CONCUSSION PROTOCOL

Belfast High School

November 2024

Introduction

Concussion can be described as a brain injury caused by either a direct blow to the head or where an impulsive force has been transmitted to the head. It causes a range of symptoms which does not always include loss of consciousness. All concussions are serious and can happen in any sport or activity. Most people recover in a few days but recovery can take longer, especially in young people.

Second Impact Syndrome (SIS) is a rare condition that occurs when a person with symptoms relating to concussion suffers a second head injury. SIS may occur days or weeks after the initial concussion. Although the second injury may be relatively minor, it can lead to collapse and can be fatal.

The purpose of this protocol is to help:

- Recognise the dangers of concussion;
- Educate everyone to be able to recognise and manage concussion and hence minimise the associated risks;
- Remind everyone that the benefits of sport and activities far outweigh the risks.

Roles and Responsibilities

Board of Governors and Senior Leadership Team

The Board of Governors of each school has a duty to safeguard and promote the welfare of pupils (Article 17 of the Education and Libraries (Northern Ireland) Order 2003). It is important that all school staff are aware of the signs of concussion and the associated risks. It is also important that the staff from external organisations, brought into a school to deliver sporting activities, are also aware.

The Board of Governors and Senior Leadership Team will oversee the implementation of this protocol and ensure it is reviewed annually or as needed.

All Staff (including teachers, coaches and volunteers)

- If the suspected concussion occurs during a sporting activity, safely remove the pupil from the field of play and ensure that they do not return to play in that game, even if they say that their symptoms have resolved;
- If the suspected concussion occurs in another setting, safely remove the pupil from the area for assessment;
- Observe the pupil or assign a responsible adult to monitor the individual once the pupil is removed;
- Assess pupil for concussion using the criteria in Appendix 1, or seek immediate emergency medical assistance as appropriate;
- The pupil should not be returned to any activity until they are assessed medically by a qualified medical professional or healthcare provider. This should be done within 24 hours;
- Contact parents/carers by telephone to inform them of the suspected concussion;
- Arrange for the pupil to get home safely. No-one with suspected concussion should be left alone or be allowed to drive;
- Clear information must be passed on when handing the pupil over to parents/carers regarding what is known about the suspected concussion;

- Advise parents/carers of their role and responsibilities in relation to any concussion incident, including advising the school and other relevant organisations about any concussion-related injuries sustained and any activity restrictions recommended by a medical professional;
- Advise that a responsible adult should supervise the pupil over the next 24 – 48 hours;
- The member of staff to whom the suspected concussion has been reported should notify all staff of any pupil who has presented with suspected concussion as soon as possible after the incident, by sending the concussion email to all staff;
- The member of staff should complete an Incident Report Form (contained in the First Aid folder of the staff shared drive on the C2K system);
- The member of staff should liaise with a First Aider on the day the incident occurs so that the appropriate records can be kept as required by Health & Safety Legislation including a Medical Event entry on SIMS;
- The pupil will follow a graduated return to activity (education/work) and sport programme with an emphasis on initial relative rest and returning to education/work before returning to training for sport.

A member of staff who is supervising outside of school hours when a pupil sustains a possible concussion should:

- Notify the parent/carer by telephone;
- Send an email to all staff (teaching and support staff) as soon as possible and preferably before the pupil returns to School;
- Complete an Incident Report Form (contained in the First Aid folder of the staff shared drive on the C2K system);
- Liaise with a First Aider so that appropriate records can be kept as required by Health & Safety Legislation including a Medical Event entry on SIMS.

Parents/Carers

Suspected Concussions Sustained In School:

The primary responsibility of parents and carers is to discuss the details of the guidance included in the 'Recognise and Remove' leaflet with their child. This is accessible on the school website: Parents→Concussion Protocol along with other information about the signs, symptoms and how to deal with suspected cases of concussion. Pupils should not be left alone for the first 24 – 48 hours.

