The John Hampden School Wendover

Policy For Head Injuries

Date policy last reviewed: April 2026
Date policy to be reviewed: May 2027

Signed:

_____ Head Teacher Date _____

_____ Chair of Governors Date _____

Contents

1. INTRODUCTION AND POLICY STATEMENT

Children frequently sustain head injuries during play, sports, and everyday activities at school. While most head injuries are minor bumps and bruises that require only basic first aid, some can be more serious and require medical attention.

This policy provides clear guidance for all staff at The John Hampden School Wendover on:

- How to recognize and respond to head injuries
- What signs and symptoms to look for
- When to seek medical advice
- How to monitor children after a head injury
- How to communicate with parents

All staff have a duty of care to ensure the safety and wellbeing of pupils. This includes responding appropriately to head injuries and seeking medical help when needed.

This policy should be read in conjunction with the school's:

- First Aid Policy
- Supporting Pupils with Medical Conditions Policy
- Health and Safety Policy
- Safeguarding and Child Protection Policy

2. DEFINITION OF A HEAD INJURY

A head injury is any trauma to the head, including:

- **Bumps and bruises** - minor impacts that cause swelling or bruising to the scalp
- **Cuts and lacerations** - breaks in the skin on the scalp or face
- **Concussion** - a temporary disturbance of brain function caused by a blow to the head
- **Skull fracture** - a break in the bone of the skull
- **Brain injury** - damage to the brain tissue (rare but serious)

This policy covers all head injuries sustained by pupils while at school, including:

- During lessons (PE, playground activities, etc.)
- During break times and lunchtimes
- On school trips and educational visits
- During before and after-school clubs
- On school premises at any time

3. LEGAL CONTEXT AND GUIDANCE

This policy has been developed in accordance with:

- **Health and Safety at Work etc. Act 1974** - employers' duty to ensure the health and safety of employees and others
- **Management of Health and Safety at Work Regulations 1999** - requirement to assess and manage risks
- **Health and Safety (First Aid) Regulations 1981** - requirement to provide adequate first aid
- **Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)** - requirement to report certain injuries
- **Children Act 1989 and 2004** - duty to safeguard and promote the welfare of children
- **Keeping Children Safe in Education (2025)** - safeguarding guidance for schools

This policy also reflects guidance from:

- NHS guidance on head injuries in children
- NICE Clinical Guideline CG176: Head injury: assessment and early management
- St John Ambulance guidance on head injuries

4. AIMS OF THIS POLICY

This policy aims to:

- **Ensure the safety and wellbeing of all pupils** by providing clear procedures for responding to head injuries
- **Enable staff to recognize serious head injuries** and seek appropriate medical help
- **Provide consistent care** for all pupils who sustain head injuries
- **Ensure appropriate monitoring** of children after a head injury
- **Communicate effectively with parents** about head injuries and aftercare
- **Comply with legal requirements** for first aid and health and safety
- **Reduce the risk of complications** from head injuries through appropriate observation and care
- **Provide clear guidance for staff** so they feel confident in responding to head injuries

5. ROLES AND RESPONSIBILITIES

The Governing Body

The Governing Body is responsible for:

- Approving this policy and reviewing it at least annually
- Ensuring adequate first aid provision is in place, including trained first aiders
- Ensuring adequate resources are available (first aid supplies, communication systems, etc.)
- Monitoring the implementation of this policy through the Headteacher's reports
- Ensuring staff receive appropriate training on head injuries

The Headteacher

The Headteacher (Steph Parkinson) is responsible for:

- Ensuring this policy is implemented effectively
- Ensuring all staff are aware of this policy and their responsibilities
- Ensuring adequate numbers of trained first aiders are available at all times
- Ensuring first aid supplies are adequate and accessible
- Investigating serious incidents involving head injuries
- Reporting to governors on head injury incidents and any concerns
- Ensuring parents are informed of head injuries in accordance with this policy
- Ensuring RIDDOR reporting requirements are met where applicable
- Reviewing this policy annually

