



STAMFORD

HEAD INJURY AND CONCUSSION POLICY

Introduction

The aim of this policy is to:

- Ensure understanding of the key terms and the link between head injury and brain injury;
- Identify sport activities which carry a risk of head injury;
- Underscore the importance of creating suitable risk assessments for sport activities being undertaken by the School; and
- Provide clear processes to follow when a student does sustain a head injury.

This policy applies to:

- Stamford School staff and volunteers
- Students
- Parents and
- Any other individual participating in any capacity in a School activity.

A head injury could happen in any area of school life. This policy focuses on sport activities (both contact sports and non-contact sports) where the risk of head injuries occurring is higher, but should also be used for head injuries which occur in another context (for example, a slip or trip).

The Key Facts

- Concussion is a brain injury that can occur both in and out of sport

- We all have a significant role to play in the recognition and management of concussion
- Returning to normal life (and work/school) should take priority of returning to sport
- Most concussions recover well with time
- There are risks. These are significantly reduced if the brain is allowed to recover before being put at risk of further injury – *“If in doubt, sit them out”*

There are Return to Sport protocols to help safely manage a return to sporting activity.

Government Guidance

Protocols were updated in April 2023 when the Government issued the below guidance:

[Landmark concussion guidance for grassroots sport published - GOV.UK](#)

What is Concussion?

Knowledge around concussion, how it should be managed and the potential short and long-term health implications have advanced hugely in recent years. The term “concussion”, while useful, is imprecise and there remains disagreement around the definition of the injury and the process going on within the brain.

Signs and Symptoms of Concussion

There are many signs and symptoms that may suggest a concussion has occurred. There is no single definitive list of signs or symptoms that prove a concussion has happened. There may only be one symptom present, or there may be multiple signs and symptoms.

What are the signs of concussion?

If any of the following signs are noted the injured person should be suspected of having sustained a concussion:

- Dazed, blank or vacant look
- Lying motionless on ground or slow to get up
- Unsteady on feet/falling over/incoordination
- Inappropriate or unusual behaviour
- Loss of consciousness or not responsive
- Grabbing / clutching of head
- Seizure (fits)

Important note: The vast majority of concussions do not have a loss of consciousness (being knocked out). It occurs in less than 10% of injuries and is not required to diagnose concussion.

What are the Symptoms of Concussion?

If any of the following symptoms are experienced the injured person should be suspected of having sustained a concussion:

- Headache
- Dizziness
- Confusion, or feeling “slow”
- Visual problems
- Nausea or vomiting
- Fatigue
- Drowsiness / feeling like “in a fog” /difficulty concentrating
- “Pressure in head”
- Sensitivity to light or noise

Often children find it difficult to express exactly how they feel. It is common for them to say “I just don’t feel right”.

Stamford School procedure in the case of a suspected head injury:

Return 2 Play

Stamford School invest in an Head Injury and Concussion care service offered by Return2Play. They are part of the Meliora Medical Group, the UK’s leading medical services provider for school. It is a doctor-led team of over 50 clinicians provides 7-day-a-week access to ensure timely, personalised recovery.

Return2Play offer an online injury management system enables schools and clubs to track injuries, communicate with parents and coaches, and monitor recovery – all through convenient webcam appointments.

If a pupil sustains a Head injury outside of school:

Parents can seek advice from the external activity coach, their GP, Minor injury unit or Hospital when their child is not in school.

It is parental responsibility to refer their child to R2P if a head injury occurs outside of school hours.

The school nursing team can advise and review any symptoms during the school day.

It is parental and pupil responsibility to access regular appointments with R2P practitioners. The school nursing team and Heads of sport can monitor progress throughout the process.

Pupils and staff should adhere to R2P guidance until the pupil is cleared to safely return to their chosen activity.

If a pupil sustains a Head injury in the school grounds:

Immediate Management

If playing sport, the player should be removed from play immediately and take no further part in the activity.

