

Head Injury and Concussion Policy

Head Injury and Concussion Policy

THIS POLICY REFERS TO ALL SENIOR SCHOOL STUDENTS AND PUPILS IN THE INFANT AND JUNIOR SCHOOL INCLUDING THOSE IN EYFS

Head Injury and Concussion Policy

1. Introduction

- 1.1 We take the welfare of our students extremely seriously, both on and off the sports field. We have comprehensive policies in place to ensure that if a student sustains an injury, they receive the appropriate management. That includes this policy, which specifically addresses head injuries.
- 1.2 A head injury could happen in any area of School life. This policy focuses on sport activities (both contact sports and non-contact sports) where the risk of head injuries happening is higher but can be used for head injuries which occur in another context.
- 1.3 We have retained the services of Return2Play, a leading sports medicine consultancy, to assist in the management of head injuries at the School. The School will provide parents with log in details and instructions about how to use the Return2Play system. Parents are required to access the system, and use it in the ways set out in this policy.
- 1.4 The aim of this policy is to:
 - 1.4.1 Ensure understanding of the key terms and the link between head injury and brain injury;
 - 1.4.2 Identify sport activities which carry a risk of head injury;
 - 1.4.3 Underscore the importance of creating suitable risk assessments for sport activities being undertaken by the School;
 - 1.4.4 Provide clear processes to follow when a student does sustain a head injury; and
 - 1.4.5 Provide parents and students with clear information about the School's approach, including the comprehensive processes the School has in place.
- 1.5 Parents and students should read this policy carefully in order that parents can provide their informed consent to their child's participation in School sporting activities.
- 1.6 This policy applies to:
 - 1.6.1 School staff (including part time or occasional employees or visiting teachers);
 - 1.6.2 Students of the School;
 - 1.6.3 Parents of Students at the School; and
 - 1.6.4 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.

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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 less 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 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 part of play but where there are nonetheless potential collisions between players and between players and the ball, for example cricket and netball.

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 such as a concussion.
- 3.3 It is very important to recognise that a student 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 less than 10% of concussions.

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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 CTE.

4. Preventative steps to reduce the risks

4.1 All our games training, including pre-season training, and matches are supervised by staff who are First Aid trained. Any staff member involved in games has undertaken concussion awareness training which is refreshed annually.

4.2 Any person responsible for the undertaking of a sporting activity must ensure a suitable risk assessment for the specific sport activity is created and maintained. This risk assessment should be tailored to the specific School environment and should:

4.2.1 Identify the specific risks posed by the sport 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 and;

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

4.3 The current versions of the risk assessments (as at May 2023) for the core curriculum sports at the School are annexed to this policy. These risks assessments are updated annually, normally at the start of the academic year, and the School reserves the right to make changes to them without notice.

4.3.1 Rugby – Senior School (Schedule Two);

4.3.2 Rugby – Junior School (Schedule Three)

4.3.3 Hockey (Schedule Four)

4.3.4 Cricket (Schedule Five);

4.3.5 Netball (Schedule Six);

4.3.6 Rounders (Schedule Seven); and

4.3.7 Football (Schedule Eight).

Risk assessments for other sports are available on request:

4.4 The governing bodies of most sports played in our Schools have each produced head injury guidelines that are specific to their sport. Those responsible for risk assessing

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sport activities in our School should have regard to the relevant and latest guidelines when carrying out their risk assessment. For example:

4.4.1 The UK government has produced the following head injury guidance document; <https://www.sportandrecreation.org.uk/policy/research-publications/concussion-guidelines>

4.4.2 Football:

(a) General FA concussion guidelines: <https://www.thefa.com/get-involved/fa-concussion-guidelines-if-in-doubt-sit-them-outold>

(b) FA Heading Guidance:

<https://www.thefa.com/news/2020/feb/24/updated-heading-guidance-announcement-240220>

4.4.3 Rugby:

(a) <https://www.englandrugby.com/participation/playing/headcase/age-grade/schools-and-colleges>

(b) RFU Graduated Return to Play guidelines:

4.4.4 <https://www.englandrugby.com/dxdam/e7/e7f7fa78-4641-4928-b348-d870ec65c32e/UK-Grassroots-Concussion-Guidelines-April-2023.pdf>

4.4.5 Hockey:

(a) GB & England Hockey Concussion Policy

<https://www.cuhc.org.uk/wp-content/uploads/2020/10/CUHC-Concussion-Policy-2020-21.pdf>

(b) England Hockey 'Safe Hockey' guides

<https://www.englandhockey.co.uk/governance/duty-of-care-in-hockey/safe-hockey>

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, students and their parents take a holistic approach to the management of head injuries causing concussions and cooperate with regards to sharing information.

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- 5.3 Where a student sustains a head injury which has caused a concussion whilst participating in an activity outside of the School, the parents should log the injury on the Return2Play System, and keep the School updated of any developments thereafter. This would apply, for example, if a student suffers a concussion playing for an external sports club or if a student sustains a head injury while taking part in an informal game of sport, for example in the local park.
- 5.4 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.
- 5.5 In turn the School will update the Return2Play System where a student has sustained a head injury causing a concussion at School (as set out at 6.5 below).

6. Initial procedure to follow where a student sustains a head injury at School

- 6.1 The welfare of students is of central importance. Any person to whom this policy applies should 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 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' to help identify concussion in children, youth and adults. The tool is attached at Schedule One, and is also available for download (here: <https://bjsm.bmj.com/content/bjsports/47/5/267.full.pdf>) The tool identifies the following signs and symptoms of suspected concussion:
- 6.2.1 Loss of consciousness;
 - 6.2.2 Seizure or convulsion;
 - 6.2.3 Balance problems;
 - 6.2.4 Nausea or vomiting;
 - 6.2.5 Drowsiness;
 - 6.2.6 More emotional;
 - 6.2.7 Irritability;
 - 6.2.8 Sadness;
 - 6.2.9 Fatigue or low energy;
 - 6.2.10 Nervous or anxious;
 - 6.2.11 "don't feel right";

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- 6.2.12 Difficulty remembering;
 - 6.2.13 Headache;
 - 6.2.14 Dizziness;
 - 6.2.15 Confusion;
 - 6.2.16 Feeling slowed down;
 - 6.2.17 “Pressure in head”;
 - 6.2.18 Blurred vision;
 - 6.2.19 Sensitivity to light;
 - 6.2.20 Amnesia;
 - 6.2.21 Feeling like “in a fog”;
 - 6.2.22 Neck pain;
 - 6.2.23 Sensitivity to noise; and
 - 6.2.24 Difficulty concentrating.
- 6.3 Where a student sustains a suspected head injury or concussion, the person supervising the activity should immediately remove the student from play where it is safe to do and refer the student to either the School Nurse, a qualified first aider or for School sports fixtures where paramedics are in attendance, to those paramedics.
- 6.4 The School Nurse, First Aider or the paramedic will determine whether the student is displaying any “red flag” symptom in which case the ambulance services should be called on 999. The Pocket Concussion Recognition Tool at Schedule One identifies the following red flags:
- 6.4.1 Athlete complains of neck pain;
 - 6.4.2 Increasing confusion or irritability;
 - 6.4.3 Repeated vomiting;
 - 6.4.4 Seizure or convulsion;
 - 6.4.5 Weakness or tingling/burning in arms or legs;
 - 6.4.6 Deteriorating conscious state;
 - 6.4.7 Severe or increasing headache;

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- 6.4.8 Unusual behaviour change; and
- 6.4.9 Double vision.
- 6.5 The School Nurse will update the Return2Play portal with details of the head injury as soon as reasonably possible, and in any case on the same day of the incident. The entry should include the following details: the student's name, the date of the incident, the time of the incident, a description of the incident, a description of the head injury incurred, and a description of any action taken. Parents will receive an automatic email notification directing them to details of the injury logged on the Return2Play system.
- 6.6 Anyone sustaining a head injury and showing symptoms of concussion will not be allowed to drive themselves or travel home unaccompanied by either school or public transport, and alternate arrangements should be made with the parents.
- 7. Managing a return to play following a head injury**
- 7.1 Any student that has suffered a head injury and showed symptoms of concussion should be subject to a graduated return to play programme (**G RTP**).
- 7.2 The information below details how the Return2Play system should be used to ensure the safe management of concussion:
- 7.2.1 *Live injury register:* A live register of all our students' current fitness to play sport is accessible to staff. This allows us to ensure that, if injured, a player is not put at risk of being played. The register also allows us to track current injuries and audit previous injuries.
- 7.2.2 *Injury Logged:* As soon as a player's concussion has been logged onto the system, Return2Play automatically sends out a notification to every team that the student plays for as well as key staff within the school and any additional recipients that you choose to add. Return2Play will also issue parents with medical advice regarding warning signs to look out for, and explain the recovery guidelines.
- 7.2.3 *Two Weeks Rest:* The player must first have a mandatory two-week rest period. During this period, the Return2Play system can be used to record symptoms and check a player is making a good recovery. This information is passed onto the doctor so they have as much information as possible about the student's injury.
- 7.2.4 *Medical assessment:* The G RTP should be developed in consultation with a suitably qualified medical professional and be tailored to the specific circumstances of the individual (including the type of injury sustained and the relevant sport). We have contracted Return2Play to provide medical assessments to all of our students who require them. Parents can access webcam clinics available throughout the week and during school holidays through the Return2Play system. Some parents may prefer to use their

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own GP to undertake assessments. If this is the case, please be aware that written confirmation from the doctor will be required before returning to sporting activity.

7.2.5 *GRTP*: If the doctor is happy, they will approve the student to start the GRTP phase of recovery. During this phase, Return2Play will issue advice on how the player can gradually build up the level of exercise and contact they are exposed to.

7.2.6 Final Medical Assessment: Before any player can be declared safe to return to full contact play, they must first be assessed by the doctor again.

7.2.7 Return to Sport: If the doctor is satisfied that a full recovery has been made, they will issue a certificate through the system, which is then automatically sent out to everyone who has an interest in the player, so they can get back playing again, safe in the knowledge that they have received the highest standard of care.

7.3 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 GRTP.

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 knowingly or recklessly breached this policy. For example:

8.1.1 if a student attempts to return to play in breach of their GRTP plan, the School would consider the matter under the School's student disciplinary policy;

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 policy; and

8.1.3 if a parent fails to report to the School a head injury their child sustains outside of School, the School would consider the matter under the terms of the School parent contract.

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Schedule 1 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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Schedule 2 Rugby risk assessment (Senior School)

Activity/Process Assessed	Rugby Union Football
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Location of activity	Valley Road Playing Fields & Highfields
Persons at risk	Pupils, Staff, Referees, Visitors
Date assessment prepared	01-09-22
Assessment prepared by	JMH

Ref	Potential Hazards	Risk without control measures in place			Risk with control measures in place		
		Low	Med	High	Low	Med	High
1	The Ground, playing area, flags, posts		x		X		
2	Players Clothing		X		X		
3	Mouthguards		X		X		
4	The Game			X	X		
5	Concussion		X		X		
6	Travel to the ground			x	X		
7	COVID-19 Transmission			x		x	

Rating	Risk = Severity x Likelihood	
	Severity of injury / disease	Likelihood of occurrence
High	Fatality or major injury/illness causing long term disability	Certain or near certain to occur
Medium	Injury or illness causing short term disability	Reasonably likely to occur
Low	Injury or illness without disability	Very seldom or never occurs

Ref	Control Measures
1	<ul style="list-style-type: none"> • Playing area inspected regularly by ground staff and as appropriate teaching staff to ensure it is clear of hazards. • Flags are smooth and flexible and have rounded ends. • Posts are padded in accordance with RFU recommendations for both practice and matches.
2	<ul style="list-style-type: none"> • Players clothing meets World Rugby recommendations. • The use of sport goggles are permitted in accordance to World Rugby Criteria. • Suitable footwear is worn (inc suitable studs) to ensure safety for both player with regards to playing surface and other players with regards to accidental collision.
3	<ul style="list-style-type: none"> • All players are required to wear individually fitted mouth guards.
4	<ul style="list-style-type: none"> • The Game is taught in accordance with the laws as set by the World Rugby and RFU.

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	<ul style="list-style-type: none"> • Staff introduce the game progressively to minimise risk. • Sessions are organised to allow for differentiation in ability. This is assessed on a weekly basis. • Students are suitably trained and experienced for key competitive situations in accordance with World Rugby laws and variations. • Staff are suitably qualified to teach and referee the game. • Where possible Paramedics are onsite for more than one match. At least one qualified first aider will be in attendance during lessons, training and fixtures.
5	<ul style="list-style-type: none"> • Sessions throughout the week are adapted to limit the number of collisions/contacts to minimise possibility of head injuries. • Any student with suspected concussion will be recorded on the Return to Play system and then follow the R2P protocols before playing sport again. R2P doctors have to assess suitability for return to play and certify the student as recovered. • All members of staff involved in Rugby take the “HeadCase” course provided by the RFU.
6	<ul style="list-style-type: none"> • Properly equipped transport is provided for School travel, students and staff are instructed to wear seatbelts where provided. (See Off-Site Sports Activities Risk Assessment)
7	<ul style="list-style-type: none"> • Comply with any current school Health and safety compliance (ie current COVID regulations at time of activity) https://www.gov.uk/coronavirus • Students will not be allowed to take part in any sport while they test positive for COVID-19.

Assessment of Overall Risk	Low	Med	High
Without control measures		X	
With control measures	X		
NB: Re-assessment is required if the overall risk with control measures remains high			

Approved	JB	Not approved	Date	1/9/18
Comments				
Signed				
Circulation	Teaching Staff			
	Support Staff			
	Director of Finance			
	Other: Specify			

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Review Timescale:			
Date of Review:	10/6/19	Reviewed by:	JMH
	Feb 20		SDW
	Sept 21		SDW
	Sept 22		SDW
	May 23		JMH

Schedule 3 Rugby risk assessment (Infant and Junior School)

Activity/Process Assessed	Rugby Union Football
Location of activity	Valley Road Playing Fields
Persons at risk	Pupils, Staff, Referees, Visitors
Date assessment prepared	11-11-19
Assessment prepared by	CC + TA

Ref	Potential Hazards	Risk without control measures in place			Risk with control measures in place		
		Low	Med	High	Low	Med	High
1	The Ground, playing area, flags, posts		x		X		
2	Players Clothing		X		X		
3	Mouthguards		X		X		
4	The Game			X	X		
5	Concussion		X		X		
6	Travel to the ground			x	X		

Rating	Risk = Severity x Likelihood	
	Severity of injury / disease	Likelihood of occurrence
High	Fatality or major injury/illness causing long term disability	Certain or near certain to occur
Medium	Injury or illness causing short term disability	Reasonably likely to occur
Low	Injury or illness without disability	Very seldom or never occurs

Ref	Control Measures
1	<ul style="list-style-type: none"> Playing area inspected regularly by ground staff and as appropriate teaching staff to ensure it is clear of hazards. Flags are smooth and flexible and have rounded ends. Posts are padded in accordance with RFU recommendations for both practice and matches.
2	<ul style="list-style-type: none"> Players clothing meets World Rugby recommendations. The use of sport goggles are permitted in accordance to World Rugby Criteria.

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3	<ul style="list-style-type: none"> All IJS players must wear a bespoke gumshield for all lessons and fixtures involving contact (ie – not necessary for tag) Players must not borrow gumshields from other pupils and are not permitted to use temporary/bite gumshields for lessons or fixtures All players are strongly recommended to wear mouth guards that have been fitted professionally. The School provides a service through O-Pro
4	<ul style="list-style-type: none"> Game is taught in accordance with the laws of the game as set by the World Rugby and RFU. Staff introduce the game progressively to minimise risk. Lessons are organised to allow for differentiation in ability. This is assessed on a weekly basis. Pupils are suitably trained and experienced for key competitive situations in accordance with World Rugby laws and variations. Staff are suitably qualified to teach and referee the game. At least one qualified first aider will be in attendance during lessons, training and fixtures. In some situations (eg block fixtures) a paramedic may be available onsite.
5	<ul style="list-style-type: none"> Any pupil diagnosed with concussion by a medical professional must follow the schools mandatory concussion protocol. All members of staff take the “HeadCase” course provided by the RFU.
6	<ul style="list-style-type: none"> Properly equipped transport is provided for School travel, pupils and staff are instructed to wear seatbelts as provided.

Assessment of Overall Risk	Low	Med	High
Without control measures		X	
With control measures	X		

NB: Re-assessment is required if the overall risk with control measures remains high

Approved	JB	Not approved	Date	12/11/19
Comments				
Signed				
Circulation	Teaching Staff			
	Support Staff			
	Director of Finance			
	Other: Specify			

Review Timescale:			
Date of Review:	Dec 20	Reviewed by:	CC/TA
	Oct 21		CC/TA
	Oct 22		CC/TA

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	May 23		CC/TA

Schedule 4 Hockey risk assessment

Activity/Process Assessed	Hockey Games Sessions / Fixtures
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Location of activity	All Hockey Pitches
Persons at risk	All Participants
Date assessment prepared	August 2018
Assessment prepared by	Mr Ian Cowley

Ref	Potential Hazards	Risk without control measures in place			Risk with control measures in place		
		Low	Med	High	Low	Med	High
1	Accessing Changing Rooms from Car Park area		X		X		
2	Use of changing rooms		X		X		
3	Use of showers		X		X		
4	Use of dug out areas on the pitch		X		X		
5	Use of floodlights		X		X		
6	Pitch surface		X		X		
7	Adverse weather conditions		X		X		
8	Spectators		X		X		
9	Hockey training equipment (balls, cones, lines etc.)		X		X		
10	Goal Keeping equipment		X		X		
11	Rebound boards or tyres		X		X		
12	Pitch dividers – foam or plastic		X		X		
13	Pitch dividers - nets		X		X		
14	Use of Hockey Goals		X		X		
15	Warm Up / Cool Down	X			X		
16	Safety Equipment		X		X		
17	Medical Records		X		X		
18	Penalty Corners - defending		X		X		
19	Goal Keeping Work		X		X		
20	Hitting Practices, including shooting		X		X		
21	Tackle Based Activities		X			X	
22	Generic Basic Skills i.e. Stopping of ball	X			X		
23	Simulated Game Play or Fixtures		X			X	
24	Concussion		x			X	
25	COVID-19 Transmission			x		x	

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Rating	Risk = Severity x Likelihood	
	Severity of injury / disease	Likelihood of occurrence
High	Fatality or major injury/illness causing long term disability	Certain or near certain to occur
Medium	Injury or illness causing short term disability	Reasonably likely to occur
Low	Injury or illness without disability	Very seldom or never occurs

Ref	Control Measures
1	<ul style="list-style-type: none"> Ensure that the bus (es) drops off all users near the pathway and that all users use the pathway when moving to and from changing rooms. Check that all lighting in the car park is working and ensure the car park is fully supervised at busy times.
2	<ul style="list-style-type: none"> Check that changing rooms are free for use, secure and suitable for all participants needs. Ensure participants are briefed as to what is acceptable behaviour in the changing rooms and what changing rooms they are able to use. Ensure all participants are briefed on Emergency Procedures and where Fire Exits are.
3	<ul style="list-style-type: none"> Check that the showers are safe for use, at a comfortable temperature and suitable for all users. Check that the shower area does not have any damaged or broken tiles. Ensure that the shower area is not slippery when wet and remind participants of 'walking in the shower areas' and the need for sensible behaviour.
4	<ul style="list-style-type: none"> Check that the dugout area is free of rubbish and ready for use. Ensure that stick / kit bags are stored /positioned safely and do not create trip hazards. Check that the Perspex cover is not damaged or protruding inwards towards participants, creating a hazard to users.
5	<ul style="list-style-type: none"> Ensure lighting levels are suitable for the activity taking place. Check that pylons are secure, not swinging dangerously or at risk of falling down. Do not use any areas that are not sufficiently lit.
6	<ul style="list-style-type: none"> Ensure that the playing surface and pitch surround is safe, free of debris or rubbish and is flat – no protruding lines etc.
7	<ul style="list-style-type: none"> Ensure that the playing surface is safe for use and does not become dangerous in adverse weather conditions. Check that participants are correctly attired and equipped for the weather i.e. Sun cream for warm days, waterproofs for wet days. Monitor the effects of the weather on the playing surface and undertake an on-going dynamic risk assessment. Ensure all participants receive sufficient drinks breaks in warm conditions or on extended training sessions.
8	<ul style="list-style-type: none"> Ensure spectators stand outside of the pitch surround – behind any designated fencing. Check that entry gates are closed and that the designated standing area is safe.
9	<ul style="list-style-type: none"> Ensure all playing equipment is suitable fit for purpose, safe and is undamaged.

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	<ul style="list-style-type: none"> • Check that sticks are of a suitable weight and length for the participant and that again are undamaged. • Ensure all equipment is used (and stored) correctly and it is removed out of the playing area, when not in use. • Unsafe equipment must not be used and should be reported ASAP.
10	<ul style="list-style-type: none"> • Goal Keeping Kits to be checked before use and any issues / damaged / missing items reported to the Director of Hockey. • All Goal Keepers are given guidance on how to wear kit correctly – initially done under supervision and that all kit is worn correctly at all times and the right size. • Any GK kit to be suitable for use and in line with current E.H guidelines. • Ensure spare straps are available in bags & storage unit. • Unsafe equipment must not be worn / used. • Any GK bags that are not correct / full must be reported ASAP.
11	<ul style="list-style-type: none"> • Ensure rebound boards (or tyres) are used, moved and stored safely and correctly. • Remove these from the playing area when not in use.
12	<ul style="list-style-type: none"> • Ensure pitch dividers are used and stored correctly and are moved away from the playing area when not in use.
13	<ul style="list-style-type: none"> • Ensure dividing nets are fully pulled back (and) stored out of the way. When being used, ensure they are secure and fixed if possible.
14	<ul style="list-style-type: none"> • Ensure goals are safe for use and that any holes in netting are repaired before use. • Ensure the Goals are correctly anchored (if applicable) and cannot move by themselves. • Do not use goals that are not safe. • Ensure 'spare' Goals are not protruding onto the playing area when not in use. • Goals must only be moved with the correct lifting / moving techniques. • Where possible goals should be moved by a minimum of two people – this is essential on the 'full roller' goals.
15	<ul style="list-style-type: none"> • Ensure participants are educated and supervised through correct warm up techniques required for hockey specifically; Use of Warm Up Games incorporating Dynamic (and Static stretches) that are relevant to the game of hockey. • Always to be done before and after (as Cool Down) all matches and games sessions.
16	<ul style="list-style-type: none"> • Communicate the requirement for all participants to have the appropriate safety equipment (i.e. Shin Guards, Gum Shield, Glove) • Shin guards and mouth guards are mandatory for taking part in the sport – training or games. • Use players in different roles if they do not have appropriate kit and change session if necessary. • Remind participants prior to all sessions and adapt sessions if necessary. • Ensure sessions are properly supervised and any dangerous play stopped.
17	<ul style="list-style-type: none"> • Ensure all medical records are kept up to date and that all teachers / coaches are aware of any participants with issues and where this information can be found. • All teachers / coaches are responsible for ensuring a fully stocked First Aid Kit is available pitch side. • All teachers / coaches should be suitably qualified.

Head Injury and Concussion Policy

	<ul style="list-style-type: none"> All teachers / coaches must have with access to emergency numbers and a mobile phone.
18	<ul style="list-style-type: none"> Participants to have a good knowledge of laws to ensure an understanding of Penalty Corner procedures. Teachers / coaches must ensure that they are up to date with hockey rules – Annual review of Online Rules Test. Ensure Face masks are provided for all players defending penalty corners and that they are fit for purpose. These must be part of team bags. Face Masks are to be replaced after 2 years (in line with manufacturer’s guidelines) or if they are damaged.
19	<ul style="list-style-type: none"> Ensure Goal Keepers are fully educated in what items of kit are used and why Ensure Goal Keepers fully check kits and report any damaged kit / broken kit to the Director of Hockey or member of staff Only use safe kit Goal Keepers to be shown correct techniques for wearing / using and playing in kit Goal Keepers are shown the correct techniques for all aspects of GK play – shot stopping, kicking etc.
20	<ul style="list-style-type: none"> Ensure participants are taught and aware of the correct techniques for hitting and that they are educated in ‘spacial awareness’ and dangerous positions to stand when someone is hitting a ball. Shooting practices only to be done when area is safe and free of participants and game scenarios are replicated through management of player’s knowledge / experience. Ensure all participants are taught and aware of the correct techniques required for Sweep hitting and push passing.
21	<ul style="list-style-type: none"> All participants are to be educated in the skills and techniques required for tackling, along with an understanding of the various safe tackling methods. i.e. jab tackle, block tackle. Participants are to wear protective shin guards at all times.
22	<ul style="list-style-type: none"> Participants to receive correct instructions / techniques and methods to play in a game with emphasis on basic skills. This will incorporate the correct body position as well as techniques for the skill. All sessions to be fully supervised, with advanced skills only introduced at the appropriate level. Ensure that the space being used is sufficient for skills that are being developed.
23	<ul style="list-style-type: none"> Participants to play to rules as agreed with teachers / coaches - paying attention to the safety aspects of each game / event within a game – ensure all kit is safe and that rules are enforced at all times.
24	<ul style="list-style-type: none"> Any student with suspected concussion will be recorded on the Return to Play system and then follow the R2P protocols before playing sport again. R2P doctors have to assess suitability for return to play and certify the student as recovered.
25	<ul style="list-style-type: none"> The school will follow all relevant governing body advice. Students will not be allowed to take part in any sport if they show <u>any</u> symptoms of COVID-19.

Head Injury and Concussion Policy

Assessment of Overall Risk	Low	Med	High
Without control measures		X	
With control measures	X	X	
NB: Re-assessment is required if the overall risk with control measures remains high			

Approved	x	Not approved		Date	8/12/17
Comments					
Signed	JAB				
Circulation	Teaching Staff				
	Support Staff				
	Director of Finance				
	Other: Specify				

Review Timescale:	annually		
Date of Review:		Reviewed by:	
	November 2018		SD Whitehead
	Feb 20		SDW
	Sept 20		SDW
	Sept 21		SDW
	Sept 22		SDW
	May 23		HGB

Schedule 5 Cricket risk assessment

Activity/Process Assessed	Cricket
Location of activity	Sports-hall, Valley Rd, away fixtures
Persons at risk	Pupils, staff, umpires, spectators
Date assessment prepared	01/01/23
Assessment prepared by	Sam Schofield

Ref	Potential Hazards	Risk without control measures in place			Risk with control measures in place		
		Low	Med	High	Low	Med	High
1	Slips, trips and fall during lessons, practice and matches		X		X		

Head Injury and Concussion Policy

2	Batting			X		X	
3	Fielding			X		X	
4	Nets			X		X	
5	Wicket Keeping			X		X	
6	Concussion	X			X		
7	COVID-19 transmission	X				X	

Rating	Risk = Severity x Likelihood	
	Severity of injury / disease	Likelihood of occurrence
High	Fatality or major injury/illness causing long term disability	Certain or near certain to occur
Medium	Injury or illness causing short term disability	Reasonably likely to occur
Low	Injury or illness without disability	Very seldom or never occurs

Ref	Control Measures
1	<ul style="list-style-type: none"> Check wicket, outfield before use. Staff to be knowledgeable and experienced to take the activity.
2	<ul style="list-style-type: none"> If using hard ball, helmet, must be worn, school to provide. Pads, gloves and box to be provided and worn. Instruction to be given on correct use of protective equipment and staff to monitor.
3	<ul style="list-style-type: none"> Follow guidance of where not to stand. Staff to enforce ECB set distances from the bat.
4	<ul style="list-style-type: none"> Only one batsman and one bowler in action at a time. Bowlers should not collect their own ball. Padding up to take place in designated safe area. Staff to check for holes in netting prior to each session.
5	<ul style="list-style-type: none"> Helmet used for keeper standing up to wicket. Instruction to be given on use of protective equipment and use of equipment to be monitored by staff.
6	<ul style="list-style-type: none"> Any student with suspected concussion will be recorded on the Return to Play system and then follow the R2P protocols before playing sport again. R2P doctors have to assess suitability for return to play and certify the student as recovered.
7	<ul style="list-style-type: none"> The school will follow all relevant governing body advice. Students will not be allowed to take part in any sport if they show <u>any</u> symptoms of COVID-19.

Assessment of Overall Risk	Low	Med	High
Without control measures			X
With control measures		X	

NB: Re-assessment is required if the overall risk with control measures remains high

Approved	PAD	Not approved		Date	20 Jan 15
Comments					
Signed	PAD				
Circulation	Teaching Staff				
	Support Staff				
	Director of Finance				
	Other: Specify				

Head Injury and Concussion Policy

Review Timescale:	Yearly		
Date of Review:	12 Jan 14	Reviewed by:	M D Smith
	29 Apr 15		M D Smith
	10 Mar 16		M D Smith
	24 April 2017		M D Smith
	October 2018		SD Whitehead
	Feb 20		SDW
	Sept 20		SDW
	Sept 21		SDW
	Sept 22		SDW
	May 23		HGB

Schedule 6 Netball risk assessment

Activity/Process Assessed	Netball
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Location of activity	Valley Road Netball Courts
Persons at risk	Pupils, Staff, Umpires, Visitors
Date assessment prepared	1 st April 2016- Modified 27 th January 2020
Assessment prepared by	Georgina McAndrews - Heidi Bray

Ref	Potential Hazards	Risk without control measures in place			Risk with control measures in place		
		Low	Med	High	Low	Med	High
1	The ground		x		x		
2	Posts		x		x		
3	The game		x		X		
4	Muscle injuries	x			x		
5	Netball training equipment (balls, cones, bibs)		x		x		
6	Spectators		x		x		
7	Adverse weather conditions		x		x		
8	Warm up /Cool down	x			x		
9	Medical Records		x		x		
10	Accessing Changing Rooms from Car Park area		x		x		
11	Concussion	x			x		
12	COVID-19 Transmission			x		x	

Head Injury and Concussion Policy

Rating	Risk = Severity x Likelihood	
	Severity of injury / disease	Likelihood of occurrence
High	Fatality or major injury/illness causing long term disability	Certain or near certain to occur
Medium	Injury or illness causing short term disability	Reasonably likely to occur
Low	Injury or illness without disability	Very seldom or never occurs

Ref	Control Measures
1	<ul style="list-style-type: none"> The playing area is inspected regularly by ground staff and as appropriate teaching staff to ensure it is clear of hazards. The grounds staff will inspect the courts before each session/fixture and make recommendations regarding cancellations if frozen or too slippy due to heavy rain fall.
2	<ul style="list-style-type: none"> Post protectors are used on each court.
3	<ul style="list-style-type: none"> The game is taught in accordance with the rules of England netball. Staff will introduce the game progressively to minimise risk. Lessons are organised to allow for differentiation in ability. This is assessed on a weekly basis. Pupils are suitably trained and experienced for key competitive situations. Staff are suitably qualified to teach and umpire the game. Emphasis that netball is a non-contact sport.
4	<ul style="list-style-type: none"> Players are warmed up appropriately to prevent muscle injuries.
5	<ul style="list-style-type: none"> Ensure all playing equipment is suitable fit for purpose, safe and is undamaged. Ensure all equipment is used (and stored) correctly and it is removed out of the playing area, when not in use. Unsafe equipment must not be used and should be reported ASAP.
6	<ul style="list-style-type: none"> Ensure spectators stand outside of the pitch surround – behind any designated fencing. Check that entry gates are closed and that the designated standing area is safe. Any subs to stand off the umpiring line.
7	<ul style="list-style-type: none"> Ensure that the playing surface is safe for use and does not become dangerous in adverse weather conditions. Check that participants are correctly attired and equipped for the weather i.e. Sun cream for warm days, waterproofs for wet days. Monitor the effects of the weather on the playing surface and undertake an on-going dynamic risk assessment. Ensure all participants receive sufficient drinks breaks in warm conditions or on extended training sessions.
8	<ul style="list-style-type: none"> Ensure participants are educated and supervised through correct warm up techniques required for Netball specifically; Use of Warm Up Games incorporating Dynamic (and Static stretches) that are relevant to the game of Netball. Always to be done before and after (as Cool Down) all matches and games sessions. Each player has access to warm up sheet, as well as staff all having access to warm up sheets in kit bags.

Head Injury and Concussion Policy

9	<ul style="list-style-type: none"> • Ensure all medical records are kept up to date and that all teachers / coaches are aware of any participants with issues and where this information can be found. • All teachers / coaches are responsible for ensuring a fully stocked First Aid Kit is available pitch side. • All teachers / coaches should be suitably qualified. • All teachers / coaches must have with access to emergency numbers and a mobile phone.
10	<ul style="list-style-type: none"> • Ensure that the bus (es) drops off all users near the pathway and that all users use the pathway when moving to and from changing rooms.
11	<ul style="list-style-type: none"> • Any student with suspected concussion will be recorded on the Return to Play system and then follow the R2P protocols before playing sport again. R2P doctors have to assess suitability for return to play and certify the student as recovered.
12	<ul style="list-style-type: none"> • The school will follow all relevant governing body advice. • Students will not be allowed to take part in any sport if they show <u>any</u> symptoms of COVID-19.

Assessment of Overall Risk	Low	Med	High
Without control measures		x	
With control measures	x		
NB: Re-assessment is required if the overall risk with control measures remains high			

Approved	PAD	Not approved	Date	20 Apr 16
Comments				
Signed	PAD			
Circulation	Teaching Staff		X	
	Support Staff			
	Director of Finance			
	Other: Specify		X	Grounds staff

Review Timescale:	annually		
Date of Review:	24 April 2017	Reviewed by:	M D Smith
	October 2018		SD Whitehead
	January 2020		SD Whitehead
	Sept 20		SDW
	Sept 21		SDW
	Sept 22		SDW
	May 23		HGB

Head Injury and Concussion Policy

Schedule 7 – Rounders Risk Assessment

Activity/Process Assessed	Rounders
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Location of activity	Valley Road
Persons at risk	Students, Staff, Umpires, Visitors
Date assessment prepared	1 st April 2023
Assessment prepared by	JMH

Ref	Potential Hazards	Risk without control measures in place			Risk with control measures in place		
		Low	Med	High	Low	Med	High
1	The ground		x		x		
2	Equipment		x		x		
3	The game		x		X		
4	Muscle injuries	X			x		
5	COVID-19 Transmisison			x		x	

Ref	Control Measures
1	<ul style="list-style-type: none"> The playing area is inspected regularly by ground staff and as appropriate teaching staff to ensure it is clear of hazards. The grounds staff will inspect the pitch before each session/fixture and make recommendations regarding cancellations if frozen or waterlogged. Each pitch/activity will be set up far enough away from each other to avoid fielders being hit by a ball from another pitch.
2	<ul style="list-style-type: none"> Appropriate balls are used depending on age group and ability. All equipment is England Rounders approved with post stoppers on top.
3	<ul style="list-style-type: none"> The game is taught in accordance with the rules of England rounders. Staff will introduce the game progressively to minimise risk. Lessons are organised to allow for differentiation in ability. This is assessed on a weekly basis. Students are suitably trained and experienced for key competitive situations. Staff are suitably qualified to teach and umpire the game. Batters are also asked to line up in an assigned spot away from the pitch to avoid being hit by the ball/bat. Staff follow the guidance of Rounders England https://www.roundersengland.co.uk/ Follow the relevant Rounders England Risk assessment https://www.roundersengland.co.uk/content/uploads/2018/05/EVENT-RISK-ASSESSMENT-EXAMPLE.pdf?

Head Injury and Concussion Policy

4	<ul style="list-style-type: none"> • Players are warmed up appropriately to prevent muscle injuries.
5	<ul style="list-style-type: none"> • The school will follow all relevant governing body advice. • Students will not be allowed to take part in any sport if they show <u>any</u> symptoms of COVID-19.

Assessment of Overall Risk	Low	Med	High
Without control measures		x	
With control measures	x		
NB: Re-assessment is required if the overall risk with control measures remains high			

Approved	PAD	Not approved		Date	1 st April 2023
Comments					
Signed	PAD				
Circulation	Teaching Staff			X	
	Support Staff				
	Director of Finance				
	Other: Specify			X Grounds Staff	

Review Timescale:	annually		
Date of Review:	24 April 2017	Reviewed by:	M D Smith
	October 2018		SD Whitehead
	Feb 20		SDW
	Sept 20		SDW
	Sept 21		SDW
	Sept 22		SDW
	May 23		JMH

Schedule 8 Football risk assessment

Activity/Process Assessed	Football Fixtures
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Location of activity	Various
Persons at risk	Players
Date assessment prepared	7/12/09
Assessment prepared by	PJC

Head Injury and Concussion Policy

Ref	Potential Hazards	Risk without control measures in place			Risk with control measures in place		
		Low	Med	High	Low	Med	High
1	Muscle strains	x			x		
2	Head injuries		x		x		
3	Broken limbs		x		x		
4	Unsafe playing surfaces		x		x		
5	Travel to the fixture		x		x		
6	Concussion		x			X	
7	COVID-19 Transmission			x		x	

Rating	Risk = Severity x Likelihood	
	Severity of injury / disease	Likelihood of occurrence
High	Fatality or major injury/illness causing long term disability	Certain or near certain to occur
Medium	Injury or illness causing short term disability	Reasonably likely to occur
Low	Injury or illness without disability	Very seldom or never occurs

Ref	Control Measures
1	<ul style="list-style-type: none"> Ensure players warm up correctly.
2	<ul style="list-style-type: none"> Caution players making dangerous challenges. Stop game immediately in event of head injuries. Substitute any player if there is any chance that they may have suffered concussion, erring on the side of caution if there is any doubt.
3	<ul style="list-style-type: none"> Caution players making dangerous challenges
4	<ul style="list-style-type: none"> Check surface before commencing the game, particularly at away fixtures Grounds staff to make recommendations in the event of frozen or waterlogged pitches
5	<ul style="list-style-type: none"> Follow school guidelines on minibus safety.
6	<ul style="list-style-type: none"> Any student with suspected concussion will be recorded on the Return to Play system and then follow the R2P protocols before playing sport again. R2P doctors have to assess suitability for return to play and certify the student as recovered.
7	<ul style="list-style-type: none"> The school will follow all relevant governing body advice. Students will not be allowed to take part in any sport if they show <u>any</u> symptoms of COVID-19.

Assessment of Overall Risk	Low	Med	High
Without control measures		x	
With control measures	x		
NB: Re-assessment is required if the overall risk with control measures remains high			

Approved	PAD	Not approved		Date	20 Jan 15
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Head Injury and Concussion Policy

Comments		
Signed	PAD	
Circulation	Teaching Staff	
	Support Staff	
	Director of Finance	
	Other: Specify	

Review Timescale:			
Yearly			
Date of Review:		Reviewed by:	
12 January 2014		M D Smith	
	29 Apr 15		M D Smith
	10 Mar 16		M D Smith
	24 April 2017		M D Smith
	October 2018		SD Whitehead
	Sept 20		SDW
	Sept 21		SDW
	Sept 22		SDW
	May 23		SDW