



THE
PORTSMOUTH
GRAMMAR
SCHOOL

The PGS Management of Head Injuries Policy (under review)

(Please be in touch with the Assistant Head (Co-curriculum) (m.murray@pgs.org.uk) in case of query)

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The PGS Management of Head Injuries Policy; Incorporating the 'Graduated Return to Play' (GRTP)

1 Introduction

- 1.1 This policy is designed to support all staff in managing a pupil who has received an impact to the head at any time whilst the pupil is in the School's care.
- 1.2 When a pupil suffers an impact to the head, it is vital that all members of staff manage the incident in a consistent way. The health and wellbeing of the pupil is at all times of paramount importance and if the member of staff is in any doubt as to whether or not a head injury (such as concussion) has occurred they should exercise caution in the best interests of the pupil.

2 Definitions

A sign is a phenomenon that is observed by someone other than the person experiencing the injury, and a symptom is a phenomenon reported by the individual experiencing the injury.

3 Scope

- 3.1 For the purposes of this policy, 'staff' refers to all those individuals employed by the school, either full-time, part-time, or on an occasional basis, or even on a voluntary basis, where they are deemed to be responsible for the supervision of the pupils participating in their trip, activity or fixture. This policy applies to all occasions when a pupil suffers an impact to the head, or any part of the head such as the nose, whilst under the care of the School.
- 3.2 The GRTP is for use on all occasions when a pupil receives an impact to the head and is therefore not solely for use after a sports-related injury. Pupils who have suffered a head injury must be made aware of the risks associated with this injury, and their levels of activity managed appropriately thereafter in order to facilitate a full recovery. One of the most significant risks to the pupil's ability to recover fully is a further impact to the head; participating in sport elevates this risk significantly. As such, the GRTP is designed as a way to manage a return to 'normal activity', accepting that 'normal activity' will vary considerably from pupil to pupil.
- 3.3 The impact may result in superficial injuries such as cuts and bruises, but it is the risk of an injury to the brain that is the primary focus of this policy and the resulting actions of the supervising member of staff.
- 3.4 This policy will apply to all pupils, even where they are over the age of 18. However, it is acceptable for a pupil over the age of 18 to self-certify that they have been symptom free and where they choose to do so, the school would not require their parents to sign the GRTP on their behalf. In all other situations a parent or guardian will need to certify that the pupil has remained symptom free.

4 Managing a pupil who has received an impact to the head

- 4.1 Members of staff, medical or otherwise, are not expected to be able to diagnose head injuries, such as concussion, but will be required to make appropriate judgements when

managing a pupil who has received an impact to the head. Pupils who receive an impact to the head should be checked for signs and symptoms, using Appendix 1 as a guide, and should be removed immediately from any physical activity in which they are participating.

4.2 In the Pre-School and for children up to and including Year 2, parents of children who suffer a blow to the head receive a head injury letter, and when the accident is serious enough, children are taken directly to the Health and Wellbeing Centre.

4.3 For pupils in Year 3 and upwards, there are three scenarios for staff to manage:

4.3.1 No signs and/or symptoms are observed or reported

- (a) The pupil may return to the activity in which they were participating prior to the impact, but the member of staff supervising the activity must be mindful that delayed concussion is a possibility and that signs and symptoms may appear later.
- (b) If the activity is followed by the end of the school day, the pupil should be handed over to parents directly, either by the supervising member of staff, or a nominated alternative PGS member of staff such as the staff operating Main Reception or the medical staff in the Health and Wellbeing Centre. It is important to note that the responsibility of the incident being communicated to parents rests with the supervising member of staff and so a follow-up phone call may be advisable.
- (c) Parents would normally be encouraged to collect the pupil from school to prevent the risk of symptoms occurring whilst the pupil is travelling home independently, for example, on a train.
- (d) Staff must also provide parents with a copy of this policy with attached appendices or, if this is not possible, ensure they understand where to find it on the School's website / My School Portal. If the pupil did not visit the Health and Wellbeing Centre, the member of staff must also report the incident to them prior to the beginning of the next school day.

