

GORDON'S SCHOOL

HEAD INJURY AND CONCUSSION POLICY

The core principle that guides everything we do is Putting Students First.

Introduction

This policy ensures that all students at Gordon's School receive the highest standard of care following any head injury, with student welfare as the utmost priority.

It applies to all head injuries and suspected concussions that occur during any school activity or incident, including sporting events, academic sessions, co-curricular activities, and daily school life.

The policy aligns with best-practice guidance from England Rugby (RFU), World Rugby, the National Institute for Health and Care Excellence (NICE), and the Medical Officers of Schools Association (MOSA). It is intended for all staff, parents/guardians, and students.

All head injuries and concussions must be treated with the utmost seriousness. Failure to recognise and manage a concussion appropriately can result in significant short- and long-term health consequences and, in very rare cases, may be life-threatening.

Terminology

It is important to distinguish between the terms 'Head Injury' and 'Concussion'.

- Head injury is defined as any trauma to the head other than superficial injuries to the face (NICE, 2021)
- Concussion is a mild traumatic brain injury, which occurs when head injury results in a disturbance of normal brain function. Not all head injuries lead to traumatic brain injury (NICE, 2021)

Recognition

Any student sustaining a head injury should be immediately removed from that activity and referred to the Medical Centre for an assessment by a school nurse or physiotherapist if a concussion is suspected. In their absence, for example an off-site activity, the student should be monitored by a qualified first aider and referred Return2Play directly, or the Medical Centre as per the 'Management & Communication Procedures' section of this policy.

Emergency Management (NICE, 2023)

If the following signs are observed, and/or symptoms reported, the casualty must be removed from play and need urgent medical care.

Call 999 (Ambulance) for:

- Unconscious or lack of full consciousness e.g., problem keeping eyes open
- Focal neurological deficit since the injury
 - Difficulties understanding, speaking, reading or writing, decreased sensation, loss of balance, weakness, visual changes, nystagmus, abnormal reflexes, problems walking, amnesia.
- Suspicion of a complex skull fracture or penetrating head injury
 - Clear fluid running from ears or nose, black eye with no associated damage around the eyes, bleeding from 1 or both ears, bruising behind 1 or both ears, visible trauma to the scalp or skull
- Seizure ('convulsion' or 'fit') since the injury
- High-energy head injury e.g., road traffic collision including pedestrian struck, or ejection, fall from height, diving accident etc.

Refer to A&E for:

- Loss of consciousness from which the casualty has recovered
- Amnesia for events before or after the injury
- Persistent headache
- Repeated vomiting
- Previous brain surgery
- History of bleeding or clotting disorders
- Current anticoagulant or antiplatelet (except aspirin monotherapy) treatment
- Current drug or alcohol intoxication
- Safeguarding concern – non-accidental injury or vulnerable casualty
- Irritability, or altered behaviour

Management & Communication Procedures (See Appendix.7)

Students who sustain a head injury must be handed over in person to an adult. This applies even if no concussion symptoms are currently present, due to the possibility of delayed onset. Students must not walk home alone or drive themselves home.

Head Injury – No Suspected Concussion

1. Supervising adult to hand over the student to the parent/guardian/house staff in person, along with the Head Injury Advice Letter.
2. Inform them that a head injury has occurred, but no concussion is currently suspected.
3. Parent/guardian/house staff are responsible for monitoring the student for any delayed concussion symptoms.

- They must log the incident on Return2Play (R2P) and inform the school if symptoms develop.

On-Site Head Injury – Suspected Concussion (All Students)

1. Provide basic first aid as required.
2. Supervising adult (or a responsible adult/student) must escort the student to the Medical Centre.
 - Saturdays: call the Medi number on staff lanyard.
3. The Medical Centre Team will assess the injury, log on R2P if required, and communicate with parents/guardians, house staff, and Heads of Sport.
4. The Medical Centre Team are then responsible for handing the student over to parent/guardian/house staff and providing the Gordon's School Head Injury Advice Letter.
5. It is the parent/guardian's responsibility to inform any external sports clubs.