First Aiders

Qualified first aiders are responsible for:

- Providing immediate first aid to children who sustain head injuries
- Assessing the severity of head injuries
- Deciding whether medical attention is needed
- Calling 999 if necessary
- Monitoring children after head injuries
- Recording head injuries accurately
- Communicating with parents about head injuries
- Advising other staff on appropriate care and observation

Current qualified first aiders:

First Aid at Work

STAFF MEMBER'S NAME	ROLE	DATE OF MOST RECENT TRAINING
Julianne Walker	Teaching Assistant	12-07-23
Sara Smith	Learning Support Assistant/Playworker	21-03025

Paediatric First Aid

STAFF MEMBER'S NAME	ROLE	DATE OF MOST RECENT TRAINING
Ruksana Khan	Teaching Assistant (EY) /Playworker	03-05-2024
Jade Moore	Playworker	21-05-2024
Belinda Smith	Midday Supervisor/Playworker	18-04-2024
Tracey Dale	Teaching Assistant (Year 1)	18-04-2024
Anna Jackson	Midday Supervisor/Playworker	21-05-2024
Sharon Cottle	OOSC Manager	19-03-2024
Nicky Elmes	Teaching Assistant (EY)	19-03-2024
Demi Batt	Learning Support Assistant (Reception)	09-02-2024

All Staff

All staff are responsible for:

- Being vigilant and preventing head injuries where possible
- Responding immediately if a child sustains a head injury
- Calling a first aider or senior member of staff
- Providing basic comfort and reassurance to the injured child
- Gathering information about how the injury occurred
- Following the instructions of first aiders
- Observing children after head injuries and reporting any concerns
- Recording head injuries in accordance with this policy
- Informing parents of head injuries

Parents and Carers

Parents are responsible for:

- Providing accurate medical information about their child (e.g., previous head injuries, medical conditions)

- Informing school if their child has sustained a head injury outside of school
- Following advice given by school about monitoring their child after a head injury
- Seeking medical attention if advised to do so
- Collecting their child from school if requested
- Informing school of any medical advice or treatment received

6. TYPES OF HEAD INJURIES

Head injuries can range from minor bumps to serious brain injuries. Staff should be aware of the different types:

Minor Head Injuries

Characteristics:

- Small bump or bruise to the scalp
- Child remains fully conscious and alert
- No vomiting
- No unusual behaviour
- Child appears well and continues normal activities

Action:

- Apply a cold compress to reduce swelling
- Observe for 15-30 minutes
- Inform parents at the end of the day
- Provide parents with head injury advice leaflet

Moderate Head Injuries

Characteristics:

- Larger bump or swelling
- Brief loss of consciousness (less than 5 minutes)
- Vomiting once or twice
- Headache
- Child appears dazed or confused briefly but recovers
- Small cut or graze to the scalp

Action:

- Apply first aid (cold compress, clean and dress any wounds)
- Contact parents immediately
- Observe closely for at least 1 hour
- Advise parents to monitor at home or collect child
- Consider whether medical advice is needed
- Provide parents with head injury advice leaflet

Serious Head Injuries

Characteristics:

- Loss of consciousness (more than 5 minutes or ongoing)
- Repeated vomiting
- Severe headache that doesn't improve

- Fits or seizures
- Unusual drowsiness or difficulty waking
- Confusion or strange behaviour
- Difficulty walking or loss of balance
- Weakness in arms or legs
- Clear fluid or blood from nose or ears
- Unequal pupil size
- Severe bleeding from scalp
- Visible skull fracture or depression

Action:

- **Call 999 immediately**
- Do not move the child unless necessary
- Keep the child still and comfortable
- Monitor breathing and consciousness
- Contact parents immediately
- Provide emergency first aid as needed
- Record all details of the incident

