

Clipstone Brook Lower School June 2023

Bump to Head, Head Injury and Concussion Protocol

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School staff need to be able to assess signs and symptoms, know how to recognise an emergency and how and when to summon assistance. The duty of care that school staff extends to acting in the event of illness or injury.

This protocol will be used by staff assessing and treating all head injuries in school on and off site. It will be used to determine the course of action to take depending on the circumstances and symptoms displayed.

See below regarding how head injuries are assessed, treated and communicated within school.

If the pupil has either of these conditions, follow the severe head injury protocol:

- If the pupil has had brain surgery in the past
- If the pupil has a blood clotting disorder

The school office should be notified of any such conditions from parents and the school medical record will be updated accordingly.

Bump To Head

A bump to the head is common in children. If a child is asymptomatic i.e. there is no bruising, swelling, abrasion, mark of any kind, dizziness, headache, confusion, nausea or vomiting and the child appears well then the incident will be treated as a 'bump' rather than a 'head injury'.

Bump to head protocol:

- Child to be assessed by a First aider using the Head Injury Checklist (Appendix 2)
- First Aider to observe for a minimum of 10 minutes. If pupil begins to display head injury symptoms First Aider to re-assess following the protocol in the minor head injury section
- First Aider to record the episode in the duplicate head bump book held in the office. Inform both the class teacher, and the member of TFG if children are about to take part in PE.
- Duplicate head bump slip to be put into red tray so this can be sent home with the child to inform the parent/carer. Class teachers to check that items in red trays are sent home daily.

Minor Head Injury

A minor head injury often just causes lumps or bruises on the exterior of the head. Other symptoms Include:

- Nausea
- Mild headache
- Tender bruising or mild swelling of the scalp
- Mild dizziness

Minor Head Injury Protocol

- Child to be assessed by a first aider using the Head Injury Checklist (Appendix 2)
- Office staff to contact both parents/carers informing them of the head injury by text using the alert.
- Rest for 5 minutes with First Aider to monitor immediate reactions
- Return pupil to be with the class and adult in charge to monitor symptoms every 15 minutes for the first hour, then periodically through the day thereafter until the child feels better or is collected by a parent/carer.
- First Aider to record the episode in the duplicate head bump book held in the office.
- Duplicate head bump slip to be put into red tray so this can be sent home with the child to inform the parent/carer.
- If at any point, the pupil's condition deteriorates and shows any of the symptoms of a severe head injury, follow the protocol in the severe head injury section

Minor Head Injury Alert

Text: Please be aware that _____ has suffered a bump to the head today. See email for further details.

Email: Please be aware that _____ has suffered a bump to the head today. They have been monitored and assessed to be fit to remain in school. We are monitoring your child and you are welcome to check your child's injury in school as per our procedure. Please see the head injury advice link on the school web-site and be alert to any changes in their condition when at home.

Severe Head Injury

A severe head injury will usually be indicated by one or more of the following symptoms:

- Unconsciousness briefly or longer
- Difficulty in staying awake
- Seizure
- Slurred speech
- Visual problems including blurred or double vision
- Difficulty in understanding what people are saying/disoriented
- Confusion (Rule out signs of confusion by asking them the date, where they are, what tutor group they are in)
- Balance problems
- Loss of power in arms/legs/feet
- Pins & needles
- Amnesia
- Leakage of clear fluid from nose or ears
- Bruising around eyes/behind ears
- Vomiting repeatedly
- Neck pain

These are signs of a severe head injury – follow the Severe head injury protocol

Severe Head Injury Protocol

- If unconscious, you should suspect a neck injury and do not move the pupil
- CALL 999 FOR AMBULANCE
- SLT/office to notify parent asap (call all telephone numbers and leave a message, follow up with a text – **Contact the school urgently. Thank you.** Repeat if possible.
- If the ambulance service assesses the pupil over the phone and determine that no ambulance is required, pupil is to be sent home and parents and carers must collect as quickly as possible.
- Parent to be given and request they read the head injury advice sheet (Appendix 3)
- Complete a RIDDOR report
- On return to school, lead first aider, family worker if lead first aider is absent, to liaise with parent and complete a risk assessment to determine the nature of physical activities to be allowed. It is ultimately the parent's responsibility to say whether the child cannot do PE/sports activities.

