

September 2017

Dear Parent

This letter is to inform you of Bedford School / Bedford Prep School's Concussion Procedures. Bedford School works closely with outside agencies to ensure that all precautions are taken to prevent such injuries from occurring, and we recognise the seriousness of concussion and the importance of the procedures which are put in place. Bedford School follow guidelines from both the RFU's 'Don't be a Headcase' and the NICE Guidelines for medical staff.

*The RFU states: Concussion is a disturbance of the normal working of the brain but without there being any structural damage. Most people who sustain a concussion do not require any treatment as they normally get better by themselves and recover quickly, but for some the symptoms may last for days, weeks or in rare cases even longer. In young players we do need to be more cautious. Because the child or adolescent brain is still developing, there is particular concern that concussion can have more of an impact on the brain, and a second concussion occurring before recovery of the first results in prolonged symptoms that can have a significant impact on the child.*

Concussion can occur if,

- There is a direct blow to the head e.g. head hitting the ground or clash of heads.
- The head is shaken, as during a high impact tackle.

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.

We recognise that the management of concussion is a shared partnership between student, parent and school. This is particularly important if your son plays for an outside team, and we ask, for the safety of your son, that information is shared between school and clubs, if a head injury has occurred.

We ask parents to discuss the 4 Rs (Recognize Remove Recover Return) with their son and to visit [www.englandrugby.com/my-rugby/](http://www.englandrugby.com/my-rugby/).

If your son sustains a minor head injury, he will be given an information sheet to bring home outlining symptoms to be aware of and any treatment / follow up advice. Contact will be made to parents / Boarding House by either phone or email.

For students with suspected concussion, parents will be contacted by the Medical Centre and will either be seen by the School Medical Officer if available or you will be advised to take your son to A&E for a full assessment. For away fixtures the student will be assessed in the visiting school's Medical Centre and commence Graduated Return to Play (GRTP).

Attached to this letter is a copy of the head injury advice sheet and GRTP information and pathway for your information. If you have any questions with regard the information attached, please contact the Medical Centre staff, who would be happy to help.

Kind regards

Johanne Powell  
Lead School Nurse



**HEAD INJURY  
AND  
CONCUSSION  
MANAGEMENT PROTOCOL**

**For Bedford Prep and Bedford School**

**September 2017**

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## Statement

What is concussion? “A disturbance of the normal working brain without there being any structural damage. It is usually caused by a blow directly to the head, or indirectly if the head is shaken when the body is struck. It is important to recognise that most concussions occur without there being any loss of consciousness.

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.

The recovery process from a concussion is personal to each individual. Staff and pupils should not make comparisons.

Both cognitive and physical rest are both important to give all concussion sufferers the best chance of recovery.

Most young persons who have had concussion have needed no treatment and have recovered quickly, but some have experienced symptoms for the following days and weeks following injury and on rare occasions for longer periods. All will require careful monitoring in school and outside of school

*Wherever possible Bedford School have followed RFU regulations for concussion as written in their HEADCASE documents, to accommodate availability of medical staff for review and checks. Reference has also been used from NICE Head Injury.*

**Parents please see below a link to the RFU's official 'Don't be a Headcase' documents and learning materials, as well as an informative video about concussion.**

<http://www.englandrugby.com/my-rugby/players/player-health/concussion-headcase/>

## Concussion Management Team

School Medical Officer, De Parys Medical Practice  
Lead Nurse, Bedford School Medical Centre.  
The Medical Centre team consists of a total of five Nurses.

Barry Burgess, Director of Sport  
James Hinkins, Director of Rugby

Such staff as physical education teachers / rehabilitation / sports therapists / teachers / coaches will participate on a need to know basis.

## Prevention and Education

It is the aim of Bedford School to protect students participating in sports and we understand that proper supervision will help to minimise the risk to the pupil. We will ensure that they are educated and given the correct information with regard to head injuries / concussion and ensure that they are aware of the correct pathways to follow.

- All staff associated with sport are issued with information on the signs and symptoms of concussion.
- All staff attend first aid training which is organised on site every 3 years and staff have an understanding of school protocols and the resources of concussion available, including the RFU 'Don't be a Head Case' guidelines.
- Following a head injury, boys and parents are given written handouts informing them of the signs and symptoms of concussion and follow up advice.
- It is important that all boys / parents can recognise the signs and symptoms of concussion and are aware of the importance of informing staff if their son has sustained a head injury during outside clubs and to inform clubs of injuries that have occurred at school.
- It is important to understand the risks associated with concussion and the risk of long term disabilities is vital for the safety of each boy.
- Class staff will inform the Medical Centre if they notice any concentration issues in any of their boys.
- Boys, parents and staff are encouraged to share with medical staff any concerns they may have in regard to a boy, this may be behavioural in class, or at home, or let medical staff know of any injury which may not have been reported to the Medical Centre i.e. from outside clubs / activities.
- 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 the graduated return to play (GRTP).
- Boys 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 the Medical Centre.
- The Head Case website and information will be available to all parents at the start of each season via the school web page.
- Parents are advised that appropriate staff are informed of any head injuries which have occurred at outside clubs and to pass such information to the Medical Centre staff in all incidences.
- Parents will be informed of any head injury which has occurred at school and are also encouraged to inform any outside clubs that their sons attend.

