

Contact Sports (Sports Injury) Policy

Approved by SMT February 2026

Reviewer Deputy Head Co-Curricular

This policy is designed to inform the management of injuries as it affects pupils who play sport at, and for, Hurstpierpoint College.

1. Introduction

The aim of this policy is to:

1. Ensure understanding of the key terms and the link between head injury and brain injury;
2. Identify sport activities which carry a risk of head injury;
3. Underscore the importance of creating suitable risk assessments for sport activities being undertaken by the College; and
4. Provide clear processes to follow when a student does sustain a head injury.

A head injury could happen in any area of School life. This policy focuses on sport activities (both contact sports and non-contact sports) where the risk of head injuries happening is higher but can be used for head injuries which occur in another context.

2. Definitions

The following terms are used in this policy:

- **Head injury:** means any trauma to the head other than superficial injuries to the face.
- **Traumatic Brain Injury (TBI):** is an injury to the brain caused by a trauma to the head (head injury).
- **Concussion:** is a type of traumatic brain injury (**TBI**) resulting in a disturbance of brain function. It usually follows a blow directly to the head, or indirectly if the head is shaken when the body is struck. Transient loss of consciousness is not a requirement for diagnosing concussion and occurs in less than 10% of concussions.
- **Transient Loss of consciousness:** is the sudden onset, complete loss of consciousness of brief duration with relatively rapid and complete recovery. It can also be referred to as 'being knocked out' or a 'blackout.'
- **Persistent loss of consciousness:** is a state of depressed consciousness where a person is unresponsive to the outside world. It can also be referred to as a coma.
- **Chronic Traumatic Encephalopathy (CTE)** is one type of degenerative and progressive brain condition that's thought to be caused by TBIs and repeated episodes of concussion. CTE usually begins gradually several years after receiving TBIs or repeated concussions. The symptoms affect the functioning of the brain and eventually lead to dementia.
- **Contact sport:** is any sport where physical contact is an acceptable part of play for example rugby, football and hockey.
- **Non-contact sport:** is any sport where physical contact is not an acceptable part of play but where there are nonetheless potential collisions between players and between players and the ball, for example cricket and netball.

3. The risks

- Playing contact and non-contact sport increases an individual's risk of collision with objects or other players.
- Collisions can cause a head injury, which can cause a traumatic brain injury such as a concussion.
- It is very important to recognise that a student can have a concussion, even if they are not 'knocked out'. Transient loss of consciousness is not a requirement for diagnosing concussion and occurs in less than 10% of concussions.
- Children and young adults are more susceptible to concussion than adults because their brains are not yet fully developed and thus more vulnerable to injury.
- The current evidence suggests that repeated episodes of concussion, even where there is no transitory loss of consciousness, can cause significant changes to the structure and function of the brain in a condition known as Chronic Traumatic Encephalopathy (CTE).

4. Preventative steps to reduce the risks

- Any person responsible for the undertaking of a sporting activity must ensure a suitable risk assessment for the specific sport activity is created.
- This risk assessment should be tailored to the specific School environment and should:
 - Identify the specific risks posed by the sport activity, including the risk of players sustaining head injuries;
 - Identify the level of risk posed;
 - State the measures and reasonable steps taken to reduce the risks and;
 - Identify the level of risk posed with the measures applied.
- The governing bodies of most sports played in Schools have each produced head injury guidelines that are specific to their sport. Those responsible for risk assessing sport activities in School should have regard to the relevant and latest guidelines when carrying out their risk assessment. For example:
 - The Sport and Recreation Alliance includes members from the major sports governing bodies, including the RFU, ECB, FE, RFL and England Hockey. Together they have produced 'Concussion Guidelines for the Education Sector', available on their website.
 - Football: England Football's website contains specific guidance, with a dedicated section particularly on deliberate heading.
 - Rugby: The RFU website contains specific concussion and injury guidance, and a range of training modules on safety, and specifically on concussion in Rugby.
 - Hockey: England Hockey's website contains detailed guidance on first aid requirements in Hockey, concussions, risk assessment, and many other useful resources for those planning hockey in schools.
- Potential measures to reduce the risk of players sustaining head injuries while playing sports might include:
 - Structuring training and matches in accordance with current guidelines from the governing body of the relevant sport (see above);

- Removing or reducing contact elements from contact sports, for example removing 'heading' from football;
- Removing or reducing the contact elements of contact sports during training sessions;
- Ensuring that there is an adequate ratio of coaches to players in training;
- Ensuring that students are taught safe playing techniques (including in high risk situations, such as rugby tackles);
- Ensuring that students are taught to display sportsman like conduct at all times and maintain respect for both opponents and fellow team members equally;
- Using equipment and technology to reduce the level of impact from collision with physical objects (e.g. using padding around rugby posts, using soft balls, not overinflating footballs etc.);
- Using equipment and technology to reduce the level of impact from collision between players (e.g. gumshields, helmets etc);
- Ensuring that the playing and training area is safe (for example, that it is not frozen hard, and there are suitable run-off areas at the touchlines);
- Ensuring that a medical professional is easily accessible during training and matches.

Staff who are responsible for running a sport, for both training and matches in school, must be suitably qualified for this role via appropriate coaching qualifications in their sport, and are responsible for staying up to date with NGB guidelines, and for ensuring that all staff working within those programmes have the required skills, training and expertise to create an environment in which all the appropriate mitigations for that sport, agreed between that person and the Director of Sport, have been carried out.

