



## Introduction

The aim of this policy is to:

- Ensure understanding of the key terms and the link between head injury and brain injury
- Identify activities which carry a risk of head injury. While sport activities clearly represent a more immediate risk of head injury, they should not be considered the only areas of school life that carry the risk of head injury.
- Underscore the importance of creating suitable risk assessments for a range of activities being undertaken by the School, including, but not restricted to, sport.
- Provide clear processes to follow when a pupil does sustain a head injury.

This policy applies to:

- School staff (including part time or occasional employees or visiting teachers)
- Pupils of the School
- Parents or nominated carers of pupils at the School
- Any other individual participating in any capacity in a school activity. For example, this would include a contractor providing sports coaching, or a volunteer on a school trip.

A head injury could happen in any area of school life. Assessing risk is an essential step in minimising the likelihood of injuries of this nature occurring. The process and implementation of risk assessment relating to head injuries applies equally to sport and other activities of school life.

## 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.

### The Risks

Risk of injury can be present in many aspects of school life. Pupils regularly move around the School campus, including during morning interval and lunchtime when they have the opportunity to play and engage in social time. They also regularly take part in school activities involving active learning, and in structured physical education and games lessons. Pupils have the opportunity to take part in day and residential trips at various stages of their school career. All of these activities organised by the School must be risk-assessed.

In addition, 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 pupil 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).

### Preventative steps to reduce the risks

Any person responsible for the undertaking of a school activity must ensure a suitable risk assessment for the specific activity is created and carried out.

This risk assessment should be tailored to the specific School environment and should:

- Identify the specific risks posed by the activity, including the risk of pupils sustaining head injuries
- Identify the level of risk posed
- State the measures and reasonable steps taken to reduce the risks



- Identify the level of risk posed with the measures applied.

Other preventative steps carried out by the School include:

- First Aid training is provided for staff. There are several levels of First Aid training for staff as appropriate: basic first aid, first aid for early years practitioners and specific activity based first aid. Training is refreshed regularly as required.
- Parents are asked to complete a form each year where they can either grant or decline permission for their child to take part in contact rugby and hockey.
- The Assistant Head Pastoral shares information with staff members, regarding pupils, which is appropriate and proportionate. Individual care plans and any other known medical conditions are communicated to staff to be included in risk assessments of activities.
- Playground supervision is carried out in the Nursery and Junior School by dedicated staff members at morning interval and lunchtime.
- In the Senior School, members of SMT and the Year Heads carry out lunchtime campus duty from 1.30 pm until 2.00 pm. Provision of direct supervision is not in place but the staff on duty act to address any safety concerns and provide reassurance to pupils.

In the case of sport, governing bodies of sport in Scotland have, since 2015, followed the guidance of SportScotland by setting a common approach to the mitigation of recognition of and management of head injuries in sport. The 3<sup>rd</sup> and most recently [updated version of this policy was revised in 2024](#).

Wellington School follows this this policy in the conduct of all school sport, which can be summarised as “If in Doubt Sit Them Out”. Staff are expected to be familiar with the content as it applies to each particular sport within school. Staff are not expected to bear responsibly for making complex medical decisions or giving advice on diagnosis or treatment of suspected head injuries. The focus at all times is on avoidance, recognition and managed next steps in line with governing body guidance and medical advice.

At all times during activities the presumption is to avoid or reduce risk by following the spirit of “If in doubt, sit them out.”

Potential measures to reduce the risk of players sustaining head injuries while participating in school activities might include:

- Structuring training and matches in sports following guidelines from Sport Scotland
- 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



- 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)
- Coaching good technique in high-risk situations (such as rugby tackles)
- Ensuring that the playing and training area is safe (for example, that is not frozen hard, and there are suitable run-off areas at the touchlines)
- Playground equipment in the Junior School is safely locked away and only available when supervision of the playground is possible.

### **Head injuries sustained outside of school**

Where a pupil sustains a head injury which has caused a concussion whilst participating in an activity outside of School, the parents of the pupil concerned should promptly provide the Assistant Head Pastoral ([amcdougall@wellingtonschool.org](mailto:amcdougall@wellingtonschool.org)) with sufficient details of the incident, and keep the School updated of any developments thereafter. The Head of Junior School or the pupil's Year Head in the Senior School will consider the wellbeing of the child and support them where necessary. This would apply, for example, if a pupil suffers a concussion playing rugby for an external rugby club or if a pupil sustains a head injury while talking park in an informal game of sport, for example in the local park.

The School will follow any Graduated Return to Play (GRTP) protocols or any advice issued by medical professionals.

### **Procedure to follow where a pupil sustains a head injury at School**

1. The welfare of pupils is of central importance. If the member of staff supervising the activity is in any doubt as to whether a head injury has occurred, the pupil will be asked to sit out of the activity.
2. Where a pupil sustains a suspected head injury or concussion, the person supervising the activity should immediately remove the pupil from play where it is safe to do so and seek help from an appropriate medical professional. A qualified first aider should assist in the first instance. If more immediate action is required, the staff member should call 999 for an ambulance.
3. The School will ensure the pupil's parents are notified of the head injury as soon as reasonably possible.



4. Anyone sustaining a head injury will not be allowed to transport themselves home and pupils under the age of 16 must be collected by a parent. Senior pupils (aged 16 and over) will be strongly advised against driving a vehicle or travelling home unaccompanied by either school or public transport. Parents will be contacted and a request made for them to collect their child.
5. The member of staff reporting the injury must complete the School's Accident Report Form as soon as possible. Head injuries should ALWAYS be reported using the standard [Accident Reporting Form](#) found on the School Intranet Site, under the Forms banner.

### **Managing a return to school or playing sports following a head injury**

The School will liaise with the pupil and their parents regarding a return to school and, if applicable, their plan to return to play sports. The School will support and comply with any instructions or advice issued by medical professionals. Should a pupil be issued with a Graduated Return to Play (GRTP) plan, the School will cooperate fully with this.

### **Summary**

Head Injury in any context has the potential for short and longer-term consequences for the child. The School takes its duty of care to all children very seriously and staff are expected to follow this policy in all circumstances. We ask for the same support from parents to ensure that head injuries are recognised and acted on in the most appropriate manner possible, putting the interests and welfare of the child first at all times.

### **Contact Us**

Mr Alistair McDougall – Assistant Head Pastoral  
[amcdougall@wellingtonschool.org](mailto:amcdougall@wellingtonschool.org)

Mrs Sally MacRae – Head of Junior School  
[smacrae@wellingtonschool.org](mailto:smacrae@wellingtonschool.org)

Mrs Marie Windows – Deputy Head  
[mwindows@wellingtonschool.org](mailto:mwindows@wellingtonschool.org)

Absences should be reported to:  
[absence@wellingtonschool.org](mailto:absence@wellingtonschool.org)

A McDougall  
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