- Nursing Staff attend annual pitch side training on site, including online RFU training with regard to concussion

## Assessment of Concussion

Bedford School recognises that it is not always easy to identify concussion as symptoms may not be apparent straight away. Therefore, any boy that sustains a knock to the head must be removed from play and assessed at pitch side and transferred to available medical resources.

All staff areas are issued with emergency information cards including a Pocket Sports Concussion Assessment Tool (pocket SCAT) and RFU Action Cards are in all sports first aid bags.

The medical staff will refer to NICE guidelines (pre – hospital management for patients with head injury) and Head Case RFU in the assessment and referral for head injuries.

The Glasgow Coma Scale (GCS) will be used to assess the severity of the injury

Mild: GCS = 13 – 15

Moderate: GCS = 9 – 12

Severe: GCS = below 8

## Concussion Management Protocol

At the start of each term, staff will be updated on the concussion protocol, including the recognition of symptoms and Baseline SCAT (Standardized Concussion Assessment Tool) cards will be given to all staff.

All students who sustain a head injury on the school site should be seen by the School Nurse. It is the responsibility of the supervising staff to ensure that the School Nurse is contacted or that the student is taken/escorted to the Medical Centre.

For injuries sustained at away fixtures or on the school site when the Medical Centre is closed, staff should follow first aid protocols and contact parents/boarding house as required. The head injury advice sheet will be given to parents (included in sports bags). Staff should email [nurse@bedfordschool.org](mailto:nurse@bedfordschool.org) and the completed accident form should be returned to the Medical Centre.

The School Nurse will be responsible for following up and for liaising with medical staff, parents and the Director of Rugby and coaches.

Parents are to report all head injuries which have occurred during outside club activities to [nurse@bedfordschool.org.uk](mailto:nurse@bedfordschool.org.uk)

If a boy is suspected to have concussion either from a sustained injury or reports symptoms, he must not return to play until he has been checked by the Medical Centre and the mechanism of his symptoms have been investigated.

Parents will be contacted, informing them of the head injury which has occurred on the school site.

The School Nurse and the School Medical Officer (SMO) are responsible for the Graduated Return to Play (GRTP) in school, and the appropriate referral pathway which is advised. Parents will be contacted and asked to collect their son if concussion is suspected. They will be given information with regard to the GRTP and a follow up appointment time will be issued.

## Diagnosis and Initial Management

Mid-Week Injury	Saturday Injury	Away Fixture Injury
Health Care Professional	Health Care Professional Medical Practitioner Emergency Technician	Health Care Professional
On pitch / side line assessment if player has injury with suspected concussion	On pitch / side line assessment if player has injury with suspected concussion	On pitch / side line assessment if player has injury with suspected concussion
Player must be removed from play and will not play any further part in game	Player must be removed from play and will not play any further part in game	Player must be removed from play and will not play any further part in game
Player escorted / transfer to Medical Centre	Player escorted / transfer to Medical Centre	Player escorted / transfer to Medical Centre / First Aid Tent on site
Assessed in Medical Centre by Nurses	Assessed in Medical Centre by Nurses and GP	Referred to GP or A&E Department for further assessment Parents informed by staff
Referred to GP or A&E Department for further assessment	Referred to A&E If felt necessary	Email sent to <a href="mailto:nurse@bedfordschool.org.uk">nurse@bedfordschool.org.uk</a>
Level .1. 2 week rest	Level.1. 2 week rest	Level.1. 2 week rest

**Move to Step 2 Graduated Return to Play (GRTP) if student has remained symptom free for a period of 48hrs**

### Return to play after concussion for UI9 and below

The majority (80-90%) of concussions resolve in a short (7-10 days) 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 being FATAL, due to severe brain swelling – known as second impact syndrome (as per RFU Guidelines 2015).