7. IMMEDIATE RESPONSE TO HEAD INJURIES

Step-by-Step Response

Step 1: Ensure Safety

- Make sure the area is safe for you and the child
- If the child is in danger (e.g., in the middle of a playground), move them carefully to a safe location
- If there is any possibility of a neck or spinal injury, do not move the child unless absolutely necessary

Step 2: Assess the Child

- Approach the child calmly and reassure them
- Check if the child is conscious and responsive
- Ask the child their name, where they are, what happened
- Look for any obvious injuries

Step 3: Call for Help

- **If the child is unconscious, not breathing, or seriously injured, call 999 immediately**
- Send someone to fetch a first aider and a senior member of staff
- Send someone to the school office to inform them and to prepare to contact parents

Step 4: Provide First Aid

If the child is conscious:

- Help them to sit or lie down in a comfortable position

- Apply a cold compress to any bumps or swelling (wrapped ice pack or cold wet cloth)
- If there is bleeding, apply gentle pressure with a clean cloth
- Reassure the child and keep them calm

If the child is unconscious but breathing:

- Place them in the recovery position (if no neck/spinal injury suspected)
- Monitor their breathing and consciousness
- Do not give them anything to eat or drink
- Stay with them until help arrives

If the child is unconscious and not breathing:

- Call 999 immediately
- Begin CPR if trained to do so
- Use a defibrillator if available and you are trained

Step 5: Gather Information

While waiting for the first aider, gather information from witnesses:

- What happened?
- How did the child hit their head?
- Did they fall? If so, from what height?
- What did they hit their head on?
- Did they lose consciousness? If so, for how long?
- Have they vomited?
- Are they behaving normally?

Step 6: First Aider Assessment

When the first aider arrives, they will:

- Assess the severity of the injury
- Provide appropriate first aid
- Decide whether medical attention is needed
- Decide whether to call 999, contact parents to collect, or monitor at school
- Complete the head injury observation chart if needed

Step 7: Contact Parents

- Parents must be informed of all head injuries (see section 10)
- Depending on the severity, this may be:
    - Immediate phone call (serious or moderate injuries)
    - Note in book bag (minor bumps)
    - Text message or email (minor bumps)

8. SIGNS AND SYMPTOMS REQUIRING MEDICAL ATTENTION

If a child suffers from **any** of the following symptoms after a head injury, medical advice must be sought:

Immediate Emergency (Call 999)

- **Loss of consciousness** for more than 5 minutes or ongoing unconsciousness
- **Not breathing** or difficulty breathing
- **Fits or seizures** or abnormal limb movements
- **Severe bleeding** that cannot be controlled
- **Clear fluid or blood** coming from the nose or ears
- **Visible skull fracture** or depression in the skull
- **Severe neck pain** or inability to move neck
- **Unequal pupil size** or pupils not reacting to light

Urgent Medical Attention Required (Contact Parents to Take Child to A&E or GP)

- **Brief loss of consciousness** (less than 5 minutes)
- **Repeated vomiting** (more than twice)
- **Severe or worsening headache** that doesn't improve with pain relief
- **Persistent dizziness** or difficulty walking
- **Confusion** or strange behaviour
- **Confused speech** or difficulty speaking
- **Unusual drowsiness** or difficulty staying awake
- **Weakness** in arms or legs
- **Vision problems** (blurred vision, double vision, loss of vision)
- **Sensitivity to light or noise**
- **Memory problems** (can't remember what happened)
- **Irritability** or unusual behaviour
- **Vomiting** once or twice (observe closely)

Observe Closely at School (Monitor for Deterioration)

- **Minor bump** with no other symptoms
- **Brief dazed appearance** but child recovers quickly
- **Mild headache** that improves
- **Child appears well** and continues normal activities

Important: Children may appear well immediately after sustaining a head injury but show signs of complications later in the day. School staff must remain vigilant and take the appropriate action if the child develops a problem.