Concussion (Post-Concussion Syndrome)

Concussion is the sudden but short-lived loss of mental function that occurs after a blow or other injury to the head. It is the most common but least serious type of brain injury and can occur **up to 3 days** after the initial injury.

The cumulative effects of having more than one concussion can be permanently damaging.

Concussion must be taken extremely seriously to safeguard the long-term welfare of the person.

Symptoms include:

- Headache
- Dizziness
- Feeling in a fog
- May or may not have lost consciousness
- Vacant expression
- Vomiting
- Unsteady on legs
- Slow reactions
- Inappropriate or abnormal emotions – irritability/nervous/anxious
- Confused/disorientated
- Loss of memory of events leading up to and after the concussion

If you notice any of these symptoms in a pupil who has previously sustained a head injury they may be suffering from post-concussion syndrome and should be referred to a first aider.

If any of the above symptoms occur the pupil must be seen by a medical professional in A&E, minor injuries or the GP surgery. If a parent is not able to collect the child, call 999.

- Class teacher to notify TFG that a pupil has sustained a head injury.

Appendix 2

Head injury checklist for first aiders

Minor head injury symptoms - assess the child for signs of the following:

- Nausea
- Mild headache
- Tender bruising or mild swelling of the scalp
- Mild dizziness

These are signs of a minor head injury – follow the Minor head injury protocol

If no symptoms – follow Bump to Head protocol

Severe Head Injury symptoms - assess the child for signs of the following:

- Unconsciousness briefly or longer
- Difficulty in staying awake
- Seizure
- Slurred speech
- Visual problems including blurred or double vision
- Difficulty in understanding what people are saying/disoriented
- Confusion (Rule out signs of confusion by asking them the date, where they are, what tutor group they are in)
- Balance problems or loss of power in arms/legs/feet
- Pins & needles
- Amnesia
- Leakage of clear fluid from nose or ears
- Bruising around eyes/behind ears
- Vomiting repeatedly
- Neck pain

These are signs of a severe head injury – follow the Severe head injury protocol

If the pupil has either of the following, treat the injury with the Severe Head Injury Protocol and call 999 immediately:

- If the pupil has had brain surgery in the past
- If the pupil has a blood clotting disorder

Appendix 3

ADVICE TO PARENTS AND CARERS CONCERNING CHILDREN WITH HEAD INJURIES

Your child has sustained a head injury and following thorough assessment we are satisfied that the injury does not appear to be serious.

Please refer to NHS Head Injury Advice Sheet:

<https://what0-18.nhs.uk/professionals/gp-primary-care-staff/safety-netting-documents-parents/head-injury>

If you are concerned please **CONTACT YOUR DOCTOR, NHS 111 OR CONTACT THE ACCIDENT AND EMERGENCY DEPARTMENT**

In addition:

Do expect the child to feel 'off colour'. Do not force them to eat, but make sure they have enough to drink.

Do expect the child to be more tired than usual. Allow them to sleep if they want to.

Check on them every 2 hours in the first 24 hours. Do not be confused between normal sleep and unconsciousness – someone who is unconscious cannot be woken up – you need to be satisfied they are reacting normally to you.

Do expect the child to have a slight headache

Do keep the child quiet and resting as much as possible. Keep them away from school, discourage active games, watching TV and reading until the symptoms subside.

These symptoms should improve steadily and the child should be back to normal within a few days.

Even after a minor injury, complications may occur, but they are rare.

If the symptoms worsen, or if you notice the following signs:

- Difficulty in waking from sleep
- Appears confused or not understanding what is said to them

- Vomiting
- Complaining of severe headache, or trouble with their eyesight
- Become irritable
- Has any kind of attack which you think is a fit

Then you are advised to:

CONTACT YOUR DOCTOR, NHS 111 OR CONTACT THE ACCIDENT AND
EMERGENCY DEPARTMENT WITHOUT DELAY