

HEAD INJURY SAFETY DOCUMENT

IF IN DOUBT, SIT THEM OUT



Following an impact to the head or body, an individual might suffer a head injury, which could be a concussion. A concussion is a temporary disturbance in the brain's functioning caused by a direct blow to the head, or a blow elsewhere on the body that transmits force to the head. It is important to note that only a small number of concussions involve a loss of consciousness, and other symptoms may be observed.



Concussion occurs when the brain is shaken in the skull following an impact, and this shaking injures the brain. This can result in short and long-term symptoms.



Symptoms can take place immediately following the impact or might develop later over several days. In most cases, they will improve within a couple of weeks if managed appropriately and rest is undertaken.



Despite this, complications can arise from seemingly minor blows to the head. Following a head injury, if not already seen by a medical professional, **medical review should be sought within 24 hours.** Anyone with a suspected concussion must be **removed from play immediately and must not return**, even if symptoms resolve.

If symptoms become more problematic or persist, you should seek further medical advice and assessment.



RELATIVE REST

If you suspect a concussion you should engage in a period of relative rest for the first 24–48 hours where phone and screen time are kept to a minimum.

Easy activities of daily living and walking are fine during this rest period.



A SUSPECTED CONCUSSION SHOULD NOT

- › Be left alone in the first 24 hours
- › Be sent home by themselves – they need to be with a responsible adult
- › Drink alcohol or use recreational drugs
- › Drive until cleared by a healthcare professional



RETURN TO SPORT

Follow the graduated return to activity and sport programme in the UK Concussion Guidelines for Non-Elite (Grassroots) Sport.

- › No training with a risk of head impact until **symptom-free at rest for 14 days**
- › No return to competition **before day 21**

VISIBLE CLUES OF A SUSPECTED CONCUSSION



- › Loss of consciousness or being unresponsive
- › Lying motionless on the playing surface
- › Falling unprotected to the playing surface
- › Disorientation or confusion / staring or limited responsiveness or an inability to respond appropriately to questions
- › Dazed, blank or vacant look
- › Seizures, fits or convulsions
- › Slow to get up after a direct or indirect hit to the head
- › Unsteady on feet / balance problems or falling over / wobbly / poor coordination
- › Facial Injury

CONCUSSION SYMPTOMS



PHYSICAL SYMPTOMS

- › Headache
- › Pressure in head
- › Dizziness
- › Drowsiness
- › Nausea
- › Balance problems
- › Sensitivity to light / noise
- › Fatigue or low energy
- › "Don't feel right"
- › Feeling stunned or dazed
- › Neck Pain
- › Disturbances with vision, such as double vision, blurred vision, "seeing stars" or flashing lights

CHANGES IN EMOTION

- › More emotional
- › More irritable
- › Sad
- › Nervous or anxious

CHANGES IN THINKING

- › Difficulties thinking
- › Difficulties remembering
- › Feeling slowed down
- › Feeling like "I'm in a fog"

WHEN TO SEEK EMERGENCY HELP



AS A PRECAUTION, IT IS RECOMMENDED THAT YOU VISIT YOUR NEAREST ACCIDENT AND EMERGENCY (A&E), OR NHS WALK-IN CENTRE IF YOU OR SOMEONE HAS ANY OF THE FOLLOWING:

- › Any loss of consciousness because of the injury
- › Deteriorating consciousness (more drowsy)
- › Severe or worsening headache
- › Amnesia – no memory for events before or after the injury
- › Increasing confusion or irritability
- › Unusual behaviour change
- › Any vision problems, such as double vision
- › Any neurological deficit eg. difficulties understanding, speaking or writing, loss of balance, double vision
- › Any suggestion of skull fracture including: a black eye with no other damage around the eye, cut, bruise or swelling or significant pain at the injury site
- › Sudden deafness in one or both ears
- › Current blood thinning therapy
- › Previous history of brain surgery or bleeding disorders.



If your symptoms worsen, or you need further medical advice, contact 111 (non-emergency number) or attend your local walk-in centre or A&E unit. In an emergency, dial 999.

YOU SHOULD PHONE 999 FOR AN AMBULANCE IMMEDIATELY IN THE CASE OF:



- › Ongoing change of consciousness (in/out)
- › Difficulty staying awake, speaking or understanding what people are saying
- › Seizure, fits or convulsions, limb twitching or lying rigid/motionless due to muscle spasm
- › Weakness, numbness or tingling in arms or legs
- › Visible deformity of the skull
- › Increasing restlessness / agitation
- › Increased or worsening confusion
- › Repeated vomiting
- › Clear fluid or blood leaking from the ears
- › Clear fluid leaking from the nose
- › Severe neck pain

TO BOOK A HEAD INJURY CLINIC APPOINTMENT



Following a knock to the head that results in symptoms of concussion, pupils in Years 4–13 will need to book into the Head injury clinic, which is run by South Coast Rx Physiotherapy from the PGS Medical Centre.

Pupils younger than 8 years old / in pre-school to Year 3 should access NHS services that can provide specialist paediatric input.

1



VISIT
SCRX.CO.UK

2



SELECT
"MAKE A BOOKING"

3



SELECT
"PGS HEAD INJURY CLINIC"

4



BOOK THE
APPOINTMENT
USING A PARENT'S
EMAIL ADDRESS AND
TELEPHONE NUMBER



AUTUMN / SPRING TERM:

Head Injury clinics run on Mondays and Thursdays between 13.00–14.00.

SUMMER TERM:

Ad-hoc appointments arranged as required.



Additional head injury information will usually be communicated automatically by email upon booking into the Head Injury clinic (or see www.pgs.org.uk).