Parents/Carers should ensure that they:

- Obtain full details of the incident;
- Do not leave their child alone for the first 24 hours;
- Have their child assessed by an 'appropriate Healthcare Professional'* within 24 hours;
- Monitor their child for worsening signs and symptoms of concussion for at least 24-48 hours;
- Encourage initial rest/sleep as needed and limit smartphone/computer and screen use for the first 24-48 hours;
- Inform school/work/other sports clubs of the suspected concussion;
- Support their child to follow a graduated return to activity (education/work) and sport programme.

*An appropriate Healthcare Professional may include your GP or local Urgent Care centre**

Suspected Concussions Sustained Outside School:
In addition, parents/carers should inform the school of any suspected concussion that their child may have suffered outside school hours and confirm that the child has been medically assessed by a qualified medical practitioner or healthcare provider, within 24 hours of the incident, before the pupil can return to sporting activity.

Pupils
Pupils should be aware of the signs of concussion as outlined in the Concussion Recognition Tool and if they suspect that they or a friend has suffered concussion, should speak to an adult immediately.

Managing a Pupil with Suspected Concussion
The following principles should be applied to any pupil who presents with suspected concussion due to any cause, not just due to a sporting activity:

- The pupil should be medically assessed either at the scene or taken by the School or a parent/carer to a GP, Urgent Care Centre or Emergency Department. Parents/carers of a pupil who has suspected concussion following an incident in school will be given advice on points to look for when dealing with suspected concussion as soon as is practicable;
- These points are also accessible via the School website at Parents→Concussion Protocol. (see Appendix 1);
- Concussion may impact on the child's cognitive ability to learn at school and as such, the School has a Graduated Return to Learning Programme that pupils should follow;
- The pupil should not be returned to any activity until they are assessed medically by a qualified medical practitioner or healthcare provider. This should be done within 24 hours;
- When a pupil is placed on a Graduated Return to Play Protocol it is important that the School, parents/carers and external coaches understand that this means restrictions to the levels of exertion or physical contact should be applied to **all** of their activities, both inside and outside of School.

'If In Doubt, Sit Them Out – UK Concussion Guidelines for Non-Elite (Grassroots) Sport'
The information contained in this Concussion Protocol should be considered alongside that published in 'If In Doubt, Sit Them Out – UK Concussion Guidelines for Non-Elite (Grassroots) Sport' which can be accessed via the link below and which contains a *Frequently Asked Questions* section which parents/carers and pupils may find useful.

https://sportandrecreation.org.uk/files/uk-concussion-guidelines-for-grassroots-non-elite-sport---november-2024-update-061124084139.pdf

Graduated Return to Learning Programme

The following table outlines the Graduated Return to Learning programme that pupils who have sustained a suspected concussion will follow. Progression through the stages of the programme is dependent upon the extent of the injury and the activity not more than mildly exacerbating symptoms.

Rehabilitation Stage		Guidance and exercise at each stage of rehabilitation
1.	Relative rest period	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.
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.
3.	Increasing tolerance for thinking activities	Once a 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.
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).
5.	Return to full academic or work-related activity	Return to full activity and catch up on any missed work.

Graduated Return to Play Protocol

The following table outlines the Graduated Return to Play Protocol that pupils who have sustained a suspected concussion will follow. Progression through the stages of the programme is dependent upon the extent of the injury and the activity not more than mildly exacerbating symptoms.

