DOWNSEND SCHOOL

Head Injury & Concussion Policy

Downsend School

UK

September 2026

Registered in England & Wales - Cognita Schools Limited No. 02313425
Registered Office: Seebeck House, One Seebeck Place Knowlhill, Milton Keynes, Buckinghamshire, MK5 8FR

COGNITA

THRIVE IN A RAPIDLY EVOLVING WORLD

1 Introduction

1.1 We take our responsibility for the health and welfare of pupils extremely seriously. We recognise the dangers presented by a head injury that results in the diagnosis of concussion.

1.2 **Head injury** is a trauma to the head that may or may not include injury to the brain. **Concussion** is a traumatic brain injury that alters the way the brain functions. Although concussions are usually caused by a blow to the head, they can occur when the head and upper body are violently shaken (such as a whiplash inury). There is usually a rapid onset of symptoms but occasionally these can be delayed by hours and days. Effects are usually temporary with around 80% resolving within 7-10 days. Concussion results in a range of signs or symptoms which may not include loss of consciousness.

1.3 Concussion can occur in many situations in the school environment; any time that a pupil's head comes into contact with a hard object such as the floor, desk or another pupil's body. The potential is often greatest during activities where collisions occur such as the playground and during sport.

1.4 Pupils may also get concussion when taking part in activities out of school but come to school with the signs and symptoms. 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.

2 Training

2.1 Staff and pupils are required to complete Head Injury and Concussion online training annually or more frequently if there are significant changes to guidance.

3 Concussion Awareness

3.1 Concussion recognition is summarised in Appendix 1. Below is a summary of signs and symptoms that can be experienced when concussion has occurred. **It should though be noted that there is no definitive list/combination of symptoms to prove that a concussion has occurred.**

Loss of consciousness	Nausea or vomiting
Seizure or convulsion	Drowsiness
Confusion	Feeling like 'in a fog'
Balance problems	Not feeling right
Difficulty in remembering	Sensitivity to noise
Amnesia	Sensitivity to light
Headache	Being more emotional
Blurred vision	Sadness
Neck pain	Fatigue or low energy
Irritability	Feeling slowed down
Dizziness	Nervousness or anxiety
Difficulty concentrating	'pressure in head'

If after any head injury or violent shaking of the head, any of the signs and symptoms listed above occur the case should be treated as a concussion, with the pupil removed from

play/activity and medical attention sought. If there are no immediate signs or symptoms but the mode of injury was such that concern remains, the pupil should still be removed from play/activity and medical attention sought.

If any of the following (red flags listed in Appendix 1) are reported or observed, the pupil should be reviewed immediately by a medical professional and, if necessary, a 999 call placed to the emergency services.

- Remaining unconscious or deteriorating conscious level/difficulty staying awake
- Becoming increasingly confused or irritable
- Experiencing a severe or increasing headache
- Complaining of neck pain
- Vomiting repeatedly
- Demonstrating unusual behaviour
- Having a fit, seizure or convulsion
- Experiencing prolonged vision problems such as double vision
- Bleeding from one or both ears or experiencing deafness
- Having clear fluid leaking from ears or nose
- Experiencing weakness6/tingling/burning in limbs

The majority (80-90%) of concussions resolve in a short period (7-10days) although this may be longer in children and in adolescents. It is for this reason that a more conservative approach is undertaken with pupils at [Insert School name], ensuring that enough time is allowed for healing and to minimise the risk of potential further injury.

During the recovery period, the brain is more vulnerable to further injury, and if a pupil returns to activity before they have fully recovered, this may result in:

- Prolonged concussion symptoms
- Possible long term health consequences e.g. psychological and/or degenerative brain disorders or
- A further concussive event being fatal, due to severe brain swelling – known as second impact syndrome

4 Injury Management

4.1 Any pupil who is sent for first aid/medical attention should be accompanied by a member of staff. **In no circumstances should a pupil be accompanied only by another pupil.**

4.2 Assessment of a head injury should take place immediately after it is sustained. Where Concussion is suspected, medical opinion should be sought immediately either by:

- Escorting pupil directly to the First Aid Room
- Requesting first aid support at the injury location
- Escorting the pupil to the first aid provision at an external venue
- Dialing 999 (if there are concerns about the immediate health of the pupil and/or when no other medical provision is available)

4.3 Where the injury is sustained away from school, the staff member in charge should not delegate the task of escorting a pupil for medical attention to anyone other than a member of school staff. On return to school, all information regarding the injury and first aid management should be added to Medical Tracker.