Both sporting and non-sporting concussions need rest. The injured person should be monitored in a quiet, warm environment to ensure no worrying symptoms develop. It is recommended that anyone suspected of sustaining a concussion should be reviewed by a healthcare professional, even if symptoms have gone.

Important note: It is common for the injured person to feel much better quickly. This does not mean they have recovered so, if playing sport, they should not return to play.

The pupil will be assessed by a member of the School nursing team as soon as possible and if assessment indicated clinical signs of a head injury a referral to Return2Play will be made at this time. ([Home - Return2Play](#)). Parents/Guardian will be informed by phone or email, and they will take responsibility to book the initial assessment appointment online with a R2P practitioner.

If the pupil is not assessed by the school nursing team, but displays symptoms at home, parents are able to self-refer to R2P online and initiate the assessment process. It is the Director of Sports responsibility to inform parents of this facility.

Sports teachers/coaches are trained to triage and refer to R2P and will utilise these skills when needed and in the absence of the school nursing team.

The school nursing team and Sports department will be informed if a pupil has a head injury diagnosis and has been commenced on Graduated return to play.

Managing returning to school after a Head injury:

Depending on symptoms, R2P may recommend that a pupil have reduced timetable/screen time/less homework until advised otherwise.

Pupils may be advised to rest at home for a period of times following a Head injury until advised otherwise/symptoms subside.

Pupils can visit the school nursing team if symptomatic during the R2P process

Managing return to sport after a head injury:

A pupil cannot be selected to play for a school sports match until final assessment and clearance by R2P has taken place

Any queries of this nature will be taken up with the R2P practitioner as they hold accountability and their advice should therefore be adhered to.

Parental responsibility

Parents will self-refer to R2P if their child sustains an injury at an activity outside of school or at a time when the school medical team are not able to assess.

School nursing team and Sports dept will be informed directly by R2P and can monitor progress as needed.

Parents will follow R2P advise, R2P will inform the Nursing Team, Heads of Sport and form tutor if diagnosed with concussion. If a pupil becomes symptomatic of a head injury during the school day and it is ascertained that they may have a delayed head injury that has not been referred, the school nursing team can refer them to R2P. If they become symptomatic whilst at home, they can self-refer online.

School responsibilities

School nursing team will see pupils who are symptomatic as required during the school day and will monitor R2P register

Sport dept staff will refer to R2P if the sustained injury occurs when in their care, to prevent delay advice and treatment.

Sport Dept will no allocate pupils on graduated return to play process to training/match until advised it is safe to do so.

Sports dept will seek advised from R2P with any questions during the R20 process.

Teachers will respect the R2P guidance during the graduated return to play process.

Author/Reviewer	Anna Kennedy (Asst Head Safeguarding)	Date of Last Review	Spring Term 2025
Authorised by	Principal	Date of Authorisation	Spring Term 2025
Applicable to	SES	Date of Next Review	Spring Term 2028

APPENDIX 1

Return to Activity & Sport Pathway (summary) – Sept 2023 Following a concussion/suspected concussion	
Time since injury (earliest day)	Activity Level
0-2 days	Relative rest
Medical Assessment (with school/club medical team or R2P if unable to access/higher level input required) to confirm diagnosis and give recovery advice	
3-7 days	Light activity Gentle walks etc. <i>Activity level shouldn't leave you breathless</i>
8 days onwards	Low risk exercise & training Gradual increase in self-directed exercise – running, stationary bike, swimming, supervised weight training etc. Focus on fitness Can introduce static training drills (eg passing/kicking). Only drills with NO predictable risk of head injury
R2P Doctor Assessment to assess fitness to start a formal return to sport and advise on timeframes	
15 days onwards	Gradual return to sports training Starting with non-contact and gradually building up complexity and intensity. Introduction of contact in the final stages (only when symptom free at rest for 14 days)
R2P Doctor Assessment to assess fitness to return to unrestricted sport, including matches	
Day 21 earliest	Earliest return to competitive sport/matches Only if symptom free at rest for at least 14 days and has completed gradual return to sports training without any recurrence in symptoms