

Head Injuries Protocol Carmarthenshire Schools and Other Children's Settings

Cwrt Henri, Ffairfach & Talley Federation

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1. Introduction

A head injury is a trauma to the head that may or may not include injury to the brain. Minor head injuries are frequent occurrences in playgrounds and on the sports field, though most head injuries are mild and do not lead to complications or require hospital admission. However, a small number of children can suffer from a severe injury to the brain, with complications such as swelling, bruising, or bleeding inside the skull or inside the brain. How much damage is done depends on the force and speed of the blow and the nature of the surface that comes into contact with the head.

Concussion is a brain injury caused by a blow to the head or body which leads to shaking of the brain. Concussion results in a disturbance in brain function that can affect a child or young person's thinking, memory, mood, behaviour, and level of consciousness. It can produce a wide range of physical symptoms and signs such as headache, dizziness, and unsteadiness. Concussion often occurs without loss of consciousness. Most concussions recover with a period of physical and mental rest.

All children who suffer a head injury should be seen immediately by the School Nurse, other health professional, a qualified First Aider, or a Paediatric First Aider in Primary Schools, for an assessment and to plan appropriate ongoing care. If there any concerns or advice is not available, head teachers should contact NHS 111.

Any injury involving the head that occurs during sporting activities requires the child to cease play immediately and sit out for the rest of that lesson, activity, or the duration of the match.

Head teachers/Centre Managers should consider if a referral to a school nurse or medical practitioner is required using the information in this document. This guidance will help staff to treat head injuries and recognise signs which indicate that a child requires medical assessment or hospital treatment.

Further information can be found here- www.nice.org.uk/guidance/ng232

2. Immediate assessment and management of head injuries

- 2.1 At the time of incident/injury the child is to be removed from the lesson/activity/game immediately.
- 2.2 The school office or centre manager should be contacted, who will summon an appropriately qualified first aider or school nurse.
- 2.3. Details of all head injuries are to be recorded on the form at appendix 1.
- 2.3 Regardless of any medical decisions, children should be monitored for 30 minutes after a head injury to check that symptoms of head trauma do not develop (see the information in sections 3 & 4). **If there are any concerns, medical advice must be obtained immediately.**
- 2.4 If there are signs or symptoms of a serious head injury or concussion (see the information in section 3), the pupil must be taken to a GP or A&E
- 2.5 With all head injuries, the child's parents or carers are to be informed using the form at appendix 2 and provided with information about how to monitor their child using the [NHS Head Injury Advice Guidance](#) – see appendix 3.
- 2.6 If any forceful blow occurs to a child with a diagnosed underlying neurological condition or has suffered a recent brain injury or a recent concussion, the parent(s) or carers are to be informed immediately and advised to collect the child and seek medical advice.

- 2.7** If any forceful blow occurs to a child with cognitive impairments that is difficult to assess, or to a child that developmentally is unable to articulate symptoms, the parent(s) or carers are to be informed immediately and advised to collect the child and seek medical advice.

3. The following symptoms could indicate a serious head injury, and an ambulance must be called immediately:

SIGNS THAT AN AMBULANCE MUST BE CALLED IMMEDIATELY

- Unconsciousness or lack of consciousness (for example problems keeping eyes open)
- Problems with understanding, speaking, reading or writing
- Numbness or loss of feeling in part of body
- Problems with balance or walking, general weakness
- Any changes in eyesight
- Any clear fluid running from either or both ears or nose
- Bleeding from one or both ears
- New deafness in one or both ears
- A black eye with no associated damage around the eye
- Any evidence of scalp or skull damage, especially if the skull has been penetrated
- A forceful blow to the head at speed (for example a pedestrian struck by a car, a car or bicycle crash, a diving accident, a fall of less than 1 metre or a fall down any number of stairs)
- Any convulsions or the child having a fit.

The child must not be left unattended and a qualified first aider or school nurse is to remain with the child until an ambulance arrives. On arrival at A&E, medical staff are to be informed immediately that there is a head injury.

The child's parent(s) or carer is to be contacted as soon as possible and informed of the actions taken.

4. If the child does not have any of the signs listed above, but has any of the signs in the following list., there is the possibility of complications and the child should be taken by a parent, carer or responsible adult to the nearest Accident and Emergency department as soon as possible. If a decision is taken that the child will be transported by school staff by a car or using a taxi, they should be accompanied by a qualified first aider. If there is likely to be a delay in transporting the child to A&E, then an ambulance should be called.

SIGNS THAT A CHILD SHOULD BE TAKEN TO AN A&E DEPARTMENT IMMEDIATELY

- Any loss of consciousness (being 'knocked out') from which the child has now recovered
- Any problems with memory
- A headache that won't go away
- Any vomiting or sickness •
- Previous brain surgery
- A history of bleeding problems or taking medicine that may cause bleeding problems (for example Warfarin)
- Irritability or altered behaviour such as being easily distracted, not themselves, no concentration or no interest in things around them, particularly in infants and young children (younger than 5 years)

5. Concussions During Sports

This guidance applies to anyone aged under 19. Concussion must be taken extremely seriously to safeguard the short- and long-term health and welfare of welfare of young athletes.

