



Guidance for Managing Head Injuries in Children

September 2019

SEXEY'S SCHOOL

SCHOOL ETHOS AND VALUES

Our Christian values are at the heart of the ethos of the school and through these we grow individually and as a community. The Story of the Good Samaritan underpins our 7 core values of:

- Honesty
- Forgiveness
- Empathy
- Courage
- Resilience
- Kindness
- Respect

These core values underpin our policies, procedures and the way we treat one another in our community.

Guidance for Managing Head Injuries in Children

A minor head injury is a frequent occurrence in the school playground and on the sports field. Fortunately, the majority of head injuries are mild and do not lead to complications or require hospital admission. However, a small number of children do suffer from a severe injury to the brain. Complications such as swelling, bruising or bleeding can happen inside the skull or inside the brain. How much damage is caused depends on the force and speed of the blow.

Any injury involving the head that occurs during sporting activities requires the child to **cease play immediately**.

Any child who suffers a head injury or suspected head injury (ie unwitnessed) at school should be seen as soon as possible after injury by the School Nurse or a First Aider for assessment and plan of ongoing care.

The child's parents or carers must be informed after a head injury. In the case of a day pupil, they should be advised to seek medical advice. In the case of a boarder, health centre staff/House Parents will act in loco parentis and must seek medical advice. Staff should consider whether referral to a medical practitioner is required using the information in this document.

Symptoms of Potential Serious Head Injury

SIGNS THAT MEAN AN AMBULANCE SHOULD BE CALLED (DIAL 999)

- Unconsciousness or lack of consciousness (for example problems keeping eyes open)
- Problems with understanding, speaking, reading or writing
- Numbness or loss of feeling in part of body
- Problems with balance or walking, general weakness
- Any changes in eyesight

- Any clear fluid running from either or both of the ears or nose
- Bleeding from one or both ears
- New deafness in one or both ears
- A black eye with no associated damage around the eye
- Any evidence of scalp or skull damage, especially if the skull has been penetrated
- A forceful blow to the head at speed (for example a pedestrian struck by a car, a car or bicycle crash, a diving accident, a fall of less than 1 metre or a fall down any number of stairs)
- Any convulsions or having a fit
- Any loss of consciousness (being 'knocked out') from which the child has now recovered
- Any problems with memory
- A headache that won't go away
- Any vomiting or sickness
- Previous brain surgery
- A history of bleeding problems or taking medicine that may cause bleeding problems (for example Warfarin)
- Irritability or altered behaviour such as being easily distracted, not themselves, no concentration
- After a head injury, concussion must be taken seriously to safeguard the short and long term health and welfare of children. The majority of concussions will resolve in 7-10 days although a longer period of time is recommended for children. During this recovery time the brain is vulnerable to further injury. If a child returns to play too early then they may develop prolonged concussion symptoms or long-term health consequences such as brain degenerative disorders. During the recovery time a further episode of concussion can be fatal due to severe brain swelling (second impact syndrome). Graduated return to play should be undertaken on an individual basis and with the full cooperation of the child and their parents / guardians. If symptoms return then the child must stop any play immediately and be seen by a doctor or attend A&E the same day.

Before they can return to graduated play the child MUST:

- Have had two weeks rest
- Be symptom free
- Have returned to normal academic performance
- Be cleared by a doctor (it is the parent's responsibility to obtain medical clearance)

If any symptoms occur while progressing through this protocol then the player must stop for a minimum period of 48 hours rest and during this time they must seek further medical advice. When they are symptom free they can return to the previous stage and attempt to progress again after 48 hours if they remain symptom free.

SUMMARY OF GRADUATED RETURN TO PLAY

Stage	Rehabilitation	Exercise allowed	Objective
1	<u>Rest</u>	Complete physical and cognitive rest without symptoms.	Recovery.
2	<u>Light aerobic exercise</u>	Walking, swimming <70% maximum predicted heart rate. No resistance training	Increase heart rate and assess recovery.
3	<u>Sport specific exercise</u>	Running drills, no head impact activity.	Add movement and assess recovery.
4	<u>Non-contact training drills</u>	Progression to more complex training drills, e.g. passing drills. May start progressive resistance training.	Add exercise and coordination and cognitive load. Assess recovery
5	<u>Full contact practice</u>	Normal training activities.	Restore confidence and assess functional skills by coaching staff <u>Assess recovery</u>
6	<u>Return to play</u>	Player rehabilitated.	Safe return to play once fully recovered.

Before a player can commence the exercise elements at Stage 2 they must be symptom free for a period of 48 hours. The player can then progress through each stage as long as no symptoms or signs of concussion return, taking 48 hours for each stage.

Reference: Head injury: Triage, assessment and early management of head injury in infants, children and adults, National Institute for Health and Clinical Excellence (Nice Guidelines CG56, September 2007). Head injury: assessment and early management, National Institute for Health and Clinical Excellence (Nice Guidelines CG176, January 2014).