4.3.2 **Some signs and/or symptoms are reported or observed that suggest a possible head injury (for example, concussion)**

(a) **On the main school site**

The pupil needs to be escorted to the Health and Wellbeing Centre immediately where the school nurses will take responsibility for the situation, assess the pupil and call home or make the necessary arrangements for further medical review.

(b) **When away from the main school site but parents are able to collect**

The pupil needs to be sent home. The pupil should be removed from any activity in which they are participating, should not return to that activity at any time, even if they begin to feel better, and should be monitored closely at all times until they are transferred to the care of their parent(s) or an alternative responsible adult nominated by the pupil's parent(s). If the pupil's condition deteriorates, staff may need to seek medical advice by calling 111 for non-emergency advice, or 999 for an ambulance in the event of an emergency. On transfer, staff should provide the parent(s) with a description of the incident and a copy of this policy with attached

appendices or, if this is not possible, ensure they understand where to find it on the School's website. For the avoidance of doubt, staff should remain with the pupil until they are collected by their parent(s) or nominated adult.

The GRTP must be commenced and this document should be provided to the parent(s). Staff must then report the incident to the Health and Wellbeing Centre the same day, sending them a photograph of the completed first section of the GRTP if possible.

(c) **When away from the main school site and parents cannot collect**

The pupil needs to be assessed by a qualified medical professional able to diagnose head injuries, which would normally require a trip to a local A&E department, or an NHS Walk-In Centre. The pupil should be removed from any activity in which they are participating, should not return to that activity at any time, even if they begin to feel better, and should be monitored closely at all times until they are seen by the aforementioned medical professional. The member of staff supervising the activity must ensure the pupil is accompanied to A&E/the Walk-In Centre by a member of PGS staff. The parent(s) should then be contacted, followed by a member of SMT/JSSLT who will decide on next steps. The GRTP should be commenced and this must be reported to the Health and Wellbeing Centre the same day, sending them a photograph of the completed first section of the GRTP if possible. If the pupil's condition deteriorates before A&E can be reached, staff should progress to scenario C below.

4.3.3 **Some signs and/or symptoms are reported or observed that indicate the need to call an ambulance**

- (a) Some symptoms merit a 999 call for emergency medical attention as they are indicative of a more serious head injury; staff must familiarise themselves with the list of such symptoms (see Appendix 1 for guidance). Following a 999 call, the parent(s) should then be contacted. If parents are unable to accompany the pupil in the ambulance, the member of staff will need to do so and remain in *loco parentis* until the parent(s) arrive. The member of staff must ensure that a member of SMT/SLT is then contacted, and they will plan the next steps to manage the situation. The member of staff must then ensure that the incident is reported to the Health and Wellbeing Centre the same day.
- (b) In cases B and C, the pupil will be presumed to have suffered a head injury, unless a health professional trained in assessing head injuries confirms otherwise. Where a head injury is suspected or diagnosed, **a pupil must undergo an immediate 48 hour period of complete body and brain rest and should remain off school for that time.** If symptoms persist, the pupil should not return to school and further medical advice should be sought. Pupils should not return to school until they are symptom free and, in some cases, only when medical advice allows, it may be appropriate for the school to help facilitate a 'staged' return.

5 The GRTP

- 5.1 In cases B and C above, pupils will be required to follow the GRTP programme (GRTP; Appendix 3).
- 5.2 The GRTP is a programme of rehabilitation that works progressively through increasing levels of exercise intensity over time and is designed to ensure that a pupil returns to

normal physical activities safely following a head injury; it is based closely on the GRTP published by World Rugby. Whilst many pupils who engage with the GRTP will ordinarily participate in regular sporting activity, it is vital that even those who do not regularly participate still complete the process so that the pupil and their parent(s) understand the necessary limitations of activity that follow a head injury. Crucially, pupils must remain symptom free before they can progress through each stage of the programme and if there is a recurrence of symptoms, they must begin the process again. It is the responsibility of the parent(s) to ensure that the pupil follows the GRTP whilst at home.

