed) if your child complains of any of the symptoms below, in the next 48-72 hours, while recovering at home:

- **Headaches.** A headache associated with bruising is not uncommon but persistent, intense or severe pain must be reviewed
- **Visual / Hearing disturbances.** If your child complains of blurred, double vision, buzzing in the ears or is unsteady on his/her feet
- **Vomiting.** It is not uncommon for the shock of the injury to cause one isolated episode of vomiting. If vomiting starts later on or occurs more than twice, seek medical advice.
- **Altered behaviour.** If your child exhibits strange, uncharacteristic behaviour or if his/her personality alters. Reading/writing problems can be a cause for concern.
- **Drowsiness.** If your son/daughter appears drowsy or difficult to wake, or has difficulty staying awake. Excessive drowsiness is often the first indication that

#### **RED FLAGS if present, phone 999 for immediate care**

Clear fluid coming from ears or nose	Headache which is getting worse
Numbness or decreases in coordination/balance	Weakness
Repeated vomiting or prolonged nausea	Slurred speech, difficulty speaking/understanding
Increased confusion, restlessness or agitation	Convulsions/Loss of consciousness

further problems may arise.

#### **Further advice:**

- Paracetamol can be given after a head injury as long as the casualty is not vomiting and provided your child is not known to have an allergy to paracetamol, or has had paracetamol in the previous four hours. Please give correct dose for age.
- Do not leave your child alone for the first 48 hrs.
- If in any doubt about your child's health or are worried, seek medical advice without delay.

**For a few days you may notice that your son/daughter is:**

- More tired than usual
- Feels miserable
- Has a headache
- Has a reduced tolerance of loud noise and bright lights.

**To aid recovery:**

- Keep your son/daughter as quiet as possible
- Discourage active play, watching TV, reading and computer games
- Encourage plenty of drinks
- Allow more rest than usual
- Reduce noise and light levels
- Avoid stressful situations
- Do not take alcohol or drugs
- Do not drive or ride a bike
- Do not return to school until fully recovered.

Please contact the Nurses Department and Tutor to ensure that your son/daughter is fully supported upon his/her return to school. It is important that staff are informed of any changes to your son/daughter.

If your son/daughter has been diagnosed with concussion, they will need to follow a Graduated Return to Play (GRTP) programme before resuming any sport in school (and externally if this applies). Please seek more advice from the school nurses/coaches/teaching staff.

**Contact details:**

Email: [nurses@bedmod.co.uk](mailto:nurses@bedmod.co.uk)

Tel: 01234 332505

Yours sincerely,

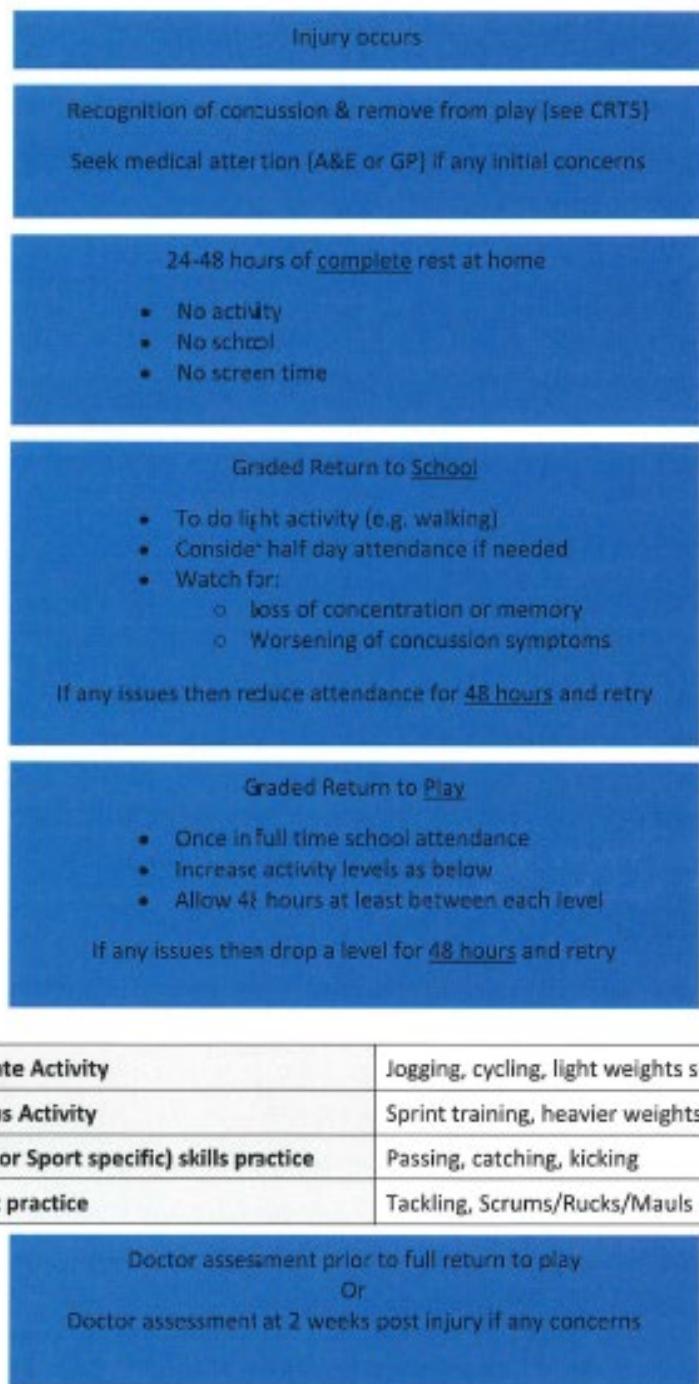
Nurse:

Date:

Time:

## Appendix C

### Concussion management pathway in school aged athletes



<b>Moderate Activity</b>	Jogging, cycling, light weights sessions
<b>Vigorous Activity</b>	Sprint training, heavier weights
<b>Rugby (or Sport specific) skills practice</b>	Passing, catching, kicking
<b>Contact practice</b>	Tackling, Scrums/Rucks/Mauls

## Appendix D

### Post-Concussion Graduated Return to Play (GRTP) form

<b>Child Name &amp; year</b>		
<b>Child Gender &amp; Age</b>		

<b>Date of Concussion</b>		
<b>Details of Injury</b>		
<b>Attended A&amp;E?</b>	<b>YES</b>	<b>No</b>
<b>Detail any associated injuries</b> (for example, lacerations or fractures)		

**Please follow attached guidance:  
Concussion management pathway in school aged athletes**

<b>Child returned to school fully?</b>	<b>Yes</b>	<b>No</b>
<b>Only proceed to GRTP once the child has returned to school fully without any significant symptom deterioration</b>		

<b>Earliest date graduated return to play can be commenced:</b>			
<b>Graded Return to Play</b>			
<ul style="list-style-type: none"> <li>• Enter date on which each attempt &amp; stage is achieved</li> <li>• This can be supervised by parents with support from school as needed</li> <li>• Allow 48 hours between each stage increase</li> <li>• If the child fails to increase a stage then return to stage below for 48 hours minimum before re-attempting an increase - after 3 failed attempts seek medical assessment</li> </ul>			
<b>Attempt</b>	<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>	<b>3<sup>rd</sup></b>
<b>Moderate exercise</b> (jogging, <u>no</u> weights)			

<b>Vigorous exercise</b> (sprinting & weights)			
<b>Non-contact training drills</b> (passing/catching/kicking)			
<b>Full contact training drills</b>			

<b>Date of review for concussion clinic:</b>	
<b>Student seen by:</b>	Print name:  Signature:  Date:
<b>Outcome:</b>	

### **DATE OF COMPLETION OF GRTP:**

<b>Checklist for nurses:</b>
<ul style="list-style-type: none"> <li>• <b>DAY OF INJURY OR NEXT SCHOOL DAY:</b>            Arrange accident form            Start GRTP form – copy to parents, staff (Head of PE, Tutors, Nurses dept.). Paper copy and electronic copy in GRTP folders            Red banner email to staff            Update iSAMS         </li> <li>• Plan Concussion clinic appointment (Senior Nurse to email doctors).</li> <li>• <b>ONCE CLEARED FOR FULL RETURN TO PLAY:</b>            Email to parents and staff as before            Update paperwork and ISAMS         </li> </ul>

## Appendix E

### **Information letter to parents/carers (to be emailed with GRTP form).**

Dear Parents/Carers,

We understand that your son/daughter has been diagnosed with concussion. Following research and some high profile cases in Rugby Union and World Rugby (along with a number of other governing bodies such as FIFA, ECB and World Hockey), guidance has been issued on how to diagnose and treat players/students with concussion. The School wants to protect our pupils and fully supports these guidelines.