9. WHEN TO CALL AN AMBULANCE (999)

Call 999 immediately if a child:

- **Remains unconscious** after a head injury
- **Is unconscious and not breathing** - begin CPR if trained

- **Has a fit or seizure** after a head injury
- **Has abnormal limb movements** or appears to be having a seizure
- **Has severe bleeding** from the head that cannot be controlled
- **Has clear fluid or blood** coming from the nose or ears
- **Has a visible skull fracture** or depression in the skull
- **Has severe neck pain** or cannot move their neck
- **Has unequal pupil size** or pupils that don't react to light
- **Is confused, drowsy, or behaving very strangely** and not improving
- **Has repeated vomiting** and appears very unwell
- **Has any symptoms that are getting worse** rather than better

When calling 999:

1. **State clearly:** "This is an ambulance emergency. A child has sustained a head injury at The John Hampden School Wendover."
2. **Provide the address:** The John Hampden School, Wendover, Aylesbury, HP22 **[PERSONALISE: Add full postcode]**
3. **Describe the child's condition:**
    - Age of child
    - What happened
    - Current symptoms
    - Level of consciousness
    - Breathing status
4. **Follow the dispatcher's instructions**
5. **Do not hang up** until told to do so
6. **Send someone to meet the ambulance** at the school entrance
7. **Contact parents immediately**
8. **Gather the child's medical information** (allergies, medical conditions, medications, emergency contacts)

A member of staff must accompany the child in the ambulance if parents have not yet arrived.

10. WHEN TO CONTACT PARENTS

Parents must be informed of ALL head injuries, no matter how minor. The method and timing of communication depends on the severity of the injury:

Immediate Phone Call (Before the End of the School Day)

Contact parents immediately by phone if:

- The child has lost consciousness (even briefly)
- The child has vomited
- The child has any of the symptoms listed in section 8 requiring medical attention
- The child appears dazed, confused, or unwell

- The child has a cut that may need medical attention
- You have any concerns about the child's wellbeing
- An ambulance has been called

What to say:
"Hello, this is [your name] from The John Hampden School. I'm calling to let you know that [child's name] has had a bump to the head today. [Explain what happened]. [Explain current symptoms and what first aid has been given]. We recommend that you [collect your child/take them to A&E/monitor them closely at home]. We will send home a head injury advice leaflet with information about what to look out for."

Note in Book Bag (End of Day)

For minor bumps with no concerning symptoms:

- Send a note home in the child's book bag
- Or send a text message or email to parents
- Include:
  - What happened
  - Where the bump is
  - What first aid was given
  - That the child has been observed and appears well
  - Advice to monitor at home
  - Head injury advice leaflet (Appendix 3)

If Parents Cannot Be Contacted

If a child requires medical attention and parents cannot be contacted:

- Try all emergency contacts listed for the child
- If no one can be reached and the child needs urgent medical attention, call 999
- A member of staff will accompany the child to hospital
- Continue trying to contact parents
- Leave messages explaining the situation and asking them to call back urgently or go to the hospital

11. INFORMATION TO RECORD

If a child sustains a head injury whilst at school, the following information should be recorded from any witness and from the child (if able):

About the Child Before the Injury

- **Was the child behaving in an unusual way before the injury?**
  - Were they unwell?
  - Were they upset or distressed?
  - Were they behaving out of character?

About How the Injury Occurred

- **What happened to cause the injury?**
  - What activity were they doing?

    - What were the circumstances?
- **If they fell, how far did they fall?**
    - From standing height?
    - From equipment (specify height)?
    - Down stairs (how many)?
- **What did they hit their head against/how did the head injury occur?**
    - Hard surface (concrete, wood, etc.)?
    - Soft surface (grass, mat, etc.)?
    - Object (specify what)?
    - Another child?