- 5.3 Pupils who have suffered a head injury and who have commenced the GRTP will only be permitted to return to exercise as indicated at each relevant stage of the programme and will not be allowed to accelerate or cease participation in the GRTP. Failure to adhere to its process and to sign off each stage effectively will result in a delayed return to normal activity.
- 5.4 Pupils may suffer a head injury whilst participating in an activity outside of the School, for example, at a local hockey club. In all such cases, it is the responsibility of the parents to provide the School promptly with the details of the incident, to ensure that an equivalent rehabilitation programme has been implemented and to keep the School updated with the pupil's progress. If no such programme has been implemented, parents are strongly advised to ask the School to initiate our own GRTP so that we can manage their return to normal physical activity safely. Where we have been made aware that a pupil may have suffered a head injury outside of school, the School will only allow the pupil to participate in normal physical activity at school once the pupil's parent(s) has provided the School with satisfactory reassurances that it is safe to do so. It is the responsibility of the parents to ensure that no inappropriate physical activity is undertaken outside of school whilst the pupil is progressing through the school's GRTP.

6 Allocation of Tasks and Version Control

Allocation of Tasks

Task	Allocated to	When / frequency of review
Keeping the policy up to date and compliant with the law and best practice	Assistant Head (Co-curricular)	As required, and at least annually
Monitoring the implementation of the policy, relevant risk assessments and any action taken in response and evaluating effectiveness	Assistant Head (Co-curricular)	As required, and at least termly
Maintaining up to date records of all information created in relation to the policy and its implementation as required by the GDPR	Health and Wellbeing Centre, Sports Department and JS form staff	As required, and at least termly
Reviewing/receiving input from interested groups (such as pupils, staff, Parents) to consider improvements to the School's processes under the policy	Assistant Head (Co-curricular)	As required, and at least annually
Formal annual review	SMT	Annually

Version Control

Date Approved	26 September 2023 (SMT)
Date Reviewed	15 May 2023 (Health and Safety Committee)
Next Review Date	Summer Term 2024
Policy author (SMT)	Assistant Head (Co-curricular)
Status	External
Report	Health and Safety Report

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Appendix 1: An Aide Memoire for Head Injuries

Remove and Monitor

<p>If a pupil receives an impact to the head...</p>	<ul style="list-style-type: none"> ● Remove them from the activity, assess them and monitor closely ● Only return them to activity if there are no signs or symptoms ● Report the incident to parents before the pupil is released from school and provide them with this policy and appendices ● Report the incident to the Health and Wellbeing Centre the same day. This is vital for all incidents in case of the development of delayed symptoms and appropriate care of pupils.
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Dial 111

<p>If a pupil has any of the following signs and symptoms:</p>	
<ul style="list-style-type: none"> ● memory loss e.g. not remembering what happened ● persistent headache since the injury ● changes in behaviour, such as irritability ● confusion ● drowsiness when you would normally be awake ● difficulties with understanding what people say ● difficulty speaking e.g. slurred speech 	<ul style="list-style-type: none"> ● vision problems (e.g. double vision) ● loss of power in part of the body, such as weakness in an arm or leg ● sudden deafness in one or both ears ● any wound to the head or face ● loss of balance or problems walking
<p>Staff should:</p> <ul style="list-style-type: none"> ● Remove them from activity and supervise ● Seek medical advice (e.g. by dialing 111) ● Contact parent(s), and assuming 999 is not required, arrange a 'handover' and signpost them to the relevant information on My School Portal ● Report the incident to the School's Health and Wellbeing Centre before the next school day 	<p>Parents should:</p> <ul style="list-style-type: none"> ● Report to A&E/Minor Injuries Unit for diagnosis the same day ● Report that diagnosis to the School Health and Wellbeing Centre ● Monitor symptoms and seek further medical advice if condition worsens/doesn't improve