4.4 All concussions and suspected concussions should be recorded on Medical Tracker in accordance with our First Aid Policy as soon as reasonably practicable. This includes injuries sustained off site.

The School Secretary or member of staff in charge will phone the parent and inform them of the nature of the head injury.

5 Return to Learning

5.1 Return to education/work takes priority over return to sport.

5.2 It is increasingly acknowledged that, in some children, returning to academic activities while they are still concussed can cause a significant delay in recovery and a deterioration in academic achievement. Where debilitating concussion-related symptoms remain present, a pupil should not be considered fit to return to learning.

5.3 After a 24-48 hour period of relative rest, a staged return to normal life (education/work) at a rate that does not exacerbate existing symptoms or produce new symptoms is the main aim.

6 Return to Activity and Sport (GRAS)

6.1 Any pupil who has a concussion or suspected concussion must be managed under the return to play (RTP) pathway prior to returning to physical activity, regardless of how the injury occurred.
The latest Return to Activity and Sport pathway can be found in Appendix 2.

6.2 No pupil may return to sports **training** until they have been cleared to do so by a doctor. Written evidence should be provided by a parent and/or carer

6.3 No pupil may return to **competitive sports/matches** until they have been cleared to do so by a doctor, have been symptom free for a minimum of 14 days AND it has been at least 21 days since the injury.

Appendix 1: CONCUSSION RECOGNITION

Concussion should be suspected if one or more of the following visible clues, signs, symptoms or errors in memory questions are present.

1. VISIBLE CLUES OF SUSPECTED CONCUSSION (What you see)

Any one or more of the following visual clues can indicate a possible concussion:

- Loss of consciousness or responsiveness
- Lying motionless on the ground/being slow to get up
- Unsteadiness on feet/balance problems or falling over/lack of coordination
- Grabbing/clutching of head
- Dazed, blank or vacant look
- Confused/not aware of play or events

2. SYMPTOMS OF SUSPECTED CONCUSSION (What you are told/what you should ask about)

Presence of any one or more of the following symptoms may suggest a concussion:

Loss of consciousness	Nausea or vomiting
Seizure or convulsion	Drowsiness
Confusion	Feeling like 'in a fog'
Balance problems	Not feeling right
Difficulty in remembering	Sensitivity to noise
Amnesia	Sensitivity to light
Headache	Being more emotional
Blurred vision	Sadness
Neck pain	Fatigue or low energy
Irritability	Feeling slowed down
Dizziness	Nervousness or anxiety
Difficulty concentrating	'pressure in head'

3. AWARENESS

Failure to answer any of these questions correctly may suggest a concussion:

- "Where are we today?"
- "What event/activity are we doing?"
- "Who scored last in this game?"
- "What event/activity are we doing?"
- "Who scored last in this game?"

Any pupil with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, and should not be returned to activity before a medical assessment. Pupils with a suspected concussion should not be left alone.

RED FLAGS

If ANY of the following are observed or reported, the pupil should be reviewed immediately by a medical professional. If necessary, consider calling **999**.

Neck pain or tenderness	Weakness or numbness/tingling in more than one arm or leg
Seizures, fits or convulsions	Repeated vomiting
Loss of vision	Severe or increasing headache
Loss of consciousness	Increasingly restless, agitated or combative
Increased confusion or deteriorating conscious state	Visible deformity of the skull

REMEMBER

In all cases, the basic pronciples of first aid **(Danger, Response, Airway, Breathing, Circulation)** should be followed.