About the Child Immediately After the Injury

- **Did the child lose consciousness?**
    - If so, for how long?
    - Did they respond when you spoke to them?
- **How did they appear afterwards?**
    - Alert and responsive?
    - Dazed or confused?
    - Crying or upset?
    - Complaining of pain?
- **Did they vomit afterwards?**
    - If so, how many times?
- **Was the child observed to have any other problem after the injury?**
    - Headache?
    - Dizziness?
    - Blurred vision?
    - Difficulty walking?
    - Any other symptoms?

Ongoing Observations

- **How has the child been since the injury?**
    - Have symptoms improved or worsened?
    - Have any new symptoms developed?
    - Is the child able to continue normal activities?

All this information should be recorded on the Head Injury Incident Report Form (Appendix 4) and in the school's accident book.

12. OBSERVATION AND MONITORING AFTER A HEAD INJURY

Children may appear well immediately after sustaining a head injury but show signs of complications later in the day. **School staff must remain**

vigilant and take the appropriate action if the child develops a problem.

Observation Periods

For Minor Bumps (No Loss of Consciousness, No Vomiting)

- Observe the child for **at least 15-30 minutes** after the injury
- Check that the child:
  - Is alert and responsive
  - Is not vomiting
  - Is not complaining of severe headache
  - Is able to continue normal activities
- If the child remains well, they can return to normal activities
- Continue to observe throughout the day
- Inform parents at the end of the day

For Moderate Injuries (Brief Loss of Consciousness or Vomiting)

- Observe the child for **at least 1 hour** after the injury
- Use the **Head Injury Observation Chart** (Appendix 2)
- Check the child every **15 minutes** for the first hour:
  - Level of consciousness (alert, drowsy, unresponsive)
  - Pupil size and reaction to light
  - Any vomiting
  - Headache severity
  - Any other symptoms
- Contact parents immediately
- Advise parents to collect the child or monitor closely at home
- If any symptoms worsen, call 999

For Serious Injuries

- **Call 999 immediately**
- Monitor continuously until the ambulance arrives
- Do not leave the child alone
- Record all observations

What to Observe

When monitoring a child after a head injury, observe for:

Level of Consciousness

- Is the child alert and responsive?
- Do they know their name, where they are, what happened?
- Are they drowsy or difficult to wake?
- Are they responding to questions appropriately?

Pupils

- Are the pupils equal in size?
- Do they react to light (get smaller when you shine a light in them)?
- Are they unusually large or small?

Vomiting

- Has the child vomited?
- How many times?
- Is the vomiting getting worse?

Headache

- Does the child have a headache?
- How severe is it (ask child to rate 1-10 if able)?
- Is it getting better or worse?

Behaviour

- Is the child behaving normally?
- Are they confused or saying strange things?
- Are they unusually irritable or emotional?
- Are they able to concentrate?

Physical Symptoms

- Can the child walk normally?
- Are they dizzy or unsteady?
- Can they move all their limbs normally?
- Are they complaining of any pain?

Vision

- Can the child see clearly?
- Are they complaining of blurred or double vision?
- Are they sensitive to light?

If any of these observations cause concern, contact a first aider and the child's parents immediately. If symptoms are serious or worsening, call 999.

13. COMMUNICATION WITH PARENTS

Effective communication with parents is essential when a child has sustained a head injury.

What to Tell Parents

When informing parents of a head injury, provide:

1. **What happened** - clear explanation of how the injury occurred
2. **When it happened** - time and date
3. **Where on the head** the injury is (e.g., forehead, back of head, temple)
4. **What first aid was given** (e.g., cold compress, cleaned wound)
5. **Current symptoms** - how the child is now
6. **What observations have been done** - how long the child has been monitored
7. **What action is recommended:**
    - Collect child from school
    - Take child to A&E or GP
    - Monitor at home
    - No further action needed but monitor

8. **What to look out for** - provide head injury advice leaflet (Appendix 3)

Head Injury Advice Leaflet for Parents

All parents whose child has sustained a head injury should receive the **Head Injury Information for Parents** leaflet (Appendix 3).
This leaflet includes:

- What symptoms to look out for
- When to seek medical help
- How to monitor their child at home
- When the child can return to normal activities
- When the child can return to sport

Follow-Up Communication

- If a child has had a moderate or serious head injury, follow up with parents the next day to check how the child is
- Ask parents to inform school of any medical advice or treatment received
- Ask parents to inform school if the child develops any new symptoms
- Ensure parents know they can contact school if they have any concerns

14. STAFF TRAINING

All staff must receive training on this Head Injury Policy and how to respond to head injuries.