Dial 999

<p>If a pupil:</p> <ul style="list-style-type: none"> ● Is knocked unconscious ● is having a seizure or fit ● has clear fluid or blood leaking from ears ● has clear fluid leaking from nose ● combined with other symptoms, is bleeding from the nose ● has been vomiting since the injury ● is having difficulty staying awake, speaking, or understanding what people are saying 	<p>Staff should:</p> <p style="text-align: center;">Dial 999</p> <ul style="list-style-type: none"> ● Contact parents immediately ● Accompany pupil to hospital if parents cannot ● Inform a member of the Senior Management Team ● Report incident to the Health and Wellbeing Centre before the next school day
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Appendix 2: Head Injury Advice

Following an impact to the head, an individual might suffer a head injury, which could be a concussion. A concussion is a temporary disturbance in the brain's functioning as a result of a blow to the head. It is important to note that only a small number of concussions involve a loss of consciousness and other symptoms may be observed. Concussion occurs when the brain is shaken in the skull following an impact and this shaking injures the brain. This can result in short and long term symptoms.

Symptoms can take place immediately following the impact, or might develop later. In most cases they will improve by themselves within a couple of weeks if managed appropriately and the recommended rest is undertaken. Despite this, complications can arise from seemingly minor blows to the head, so it is vital that medical advice is sought promptly from a health professional who is trained to assess head injuries. If symptoms become more problematic, or persist, parents should return for further medical advice and assessment.

Parents are encouraged to read through the following information and advice thoroughly.

Symptoms of concussion

Symptoms of concussion can be mild to severe, and in some cases emergency treatment may be needed.

The most common symptoms of concussion are:

- confusion, such as being unaware of your surroundings, a delay in answering questions, disorientation
- headache
- dizziness
- nausea
- loss of balance
- feeling stunned or dazed
- disturbances with vision, such as double vision, blurred vision or "seeing stars" or flashing lights
- difficulties with memory, which may mean:
 - you are unable to remember events that occurred before the head injury happened (this usually only affects the minutes immediately leading up to the head injury) – retrograde amnesia
 - you are unable to remember any new information or events after the head injury happened – anterograde amnesia

(Both types of memory loss usually improve within a few hours).

Less common symptoms include:

- loss of consciousness
- slurred speech
- changes in behavior, such as feeling unusually irritable
- inappropriate emotional responses, such as suddenly bursting into laughter or tears
- When to seek medical advice

As a precaution, it is recommended that you visit your nearest accident and emergency (A&E), or NHS Walk-In Centre if you or someone in your care has any of the following:

- loss of consciousness from which the person then recovers

- amnesia such as not being able to remember what happened
- persistent headaches since the injury
- changes in behavior, such as irritability, being easily distracted or having no interest in the outside world; a particularly common sign in children under 5
- confusion
- drowsiness that goes on for longer than an hour when you would normally be awake
- a large bruise or wound to the head or face
- prolonged vision problems, such as double vision
- reading or writing problems
- balance problems or difficulty walking
- loss of power in part of the body, such as weakness in an arm or leg
- clear fluid leaking from the nose or ears
- blood leaking from the ears
- a black eye with no other damage around the eye
- sudden deafness in one or both ears

When to seek emergency medical treatment

You should phone 999 for an ambulance immediately if the person:

- remains unconscious
- is having difficulty staying awake, speaking or understanding what people are saying
- is having a seizure or fit
- has been vomiting since the injury
- has clear fluid or blood leaking from the ears
- has clear fluid leaking from the nose

When sleeping

When your child is sleeping, you should arrange to check them regularly for the first night and ask yourself:

- Does he/she appear to be breathing normally?
- Is he/she sleeping in their normal position?
- Does he/she respond normally when you rouse him/her gently? (e.g. pulling up sheets)

If you cannot satisfy yourself that your child is sleeping normally, he/she should be wakened fully to be checked.