5. Head injuries sustained outside of school

- As noted above, repeated concussions can cause significant changes to the structure and function of the brain, in particular the child's brain.
- It is therefore very important that the School, students and their parents take a holistic approach to the management of head injury causing concussions and cooperate with regards to sharing information.
- Where a student sustains a head injury which has caused a concussion whilst participating in an activity outside of the School, the parents of the student concerned should promptly provide **The College Medical Centre** with sufficient details of the incident, and keep the School updated of any developments thereafter. This would apply, for example, if a student suffers a concussion playing rugby for an external rugby club or if a student sustains a head injury while taking part in an informal game of sport, for example in the local park. It is the responsibility of the parent in this situation to contact NHS 111 or gain other suitable medical advice and guidance if immediate medical attention has not been necessary – Hurst's Return 2 Play service, through online appointments, could form part of this.
- The School will determine the appropriate way forward on receiving a notification of this nature. That might include reviewing any return to play plan already established by the external club, or if no such plan has been put in place, considering whether a return to play plan should be established under this policy.

- In turn the School will inform parents where a student has sustained a head injury causing a concussion at School.

6. Procedure to follow where a student sustains a head injury at School

- The welfare of students is of central importance. Any person to whom this policy applies should adopt a cautious approach if they are in any doubt as to whether a head injury has occurred and/or whether the head injury has caused a concussion.
- Where a student sustains a suspected head injury or concussion, the person supervising the activity should immediately remove the student from play where it is safe to do and seek appropriate medical professional ***[a qualified first aider, Player Welfare, the match day sports doctor if applicable, or a member of the medical centre team]***.
- Those individuals to whom this policy applies should be aware of the symptoms of a concussion. Hurstpierpoint College subscribes to the Return 2 Play package (to be referred to as R2P), owned and managed by Meliora Medical Group. This is an app based tool to identify the signs and symptoms of suspected concussion (example symptoms listed below). All staff responsible for sport within the School must have access to this app and be trained in its use. Additionally, staff in charge of higher risk sporting activities, for example Rugby, are required to have completed the requisite training modules within the package as required by the Director of Sport and Head of specific Sport.
 - Loss of consciousness;
 - Seizure or convulsion;
 - Balance problems;
 - Nausea or vomiting;
 - Drowsiness;
 - More emotional;
 - Irritability;
 - Sadness;
 - Fatigue or low energy;
 - Nervous or anxious;
 - “don’t feel right”;
 - Difficulty remembering;
 - Headache;
 - Dizziness;
 - Confusion;
 - Feeling slowed down;
 - “Pressure in head”;
 - Blurred vision;
 - Sensitivity to light;
 - Amnesia;
 - Feeling like “in a fog”;
 - Neck pain;
 - Sensitivity to noise; and
 - Difficulty concentrating.
- Where a student displays any of the symptoms above, or any other symptom flagged by the R2P reporting system, they should not be permitted to return to play and should be assessed by the medical professional.

- The app, and/or subsequent assessment by the medical professional should determine whether the student is displaying any “red flag” symptom, in which case the ambulance services should be called on 999. Red flags could include:
 - Athlete complains of neck pain;
 - Increasing confusion or irritability;
 - Repeated vomiting;
 - Seizure or convulsion;
 - Weakness or tingling/burning in arms or legs;
 - Deteriorating conscious state;
 - Severe or increasing headache;
 - Unusual behaviour change; and
 - Double vision
- The R2P system ensures that all relevant stakeholders are informed immediately when an injury takes place (HoM, parents, medical team and HoY/Tutor depending upon section of the College). It is the responsibility of the staff member attached to the team/training session/activity to ensure that the injury is correctly and immediately logged in R2P and medical attention as needed is sought.
- Anyone sustaining a head injury and showed symptoms of concussion will not be allowed to drive themselves or travel home unaccompanied by either school or public transport, and alternate arrangements should be made.

7. Managing a return to play following a head injury

- Any student that has suffered a head injury and showed symptoms of concussion should be subject to a graduated return to play programme (**GRTP**). At Hurstpierpoint College, this is run through the R2P system, in conjunction with our on site Player Welfare team, and Strength and Conditioning team. This also prevents students from being selected to play for the College competitively (through our SOCS management system) until they have been signed off for this by a suitable medical professional, either at an in-person appointment in school, or an online appointment booked through R2P with a qualified sports doctor.
- It is the responsibility of the parents to ensure that their child does not participate in any inappropriate physical activity outside of School whilst they are subject to a GRTP.

8. Breaches of this policy

The School takes its duty of care very seriously. The School will take appropriate action against any person found to have breached this policy. For example:

- if a student attempts to return to play in breach of their GRTP plan, the School would consider the matter under the School’s student disciplinary policy;
- if a member of staff fails to report a head injury, the School would consider the matter under the School’s staff disciplinary policy; and

- if a parent fails to report to the School a head injury their child sustains outside of School, the School would consider the matter under the terms of the School parent contract.

2. General Injury sustained in sport

Whilst the above policy relates specifically to head injury as a point of significant risk in Sport, all protocols listed above apply in the case of any injury sustained as part of Sport or other higher risk activities in School – this policy is designed for use in conjunction with other medical policies in effect in School, and also ties in to policies and Risk Assessments for sport and other areas, as required by the Head of Health and Safety, and handbooks used by the Sports department to ensure best practice.