Sidcot

Live Adventurously

Policy Name: Concussion Protocol

Policy 4.5

Date: September 2026

Next review: September 2027 (or earlier following legislative change)

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1. Introduction

This policy applies to **all students and all school activities**, including sport, physical education, and day-to-day incidents. It reflects current UK guidance, including the RFU HEADCASE programme, UK concussion guidance for non-elite sport, and international consensus statements on concussion management.
The School recognises concussion as a **significant health and safeguarding issue**, requiring a coordinated whole-school response. This includes appropriate medical management, academic support, and clear communication between staff, students, and parents. The School maintains **accurate records of all suspected and confirmed concussions** and ensures that students are supported appropriately throughout recovery.

2. What is Concussion?

CONCUSSION MUST BE TAKEN EXTREMELY SERIOUSLY

Concussion is a form of mild traumatic brain injury caused by a direct or indirect force to the head. It results in a disturbance of brain function, which may affect memory, balance, coordination, and concentration. Loss of consciousness is not required for a diagnosis, and symptoms may develop immediately following the injury or emerge gradually over a period of 24 to 48 hours. Concussion may occur during sporting activity, but it can also arise from everyday incidents such as falls, collisions, or accidental impacts within the school environment.

Concussion is primarily a **functional disturbance rather than a structural injury**, meaning that standard medical imaging is often normal despite the presence of significant symptoms. The effects may be temporary; however, the injury must be taken seriously, as inappropriate management may lead to prolonged symptoms or further injury.

Children and adolescents are recognised as being **more vulnerable to the effects of concussion**. Young people may take longer to recover than adults and may experience greater disruption to learning, concentration, and emotional regulation. Symptoms in younger children can sometimes be more difficult to identify, as they may not be able to describe how they are feeling clearly. Behavioural changes, irritability, or withdrawal may therefore be important indicators.

In both children and teenagers, concussion can impact **academic performance as well as physical wellbeing**, affecting attention, memory, processing speed, and tolerance to light and noise. As a result, concussion management within a school setting requires appropriate adjustments to both physical activity and learning demands during recovery.

It is also recognised that a subsequent head injury occurring before full recovery from an initial concussion may result in more serious complications. For this reason, a cautious and structured approach to recognition, management, and recovery is essential for all students.

It should be noted that protective equipment, including helmets and mouthguards, does not prevent concussion, although it may reduce the risk of other injuries to the head and face.

3. Recognition, Diagnosis and Initial Management

Concussion may present with a range of physical, cognitive, and behavioural symptoms, and it is important that all staff remain vigilant to the possibility of head injury in both sporting and non-sporting contexts.

Any student suspected of sustaining a concussion must be **removed from activity immediately and must not return on the same day**. This applies regardless of the severity of the injury or whether symptoms appear mild at the time. All students should be **medically assessed at the earliest opportunity**.

The School adopts the principle of **"Recognise and Remove"**, whereby any staff member who observes or suspects a concussion is responsible for ensuring that the student is safely removed from activity and referred for appropriate assessment. A precautionary approach must always be taken and, where there is any doubt, the student must not continue in activity.

Common indicators of concussion may include confusion, dizziness, headache, nausea, balance problems, visual disturbance, or changes in behaviour. Symptoms may not be immediately apparent and can develop over a period of 24 to 48 hours following the injury.

Following a suspected concussion, students should undertake a period of **relative rest for 24 to 48 hours**. During this time, light activity may be undertaken provided it does not significantly worsen symptoms. Complete physical and cognitive rest is not required; however, activities that provoke symptoms should be limited. A gradual return to normal daily activities should then be initiated, guided by symptom resolution.

Emergency medical services must be contacted immediately where **red flag symptoms** are present. These include loss of consciousness, repeated vomiting, worsening headache, deteriorating awareness, seizures, or suspected spinal injury.

The School maintains the principle that:
If in doubt, the student must be removed from activity and medically assessed.

No student will return to contact sport without appropriate medical clearance.

4. Recurrent Concussions

Students who experience multiple concussions, prolonged recovery, or atypical symptom patterns must be referred for further medical assessment and may require a more cautious and individualised approach to recovery and return to activity.

It is recognised that children and adolescents are at an increased risk of prolonged recovery following concussion, and that repeated head injuries within a short period may result in greater cumulative effects on brain function. Younger students, particularly those in early years and primary settings, may be less able to recognise or communicate their symptoms, and therefore require careful observation by staff and parents for any changes in behaviour, coordination, or learning.

