

## Appendix 1.0

### Bump to Head, Head Injury & Concussion Policy

#### Rationale and Purpose

The duty of care that school staff have also extends to acting as any prudent parent would in the event of illness or injury. This policy 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.

Appendix 1.2 of this document should be used to identify which type of 'head injury' a student has sustained; Bump to Head, Minor Head Injury, Severe Head Injury. The protocols below will inform staff what to do in each instance.

#### 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 1.2)
- If sending a student to the medical room ensure they have another person with them who can inform the welfare assistant that they have had a head bump
- First Aider to observe for a minimum of 15 minutes. If no change during observation then pupil can return to normal lessons
- First aider to arrange for a text to be sent to parents advising them of the bump to the head and the decision to keep the child in school.
- First Aider to email all staff a Head Bump Alert and provided with a written copy for the pupil to show to each class teacher.
- Name of pupil: Please be aware that this pupil has suffered a bump to the head today. They have been monitored and assessed by a first aider to be fit to remain in school. Please be alert to any changes in their condition and notify a First Aider asap if you have any concerns
- First Aider to record the incident in the usual way

#### 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 and/or mild dizziness

##### Minor Head Injury Protocol

- Child to be assessed by a first aider using the Head Injury Checklist (Appendix 1.2)

- If sending a student to the medical room ensure they have another person with them who can inform the first aider that they have had a head bump
- Contact parent to notify of head injury and communicate plan of action.
- Pupil to rest
- Complete observation checklist and repeat every 15 minutes until the child feels better or is collected by a parent/carer
- Once the pupil's symptoms subside they may return to class.
- Parent will be informed by Class Charts requesting they read an attached head injury advice letter (Appendix 1.3), a paper copy will also be given to the pupil to read and then take home to their carers.
- First Aider to email all staff a Head Bump Alert and provided with a written copy for the pupil to show to each class teacher.

Name of pupil - Please be aware that this pupil has suffered a bump to the head today. They have been monitored and assessed by a first aider to be able to remain in school. Please be alert to any changes in their condition and notify the First Aider asap if you have any concerns

- If symptoms persist, parents to be contacted to discuss next steps. If there are no symptoms of a severe head injury, the parents can consent for the child to return to class. Alternatively, a parent can choose to collect the child from school to monitor them.
- If collecting, parents to be provided with and made aware of the 'head injury advice letter' (Appendix 1.3) sent to them via class charts.
- First Aider to record the incident in the usual way
- 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

## Severe Head Injury

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

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

**Also if the pupil has either of these conditions (*regardless of the presence of any symptoms or not*), follow the severe head injury protocol:**

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

#### Severe Head Injury Protocol

- If unconscious, you should suspect a neck injury and do not move the student
- CALL 999 FOR AMBULANCE
- Notify parent asap (call all telephone numbers and leave a message). Repeat every hour
- If the ambulance service assess the pupil over the phone and determine that no ambulance is required, **student is to be sent home, parents MUST collect the pupil from reception.**
- Parent informed by Class Charts requesting they read an attached head injury advice letter (Appendix 1.3), a paper copy will also be given to the pupil to read and then take home to their carers.
- First Aider to record the incident in the usual way

#### **Return to school following a Severe Head Injury**

Pupils returning from a severe head injury, should bring a signed consent form (Appendix 1.4) completed by parents to reception giving permission for them to take part in PE lessons. It is ultimately the parent's responsibility to sign-off the child's return to PE/sports activities and advise on when this is appropriate is provided on the 'head injury' advice form provided to all parents following a severe head injury. Until written consent has been received, the pupil will not be allowed to participate.

#### **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 immediately.

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 pupil, call 999.

## Appendix 1.2: Head injury checklist for first aiders

Use this checklist to identify which type of 'head injury' the child has suffered from and which protocol to follow.

### Section A:

1. In every instance of a head injury a first aider should assess the child for signs of the following symptoms: (highlight any symptoms which are observed)

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

2. Following examination: tick the corresponding box

No symptoms are seen – follow 'Bump to Head protocol'	One or more of these are present – assess for serious head injury (Section B)
---	---

Space for notes: .....

### Section B:

1. **A first aider should check for a Severe Head Injury by assessing the child for signs of the following symptoms: (highlight any symptoms which are observed)**

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

Also consider if the pupil has had brain surgery in the past OR if the pupil has a blood clotting disorder

2. **Following examination: tick the corresponding box**

One or more of these are present – call 999 and request an ambulance	No symptoms are seen – follow 'Minor Head Injury Protocol'
--	--

Space for notes: .....

## Appendix 1.3: ADVICE TO PARENTS AND CARERS CONCERNING CHILDREN WITH HEAD INJURIES

1. Your child has sustained a head injury and following an assessment by a first aider and....
  - We are satisfied that the injury does not appear to be serious and they are able to remain in school. If you wish to discuss this further or for them to be collected from school please ring us on 0161 432 8162
  - You collected them from school to monitor them at home or take them to A and E
2. Please refer to NHS Head Injury Advice Sheet: <https://what0-18.nhs.uk/professionals/gp-primary-care-staff/safety-nettingdocuments-parents/head-injury>
3. 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 your 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**

## Appendix 1.4: Return to PE Lessons following a Severe Head Injury

Pupils may return to PE lessons and physical activity once all their symptoms have gone; however, the return should be gradual and built up over a number of weeks following the 6 step programme below.

Each step will take at least 1 day.	
Step 1	No activity, complete rest. Once you have no symptoms linked to concussion you may move on to Step 2.
Step 2	Light exercise, for example, walking or riding an exercise bike.
Step 3	Sport specific training, for example, running for football or hockey.
Step 4	Non-contact training drills.
Step 5	Full contact training.
Step 6	Game play.

Source: <https://www.nth.nhs.uk/content/uploads/2017/07/AE-1863-return-to-sport-after-head-injury-july-2017.pdf>

**If, during their return to physical activity, they develop any of the symptoms linked to concussion below, they should go back to the previous step and try to move on to the next step again after 24 hours.**

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

### Some specific sports have regulations that **MUST** be followed

- Rugby Union. When you have had concussion, you may not play or train for at least 3 weeks from the time of your concussion. You may then only do so if you are symptom free and declared fit after a medical examination.
- Diving. You should check with your diving medical officer. You will be able to dive again if you have no serious complications from your head injury. It is sensible to avoid diving for 4 weeks
- Boxing. Contact your club for 'British Boxing Board of Control' regulations about returning to sparring.

### COMPULSORY - PARENTAL/GUARDIAN CONSENT FORM

I have read and understand the advice given to me regarding Severe Head Injuries and give my consent for my child to participate in normal PE lessons.

Name of Child ..... Date consent given .....

Name of Parent/Carer ..... Signature of Parent/Carer .....

**Your child should give this form to reception on their arrival in school on the day you wish them to return to PE lessons. We are not responsible if your child decides to participate in physical activity before this consent is given.**