



Noadswood

First Aid – Head Bump

Policy	First Aid – Head Bump
Policy status	Statutory
Member of staff responsible	CFO
Governor committee responsible	GP
Date relevant governor committee approved (including FGB agreement)	
Revision period	1 year
Revision due date	March 2024

Bump to Head, Head Injury and Concussion

Bump to Head, Head Injury & Concussion Policy

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 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.

See Appendix 1 for a flow chart diagram on how head injuries are assessed, treated and communicated within school.

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)
 - 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 pupil begins to display head injury symptoms they will be sent to welfare assistant (if not already there) for further assessment, if no change during observation then pupil can return to normal lessons
- First Aider to email all staff
 - **Head Bump Alert – Name of pupil**
Please be aware that this pupil has suffered a bump to the head today. They have been monitored and assessed to be fit to remain in school. Please be alert to any changes in their condition and notify the Welfare Assistant asap if you have any concerns
- Member of staff to record the episode on SIMS. PE teacher if child has not been sent to the medical room.

Minor-moderate Head Injury

A minor-moderate 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-moderate Head Injury Protocol

- Child to be assessed by a welfare assistant or another first aider using the Head Injury Checklist (Appendix 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
- Contact parent to notify of head injury and communicate plan of action
- Rest
- Observation – Complete observation checklist and repeat every 15 minutes until the child feels better or is collected by a parent/carer
- If the pupil's symptoms subside they may return to class.
- Parent informed by EPraise requesting they read an attached head injury advice letter (Appendix 3)
- Head Injury advice sheet (appendix 3) to be given to pupil
- First Aider to email all staff
 - **Head Bump Alert – Name of pupil**
Please be aware that this pupil has suffered a bump to the head today. They have been monitored and assessed to be fit to remain in school. Please be alert to any changes in their condition and notify the Welfare assistant asap if you have any concerns
- Medical room staff to record the episode on their internal system and CPOMS including how the injury occurred

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 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

Also, 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

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

- Parent informed by EPraise requesting they read an attached head injury advice sheet (Appendix 3)
- Head Injury advice sheet (appendix 3) to be given to pupil
- Medical room staff to record the episode on SIMS and CPOMS. Welfare assistant to request a Serious Injury Report form from member of staff present at the time of the incident.
- On return to school, Welfare Assistant to liaise with parent using the Graduated return to play form (Appendix 4) to determine the nature of PE activities to be allowed. For all severe head injuries, not limited to rugby injuries. Welfare assistant to liaise with PE department. It is ultimately the parent's responsibility to sign-off the child's return to 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 the Welfare Assistant 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 child, call 999.

Guidance to be followed from Rugby Football Union on Return to Play after Concussion (Appendix 4)(For all severe head injuries, not limited to rugby injuries). This gives clear guidance on students returning to academic studies and sport following a concussion. Welfare Assistant to liaise with parent to determine the nature of PE activities to be allowed and Welfare assistant to liaise with PE department. It is ultimately the parent's responsibility to sign-off the child's return to PE/sports activities.

PE department to notify Welfare Assistant if they are made aware of a pupil sustaining a sport-related head injury out of school hours.

If the school become aware of a concussion relating to an incident in school that had not previously been assessed as a serious head injury, Welfare Assistant to request a Serious Injury Report Form from the member of staff present at the time of the incident.

Appendix 2 **Head injury checklist for first aiders**

Minor-moderate 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-moderate head injury – follow the Minor-moderate 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

Appendix 4 **GRADUATED RETURN TO PLAY**

Ref: Englandrugby.com – Concussion management guidelines

Step	Time at Stage	Rehabilitation	Exercise Allowed	Objectives	Signed Off and Date
1.	14 Days	Rest	Complete Physical and cognitive rest without symptoms	Recovery	
2.	48 hrs Later	Light Aerobic Exercise	Walking, swimming, static bike. No resistance training	Increase heart rate and assess recovery	
3.	48 hrs Later	Sports Specific Exercise	Running drills. No head impact	Add movement and assess recovery	
4.	48 hrs Later	Non-contact training drills	More complex drills E.g. passing drills. May start resistance	Add exercise + coordination and cognitive load. Assess recovery.	
5.	48 hrs Later	Full contact Practice	Normal training session	Restore confidence and assess functional skills by coaching staff	

6.	23 rd Day	Return to Play	Player rehabilitated	Safe to return to play	
----	----------------------	----------------	----------------------	------------------------	--