In a school spanning ages 3 to 19, it is important to acknowledge developmental differences. Younger children may present with non-specific symptoms such as irritability, fatigue, or changes in sleep patterns, while older students may report difficulties with concentration, memory, or academic performance. In all age groups, deterioration in behaviour, engagement, or wellbeing following a head injury should prompt further assessment.

Students with a history of recurrent concussion should be managed conservatively. This may include an extended period of recovery, a slower progression through return-to-learn and return-to-sport programmes, and closer monitoring within the school environment. Decisions regarding participation in contact sport, or ongoing involvement in higher-risk activities, should be made in consultation with an appropriate healthcare professional, taking into account the student's medical history and overall wellbeing.

The School will ensure that appropriate communication takes place between the Health Centre, teaching staff, parents, and, where relevant, external healthcare professionals. Where necessary, a more personalised plan will be implemented to support both the student's academic progress and physical recovery.

5. Recovery from Concussion

Recovery from concussion is typically gradual and varies between individuals. While many students will recover within a relatively short period, recovery may be longer in children and adolescents, and should not be rushed. Students should avoid returning to physical activity or full academic demands too soon, as this may increase the risk of further injury, prolong symptoms, and impact overall wellbeing.

In a school environment supporting students aged 3 to 19, it is important to recognise that recovery may present differently depending on age and developmental stage. Younger children may be less able to describe symptoms clearly and may instead show behavioural changes such as increased irritability, fatigue, reduced interest in play, or changes in sleep patterns. In older students, symptoms may more commonly include difficulties with concentration, memory, processing speed, and tolerance to light, noise, or screen use. In all cases, staff should remain alert to any decline in academic performance, engagement, or behaviour following a head injury.

A supportive and flexible approach to recovery is essential. Students may require temporary adjustments to both schoolwork and physical activity, with a gradual and monitored return to normal expectations. This may include reduced cognitive demands, opportunities for rest, and careful pacing of the school day. Recovery should be guided by symptoms, with activity increased only when it does not significantly worsen the student's condition.

Effective communication between the Health Centre, teaching and pastoral staff, parents, and, where appropriate, external healthcare professionals is essential to ensure that recovery is appropriately managed. The School will monitor progress and adapt support as required, with the aim of facilitating a safe, steady return to full participation in school life.

A cautious approach must always be taken, particularly in younger students and those with a history of concussion, to ensure that recovery is complete before resuming full physical and cognitive demands.

Return to Learn

The School recognises that concussion can have a significant impact on a student's ability to engage in learning. A structured and supportive return to academic activity is therefore essential and should be managed alongside physical recovery.

Following a concussion, students may require temporary adjustments to their academic workload and school routine. These adjustments may include a reduction in lesson duration, additional rest breaks, a modified timetable, reduced homework expectations, and limited exposure to screens or environments with excessive noise and light. The aim is to allow the student to remain engaged in school life without exacerbating symptoms.

The Health Centre will play a central role in coordinating the return to learn process. This will include assessing symptoms, advising on appropriate adjustments, and communicating recommendations to teaching and pastoral staff. Tutors, Heads of Year, and subject teachers will be responsible for implementing these adjustments within the classroom, while ensuring that the student remains supported and included.

In younger children, particularly in early years and primary settings, adjustments may focus on reduced stimulation, increased supervision, and flexibility around play and structured activities. Staff should be aware that symptoms may present as changes in behaviour, reduced participation, or fatigue rather than explicit complaints. In older students, particularly those preparing for examinations, concussion may

affect concentration, memory, and processing speed. In these cases, careful consideration should be given to workload, assessments, and examination preparation, with additional support provided where necessary.

Progress should be monitored collaboratively by the Health Centre and pastoral team, with regular communication with parents to ensure consistency between school and home. Adjustments should be reviewed and gradually reduced as symptoms improve, allowing the student to return to full academic participation in a safe and sustainable manner.

Where symptoms persist or recovery is prolonged, the School may seek further medical advice and implement a more individualised support plan.

7. Graduated Return to Play (GRTP)

Following a suspected or confirmed concussion, students must follow a **Graduated Return to Activity and Sport (GRAS)** approach, which ensures a safe and structured progression back to both physical activity and full participation in school life.

GRAS recognises that recovery from concussion involves a **gradual reintroduction of both cognitive and physical demands**, and that these should be increased in parallel, rather than treated as separate processes. Students should be able to tolerate normal daily activities and a full school day before progressing to higher levels of sporting activity.

