MBIS Head Injury Policy

Rationale

Maadi British International School Mission Statement

*'**Learning for Life…'***

Maadi British International School provides children with the knowledge, skills and understanding that will empower them to be well-rounded, successful members of an ever changing, culturally diverse world community.

At MBIS we are committed to providing a happy, positive learning environment where children, teenagers and adults are:

- *Successful, independent and collaborative learners*
- *Confident, cooperative team players and responsible leaders*
- *Flexible, resourceful and resilient*
- *Reflective, honest and trustworthy*
- *Responsible, caring global citizens*

Introduction

Maadi British International School (MBIS) is fully committed to providing students who suffer a head injury with full care and support and this policy provides the guidelines that the school works within concerning head injuries when they occur.

Aims / Objectives:

This policy aims to outline how MBIS is committed to the safety of all in its care and:

- Works to prevent head injuries, with a focus on preparation and training of its key staff
- Understands the importance of assessing head injuries immediately and working with the school doctor and other medical practitioners to ensure the best possible care for students who suffer a head injury
- Has created an efficient and professional procedure for dealing with head injuries when/if they occur
- Takes into account the short-term and long-term impacts of head injuries
- Communicates with all key stakeholders involved when a head injury occurs

Guidance

i) Background Information

- Injuries to the head can occur in many situations in the school environment i.e. any time that a student's head comes into contact with a hard object such as the floor, a desk, or another student's body. The potential is probably greatest during activities where collisions can occur such as in the playground, during sport and PE, and if messing around indoors during breaks. The nature of sport means that concussions can occur during both training and in matches.
- Concussion is a disturbance of the normal working of the brain without causing any structural damage. It usually follows a blow directly to the head, or indirectly if the head is shaken when the body is struck.
- It is important to recognise that it is not necessary to lose consciousness to sustain a concussion following a blow to the head.
- The risk of injury is dependent upon the velocity and the force of the impact, the part of the head involved in the impact, and any pre-existing medical conditions.
- Symptoms may not develop for some hours, or even days, after a knock to the head, and in rare cases can develop weeks after a head injury.
- Whilst an initial concussion is unlikely to cause any permanent damage, a repeat injury to the head soon after a prior, unresolved concussion can have serious consequences. The subsequent injury does not need to be severe to have permanently disabling or deadly effects.
- A return to sporting activity before complete resolution of the concussion exposes the

student to the risk of recurrent concussions which can occur with ever- decreasing forces.

- There are concerns that repeated concussions could interfere with academic performance, and may have some potential to result in permanent neurological impairment.

- Students must be encouraged to report any suspected injury and to be honest with themselves, coaching, and medical staff for their protection.

Symptoms of Concussion

Staff should be aware that the symptoms of concussion can include any of the following:

- Headache
- Hearing problems/tinnitus
- Nausea and vomiting
- Memory problems
- Disorientation
- Visual problems
- Problems with balance and dizziness
- Fatigue and drowsiness
- Sensitivity to light and noise
- Numbness or tingling sensation
- Feeling slowed down or mentally foggy
- Slow to follow instructions or answer questions
- Impaired balance and poor hand-eye coordination
- Poor concentration
- Vacant stare
- Unsteady and shaky mobility
- Loss of insight
- Loss of consciousness
- Seizures or convulsions
- Sleeping difficulties
- Problems with waking up
- Appearing confused and disorientated
- Slurred speech
- Weakness or numbness in a part of the body
- Inappropriate emotions, such as irritability or crying

Procedure (Appendix B)

(This applies to injuries sustained outside school hours (during ASAs) as well as during school hours.)

Students will be sent immediately to the school doctor for initial assessment unless the casualty requires immediate hospitalisation.

In the event of a student sustaining an injury to the head, the student's form tutor or class teacher and the school doctor must be notified as soon as possible.

