Medical Centre – Head Injury & Concussion Policy & Protocol

RESPONSIBILITY	**SENIOR CLINICAL LEAD NURSE**
DATE WRITTEN	**AUGUST 2025**
NEXT REVIEW DATE	**AUGUST 2026**

Policy Aims

This policy sets out Framlingham Colleges approach to the recognition, immediate management, clinical referral, return to learn (RTL) and graduated return to activity & sport (GRAS) following head injury and concussion occurring in any school setting (sporting and non-sporting) and off-site while attending school fixtures, trips, CCF, DoE and boarding activities.
It incorporates the UK-wide Concussion Guidelines for Grassroots Sports, RFU/England Rugby HEADCASE guidance and our clinical partnership with Return2Play (R2P).

Key principles

- ✓ **Concussion is a brain injury.** Treat suspected concussion as concussion until qualified medically trained personnel rule it out.
- ✓ **If in doubt, sit them out.** Immediate removal from activity for anyone with a significant head injury or a suspected concussion.
- ✓ **No same day return to play/training** after head injury or suspected concussion.
- ✓ **Safety over performance.** Return to normal life and learning takes precedence over return to sport.
- ✓ **Graduated, symptom-limited progression** back to learning and then sporting activity; **minimum timeframes apply**.
- ✓ **24/7 safeguarding culture.** Everyone shares responsibility for recognition and early escalation.

Definitions

Head injury: Any significant impact or force to the head/face/neck or body that transmits force to the head.

Suspected concussion: Any new sign/symptom after a head impact or rapid head movement.

Confirmed concussion: Clinical diagnosis by a doctor or suitably qualified healthcare professional (HCP) such as School Nurse or Sports Doctor as per national guidance.

Recognition

Common red flags, signs & symptoms

Red flags (call 999):
Worsening severe headache; repeated vomiting; seizures; focal neurological deficit; deteriorating conscious level; confusion or agitation; moderate neck pain/tenderness; suspected skull fracture; any loss of consciousness >1 minute; suspected cervical spine injury.

Observable signs:
Vacant/dazed look; lying motionless/slow to rise; unsteady gait; poor coordination; clutching head; unusual behavior; confusion; balance problems.

Symptoms (may be delayed):
Headache/pressure; dizziness; nausea; visual disturbance; sensitivity to light/noise; fogginess; slowed thinking; fatigue/sleep change; difficulty concentrating/remembering; “don’t feel right”.

Important:
Most concussions **do not** involve loss of consciousness. Symptoms can evolve over **24–48 hours**.

Immediate Management

Stop—Remove—Assess—Refer
Remove the pupil from play/activity immediately. No further participation that day. Keep the pupil warm, quiet, supervised. Send to the Medical Centre (with assistance of one other) for clinical assessment, treatment and plan.

First aid & red-flag screen
If any red flags call Medical Centre for assistance or 999 and Medical Centre, if red flags present.

If there are no red flags but concussion suspected contact Medical Centre in the first instance. Assist the pupil to the Medical Centre - Never send a pupil with a head injury / suspected concussion to the Medical Centre unaccompanied.

Clinical Management

Sideline Medics, coaches, first aiders provide the sideline primary medical assessment and treatment and reports these findings to the School Nurse. Following assessment and treatment, the pupil should be referred to the Medical Centre for further management.
The pupil will be assessed by a member of the School Nursing team after a head injury. The School Nursing team will assess and treat the pupil as necessary and escalate care if indicated.

Initial Advice
The School Nurses will assess and treat the pupil based on the Medical Centre head injury protocol, and a treatment plan will be organised and communicated to House staff, pupils and parents/carers. A Head Injury Advice sheet will be emailed to House Staff and parents/ carers. This advice sheet gives post head injury management advice on signs, symptoms, and red flags to watch out for and includes treatment recommendations on rest, sleep, hydration and simple analgesia.

Further Review
Pupils are advised to return for further review at the Medical Centre within 24 to 36 hours and will be assessed for signs of concussion daily for up to 48 hours after a head injury. When no signs or symptoms of concussion have been noted, the pupil will be able to return to their normal sporting load. If signs or symptoms were to occur over 48 hours or when attending normal activities of daily life, further assessment at the Medical Centre will be needed and referral to Return2Play.