Concussion is an injury to the brain caused by the force of a sudden impact to the exterior of the body. Most concussions are caused by an impact to the head (a head injury) but it can also be caused by an impact to the body even if the head isn't knocked. Injuries can be caused by a variety of sources, not only sports related.

Since it is a brain injury, it is vital that concussion is recognised as such. Very real changes happen within the brain which affects its function. Further injury to the brain before it has healed from the initial concussion is very serious, and can, in very rare circumstances, be fatal. Things like co-ordination of the body are also affected by concussion so the student is at risk of sustaining further bodily injury until the concussion has settled.

The principles of concussion care are to:

1. Recognise a concussion has occurred
2. Remove the student from activities that risk further brain injury
3. Allow the brain and body time to rest and recover
4. Monitor the progress of the student (returning to mental and physical activity in a measured and specific way)
5. Ensure the concussion has settled before the student returns to unrestricted play

However, we realise this can be a complicated process and we want to help you through this as best we can. This letter is to inform you of Bedford Modern School's concussion procedures and to guide you through the graduated return to play process (GRTP).

- It is important that our students, parents and staff recognize the signs and symptoms of concussion and also the importance of not ignoring them if they present (please see link below for list of symptoms). Bedford Modern School follow England Rugby's guidance called the Four R's: Recognize, Remove, Recover and Return.
- We recognize that the management of concussion is a shared partnership between student, parent and school. This is particularly important if your son/daughter sustains an injury:
  - playing sport for an outside/external team
  - playing support away from school but which may impact your child in school.
- Please notify your son/daughter's tutor and the school nurses if an injury is sustained away from school, especially if it leads to a diagnosis of concussion.

#### **Following a head injury:**

- If your son/daughter sustains a minor head injury, he/she will be given a Head Injury advice sheet to bring home, outlining symptoms to be aware of and any treatment given.

- Students with suspected concussion: Parents/Carers will be contacted by nursing staff and you will be advised to take your son/daughter to A&E for full assessment or an ambulance will be called. This will depend on the severity of the injury.
- For away fixtures, the student will be assessed by First Aiders at the away fixture and the Bedford Modern School sports staff will liaise with parents/carers as needed.
- Once concussion is diagnosed, the student should attend the nurses department when they are next in school, to discuss the GRTP process.
- Attached to this letter is a copy of our Head Injury advice sheet, Concussion Management Pathway in school aged athletes and a copy of the Graduated Return to Play (GRTP) post-concussion form. This form provides a simple way to document progress and assess concussion symptoms. These are emailed to parents/carers within 48 hours of an injury.

Due to the length of the process in terms of monitoring, it is important for students, parents and staff to understand that with a straightforward recovery, the student will not be returning to play before 23 days. This should also apply to sports fixture and/or commitments away from school.

The student can NOT be certified to return to full play until the final stages of both the Graded Return to School and the Graded Return to Physical Activity have been reached with NO deterioration in symptoms.

To assess this, Bedford Modern School will run a Concussion Clinic on an as needed basis in the Nurses department. Specialist Doctors (from the local Bedford Blues Rugby Club) will attend school and meet with students at the end of the 23 day period to assess the student. The Sport Concussion Assessment Tool 5<sup>th</sup> edition (SCAT5 form) will be used by the Doctors to assess and measure symptoms. If the student is deemed fit to return to full play, parents/carers will be notified of this by email. Parents/carers will also be notified by email if RTP criteria is not met, to offer advice and discuss further management. Parents are very welcome to attend the clinic appointment.

For further information, please visit: <https://www.englandrugby.com/my-rugby/players/player-health/concussion-headcase/youth/>

Symptoms of concussion: <https://www.nhs.uk/conditions/Concussion/>

Please feel free to contact the nursing or sports department should you have any queries by telephoning the main school reception on 01243 332505 or emailing [nurses@bedmod.co.uk](mailto:nurses@bedmod.co.uk).

Kind regards

Mrs. R Lloyd  
Senior Nurse

Mr. S Sinclair  
Director of Sport