

# SACRED HEART HIGH SCHOOL



## FIRST AID HEAD INJURY & CONCUSSION PROCEDURE

*This forms part of a suite of policies including the  
Asthma Policy; and the overarching First Aid Policy*

### APRIL 2025

*To be reviewed March 2026*

*This Policy should be read in conjunction with  
all other Sacred Heart High School Policies*

## Contents

	<b>Page</b>
<b>1 INTRODUCTION</b>	<b>3</b>
<b>2 COMMUNICATIONS</b>	<b>3</b>
2.1 Signs that mean an ambulance should be called (dial 999)	3
2.2 Signs that a child should be taken to A+E straight away	4
<b>3 GRADUATED RETURN TO LESSONS AFTER CONCUSSION</b>	<b>4</b>
<b>4 RATIFICATION</b>	<b>5</b>

## 1 INTRODUCTION

A minor head injury is a frequent occurrence in the school playground and on the sports field. Fortunately, the majority of head injuries are mild and do not lead to complications or require hospital admission. However, a small number of children 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 done depends on the force and speed of the blow.

Any injury involving the head that occurs during sporting activities requires the child to cease play immediately and sit out for the rest of that lesson or the duration of the match.

All students who suffer a head injury at school should initially be seen by a qualified first aider for assessment and to plan ongoing care.

**After any head injury, even when none of the worrying signs are present, it is important that parents or carers are informed about the head injury and given information about how to monitor their child using the school Head Injury Form.**

## 2 COMMUNICATIONS

The member of staff supervising the pupil at the time of the incident is responsible for notifying the First Aiders in Main Office who will then notify the following key people:

- pupil's parent; and
- Relevant member of staff the accident occurred with i.e. the Head of PE if the incident occurred during the PE lesson.
- Office Manager

Staff should consider whether referral to a medical practitioner is required using the information in this document. This guidance is to help staff to treat head injuries when they happen and recognise signs which mean that a child requires further medical assessment or hospital treatment following a head injury. In rare cases, there may be a serious head injury and staff should look out for the following danger signs:

### 2.1 Signs that mean an ambulance should be called (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

If the child does not have any of the problems listed above, but has any of the problems in the following list, there is the possibility of complications and the child should be taken by a parent to the Accident and Emergency department straight away. It is ok to transport the child in a car or using a taxi but if in doubt or there is a delay then call an ambulance.

## **2.2 Signs that a child should be taken to A&E straight away**

---

- 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 or no

## **3 GRADUATED RETURN TO LESSONS AFTER CONCUSSION**

Concussion must be taken seriously to safeguard the short- and long-term health and welfare of young people.

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 student returns to lesson 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 lesson/school should be undertaken on an individual basis and with the full cooperation of the pupil and their parents / guardians. If symptoms return, then the child must be assessed by a qualified first aider and be seen by a doctor or attend A&E the same day, for further information click [here](#)

Before a student returns to school/sport they MUST:

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

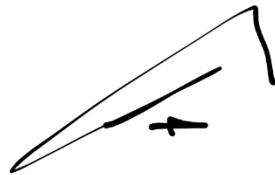
If any symptoms occur while progressing through this protocol, then the student must stop sport for a minimum period of 48 hours rest and during this time they must seek further medical advice. When they are symptom free, they can return to the previous stage and attempt to progress again after 48 hours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

#### **4 RATIFICATION**

This Policy has been approved by the Headteacher and the Staffing, Management & Finance Committee and ratified at the full governing body in April 2025.



Mrs S O'Donovan  
Headteacher



Glen Hodgson  
Chair of Governors