Next of kin/parents/ will be contacted and notified accordingly by

- **a telephone call as soon as possible from the school office**
- **and a head injury form will be completed and sent home, when the student leaves school**

Criteria for referral to an emergency ambulance service:

1. Unconsciousness or lack of full consciousness, (for example, problems keeping eyes open).

2. Any focal (that is, restricted to a particular part of the body or a particular activity) neurological deficit since the injury (examples include problems understanding, speaking, reading or writing; loss of feeling in part of the body; problems balancing; general weakness; any changes in eyesight; and problems walking).

3. Any suspicion of a skull fracture or penetrating head injury (for example, clear fluid running from the ears or nose, black eye with no associated damage around the eye, bleeding from one or both ears, new deafness in one or both ears, bruising behind one or both ears, penetrating injury signs, visible trauma to the scalp or skull).

4. Any seizure ('convulsion' or 'fit') since the injury.

5. A high-energy head injury (for example, pedestrian struck by motor vehicle, occupant ejected from a motor vehicle, a fall from a height of greater than 1 m or more than five stairs, diving accident, high-speed motor vehicle collision, rollover motor accident, accident involving motorized recreational vehicles, bicycle collision, or any other potentially high-energy mechanism).

6. The injured person or their carer is incapable of transporting the injured person safely to the hospital emergency department without the use of ambulance services (providing any other risk factor indicating emergency department referral is present).

In the School Clinic, the Casualty will be closely observed. The level of consciousness will be monitored using the Glasgow Coma Scale (see Appendix A), and vital signs will be recorded. The doctor may then refer the Casualty as outlined below:-

<u>Criteria for referral to a hospital emergency department by the School Clinic</u>

- GCS less than 15 on initial assessment
- Any loss of consciousness as a result of the injury
- Any focal neurological deficit since the injury (examples include problems understanding, speaking, reading or writing; decreased sensation; loss of balance; general weakness; visual changes; abnormal reflexes; and problems walking)
- Any suspicion of a skull fracture or penetrating head injury since the injury (for example, clear fluid running from the ears or nose, black eye with no associated damage around the eyes, bleeding from one or both ears, new deafness in one or both ears, bruising behind one or both ears, penetrating injury signs, visible trauma to the scalp or skull of concern to the professional)
- Amnesia for events before or after the injury. The assessment of amnesia will not be possible in pre-verbal children and is unlikely to be possible in any child aged under 5 years
- Persistent headache since the injury
- Any vomiting episodes since the injury
- Any seizure since the injury
- Any previous cranial neurosurgical interventions
- A high-energy head injury (for example, pedestrian struck by motor vehicle, occupant ejected from a motor vehicle, fall from a height of greater than 1 m or more than five stairs, diving accident, high-speed motor vehicle collision, rollover motor accident, accident involving motorized recreational vehicles, bicycle collision, or any other potentially high-energy mechanism)
- History of bleeding or clotting disorder
- Current anticoagulant therapy, such as warfarin
- Current drug or alcohol intoxication
- Age 65 years or older
- Suspicion of non-accidental injury

All those having sustained a head injury but who do not require treatment and are considered well enough to return home will be given a head injury advice sheet outlining when urgent medical advice should be sought, if necessary.

If referred to the hospital, the student will then be assessed daily for 10 days using [a SCAT (Sports Concussion Assessment Tool) Test]() by the School Clinic. If no symptoms are exhibited after 10 days, the student will be deemed "fit" and will no longer need to report to the School Clinic. However, the student will need to be seen by a doctor before being permitted to resume sports.

For those students experiencing a concussion (whether immediate or delayed) a graduated return to play will be introduced depending on the severity of the concussion, with the earliest full return being 23 days (UK standard) after clearance by a Doctor.

Anyone sustaining a head injury will not be allowed to drive themselves or travel home unaccompanied by either school or public transport, and alternate arrangements must be made.

All head injuries must be recorded on an Incident Form and forwarded to the School Clinic for monitoring and review.

It is recommended that individuals should avoid the following initially, and then gradually reintroduce them:

- Reading
- TV
- Computer games
- Driving

It may be reasonable for a student to miss a day or two of academic studies but extended absence is uncommon. Even if a student considers him/herself to be fit or uninjured, he/she will be automatically placed off games until seen by a doctor**.**

Any student sustaining a concussion type injury may be excluded from all contact sports for **23 days, with reassessment during that period.**

Return to play will not be permitted unless authorised by a Doctor, with written confirmation provided to the school doctor confirming this.

