FROM THE MINISTER/ÓN AIRE



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To: Principals and Board of Governors of all grant-aided schools Chief Executives, Education and Library Boards Chief Executive. ESAIT

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CONCUSSION AND SECOND IMPACT SYNDROME

I am sure many of you will be aware of the tragic death of Benjamin Robinson, a pupil who died on 31 January 2011 following a head injury sustained whilst playing a rugby match for his school in the Medallion Shield competition.

In September 2013, the Coroner sent me a copy of the findings from the inquest into Benjamin's death which determined that this was as a result of Second Impact Syndrome (SIS), a rare condition that occurs when a person with symptoms related to concussion suffers a second head injury.

Whilst SIS is relatively rare, the root issue, concussion, is less so. Concussion can be described as a brain injury caused by either a direct blow to the head or where an impulsive force has been transmitted to the head. It causes a range of symptoms which does not always include loss of consciousness. All concussions are serious and can happen in any sport or recreational activity. Most people recover in a few days, but recovery can take longer, especially in children and young people.

SIS may occur days or weeks after the initial concussion. Although the second injury may be relatively minor, it can lead to collapse and can be fatal. Most cases of SIS have been reported in young sports people, usually, but not always, teenagers.



Since receipt of the Coroner's report I have met with Benjamin's parents, the Minister of Culture, Arts and Leisure, who has responsibility for sport, and the Chief Medical Officer. I now want to improve awareness about concussion and the fact that it can be fatal.

The Board of Governors (BoGs) of each school has a duty to safeguard and promote the welfare of pupils (Article 17 of the Education and Libraries (Northern Ireland) Order 2003). It is therefore important that all school staff and those people from external organisations brought into a school to deliver sporting activities are aware of SIS, the signs of concussion and the associated risks. I understand that several sports organising bodies have issued their own specific advice on the management of concussion. Governors and Principals will want to ensure that relevant staff are aware of that advice.

I wish to draw your attention to the "Consensus Statement on Concussion in Sport" which includes helpful guidelines where there is a possibility of concussion. While these guidelines are primarily aimed at the medical profession, they form the basis for the specific advice issued by various sports bodies and are known collectively as Sport Concussion Assessment Tools.

The Pocket 'Concussion Recognition Tool' (CRT) is an aid which has been developed to help identify concussion in children, youths and adults. It contains a checklist to help coaches, teachers and parents recognise the signs of concussion and what symptoms are 'red flags' and require immediate medical attention. The CRT can be found at: http://bjsm.bmj.com/content/47/5/267.full.pdf.

As best practice, I would encourage all BoGs to ensure that all people, especially those involved in the delivery of sporting activities in your school, are made aware of this Tool. This document, and other useful advice in relation to recognising concussion, is available from the British Journal of Sports Medicine website at: http://bjsm.bmj.com.

The following principles could be applied to anyone, especially children and young people, who present with possible concussion due to any cause, not just due to a sporting activity:

- when a young person has signs or symptoms of suspected concussion there should be no return to play or other strenuous or sport related activity on that day; and
- when a young person is placed on a graduated Return to Play (RTP) protocol for one sport by a health care professional, it is important that the school, other players (if a team event), parents/guardians, coaches and supervisors understand that this means restrictions to levels of exertion and physical contact should be applied to all their activities or sports, including activities on organised trips.

Finally, I am continuing to work to determine what further guidance is needed and to whom it should be provided. In the meantime, I would ask all BoGs to consider how they might convey the messages in the CRT to parents and how the messages can be conveyed to pupils in the classroom in an age appropriate manner. The tragic death of Benjamin Robinson is a reminder to all of us of the importance of this issue, and the need to ensure that staff, pupils and parents are aware of the risks and responses.

JOHN O'DOWD MLA Minister for Education