When a pupil who has suffered a head injury and has signs or symptoms of a concussion, from onset of injury or any time after injury, the pupil will be referred to **Return2Play** for a head injury review by a Concussion Specialist.

Head-injury Reporting

Following a head injury assessment and treatment by either sideline medic, coach or first aider, Medical Centre should be informed by phone or email. If injury occurs outside of Medical Centre opening hours, the On Call Nurse should be notified by the dedicated-on call phone number. Information such as pupil name, injury, first aid treatment and plan must be emailed to Medical Centre and shared to the on-call Nursing staff. The coach responsible should inform the parents and HM. A Head Injury Advice Sheet should be emailed to the carer. Nursing staff should complete a treatment note on the school's medical database and if clinically indicated on the Return2play platform.

If symptoms arise in class/boarding house, the Medical Centre should be informed and a head injury assessment attended.

R2P
Framlingham College uses the R2P system to report Head injuries needing further review and diagnosis. Pupils who are deemed either with a concussion or suspected concussion are entered into the R2P platform and this information is shared to SOCs through a direct integration partnership. This allows enhanced visibility of player welfare and alerts coaches to those pupils with suspected or diagnosed concussions. Once a player is entered into the system as either concussed or concussion suspected, Coaches are alerted and prevented from selecting the pupil until cleared. The system uses a traffic light system, based on injury recovery to ensure pupils only return to sports when it is safe to do so.

Return2Play Pathway (R2P)

Post head injury, the School Nurse should perform the initial clinical assessment at the earliest opportunity prior to a referral to Return2play. In the event of a head injury causing symptoms of concussion or symptoms that emerge over the 48-hour period, referral to Return2Play should then be initiated.

This policy designates several individuals with the authority to initiate a referral to R2P:

- **Sideline Medics** - Provide the sideline primary medical assessment and treatment and reports these findings to the School Nurse
- **School Nurses** - Conducts a clinical assessment and based on severity of symptoms can choose to refer to R2P or review the pupil again in 24 - 48hrs if safe to do so. Will facilitate the online Head Injury Assessment with the Return2Play Doctors / Specialists if needed
- **Sports Staff** - Initiates referrals to Medical Centre & if required can add a player with red flags or other symptoms of concussion into the R2P system
- **HM (Headmaster/Housemistress) / Matron** - Oversees pastoral and overnight care and have the authority to make referrals if concerned of emerging or worsening symptoms and may also be asked to provide support during the pupils R2P video consultation
- **Parents / Carers** - May also initiate a referral to the RTP service if concerned of presenting symptoms of concussion, and are encouraged to be involved in the pupils R2P video consultation

In an emergency or if a student exhibits worsening signs of a head injury, a referral can be made directly without the initial clinical assessment. In such a serious situation, standard emergency procedures apply, which may include calling the Medical Centre, 111 or 999.

Video Consultation

R2P provides timely video consultations with experienced Head Injury Specialists and Doctors. These appointments can be organised during school time at the Medical Centre or in House if needed. Based on this consultation, phased care plans for **Return-to-Learn** (RTL) and **Return to Activity & Sport** (RASP) will be written and available on the R2P platform. The R2P platform securely shares the treatment plan with relevant parties, including parents, medical staff and coaches, to ensure everyone is aware of the student's recovery status.

Follow-ups

Follow up appointments are booked during the 21-day period. Doctors update the plan based on the player's progress and symptom improvement.
Medical center staff will monitor the R2P platform to stay updated on a student's progress and update other clinical notes as needed.

Accountability

Medical Centre - triage, treat, refer, provide guidance, monitor progress on R2P, coordinate RTL adjustments, maintain the Concussion & R2P Register, support and educate the pupil during the phased return to play.

House Parents, Matron, Parents/carers – Support and monitor the pupil, report any signs or symptoms to Medical Centre, ensure attendance at R2P/medical appointments and comply with advice and share any external diagnoses with the school.