Managing a head injury during sporting activity

Concussion must be taken extremely seriously to safeguard the long-term welfare of students:

- *students suspected of having concussion must be removed from play and must not resume play in the match.*
- *students suspected of having concussions must be medically assessed.*
- *students suspected of having a concussion or diagnosed with a concussion must go through a graduated return to play protocol (GRTP).*
- *students must receive medical clearance before returning to play.*

The International Rugby Board (IRB) states: *“Whilst the guidelines apply to all age groups particular care needs to be taken with children and adolescents due to the potential dangers associated with concussion in the developing brain.*

Children under ten years of age may display different concussion symptoms and should be assessed by a Medical Practitioner using diagnostic tools. As for adults, children (under 10 years) and adolescents (10 – 18 years) with suspected concussions MUST be referred to a Medical Practitioner immediately. Additionally, they may need specialist medical assessment. The Medical Practitioner responsible for the child’s or adolescent’s treatment will advise on the return to play process, however, a more conservative GRTP approach is recommended. It is appropriate to extend the amount of time of asymptomatic rest and /or the length of the graded exertion in children and adolescents.

Children and adolescents must not return to play without clearance from a Medical Practitioner.”

Measures to reduce risk of Head Injury/Concussion

The Health & Safety Committee will ensure the school environment is inspected regularly to minimise the risks of sustaining head injuries.

Staff are encouraged to take the following steps to minimise the risk of any potential head injuries:

- Students should be healthy and fit for sport.
- Students are taught safe playing techniques and expected to follow the rules of play.
- Students should display sportsperson like conduct at all times and maintain respect for both opponents and fellow team members equally.
- Students always wear the right equipment such as shin-pads and mouth guards.
- Equipment should be in good condition and worn correctly.
- Inform and reinforce to the players the dangers and consequences of playing whilst injured or with a suspected concussion.
- Qualified first aiders are present at all matches and practices, in accordance with the first aid policy, and can summon immediate medical assistance.
- All coaching staff can recognise signs and symptoms of concussion and are vigilant in monitoring players accordingly. All coaches will receive annual training with the school Nurse.
- Accident/Incident forms are completed promptly and with sufficient detail.
- Every concussion is taken seriously.
- Advice from the presiding medical officer is strictly adhered to.

External Links

This policy has been developed in accordance with NICE clinical guideline 56 - Head Injury http://www.nice.org.uk/guidance/CG56/NICEGuidance

The International Rugby Board Concussion Guidelines: https://www.world.rugby//the-game/player-welfare/medical/concussion/concussion- guidelines

and RFU guidelines https://www.englandrugby.com/participation/playing/headcase/age-grade/coaches

Sports Concussion Assessment Tool: y0qwvjew3zzz0bxx0a0h-pdf.pdf (fifa.com)

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Appendices

i) **Appendix A – The Glasgow Coma Scale**

Appendix B: MBIS Head Injury Procedure

MBIS Head Injury Procedure

Upon the event of a head injury to any person at school; the procedure is as follows:

1. The casualty is sent immediately to the school doctor for initial assessment unless the casualty requires immediate hospitalisation/cannot be moved.

2a). The casualty does not require immediate hospitalisation and is sent to the school doctor immediately for initial assessment (using Glasgow Coma Scale).

*2.b) If the casualty requires immediate hospitalisation or cannot be moved due to the injury, an ambulance should be called immediately and a staff member should accompany the ambulance to the hospital.. **Parents to be contacted as soon as possible after the ambulance has been called.***

3.a)Parents to be informed of the head injury by a telephone call.

4a)Form tutor/class teacher and Head of School (Primary/Secondary) to be notified.

5a)An MBIS Head Injury form will be completed and sent home, when the student leaves the school.

Upon returning to school, please see the Head Injury policy for information regarding continued assessment until the person is deemed fit enough to resume full activities (sports etc.)