Induction Training

All new staff must receive training on:

- This Head Injury Policy
- How to recognize and respond to head injuries
- When to call 999
- When to contact parents
- How to record head injuries
- Where to find first aiders and first aid supplies

Ongoing Training

All staff should receive refresher training on head injuries:

- **Annually** - as part of safeguarding or health and safety training
- **When this policy is updated**
- **After any serious incident** involving a head injury

First Aid Training

The school will ensure that:

- An adequate number of staff are trained in paediatric first aid or emergency first aid
- First aid training is kept up to date (renewed every 3 years)
- At least one first aider is available at all times during the school day

- First aiders receive specific training on head injuries as part of their first aid course

Current first aiders: [PERSONALISE: List names, qualifications, and expiry dates - see section 5]

Training Records

The school will maintain records of all head injury training, including:

- Who has been trained
- Date of training
- Type of training
- When refresher training is due

15. RECORDING AND REPORTING

Recording Head Injuries

All head injuries must be recorded, no matter how minor.

Where to Record

Head injuries must be recorded in:

1. **The school accident book** - all accidents and injuries must be recorded here
2. **The Head Injury Incident Report Form** (Appendix 4) - for moderate or serious head injuries
3. **The child's medical file** - if there are ongoing concerns or the child has repeated head injuries

What to Record

For all head injuries, record:

- Child's name, class, date of birth
- Date and time of injury
- Location of injury (where on the head)
- How the injury occurred (detailed description)
- Witnesses
- Symptoms observed
- First aid given
- Who was informed (first aider, parents, etc.)
- Outcome (child returned to class, sent home, taken to hospital, etc.)
- Name of person recording

For moderate or serious head injuries, also complete the **Head Injury Observation Chart** (Appendix 2) if the child is being monitored.

Reporting to Parents

As detailed in section 10, all head injuries must be reported to parents:

- Immediately by phone for moderate or serious injuries
- By note, text, or email for minor bumps

Reporting to External Agencies

RIDDOR Reporting

Some serious injuries must be reported to the Health and Safety Executive (HSE) under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

Report to RIDDOR if:

- A pupil or member of staff is taken from the scene of an accident to hospital for treatment **AND**
- The accident arose out of or in connection with work (e.g., inadequate supervision, faulty equipment, unsafe premises)

Examples that may be reportable:

- A child falls from faulty equipment and sustains a serious head injury requiring hospital treatment
- A child is injured due to inadequate supervision and requires hospital treatment

Examples that are NOT reportable:

- A child trips while running and bumps their head (normal childhood accident)
- A child collides with another child during play (normal childhood accident)

If in doubt, contact Buckinghamshire Council Health and Safety Team on 01296 674412 or the HSE for advice.

RIDDOR reports must be made **within 15 days** of the incident. The Headteacher is responsible for ensuring RIDDOR reporting requirements are met.

Safeguarding Concerns

If a head injury raises safeguarding concerns (e.g., injury inconsistent with explanation, repeated injuries, concerns about supervision at home), this must be reported to the Designated Safeguarding Lead (DSL) immediately. The DSL will decide whether to:

- Monitor the situation
- Speak to parents
- Make a referral to Children's Social Care
- Contact the police

All safeguarding concerns must be recorded in accordance with the school's Safeguarding and Child Protection Policy.