Heads of Sport/Coaches – Read the R2P email and updates regarding diagnosis of pupils, Check the R2P traffic light list to update themselves of important information regarding pupils on the Return2Play pathways, implement GRS stage allowances; do not select pupils on the pathway until written R2P/Doctor clearance is received.

Pupils - follow advice; report symptoms promptly and truthfully, including any new signs or symptoms or recurrence.

Boarding Considerations

- ✓ House staff will be informed and emailed the pupil's treatment notes, including the mechanism of injury, any medical treatment administered, and advice for overnight care.
- ✓ House staff will be advised by the School Nursing team and should also refer to the school's head injury advice sheet for guidance on monitoring for signs and symptoms of concussion.
- ✓ House staff and friends should be made aware that a pupil has received a head injury and should be asked to monitor the pupil and report any signs or symptoms that may arise or if the pupil starts acting strangely.
- ✓ Night checks may be considered (if advised by the Medical Centre) for the first 24 hours where indicated.
- ✓ Relative physical and cognitive rest for the pupil should be encouraged and access to quiet rest areas encouraged, hydration, and symptom logging should be facilitated if requested by MC staff.
- ✓ House staff should escalate any deterioration to the **Medical Centre**, or to the **Nurse on call system** (when the Medical Centre is closed), **111** or **999** per red-flag criteria.

Communication & Records

- ✓ Pupils are expected to report their head injuries, and symptoms honestly and adhere to initial guidance and treatment plans
- ✓ Medical Centre / Sports Staff are responsible for notifying relevant parties on the day of injury by phone/email.
- ✓ On the day of injury (if assessment has taken place by the school nurse), head injury assessments and treatment plans are recorded on the school medical data base and emailed to House & Parents / carers.
- ✓ Fixture Selection is automatically blocked in sports administration systems (SOCS) until Medical/R2P clearance is decided.

- ✓ R2P, SOCS and school medical systems are used per data protection policies; only relevant staff have access. Medical Information is shared on a need-to-know basis.

Education & Training

- ✓ All Medical Centre staff, rugby coaches/House Staff/Teachers and Referees must complete the **R2P** concussion e-learning packages and complete a refresher every 12 months.
- ✓ Pupils & parent/care givers are encouraged to educate themselves via websites such as Headcase, R2P and England Rugby online guidance.
- ✓ Scenario-based drills for pitch-side removal and red-flag escalation will be attended by sideline medics and Medical Centre staff at the start of each term
- ✓ On games days, the medics will brief themselves again with the first aid safety plan

Special Circumstances

Multiple concussions in 12 months, or prolonged symptoms (>28 days), migraine disorders, will need further clinical evaluation, advice and clearance from R2P or external Head Injury Specialists.

Visiting Teams

Coaches remain responsible for their players, including their medical history and ongoing care, but must adhere to Framlingham College's immediate on-site protocols.

On-site care

Framlingham College will provide first aid, pitch side management, and immediate care for all players during matches. If any player is suspected of having a head injury or concussion or other significant injury, the player will be removed off the field and assessed by the medic / first aider and first aid treatment provided. The medic / first aider will provide either a verbal or written document of all treatment notes and recommendations to the visiting team's coach.

"If in doubt, sit them out." Any player who suffers a head injury will be removed from the field of play and must not return to the match or training that day. The medic / first aider will inform the visiting team's coach and recommend the player be referred for a medical assessment at the earliest opportunity. In the event of an emergency, an ambulance will be called, the medic / first aider will control the situation and call for help of others when needed.

The pitch side first aiders decision is final – a player will not be sent back into the game if clinical finding suggests it is not safe to do so.

Post-match responsibility and Information Sharing

To ensure player safety, a visiting coach has a moral and legal obligation to be transparent and report any players' recent head injuries to Framlingham College coaches or sideline first aid providers. The away team coaches must adhere to head injury protocols and not play a player in the GRAS pathway.

When leaving Framlingham College, the visiting coach must take over responsibility for the player's ongoing care.