## Graduated Return to Play (GRTP)

2 weeks of rest + be symptom free

Return to academic studies as able

Clearance by School Medical Officer to continue on to GRTP during Tuesday & Thursday morning clinics in medical centre

GRTP 48hrs per activity stage –

Students / parents / Housemaster / Coaches will receive full instructions with regard GRTP. Student is responsible for completing each phase and reporting any presenting symptoms working with Coaches and parents to fulfil each stage. Medical clearance is required in school to progress to contact phases  
Failure to attend will delay return to play

**Earliest Return To Play= 23 days**

Initially boys are advised to avoid the following activities and to gradually re-introduce them as able

- Reading
  - TV
  - Computer games
  - Driving
- 
- Following concussion, extended absence from school is uncommon, but it is recognised it may be reasonable to miss a couple of days.
  - GRTP can commence following 2-week rest as long as all symptoms have resolved. All boys will be assessed by the School Medical Officer (SMO) during either the Monday or Friday clinic in the Medical Centre.
  - As part of this process, feedback will be taken from the boy's tutor regarding his academic performance to ensure all has returned to normal.
  - GRTP will be set on an individual basis with full cooperation of all parties (player and parents/Housemaster) and all will be actively involved throughout the process.
  - Each boy should report regularly to the Medical Centre staff throughout the GRTP
  - The Pocket Concussion Recognition Tool will be used to assess each level.
  - The player will proceed through each stage as long as they are symptom free for 48hrs.
  - Parents will be emailed following each assessment and the Director of Rugby will be informed.
  - Any player not symptom free will need to be assessed by the SMO during the next clinic.
  - Levels can be assessed via rehab sessions for players recovering from concussion in the gym with a rugby coach or during PE Lessons.
  - If a level falls over a weekend period, this can be supervised and signed off by a parent, who will liaise with the Medical Centre with regard to progress of the GRTP stage.
  - On completion of Level 4, a player will need clearance from the SMO to progress to level 5, to resume full contact practice.
  - **It is the player's responsibility to complete each phase and to attend the Medical Centre for clearance to the contact phases. Failure to attend appointments will delay return to play**

- Following return to play it is important that the player and parents recognise the importance of informing the medical centre of any symptoms if they occur as they may need a specialist referral.
- Emails / contact will be sent / made at the following times:
  1. Date of injury
  2. Completion of 2-week rest
  3. Following each stage of GRTP, reporting if symptoms present
  4. Following the appointment with the SMO prior to contact practice
  5. If any symptoms present

## Sample of GRTP Card issued to each player

DOB

GRTP

Rugby Master

Concussion HX +SX

Date of concussion

Stages	Date completed	Symptoms presented	Consultation	Completed	Pupils signature
Stage 1 0 – 14 days Rest				On completion medical clearance to next phase	
Stage 2 Light 48hrs					
Stage 3 Sport 48hrs					
Stage 4 Non-contact 48hrs					
Stage 5 full contact practice 48hrs				Appointment with SMO	
Stage 6 Return to play Day 23, if symptom free throughout					

## Recommended exercises

Rehabilitation stage	Functional exercise at each stage	Objective
No activity 2 weeks	Physical and cognitive rest	Recovery
Light aerobic exercise	Walking swimming stationary cycling keeping intensity 70% max predicted heart rate. No resistance training	Increase heart rate
Sport specific exercise	Running drills in rugby	Add movement
Non-contact training drills	Progression to more complex training drills	Exercise coordination and cognitive load
Full contact practice	Following medical clearance participate in normal training activities	Restore confidence and assess functional skills by coaching staff
Return to play	Normal game play	

# Advice to Parents regarding care of a child following a Head Injury

Boy's Name

Date

Your son was seen in the Medical Centre today following a head injury. Usually following such an injury there is no serious damage, but occasionally problems can occur.

Your son should be seen in A&E if he complains of any of the symptoms below 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 son complains of blurred, double vision, buzzing in the ears or is unsteady on his feet.
- **Vomiting:** It is not uncommon for the shock of the injury to cause one isolated episode of vomiting.
- **Altered behaviour:** If your son exhibits strange, uncharacteristic behaviour or if his personality alters. Reading / writing problems.
- **Drowsiness:** If your son appears drowsy or is difficult to wake or has difficulty staying awake. Excessive drowsiness is often the first indication that further problems may arise.

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

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

**Paracetamol can be given after a head injury as long as the casualty is not vomiting.**

**Do not leave your son alone for the first 48 hours.**

**Important: if you are in any doubt about your son's health or are worried, seek medical advice without delay.**

For a few days you may notice that your son 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 quiet
- 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 Medical Centre and his Tutor to ensure that your son is fully supported on his return to school.

**It is important that the Medical Centre is informed of any changes to your son.**

[nurse@bedfordschool.org.uk](mailto:nurse@bedfordschool.org.uk)

**01234 362261**

## **SUMMARY**

Bedford School recognise that the welfare of the student both short term and long term will always come first.

Education and resources will be available to ensure staff, students and parents understand the importance for following the guidelines on Graduated Return To Play (GRTP).

The 4 R's will be adhered to

1. Recognise
2. Remove
3. Recover
4. Graduated Return to play