

HEAD INJURIES AND CONCUSSION POLICY

September 2026

1. Introduction

1.1 The aim of this policy is to:

- 1.1.1 Ensure understanding of the key terms and the link between head injury and brain injury.
- 1.1.2 Identify sporting activities which carry a risk of head injury.
- 1.1.3 Emphasise the importance of creating suitable risk assessments for sporting activities being undertaken by The Newcastle School ('the School').
- 1.1.4 Provide clear processes to follow when a pupil does sustain a head injury.

1.2 This policy applies to:

- 1.2.1 School staff (including part-time or occasional employees or visiting teachers)
- 1.2.2 Pupils of the School
- 1.2.3 Parents of pupils at the School
- 1.2.4 Any other individual participating in any capacity in a school activity. For example, this would include a contractor providing sports coaching, or a volunteer on a school trip.

1.3 A head injury can happen in any area of school life. This policy focuses on the School's sporting (both contact and non-contact) where the risk of head injuries happening is higher but can be used for head injuries which occur in other school activities.

2. Definitions

2.1 The following terms are used in this policy:

- 2.1.1 **Head injury:** means any trauma to the head other than superficial injuries to the face.
- 2.1.2 **Traumatic Brain Injury (TBI):** is an injury to the brain caused by a trauma to the head (head injury).
- 2.1.3 **Concussion:** is a type of traumatic brain injury (TBI) resulting in a disturbance of brain function. It usually follows a blow directly to the head, or indirectly if the head is shaken when the body is struck. Transient loss of consciousness is not a requirement for diagnosing concussion and occurs in fewer than 10% of concussions.
- 2.1.4 **Transient loss of consciousness** is the sudden onset, complete loss of consciousness of brief duration with relatively rapid and complete recovery. It can also be referred to as 'being knocked out' or a 'blackout.'
- 2.1.5 **Persistent loss of consciousness** is a state of depressed consciousness where a person is unresponsive to the outside world. It can also be referred to as a coma.
- 2.1.6 **Chronic Traumatic Encephalopathy (CTE)** is one type of degenerative and progressive brain condition that's thought to be caused by TBIs and repeated episodes of concussion. CTE usually

begins gradually several years after receiving TBIs or repeated concussions. The symptoms affect the functioning of the brain and eventually lead to dementia.

2.1.7 **Contact sport** is any sport where physical contact is an acceptable and an expected part of play for example rugby, football and hockey.

2.1.8 **Non-contact sport** is any sport where physical contact is not an acceptable nor an expected part of play, for example cricket or table tennis, but where there is nonetheless potential for players to be involved in collisions with other players, with equipment (such as bats and balls) or facilities including the playing surface.

3. The risks

3.1 Playing contact and non-contact sport increases an individual's risk of collision with objects or other players.

3.2 Collisions can cause a head injury, which can cause a traumatic brain injury (TBI) such as a concussion.

3.3 It is very important to recognise that a pupil can have a concussion, even if they are not 'knocked out'. Transient loss of consciousness is not a requirement for diagnosing concussion and occurs in fewer than 10% of concussions.

3.4 Children and young adults are more susceptible to concussion than adults because their brains are not yet fully developed and thus more vulnerable to injury.

3.5 The current evidence suggests that repeated episodes of concussion, even where there is no transitory loss of consciousness, can cause significant changes to the structure and function of the brain in a condition known as Chronic Traumatic Encephalopathy (CTE).

4. Preventative steps to reduce the risks

4.1 Any person responsible for the undertaking of a sporting activity must ensure a suitable risk assessment for the specific sport activity is created.

4.2 This risk assessment should be tailored to the School's specific environment and should:

4.2.1 Identify the specific risks posed by the sporting activity, including the risk of players sustaining head injuries.

4.2.2 Identify the level of risk posed.

4.2.3 State the measures and reasonable steps taken to reduce the risks.

4.2.4 Identify the level of risk posed with the measures applied.

4.3 The School's policy and approach to head injuries and concussion derives from the UK Government's If In Doubt, Sit Them Out - UK Concussion Guidelines for Non-Elite (Grassroots) Sport, April 2023.

4.4 Additionally, several governing bodies of sports played at and by the School have produced head injury guidelines that are specific to their sport. Those responsible for risk assessing sporting activities in school should have regard to the relevant and latest guidelines when carrying out their risk assessment.

