

Guidance for Managing Head Injuries in Children

**Sept 2024-2025**

**Rationale and Ethos**

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It is important to understand the overriding philosophy that enables students to derive so much benefit from the experience that is 'Brymore'. Brymore is a state boarding academy for boys aged 11 to 17. Academic performance is not used as a selection criterion; neither is experience or expertise in any particular practical field.

Boys with appreciable motivation and interest in the areas of agriculture, horticulture, technology or sport would benefit significantly from the specialised curriculum offered at the school. As such Brymore does attract students who are genuinely interested in the delivered curriculum (in its widest sense).

All boys, we believe, irrespective of their interests, benefit from the structure and discipline that the practical learning and boarding environment brings. All boys attending Brymore are described as either full time boarders (staying in throughout the weekend as well as during the week), weekly ‘boarders’ or ‘out-boarders’, who are day pupils expected to periodically board. Weekly boarders stay at the school full time Monday- Friday (they may go home on a Friday from 4.00 pm and return on Sunday by 9.00 pm or Monday by 8.30 am), while out-boarders board when on farm duty. This is normally for one week each term. Both boarders and out-boarders have access to the boarding accommodation of the academy.

# Guidance for Managing Head Injuries in Children

A minor head injury is a frequent occurrence in school. Fortunately, the majority of head injuries are mild and do not lead to complications or require hospital admission. However, a small number of pupils do suffer from a severe injury to the brain. Complications such as swelling, bruising or bleeding can happen inside the skull or inside the brain. How much damage is caused depends on the force and speed of impact.

Any injury involving the head that occurs during sporting activities requires the child to **cease play immediately**.

Any child who suffers a head injury or suspected head injury (ie unwitnessed) at school should be seen as soon as possible after injury by a Matron or a First Aider for assessment and plan of ongoing care.

The child’s parents/ carers or guardian must be informed after a head injury. In the case of a day pupil, they should be advised to seek medical advice. In the case of a boarder, Matrons /House Parents will act in loco parentis and must seek medical advice.

# Symptoms of Potential Serious Head Injury

SIGNS THAT MEAN AN AMBULANCE SHOULD BE CALLED WITHOUT DELAY(DIAL 999)

* Unconsciousness or lack of consciousness (for example problems keeping eyes open)
* Problems with understanding, speaking, reading or writing
* Numbness or loss of feeling in part of body
* Problems with balance or walking, general weakness
* Any changes in eyesight
* Any clear fluid running from either or both of the ears or nose
* Bleeding from one or both ears
* New deafness in one or both ears
* A black eye with no associated damage around the eye
* Any evidence of scalp or skull damage, especially if the skull has been penetrated
* A forceful blow to the head at speed (for example a pedestrian struck by a car, a car or bicycle crash, a diving accident, a fall of less than 1 metre or a fall down any number of stairs)
* Any convulsions or having a fit
* Any loss of consciousness (being ‘knocked out’) from which the child has now recovered
* Any problems with memory
* A headache that won’t go away
* Any vomiting or sickness
* Previous brain surgery
* A history of bleeding problems or taking medicine that may cause bleeding problems (for example Warfarin)
* Irritability or altered behaviour such as being easily distracted, not themselves, no concentration
* After a head injury, concussion must be taken seriously to safeguard the short and long term health and welfare of children. The majority of concussions will resolve in 7-10 days although a longer period of time is recommended for children. During this recovery time the brain is vulnerable to further injury. If a child returns to play too early then they may develop prolonged concussion symptoms or long-term health consequences such as brain degenerative disorders. During the recovery time a further episode of concussion can be fatal due to severe brain swelling (second impact syndrome). Graduated return to play should be undertaken on an individual basis and with the full cooperation of the child and their parents / guardians. If symptoms return then the child must stop any play immediately and be seen by a doctor or attend A&E the same day.

Before they can return to graduated play the child MUST:

* Have had two weeks rest from sports
* Be symptom free
* Have returned to normal academic performance
* Be cleared by a doctor (it is the parent’s responsibility to obtain medical clearance)

If any symptoms occur while progressing through this protocol then the player must stop for a minimum period of 48 hours rest and during this time they must seek further medical advice. When they are symptom free they can return to the previous stage and attempt to progress again after 48 hours if they remain symptom free.