After an initial period of **24 to 48 hours of relative rest**, students should begin a staged return to physical activity. This progression is guided by symptoms rather than fixed timelines, and each stage should normally take a minimum of 24 hours. The programme begins with light, symptom-free activity and progresses through increasing levels of physical exertion, including sport-specific exercise and non-contact training, before returning to full contact practice and competitive sport.

Throughout this process, students will also gradually resume normal day-to-day activities within the school environment. This includes movement around the school site, participation in lessons, and engagement in social activities. Care should be taken to ensure that increasing physical activity does not negatively impact the student's ability to participate in learning or worsen symptoms.

If symptoms recur at any stage, activity should be reduced, and the student should return to the previous stage until symptoms have fully settled. A cautious and individualised approach should be taken, particularly in younger students and those with a history of concussion.

Medical clearance from an appropriate healthcare professional is required before a student returns to **full contact sport or competitive activity**.

The School will oversee this process through the Health Centre, ensuring effective communication with sports staff, teaching staff, and parents, and maintaining appropriate records of each student's progression through the graduated return process.

8. Conclusion

Concussion is a potentially serious injury which, if not managed appropriately, may result in significant short- and longer-term effects on a student's health, wellbeing, and academic progress. While participation in sport and physical activity is an important part of school life, it is recognised that there is an inherent risk of head injury despite appropriate precautions.

The School is committed to minimising this risk through the implementation of clear procedures for the recognition, management, and recovery of concussion, in line with current guidance. A cautious and consistent approach is adopted to ensure that all students are supported throughout their recovery and are not permitted to return to activity before it is safe to do so.

Parents are encouraged to seek appropriate medical advice if they have any concerns that their child may have sustained a concussion, whether this occurs in or outside of school. It is essential that the School is informed of any such injuries so that appropriate care, monitoring, and support can be provided during the recovery process.

9. Links

NHS: www.nhs.uk
HEADCASE: www.englandrugby.com/headcase
Headway: www.headway.org.uk

10. References

Berlin 2016 Consensus Statement
Amsterdam 2022 Consensus Statement
UK Concussion Guidelines

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11 Protocol Review

This protocol document will be reviewed every year by the Senior Health Centre team in conjunction with the Deputy Head Pastoral.

12 Document Change History

Date of Change	Detail significant changes and any new legislation / guidance taken into account
08.02.2023	Protocol reviewed by Senior Nurse – no material change. Formatting changes only
01 September 2024	Reviewed by senior nurse-updated dates and reduced length to make it easier to read. Included HEADCASE resource Added a statement about informing the wider school staff in section 5
June 2025	Reviewed by Senior Nurse – no changes required, formatting only.
June 26	Reviewed, rewritten with up to date links and references

Appendix 1

Pocket Concussion Recognition Tool

Pocket CONCUSSION RECOGNITION TOOL™

To help identify concussion in children, youth and adults

RECOGNIZE & REMOVE

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

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

Loss of consciousness or responsiveness
Lying motionless on ground / Slow to get up
Unsteady on feet / Balance problems or falling over / Incoordination
Grabbing / Clutching of head
Dazed, blank or vacant look
Confused / Not aware of plays or events

2. Signs and symptoms of suspected concussion

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

- Loss of consciousness
- Seizure or convulsion
- Balance problems
- Nausea or vomiting
- Drowsiness
- More emotional
- Irritability
- Sadness
- Fatigue or low energy
- Nervous or anxious
- "Don't feel right"
- Difficulty remembering
- Headache
- Dizziness
- Confusion
- Feeling slowed down
- "Pressure in head"
- Blurred vision
- Sensitivity to light
- Amnesia
- Feeling like "in a fog"
- Neck pain
- Sensitivity to noise
- Difficulty concentrating

3. Memory function

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

"What venue are we at today?"
"Which half is it now?"
"Who scored last in this game?"
"What team did you play last week / game?"
"Did your team win the last game?"

Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, and should not be returned to activity until they are assessed medically. Athletes with a suspected concussion should not be left alone and should not drive a motor vehicle.

It is recommended that, in all cases of suspected concussion, the player is referred to a medical professional for diagnosis and guidance as well as return to play decisions, even if the symptoms resolve.