- 4.4.1 Rugby:
 - (a) The RFU's HEADCASE programme and Graduated Return to Activity & Sport (GRAS) programme
- 4.4.2 Football:
 - (a) England Football concussion guidelines
 - (b) FA heading guidance for youth training sessions
- 4.4.3 Cricket
 - (a) ECB Regulations - Concussion
- 4.5 Potential measures to reduce the risk of players sustaining head injuries while playing sports might include:
 - 4.5.1 Structuring training and matches in accordance with current guidelines from the governing body of the relevant sport (see above)
 - 4.5.2 Removing or reducing contact elements from contact sports, for example removing 'heading' from football
 - 4.5.3 Removing or reducing the contact elements of contact sports during training sessions
 - 4.5.4 Ensuring that there is an adequate ratio of coaches to players in training.
 - 4.5.5 Ensuring that pupils are taught safe playing techniques.
 - 4.5.6 Ensuring that pupils are taught to display sporting conduct at all times and maintain respect for opponents, fellow team members, coaches and officials.
 - 4.5.7 Using equipment and technology to reduce the level of impact from collision with physical objects (e.g., using padding around rugby posts, using soft balls, not overinflating footballs etc.)
 - 4.5.8 Using equipment and technology to reduce the level of impact from collision between players (e.g., gumshields, helmets etc)
 - 4.5.9 Coaching good technique in higher-risk situations (such as rugby tackles)
 - 4.5.10 Ensuring that the playing and training area is safe (for example, that is not frozen hard, and there are suitable run-off areas at the touchlines)
 - 4.5.11 Ensuring that first aid and/or a medical professional is easily accessible during training and matches.
- 4.6 The School's health and safety committee which meets at least termly monitors head injuries sustained by pupils including to identify any issues, trends and patterns so that practice and approaches can be changed or adapted as necessary to further minimise risks.
- 5. **Head injuries sustained outside of school**
- 5.1 As noted above, repeated concussions can cause significant changes to the structure and function of the brain, in particular the child's brain.
- 5.2 It is therefore very important that the School, pupils and their parents take a holistic approach to the management of head injury causing concussions and cooperate with regards to sharing information.
- 5.3 Where a pupil sustains a head injury which has caused a concussion whilst participating in an activity outside of the School, the parents of the pupil concerned should promptly provide the following members of staff with sufficient details of the incident, and keep the School updated of any developments thereafter.
Senior School: Mr Hogarth lhogarth@newcastleschool.co.uk

- 5.4 This would apply, for example, if a pupil suffers a concussion playing rugby for an external rugby club or if a pupil sustains a head injury while taking part in an informal game of sport, for example in the local park.
- 5.5 The School will determine the appropriate way forward on receiving a notification of this nature. That might include reviewing any return to play plan already established by the external club, or if no such plan has been put in place, considering whether a return to play plan should be established under this policy.
- 5.6 In turn, the School will always inform parents where a pupil has sustained a head injury causing a concussion at school or in school activity taking place offsite e.g. a sports fixture.
- 6. Procedure to follow where a pupil sustains a head injury at school or in an offsite school activity**
- 6.1 The welfare of pupils is of central importance. Any person to whom this policy applies should always adopt a cautious approach if they are in any doubt as to whether a head injury has occurred and/or whether the head injury has caused a concussion.
- 6.2 Where a pupil sustains a suspected head injury or concussion, the person supervising the activity should immediately remove the pupil from play and seek appropriate advice, for example, from a qualified first aider or other medical professional e.g. physiotherapist, nurse or doctor where available.
- 6.3 Those individuals to whom this policy applies should be aware of the symptoms of a concussion. The British Medical Journal has published a one page 'Pocket CONCUSSION RECOGNITION TOOL TM' to help identify concussion in children, youth and adults. The tool is attached at Appendix 2. The tool identifies the following signs and symptoms of suspected concussion:
- 6.3.1 Loss of consciousness
 - 6.3.2 Seizure or convulsion
 - 6.3.3 Balance problems
 - 6.3.4 Nausea or vomiting
 - 6.3.5 Drowsiness
 - 6.3.6 More emotional
 - 6.3.7 Irritability
 - 6.3.8 Sadness
 - 6.3.9 Fatigue or low energy
 - 6.3.10 Nervous or anxious
 - 6.3.11 'Don't feel right'.
 - 6.3.12 Difficulty remembering
 - 6.3.13 Headache
 - 6.3.14 Dizziness
 - 6.3.15 Confusion
 - 6.3.16 Feeling slowed down.
 - 6.3.17 'Pressure in head'
 - 6.3.18 Blurred vision
 - 6.3.19 Sensitivity to light
 - 6.3.20 Amnesia
 - 6.3.21 Feeling like 'in a fog'
 - 6.3.22 Neck pain