If there is any doubt whatsoever, seek medical advice by dialing 111 (non-emergency number) or attending a walk-in centre or A&E unit. In an emergency, dial 999.

(Updated May 2021)

Appendix 3: The PGS Graduated Return to Play (GRTP)

This section to be completed by the member of staff overseeing the injured pupil:

Name: _____ Date: _____ Year: _____ Is the pupil over 18? _____

How did the injury occur?	
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Concussions Assessment (Maddocks) Questions: Ask the pupil some simple questions to test their memory, such as 'where are we today?', 'what just happened?', 'how did you get to school this morning?'.	Please tick below if the answers were satisfactory	Please tick below if the answers were unsatisfactory

Please tick as appropriate if any of the following signs or symptoms are evident:			
headache		loss of balance	
dizziness		feeling stunned/ dazed	
nausea		Vomiting	
difficulty speaking/ slurred speech		changes in behaviour (ie aggression, anxiety, short temper, irritability)	
loss of power, such as weakness in arm/ leg		clear fluid/blood leaking from nose/ ears	
confusion or disorientation		delay in answering questions/ drowsiness	
wound to the face or head		sudden deafness	
loss of consciousness		seizure/fit	

This section to be completed by parents after medical advice has been sought:

Summarise the results of the appointment:		
Name:	Signature:	Date:

IF SYMPTOMS RECUR AT ANY POINT, THE GRTP STARTS AGAIN FROM STAGE 1

Pupils must have two full days of complete body and brain rest and should not attend school during that time; no reading, TV, computers, driving etc. Pupils must not return to school until they are symptom free.

Stage 1 Date of injury _____ (Day 1) (Days 1 and 2)	COMPLETE BODY AND BRAIN REST (AT HOME – SCHOOL SHOULD NOT BE ATTENDED DURING STAGE 1
PGS Health and Wellbeing Centre: the pupil has visited the H&WC, is reporting symptom free and can begin Stage 2. Signature of School Nurse: _____ Date: _____	
Stage 2 (Days 3 - 14)	DAILY ACTIVITIES THAT DON'T CAUSE SYMPTOMS Normal activities, but no exercise/strenuous activity.
Stage 3 (Days 15 and 16)	LIGHT EXERCISE Activities such as jogging, swimming, stationary cycling.
Stage 4 (Days 17 and 18)	INCREASING INTENSITY OF EXERCISE As for Stage 3, but progressing to higher intensity, with no risk of head impact.
Stage 5 (Days 19 and 20)	NORMAL (BUT NON-CONTACT/IMPACT BASED) EXERCISE Activities that require greater cognitive involvement (problem solving, higher speed decision making activities). No activities involving contact/impact permitted at this stage.
It is strongly recommended that pupils seek medical clearance before proceeding to Stage 6. <u>For parents:</u> My child has received medical clearance to proceed to Stage 6 (Yes/No): _____ If 'No'; my child has not received medical clearance, but I am happy to take responsibility for my child to continue to Stage 6; therefore, I confirm that my child has been symptom free throughout Stages 1 to 5. Relationship to child: _____ Signature: _____ Date: _____	
Stage 6 (Days 21 & 22)	NORMAL EXERCISE Return to normal activity, but for contact sports (e.g. rugby) full competitive game play should not occur until Stage 7; any contact/impact should be closely monitored by adult.
Sports Staff: I confirm the pupil has successfully completed Stage 6 and can return to normal activity. Signature of Sports Staff: _____ Print Name: _____ Date: _____	
Stage 7 (Day 23)	NORMAL EXERCISE INCLUDING COMPETITIVE FIXTURES/GAMEPLAY Pupil is fully recovered and can resume all normal activities including school fixtures.

**The GRTP has been completed
This form must now be handed to the Health and Wellbeing Centre**