RED FLAGS

If ANY of the following are reported then the player should be safely and immediately removed from the field. If no qualified medical professional is available, consider transporting by ambulance for urgent medical assessment:

- Athlete complains of neck pain
- Increasing confusion or irritability
- Repeated vomiting
- Seizure or convulsion
- Weakness or tingling / burning in arms or legs
- Deteriorating conscious state
- Severe or increasing headache
- Unusual behaviour change
- Double vision

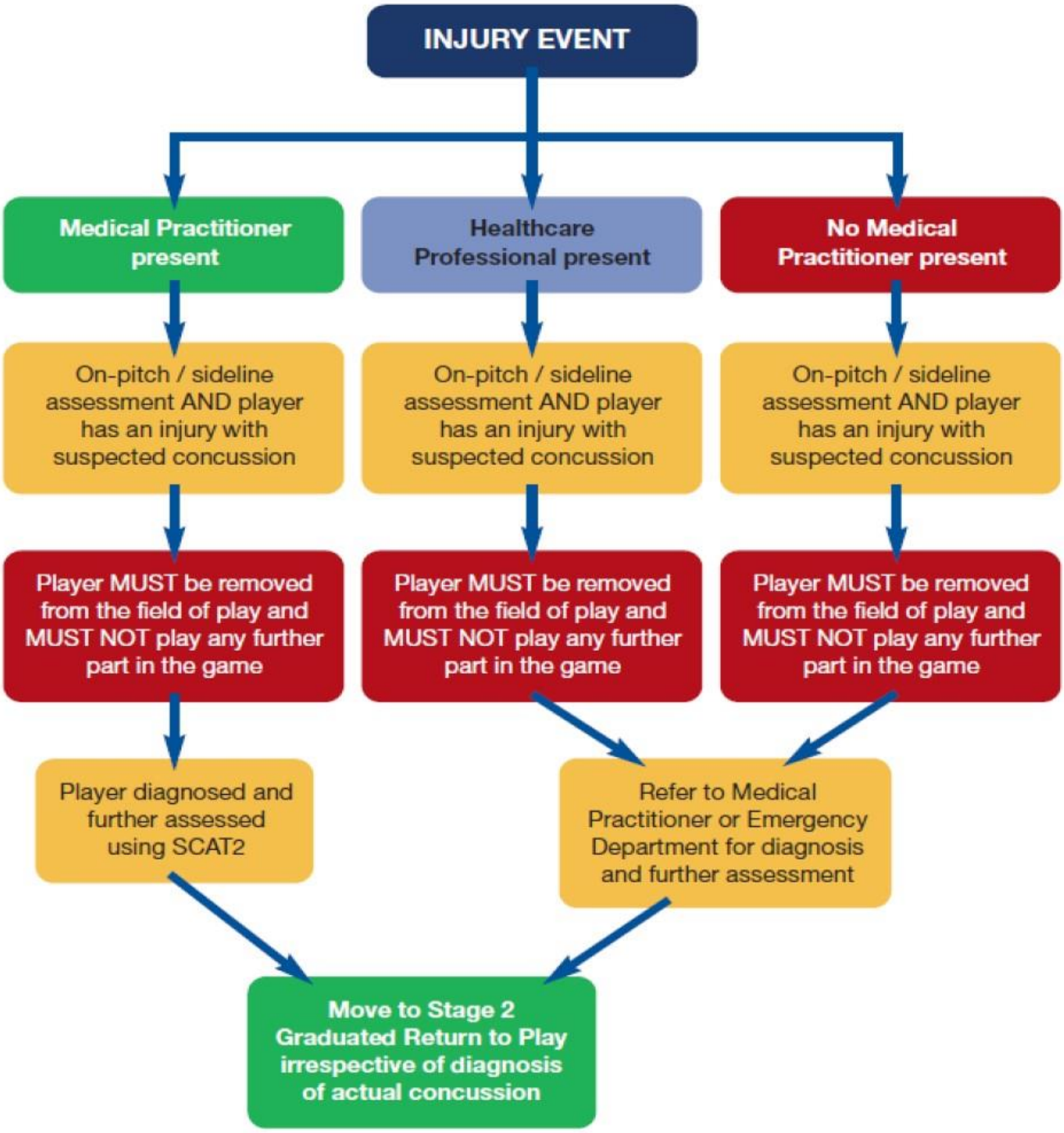
Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the player (other than required for airway support) unless trained to so do.
- Do not remove helmet (if present) unless trained to do so.

from McCrory et. al, Consensus Statement on Concussion in Sport. Br J Sports Med 47 (5), 2013

Appendix 2

Diagnosis and Initial Management of Concussion



Appendix 3

Headcase – Recover & Return Guidelines

HEADCASE

RECOVER & RETURN

GRADUATED RETURN TO ACTIVITY & SPORT

Following a concussion ALL PLAYERS should follow the **Graduated Return to Activity and Sport (GRAS) programme**. This provides a standard framework for all community level players which is designed to safely allow a return to education, work, and sport after a concussion.

Download a detailed version of the GRAS programme.

The overview below sets out the different stages: