



HEAD INJURY & RETURN TO PLAY – SUMMARY POLICY

Epsom College in Malaysia (“ECiM”) takes incidences of head trauma seriously. This document’s aim is to highlight the importance of head assessment, after-care and safe return to normal activities.

Injury to the head can take place in a variety of situations in the school environment i.e. any time that a pupil’s head comes into contact with a hard object such as the floor, a desk, or another pupil’s body. The potential is probably greatest during activities where collisions can occur such as in the playground, during sport and PE, and through careless/silly behaviour indoors during breaks. The nature of rugby means that concussion can occur during both training and in matches. Head trauma, related to sport activities can potentially increase the incidence of concussion with or without loss of consciousness which requires special after-care and adherence to return to play protocol (GRTP). Concussion involves an alteration in brain function caused by a direct blow to the head or indirectly by a sudden change in head direction. Its severity can depend on the mechanism of injury as well as any previous conditions or head trauma. It is not necessary to lose consciousness to sustain concussion following a blow to the head. Symptoms may not develop for some hours, or even days, after a knock to the head, and in rare cases can develop weeks after a head injury. Whilst an initial concussion may not cause permanent damage, a repeat injury to the head soon after the prior unresolved concussion can have serious consequences. A subsequent injury does not need to be severe to have permanently disabling or deadly effects.

All students of suspected or confirmed head trauma should be seen by the nurse immediately with the HMM notified as soon as possible. **This applies to injuries sustained outside school, as well as during school hours.**

1. Immediate Assessment

- 1.1 Any student sustaining a blow to the head should immediately stop the activity and have an initial assessment by witnessing staff and referral to College nurse or other medical support person. In the event the pupil is showing immediate signs of concussion the student should either be taken to hospital for immediate assessment or the emergency services called (see 1.2 & 1.3 below).
- 1.2 If spinal involvement is suspected the student should not be moved until an assessment excluding spinal injury is made. If spinal injury is suspected specialist immobilization and emergency services should be arranged.
- 1.3 Use of emergency services must be sought in all cases that involve: conscious level deficit; fitting; suspected skull fracture (deformity/fluid from nose or ears).

- 1.4 Sports Concussion Assessment Tool - 3rd Edition (SCAT3) can be used to evaluate potential concussion in students above 13 years old.
- 1.5 In any cases of potential concussion the student must not return to the activity/game even if they state they are feeling fit to return to play. Second Impact Syndrome (SIS) should be considered and the student should be assessed by a College nurse before deciding whether further medical treatment is required.

2. After Care

- 2.1 Parents/guardians/carers/HMMs or Head of Prep of any student sustaining a blow to the head will be informed of any head trauma sustained by a child whether on campus or off campus activities. Prep School student head/face bumps are reported to parents before the child goes home (by telephone or e-mail and followed up with a head bump letter with the child).
- 2.2 If a student who has suffered significant head trauma is going home they are to be handed into the care of a responsible adult who has been given advice as to when to seek further medical attention. A student would not be able to drive home or be put in a taxi, and alternative arrangements must be made.
- 2.3 The person caring for the student would be advised to support with the current recommended post-concussion guidelines: rest in a darkened room with no or reduced visual or auditory stimuli for 2-3 days e.g. TV, computer games, reading (book or screen), loud music. These recommendations assist with a speedier recovery of brain tissue damage.
- 2.4 If the student remains in College they will have a daily assessment by College nurses of post-concussion symptoms to check whether they remain symptom free for 10 days. This is in accordance with UK RFU guidelines for delayed concussion in children below 19. Should signs of concussion appear then the student must be taken to a doctor for an immediate further medical assessment.
- 2.5 If the student has shown no signs of concussion both at the time of the head knock **and** in the 10 day period after then they are deemed 'fit' by the Medical Room and do not need to report daily.
- 2.6 However, in order to return to sport, the student must be seen by a Doctor first. In the case of boarders, students will be taken to Dr Fauziah in Mercato; day pupils can see their own doctor. If the Doctor is happy that the student has exhibited no signs of concussion then they can return to graduated play. Written confirmation is required.
- 2.7 It is not unusual for persons to experience headaches and a slowing of cognitive ability for weeks after the head trauma event. The student's HMM/tutor will inform the class teacher of the potential of reduced ability. It may be reasonable for a pupil to miss a day or two of academic studies but extended absence is uncommon.
- 2.8 House and Sports staff will be made aware of the ongoing progress in the GRTP programme.

3. Safe Return to Activities

- 3.1 A student should not return to activities which could potentially result in head trauma until symptoms of the head trauma have completely resolved. Even if a pupil considers him/herself to be fit or uninjured, he/she will be automatically placed off games until deemed medically fit to do so by the College Medical Room and a Doctor.
- 3.2 Any pupil sustaining a concussion (whether immediate or with signs appearing in the 10 days in which they are monitored daily after the injury) may be excluded from all contact sports for a

period of 23 days minimum, with reassessment during that period. Return to graduated play will not be permitted unless authorised by a Doctor after the 23 days.

- 3.3 Graduated Return to Play (G RTP) protocols are used worldwide by sporting bodies for the safe return to contact sporting activities. The protocol is available in the Medical Room and the Sports Department.
- 3.4 It is ECIM's aim to educate students on the importance of the potential of life changing events surrounding head trauma and that some responsibility must be placed on their shoulders in order to have clarity during initial and subsequent assessments and compliance in the G RTP programme.