- 6.3.23 Sensitivity to noise; and
6.3.24 Difficulty concentrating.
- 6.4 Where a pupil displays any of the symptoms above, they should not be permitted to return to play and should be assessed by a medical professional, e.g., doctor, nurse, paramedic, as soon as possible.
- 6.5 The medical professional should determine whether the pupil is displaying any 'red flag' symptom in which case the ambulance services should be called on 999. The Pocket CONCUSSION RECOGNITION TOOL TM at Appendix 2 identifies the following red flags:
- 6.5.1 Athlete complains of neck pain.
 - 6.5.2 Increasing confusion or irritability
 - 6.5.3 Repeated vomiting
 - 6.5.4 Seizure or convulsion
 - 6.5.5 Weakness or tingling/burning in arms or legs.
 - 6.5.6 Deteriorating conscious state
 - 6.5.7 Severe or increasing headache.
 - 6.5.8 Unusual behaviour change; and
 - 6.5.9 Double vision.
- 6.6 The School will liaise with the medical professional to ensure that the pupil's parents are notified of the head injury as soon as reasonably possible, and in any case on the same day of the incident.
- 6.7 Anyone sustaining a head injury and showed symptoms of concussion will not be allowed to drive themselves or travel home unaccompanied by either school or public transport, and alternate arrangements will be made.
- 6.8 The School will liaise with the medical professional to ensure that the Head Injury Form at Appendix 1 is completed as soon as reasonably practicable whenever a student suffers a suspected head injury.
7. **Managing a return to play following a head injury**
- 7.1 Any pupil that has suffered a head injury and showed symptoms of concussion will be subject to a graduated return to activity and sport (GRAS) programme. See Appendix 3.
- 7.2 The GRAS should be developed in consultation with a suitably qualified medical professional and may be tailored to the specific circumstances of the individual (including the type of injury sustained and the relevant sport).
- 7.3 In recognition of increasing challenges faced by parents in obtaining medical sign-off for the Head Injury Form 1 (such as limited appointment availability, reluctance from professionals not involved in initial assessment, and associated costs) the School will accept **parental sign-off** of the GRAS programme **provided the following conditions are met:**
- The pupil has completed all GRAS stages without recurrence of symptoms.
 - The parent confirms that the pupil has been reassessed by a medical professional, or that they have no concerns following the recovery period.

The School continues to **recommend** medical reassessment prior to return to play.

This does not alter the School's commitment to safeguarding and pupil welfare.

- 7.4 Following a head injury, pupils will not be permitted to take part in the School's physical, adventurous or sporting activities including fixtures until the Head Injury Form at Appendix 1 has been completed by a medical professional and returned to the School. During this period, participation in other, less physically demanding activities and trips will be subject to risk assessment.
- 7.5 It is the responsibility of the parents to ensure that their child does not participate in any inappropriate physical activity outside of School whilst they are subject to a GRAS.

8. Breaches of this policy

- 8.1 The School takes its duty of care very seriously. The School will take appropriate action against any person found to have breached this policy. For example:
 - 8.1.1 if a pupil attempts to return to play in breach of their GRTP plan, the School may consider as a pupil disciplinary issue.
 - 8.1.2 if a member of staff fails to report a head injury, the School would consider the matter under the School's staff disciplinary policies.
 - 8.1.3 if a parent fails to report to the School a head injury their child sustains outside of School, the School may consider the matter under the terms of the School parent contract.

APPENDIX 1: Head Injury - Form 1

Name of pupil	
Date of incident	
Time of incident	
Venue/location of incident	
Description of incident	
Description of head injury	
Action taken	
Pupil safe to return to sport from (insert date)	With full completion of GRAS and signature of this form by a medical professional (eg GP, nurse, physio) OR Signature of parent if no concerns following the GRAS

Name:	_____
Job title/position:	_____
Signed:	_____

APPENDIX 2: Concussion Recognition Tool

Pocket CONCUSSION RECOGNITION TOOL™

To help identify concussion in children, youth and adults



RECOGNIZE & REMOVE

Concussion should be suspected **if one or more** of the following visible clues, signs, symptoms or errors in memory questions are present.

Annexure 1 Visible clues of suspected concussion

Any one or more of the following visual clues can indicate a possible concussion:

Loss of consciousness or responsiveness
Lying motionless on ground / Slow to get up
Unsteady on feet / Balance problems or falling over / Incoordination
Grabbing/Clutching of head
Dazed, blank or vacant look
Confused / Not aware of plays or events

Annexure 2 Signs and symptoms of suspected concussion

Presence of any one or more of the following signs & symptoms may suggest a concussion:

- | | |
|--------------------------|----------------------------|
| - Loss of consciousness | - Headache |
| - Seizure or convulsion | - Dizziness |
| - Balance problems | - Confusion |
| - Nausea or vomiting | - Feeling slowed down |
| - Drowsiness | - "Pressure in head" |
| - More emotional | - Blurred vision |
| - Irritability | - Sensitivity to light |
| - Sadness | - Amnesia |
| - Fatigue or low energy | - Feeling like "in a fog" |
| - Nervous or anxious | - Neck Pain |
| - "Don't feel right" | - Sensitivity to noise |
| - Difficulty remembering | - Difficulty concentrating |

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3. Memory function

Failure to answer any of these questions correctly may suggest a concussion.

"What venue are we at today?"

"Which half is it now?"

"Who scored last in this game?"

"What team did you play last week / game?"

"Did your team win the last game?"

Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, and should not be returned to activity until they are assessed medically. Athletes with a suspected concussion should not be left alone and should not drive a motor vehicle.

It is recommended that, in all cases of suspected concussion, the player is referred to a medical professional for diagnosis and guidance as well as return to play decisions, even if the symptoms resolve.

RED FLAGS

If ANY of the following are reported then the player should be safely and immediately removed from the field. If no qualified medical professional is available, consider transporting by ambulance for urgent medical assessment:

- | | |
|--|---------------------------------|
| - Athlete complains of neck pain | - Deteriorating conscious state |
| - Increasing confusion or irritability | - Severe or increasing headache |
| - Repeated vomiting | - Unusual behaviour change |
| - Seizure or convulsion | - Double vision - |

Weakness or tingling / burning in arms or legs

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the player (other than required for airway support) unless trained to do so
- Do not remove helmet (if present) unless trained to do so.

from McCrory et al, Consensus Statement on Concussion in Sport. Br J Sports Med 47 (5), 2013

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APPENDIX 3: GRADUATED RETURN TO ACTIVITY AND SPORT (GRAS) CONCUSSION PROGRAMME

Name	Stage dates	Details for this stage	Suggested activity
Injury Day 0		Recommend assessment with medical professional (e.g. GP, nurse, physiotherapist)	
Stage 1 (24-48 hours after concussion)		Initial Relative Rest Easy daily activities only (e.g. walking around home/ school). Phone and screen time kept to an absolute minimum. Minimise activity to 10-15-minute slots. Contact teachers to discuss adaptation of study/ work.	Suggested activity: - Walking - Reading
Day 0-2			
Stage 2 Day 3-7		Return to Daily Activities & Light Physical Activities Increased daily and mental activity (reading, TV, phone, computer). Gradually increase school and work activities. Very light physical activity (e.g. 10-15 minutes of walking). Rest if these activities increase symptoms.	Suggested activity: - Reading - Limited TV, phone, computer 10-15 minutes of walking
Stage 3 Day 8-11		Aerobic Exercise & Low-level Body Weight Resistance Training Increase daily activities (20-30 minutes then rest). Introduce physical activity (10-15 minutes of jogging) and low-level intensity body weight resistance training (Squats, Plank, Bridge, Press up). If symptoms more than mildly increase, or new symptoms appear, stop and rest until they subside. If no improvement, seek further medical advice.	Suggested activity: 10-15-minute jog/ static bike/ rowing - Low level body weight resistance training (Squat, Plank, Bridge, Press up)
Stage 4 Day 12-15		Sport-Specific Non-Contact Training Drills & Weight Training (if appropriate) Start non-contact training activities when you are not experiencing symptoms at rest. Progress intensity and duration in 15-minute increments. Introduce non-contact static skill drills and progress to non-contact drills whilst running. If symptoms more than mildly increase, or new symptoms appear, stop and rest until they subside.	Suggested activity: - Static non-competitive passing/ kicking/ catching/ throwing drills - Progressing to non-competitive passing/ kicking/ catching/ throwing/ fielding/ bowling drills whilst running
Stage 5 (Only if not experienced symptoms at rest for 14 days)		Full Contact Practice Return to normal training activity, including contact. Exposure to activities involving risk of head impact (e.g. tackle, ruck, batting) should be gradual (e.g. walking, shields, minimise repetitions). Recurrence of concussion symptoms following head impact should trigger removal from activity. Player must continue to be symptom free. Any occurrence of symptoms will require moving back at least to previous stage.	Suggested activity: - Contact activity using shields - Increase to slow moving contact - Increase to full speed contact drills Cricket- Batting against slow bowling progressing to faster Football- Small sided games on smaller pitches progressing to full sized/sided
Stage 6 No earlier than Day 21:		Return to Play Must have been symptom free for preceding 14 days. Return to normal activity and game play. Head injury Form 1 (attached) completed and returned to School Office or Mr Hogarth/Mr Sander	Suggested activity: Match play
Recommend re-assessment with medical professional (e.g. GP, nurse, physiotherapist), signing and returning Head injury Form 1			

POLICY CONTROL - HEAD INJURIES AND CONCUSSION POLICY

Status & Review

Statutory policy or document	No
Publish on school website	Yes
Review frequency	Annually
Approval date	September 2026
Review date	September 2027

Version Control

Author	Creation / Revision Date	Version	Status
Director of Sport (LH)	December 2025	1.0	Final approved version for publication. Further information relating to 'returning to play following a head injury'. Appendix 3 recommends reassessment with medical professional (updated on Form 1) Introduction of version control
Executive Assistant (TA)	September 2026	2.0	Changed school name to The Newcastle School