Monitoring and Analysis

The Headteacher will:

- Monitor the number and types of head injuries
- Analyse patterns (e.g., particular locations, times of day, activities)
- Identify any trends or concerns
- Take action to reduce the risk of head injuries (e.g., improve supervision, repair equipment, change procedures)
- Report to governors annually on head injuries

16. CONCUSSION AND RETURN TO ACTIVITY

Concussion is a type of brain injury caused by a blow to the head. It can affect how the brain works for a short time.

Recognising Concussion

A child may have concussion if they have sustained a head injury and have any of the following symptoms:

- Loss of consciousness (even briefly)
- Confusion or disorientation
- Memory problems (can't remember what happened)
- Dizziness or balance problems
- Headache
- Nausea or vomiting
- Sensitivity to light or noise
- Feeling "foggy" or "not right"
- Drowsiness
- Irritability or emotional changes

If a child is suspected of having concussion:

- Remove them from activity immediately
- Do not allow them to return to sport or PE
- Contact parents and advise them to seek medical advice
- The child should be seen by a doctor before returning to sport

Return to School After Concussion

A child who has had concussion may need:

- Rest from physical activity
- Rest from cognitive activity (learning, screens, reading)
- A gradual return to normal activities
- Adjustments to their school day (e.g., reduced workload, rest breaks, quiet environment)

Parents should:

- Inform school if their child has been diagnosed with concussion
- Provide any medical advice about returning to school
- Work with school to support their child's recovery

School will:

- Follow any medical advice about the child's return to school
- Make reasonable adjustments to support the child
- Monitor the child's symptoms and progress
- Communicate regularly with parents

Return to Sport After Concussion

A child who has had concussion must not return to sport or PE until:

- They have been assessed by a doctor
- They have been symptom-free for at least 24 hours

- They have medical clearance to return to sport

Return to sport should be gradual:

Stage	Activity	Duration
1	Rest - no physical activity	Until symptom-free for 24 hours
2	Light activity - walking, gentle cycling	At least 24 hours
3	Moderate activity - jogging, light swimming	At least 24 hours
4	Heavy activity - running, non-contact drills	At least 24 hours
5	Full contact practice	At least 24 hours
6	Return to full sport	

If symptoms return at any stage, the child should:

- Stop activity immediately
- Rest until symptoms resolve
- See a doctor before progressing

School will:

- Follow any medical advice about return to sport
- Not allow a child to participate in PE or sport without medical clearance
- Monitor the child during PE and stop activity if symptoms return
- Communicate with parents about the child's progress

For more information on concussion, see:

- NHS guidance: https://www.nhs.uk/conditions/concussion/
- Headway (brain injury charity): https://www.headway.org.uk/

17. LINKS TO OTHER POLICIES

This Head Injury Policy should be read in conjunction with the following school policies:

- **First Aid Policy** - overall first aid provision, trained first aiders, first aid supplies

- **Health and Safety Policy** - overall health and safety responsibilities, risk assessment, accident reporting
- **Supporting Pupils with Medical Conditions Policy** - managing pupils with medical needs, individual healthcare plans, administering medication
- **Safeguarding and Child Protection Policy** - recognizing and responding to safeguarding concerns, including non-accidental injuries
- **SEND Policy** - supporting pupils with SEND, some of whom may be more vulnerable to head injuries
- **Behaviour Policy** - managing pupil behaviour to prevent injuries
- **PE Policy** - safe conduct of PE and sports activities
- **Educational Visits Policy** - managing health and safety on school trips, including responding to head injuries off-site
- **Accident and Incident Reporting Policy**

All policies are available:

- On the school website or
- In hard copy from the school office on request

18. MONITORING AND REVIEW

Monitoring Implementation

The Headteacher is responsible for monitoring the implementation of this policy through:

- **Reviewing head injury records** - checking that head injuries are being recorded appropriately and parents are being informed
- **Analysing trends** - identifying patterns in head injuries (locations, times, activities) and taking action to reduce