Off-Site Head Injury – Suspected Concussion (School Activity)

Day.Boarders

1. Provide basic first aid.
2. Supervising adult must hand over the student to the parent/guardian upon return to school.
3. Supervising adult must:
 - Log the incident on Return2Play
 - Communicate with the parent/guardian
 - Provide the Head Injury Advice Letter
 - Inform the Medical Centre who will inform house and Heads of Sport.

Residential.Boarders

1. Provide basic first aid.
2. Supervising adult (or responsible adult/student) must escort the student to the Medical Centre on return to school:
 - Before 6pm Mon–Fri or 4pm Saturday → direct to Medical Centre
 - After these times → hand over to houseparent, who will liaise with the Medical Team

3. The Medical Centre Team will assess the injury, log on R2P if required, communicate with parents/guardians, house staff, and Heads of Sport, and provide the Head Injury Advice Letter (to house staff if unfamiliar)

External Head Injuries (Outside School Hours)

Parents/guardians are responsible for informing the school and logging the incident on Return2Play (R2P)

Return to Play

Concussion is taken extremely seriously at Gordon's School to safeguard the immediate and long-term health and welfare of all students. To support best-practice care, the school has partnered with Return2Play (R2P), a specialist concussion-management provider. Unless parental permission has been withdrawn, all students are registered with R2P.

R2P provides student with access to experienced concussion practitioners via a secure online system and tele-medicine clinics. In the event of a head injury or suspected concussion, the incident will be registered with R2P, who will conduct an initial assessment and confirm diagnosis. If concussion is diagnosed, R2P manages the student's progression through each stage of the Graduated Return-to-Play (G RTP) protocol.

R2P Management Process

- Oversight and appointment booking: the R2P process is overseen by the Medical Centre and School Physiotherapist during term time; however, at all times, parents/guardians of day boarders and house staff for residential boarders are responsible for booking initial and follow-up R2P appointments as directed by the assessing clinician or overseeing staff member.
- Non-participation without protocol completion: if parents choose not to follow the R2P process, students will still be required to refrain from sport for a minimum of 21 days. The school will enforce this rest period regardless of external decisions. After 21 days, with parental consent, they can return to sports, and permission to remove them from the protocol on the R2P proto can be requested.
- Staff responsibilities: staff supervising activities with a risk of head injury must hold Return2Play accounts and regularly review students currently on the concussion protocol. A daily list of students on the protocol is circulated by the School Physiotherapist.
- Return to sport: students may not take part in competitive sport until they have successfully completed the full G RTP protocol and received Return2Play clearance – unless parental consent is given after 21 days.

- Communication and academic support: Medical Team are responsible for informing Heads of House, Heads of Sports, and the rest of the Medical Team when a student has been diagnosed with concussion. Heads of House are then responsible for informing teachers. Any member of staff who believes a student is unwell or not coping in lessons should notify the student's Head of House or the Medical Centre. While most students do not require extended academic absence, a short period of rest (e.g., 1–2 days) may be appropriate in rare cases.

Note returning to physical activity too soon, and not adhering to the R2P protocol may result in:

- Prolonged symptoms
- Potential long-term neurological or psychological consequences
- Risk of Second Impact Syndrome, a rare but potentially fatal condition caused by sustaining another head injury before full recovery

Staff Training

- It is the responsibility of the School Physiotherapist to ensure all sports coaches complete the Return2Play on-line training course.
- It is the responsibility of the School Physiotherapist to ensure that all students have been delivered an up-to-date concussion education presentation by their form tutor in September
- It is the Head of Rugby's responsibility to ensure all coaches are aware of the updated guidance from the RFU - [headcase extended-guidelines aug 2023](#)

Mackensie Daniel

School Physiotherapist

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