Rehabilitation Stage		Guidance and exercise at each stage of rehabilitation	Number of Days
1.	Relative rest period.	Take it easy for the first 48 hours after a concussion. No participation in any aspect of school-based sporting activity including Practical PE and Games classes in first 48 hours after a concussion. Keep phone or computer screen time to a minimum to aid recovery. Eg Walking.	0-2
2.	Physical activity.	Gradually increase light physical activity. Briefly rest if these activities more than mildly increase symptoms. Eg Walking / swimming / stationary cycling / 20–30-minute jog.	3-6
3.	Light aerobic exercise.	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 is fine but no high intensity exercise or added weight resistance training. Eg Resume at a reduced level of Running drills, brisk walks and low intensity, body weight resistance training. No contact.	7-9
4.	Non-contact training.	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. Eg Increase the intensity of exercise and resistance training, interval training, gym work at 70-80% of normal load.	10-15

5.	Unrestricted training activities **following medical clearance*.**	Can consider commencing training activities involving head impacts or where there may be a risk of head injury. Reoccurrence of concussion symptoms following head impact in training should trigger removal of the player from the activity. Eg Full training session.	16-23
6.	Return to competition.	May return to full play only if no symptoms at rest have been experienced from the recent concussion in the preceding 14 days and pupil is symptom free following pre-competition training.	23+

*The School's preference is to receive clearance from a qualified medical practitioner. Parents must complete and return a concussion clearance form after stage 4 of the graduated return to play protocol. (Appendix 2).

In producing this graduated return to play protocol, the School has drawn upon information contained in DENI Circular 2024/15 and IRFU guidance https://www.irishrugby.ie/playing-the-game/medical/irfu-concussion-protocols/.

Timings are a guide only. This protocol should not replace advice given to an individual by their qualified medical practitioner.

Details of dates when pupils who have a suspected concussion are eligible to return to physical activity are contained on the Concussion Protocol spreadsheet which can be accessed by staff via the SIMS homepage. Staff are asked to consult this for further guidance on return to play dates.

When a pupil is placed on a graduated return to play protocol and/or graduated return to learning programme, the exact details will be unique to each individual but will involve a graduated reintroduction to school activities and may include some or all of the following:

- Reassurance from all in the school that the pupil will be supported through their recovery
- Shortened school days;
- Extra time for assignments;
- No/limited homework;
- Postponement of exams/assessments and regular review of progress.

Review and Evaluation

- This protocol will be reviewed annually or after any significant concussion incident.
- Any updates to DENI Circular 2024/15 or changes in sports body guidelines will be incorporated into the protocol.

INFORMATION FOR BELFAST HIGH SCHOOL PUPILS WITH SUSPECTED CONCUSSION

Dear Parent/Carer

Following an incident your child has a suspected concussion. They have been assessed and have displayed one or more of the following symptoms:

Loss of consciousness		Seizure or convulsion		Balance problems	
Nausea or vomiting		Drowsiness		Mood changes	
Fatigue or low energy		Confusion		"Don't feel right"	
Headache		Dizziness		Feeling slowed down	
"Pressure in head"		Blurred vision		Sensitivity to light	
Amnesia		Feeling like "in a fog"		Changes in normal behaviour	

It is our strong recommendation that they be checked by a medical professional to assess the severity of the injury. Until symptoms have disappeared they should not be allowed to drive, use mobile devices or computers and they may need to rest at home.

In line with School policy we will apply the compulsory Graduated Return to Play protocol, which can be accessed on the school website: Parents→Concussion Protocol along with other information about the signs, symptoms and how to deal with suspected cases of concussion.

Fig 1 Adapted from NHS Guidance

BELFAST HIGH SCHOOL CONCUSSION CLEARANCE FORM

Pupil's name:

DOB:

Contact telephone no:

Date of suspected concussion:

Number of days that concussion symptoms persisted for (tick 1):

Less than 1 day
1-3 days
4-7 days
8-14 days
More than 14 days

Total number of previous suspected concussions:

Number of concussions, including this one, this academic year:

My child has completed Belfast High School's graduated return to play protocol up to stage 4.

After stage 4 my child did/did not attend a doctor for medical clearance and I have/have not attached a signed medical clearance form from the doctor.

Signed: _____ (Parent/Carer)

Date: _____

I confirm that my child has no on-going concussive symptoms and I give permission for them to return to play.

Signed: _____ (Parent/Carer)

Date: _____

Received by First Aider:

Signed: _____ (First Aider)

Date: _____