For visiting players, any follow-up injury tracking (including concussion protocols) is the responsibility of the visiting team's School, the Coach and the player's parents. Framlingham College's Return2Play (R2P) system is only used for the college's own pupils. The visiting team must use its own injury management system to monitor a player's recovery.

Away Fixtures Responsibilities

Before leaving for any away fixture, the Coach must check both the SOCS, R2P systems and ensure they have familiarised themselves of any player medical updates and care plans.

During an away match, the Coach remains responsible for the safety and welfare of all players. In the event of an injury, suspected head injury, or concussion, the Coach must ensure that the pupil is removed from play safely. A pupil who has sustained a head injury must not be allowed to return to play on the same day.

The pupil should be seen by the away school's medical provision where possible. If medical support is not available, the Coach will act as the first aider, providing appropriate care and treatment. The coaching team is responsible for escalating help if the situation requires further medical attention.

Following a head injury, the coaching team must ensure that the pupil is in the care of a responsible adult or staff member, and that this person has been clearly informed of the injury. At the conclusion of the match, the Coach must check in with players regarding any injuries sustained during play.

If the injured pupil is a boarder, the Coach must inform the House Staff and parents. If the pupil is returning home, the Coach must update parents by phone or email and ensure that Head Injury Guidance is sent. All injuries should be reported by email to the School Medical Centre, the Director of Sport, and the Director of Rugby.

Any pupil who has sustained a head injury must be assessed by the School Nursing Team at the earliest opportunity.

Education and Awareness

All Framlingham Coaches and visiting team coaches and officials are expected to be familiar with the RFU's player welfare program, RugbySafe, and the Headcase concussion awareness resources. The "Recognise and Remove" principle is a fundamental requirement for all age-grade rugby, and coaches are responsible for being able to identify signs of a concussion.

Governance

Compliance is audited termly by the Medical Centre Senior Clinical Lead Nurse (sample of cases against timeframes, documentation, training completion) and reported to DSL/SLT and Governors via the termly Health & Safety report. This policy will be updated promptly if national guidance from UK Government is updated.

SOCs

For all other injuries and illnesses, the School Nurse will enter the pupil into the SOCs system as off games and give a brief reason for the absence. When a coach or staff member uses SOCS to select team sheets or take attendance, they can see which pupils have recorded injuries and are not safe to play.

Return to Learn (RTL) See appendix 1

First 24–48 hours
Relative cognitive and physical rest; short periods of light activity are acceptable if they do not worsen symptoms (e.g., gentle walking). Prioritise sleep and limit screen time where it aggravates symptoms.

Stepwise RTL
Graduated increase in cognitive load (shortened lessons, extra breaks, reduced homework, postponing assessments, temporary screen accommodations, quiet spaces, symptom-paced attendance).
Medical Centre coordinates with House Staff, Tutors, Safeguarding Leads & Senior Leadership Team (SLT) to put necessary adjustments in place based on clinical presentation and reviews weekly.

Progression criterion
At each step, symptoms should be mild and improving; if symptoms worsen, drop back a step for 24 hours then retry.

Return to Activity & Sport Pathway (R2P - RASP) see appendix 2

Minimum Duration
Community and school aged rugby programs require a minimum of 21 days from the date of injury to return to match play, provided the staged progression is completed without symptoms and medical clearance is obtained. For pupils with prolonged symptoms or complex presentations, longer periods will be followed as advised by the RTP or pupils' own Doctors.

Non-Contact, Sports & Fitness Level
No contact (including heading in football, stick/ball striking near the head, rugby tackle shields/body contact drills, sparring) until cleared. Sports or fitness activity modifications will be recommended by the R2P Doctors and the School Nurses and documented in the relevant communication areas.

Appendix A

Return to School Summary

- 24 to 48 Hours
- Reduce screen time
- Walking, reading and daily activities as tolerable

- Increase mental activities at home as tolerable
- Gradually introduce home-based school activities (eg homework)

- Consider starting with shorter school days
- Inform tutor/teacher about your injury
- Take regular breaks if required

- Return to full day-to-day activities
- Catch up on any work missed

Appendix B

Return to Activity & Sport Pathway

Following a concussion or suspected concussion.

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