All sports have the potential for head injuries that could result in concussions. However, these are more common in sports such as rugby, football, and hockey. It is recommended that all players with suspected concussion are referred to a health professional to be assessed. Unless concussion is ruled out by a qualified health professional, players must follow the full concussion protocol see [Welsh Government Guidance on Concussion for Sport and Community Sport](#)

Staff supervising or refereeing sports must ensure that anyone under 19 suspected of having a concussion must be immediately removed from play and must not resume play in the match or training on the same day.

It is important to realise that the signs and symptoms of concussion may only last a matter of seconds or minutes and can easily be missed – IF IN DOUBT SIT THEM OUT. [Welsh Government Guidance on Concussion for Sport and Community Sport](#) contains information on an immediate assessment process for school staff.

Head teachers are to ensure that PE and other staff supervising sporting activities are aware of this guidance.

RECOGNISING CONCUSSION – DANGER SIGNS REQUIRING IMMEDIATE 999 CALL

- Deteriorating conscious state (drowsier)
- Increasing confusion or irritability
- Severe or increasing headache
- Repeated vomiting
- Unusual behaviour change
- Seizure or convulsion
- Double or blurred vision
- Weakness, tingling or burning in limbs
- Midline or severe neck pain
- Increasing or persistent difficulty with walking normally or poor balance

6. Graduated Return to Play after Concussion

Most concussions will resolve in 7-10 days, but during this recovery time the brain is vulnerable to further injury. If a child returns to physical activity too early, then they may develop prolonged concussion symptoms or long-term health consequences such as brain degenerative disorders.



After a concussion, the player must rest for a minimum period of 14 days and not take part in any form of training, matches, or significant mental exertion. If after a minimum 14-day rest period the player is entirely symptom free and off medication that modifies symptoms of concussion, then they must follow the Graduated Return to Play (GRTP) protocol on in Section 7 of this guidance. It is recommended that following concussion, every young person seeks advice from a suitable health professional before returning to play.

The GRTP should be shared with parents to allow them to monitor their child's welfare and make informed decisions on their participation in community-based sporting activities.

7. Return to Play Protocol

DO NOT RETURN TO PLAY OR CONTINUE TO PLAY OR TRAIN IF YOU HAVE ANY SYMPTOMS – SEEK HEALTH PROFESSIONAL ADVICE INTRODUCTION:

- 7.1** Following concussion there must be a minimum rest period (no excessive physical or intellectual exercise) of at least 14 days.
- 7.2** Graduated return to play may continue only after completion of the minimum rest period, and only at each stage if symptom free and off medication that modifies concussion symptoms.
- 7.3** Health professional advice should be obtained during the rest and return to play period.
- 7.4** Any player with any symptoms following a head injury should not return to training or playing whilst symptoms persist. A second head impact in a player who has not fully recovered from concussion could lead to serious brain injury or death.
- 7.5** If symptoms return, then the child must stop physical activity immediately and be seen by a doctor or attend A&E the same day.

Graduated Return to Play Stage 1 (Following at least 14 GRTP Days)	Health Professional Clearance Recommended	Graduated Return to Play Stages 2-4 (Following at least 6GRTP Days)	Health Professional Clearance Recommended	Graduated Return to Play Stage 5 (Following at least 22 GRTP Days)	Graduated Return to Play Stage 6 (Following at least 22 GRTP Days)
<p>Minimum of 14 days' rest with no excessive physical or intellectual exercise.</p> <p>Player should return to school or college during this time if symptom free and off any medication for concussion.</p>	<p>CAUTION!</p>  <p>Stage 2 of Return to play protocol should be started only if the player is symptom free and off medication that modifies symptoms of concussion</p>	<p>Stage 2 - Light aerobic exercise 48 hours</p> <p>Stage 3 - Sport specific exercise 48 hours</p> <p>Stage 4- Noncontact training drills 48 hours Progress to the next stage only if symptom free and off medication for concussion, for 48 hours.</p>	<p>CAUTION!</p>  <p>Contact Sport should be authorised only if the player is symptom free and off medication</p>	<p>Stage 5 - Full contact practice 48 hours Progress to the next stage only if symptom free and off medication for concussion, for 48 hours.</p>	<p>Stage 6 - Return to play Earliest return is the 23rd day after concussion, only if symptom free and off medication for concussion</p>

Additional safeguards are needed for repeat concussions. Any player with a second concussion within 12 months, a history of multiple concussions, a player with unusual presentations or prolonged recovery should be assessed and managed by a health care professional with expertise in sports-related concussion. Any recurrence of symptoms during GRTP must be referred for medical advice.

Appendix 1 – Head Injury Record

Name of Pupil	
Date of Incident	
Time of Incident	
Venue/Location of Incident	
Description of Incident	
Description of Head Injury	
Name of First Aider	
Actions taken including a description of the first aid administered.	
Parents Informed	
Name:	
Position/Job Title:	
Signed:	

Appendix 2 – Template Letter for Informing Parents/Carers of a Head Injury



Head Injury Letter

Dear Parent/Carer,

Your Child (first name/surname).....received a bump on their head today whilst attending school.

Class:.....

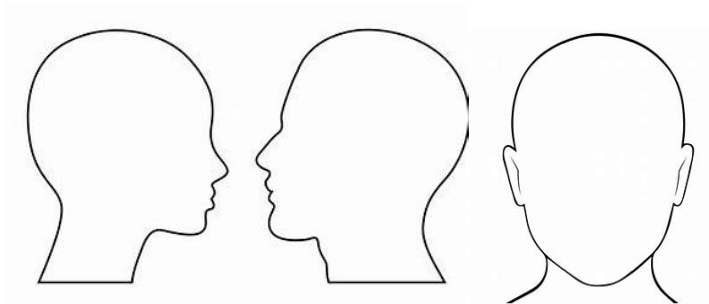
Date and time of incident

Details of what happened (please continue on a separate sheet if necessary)

.....
.....
.....

Observation of injury/injuries sustained:

.....
.....
.....



Treatment and Outcome:

.....
.....
.....
.....

Signed & Dated:.....

A School First Aider assessed your child and although none of the symptoms detailed in the attached NHS Head Injury Advice Sheet were detected at the time, we request that you observe your child for the next 24 hours and look out for the following. Please consult your doctor or go to A&E if you have any concerns

Head Injury Advice Sheet

Advice for parents and carers of children



How is your child?



RED

If your child has any of the following during the next 48 hours:

- Vomits repeatedly i.e. more than twice (at least 10 minutes between each vomit)
- Becomes confused or unaware of their surroundings
- Loses consciousness, becomes drowsy or difficult to wake
- Has a convulsion or fit
- Develops difficulty speaking or understanding what you are saying
- Develops weakness in their arms and legs or starts losing their balance
- Develops problems with their eyesight
- Has clear fluid coming out of their nose or ears
- Does not wake for feeds or cries constantly and cannot be soothed

You need urgent help

Go to the nearest Hospital Emergency (A&E) Department or phone 999



AMBER

If your child has any of the following during the next 48 hours:

- Develops a persistent headache that doesn't go away (despite painkillers such as paracetamol or ibuprofen)
- Develops a worsening headache

You need to contact a doctor or nurse today

Please ring your GP surgery or call NHS 111 - dial 111



GREEN

If your child:

- Is alert and interacts with you
- Vomits, but only up to twice
- Experiences mild headaches, struggles to concentrate, lacks appetite or has problems sleeping

If you are very concerned about these symptoms or they go on for more than 2 months, make an appointment to see your GP.

Self Care

Continue providing your child's care at home. If you are still concerned about your child, call NHS 111 – dial 111

How can I look after my child?

- Ensure that they have plenty of rest initially. A gradual return to normal activities/school is always recommended.
- Increase activities only as symptoms improve and at a manageable pace.
- It is best to avoid computer games, sporting activity and excessive exercise until all symptoms have improved.

www.what0-18.nhs.uk

This guidance is written by healthcare professionals from across Hampshire, Dorset and the Isle of Wight

Head Injury Advice Sheet

Advice for parents and carers of children



Concussion following a head injury

- Symptoms of concussion include mild headache, feeling sick (without vomiting), dizziness, bad temper, problems concentrating, difficulty remembering things, tiredness, lack of appetite or problems sleeping – these can last for a few days, weeks or even months. Some symptoms resolve quickly whilst others may take a little longer.
- Concussion can happen after a mild head injury, even if they haven't been "knocked out".
- 9 out of 10 children with concussion recover fully, but some can experience long term effects, especially if they return to sporting activities too quickly. It is really important that your child has a gradual return to normal activities and that they are assessed by a doctor before beginning activities that may result in them having another head injury.
- If you are very concerned about these symptoms or they last longer than 2 months, you should seek medical advice from your doctor.

Advice about going back to nursery / school

- Don't allow your child to return to school until you feel that they have completely recovered.
- Try not to leave your child alone at home for the first 48 hours after a significant head injury.

Advice about returning to sport

- Repeated head injury during recovery from concussion can cause long term damage to a child's brain.
- Expect to stay off sport until at least 2 weeks after symptoms are fully recovered.
- Always discuss with your child's school and sports club to discuss a gradual return to full activity.

For further information:

Rugby: goo.gl/1fsBXz



Football: goo.gl/zAgbMx



For further support and advice about head injuries, contact:



- Visit the [Brain Injury Trust website](https://www.braininjurytrust.org.uk).



www.what0-18.nhs.uk

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