Appendix 2: GRADUATED RETURN TO ACTIVITY AND SPORT

Graduated return to activity (education/work) and sport programme

Stage	Focus	Description of activity	Comments
Stage 1	Relative rest period (24-48 hours)	Take it easy for the first 24-48 hours after a suspected concussion. It is best to minimise any activity to 10 to 15-minute slots. You may walk, read and do some easy daily activities provided that your concussion symptoms are no more than mildly increased. Phone or computer screen time should be kept to the absolute minimum to help recovery.	
Stage 2	Return to normal daily activities outside of school or work.	• Increase mental activities through easy reading, limited television, games, and limited phone and computer use. • Gradually introduce school and work activities at home. • Advancing the volume of mental activities can occur as long as they do not increase symptoms more than mildly.	There may be some mild symptoms with activity, which is OK. If they become more than mildly exacerbated by the mental or physical activity in Stage 2, rest briefly until they subside.
	Physical Activity (e.g. week 1)	• After the initial 24–48 hours of relative rest, gradually increase light physical activity. • Increase daily activities like moving around the house, simple chores and short walks. Briefly rest if these activities more than mildly increase symptoms.	
Stage 3	Increasing tolerance for thinking activities	• Once normal level of daily activities can be tolerated then explore adding in some home-based school or work-related activity, such as homework, longer periods of reading or paperwork in 20 to 30-minute blocks with a brief rest after each block. • Discuss with school or employer about returning part-time, time for rest or breaks, or doing limited hours each week from home	Progressing too quickly through stages 3 - 5 whilst symptoms are significantly worsened by exercise may slow recovery. Although headaches are the most common symptom following concussion and may persist for several months, exercise should be limited to that which does not more than mildly exacerbate them. Symptom exacerbation with physical activity and exercise is generally safe, brief and is self-limiting typically lasting from several minutes to a few hours.
	Light aerobic exercise (e.g. weeks 1 or 2)	• Walking or stationary cycling for 10–15 minutes. Start at an intensity where able to easily speak in short sentences. The duration and the intensity of the exercise can gradually be increased according to tolerance. • If symptoms more than mildly increase, or new symptoms appear, stop and briefly rest. Resume at a reduced level of exercise intensity until able to tolerate it without more than mild symptom exacerbation. • Brisk walks and low intensity, body weight resistance training are fine but no high intensity exercise or added weight resistance training.	

Graduated return to activity (education/work) and sport programme

Stage	Focus	Description of activity	Comments
Stage 4	Return to study and work	• May need to consider a part-time return to school or reduced activities in the workplace (e.g. half-days, breaks, avoiding hard physical work, avoiding complicated study).	Progressing too quickly through stages 3 - 5 whilst symptoms are significantly worsened by exercise may slow recovery. Although headaches are the most common symptom following concussion and may persist for several months, exercise should be limited to that which does not more than mildly exacerbate them. Symptom exacerbation with physical activity and exercise is generally safe, brief and is self-limiting typically lasting from several minutes to a few hours.
	Non-contact training (e.g. during week 2)	• Start training activities in chosen sport once not experiencing symptoms at rest from the recent concussion. It is important to avoid any training activities involving head impacts or where there may be a risk of head injury. Now increase the intensity of exercise and resistance training.	
Stage 5	Return to full academic or work-related activity	• Return to full activity and catch up on any missed work.	Individuals should only return to training activities involving head impacts or where there may be a risk of head injury when they have not experienced symptoms at rest from their recent concussion for 14 days. Recurrence of concussion symptoms following head impact in training should trigger removal of the player from the activity.
	Unrestricted training activities (not before week 3)	• When free of symptoms at rest from the recent concussion for 14 days can consider commencing training activities involving head impacts or where there may be a risk of head injury.	
Stage 6	Return to competition	This stage should not be reached before day 21* (at the earliest) and only if no symptoms at rest have been experienced from the recent concussion in the preceding 14 days and now symptom free during pre-competition training. * The day of the concussion is Day 0 (see example below).	Resolution of symptoms is only one factor influencing the time before a safe return to competition with a predictable risk of head injury. Approximately two-thirds of individuals will be able to return to full sport by 28 days but children, adolescents and young adults may take longer. Disabled people will need specific tailored advice which is outside the remit of this guidance.

Example:

- Concussion on Saturday 1st October (Day 0)
- All concussion-related symptoms resolved by Wednesday 5th October (Day 4)
- No less than 14 days is needed before the individual returns to sport-specific training involving head impacts or where there may be a risk of head injury (Stage 5) on Wednesday 19th October (Day 18)
- Continue to be guided by the recommendations above and, if symptoms do not return, the individual may consider returning to competitive sport with risk of head impact on Wednesday 26th October (Day 25)

Ownership and consultation	
Document sponsor	Head of Health & Safety - Europe
Document author	Consultant Nurse - Europe
Consultation & Specialist advice	UK Concussion Guidelines for Non-Elite (Grassroots) Sport (April 2023)

Document application and publication	
England	Yes
Wales	Yes
Spain	Yes
Switzerland	Yes
Italy	Yes

Version control	
Current review date	June 2026
Next review date	June 2027

Related documentation	
Related documentation	Health and Safety Policy First Aid Policy Pupil Health and Wellbeing Policy Educational Visits Policy and Guidance Serious Incident Reporting Form (SIRF)