

# HEAD INJURY POLICY

## Aims

- To provide a safe environment.
- To ensure all staff have a clear understanding of how to deal with someone who has sustained a head injury.
- To record all head injuries and carry out any relevant risk assessments.

## Information

The school nurses will produce written guidelines based on the recommendations of the National Institute for Clinical Excellence (NICE) for staff. These will be reviewed annually. See Appendix 1.

Nurse led teaching on caring for head injuries and when to call the nurse or 999 will be included in the internal staff training program.

Advice on how to treat head injuries is also included on the First Aid for Schools course, available to all staff.

A Head Injury Form must be completed by the attending person, (with Head Injury Instructions on the reverse). In Fairseat the HI form should be given to the form teacher who will give it to parents at the end of the day. All children in the Junior school who have had a head bump should be given a pink head bump bracelet to wear. This will ensure that all staff are aware of the head injury and can continue observing the child until home time.

In the Senior School, the HI form must be given to the child with the instructions that they show it to their teacher in every lesson for the rest of the day, before taking it home to give to their parents.

These forms are kept in all first aid kits / bags.  
See appendix 2 and 3.

## Recording and Monitoring

All head injuries must be recorded in an Accident Book / Schoolbase.  
The nurses are responsible for monitoring accident reports and informing SMT of any areas of concern for risk assessments, and reporting to RIDDOR as appropriate.

## Safe Environment

It is the responsibility for the Health & Safety Committee to ensure the school environment is inspected regularly to minimise the risks for sustaining head injuries.

**Tas Franklin**  
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# Appendix 1

## HEAD INJURY GUIDELINES

The National Institute for Health and Clinical Excellence (NICE) defines a head injury as any trauma to the head other than superficial injuries on the surface of the face.

The majority of head injuries are minor and can be seen and treated by a qualified First Aider/ Appointed person.

All pupils must be sent home with a completed Head Injury Form (see below.)

All head injuries must be recorded in the Accident Book on Schoolbase or in hard copy of accident book if on a trip.

No person should be sent home alone.

The patients' conscious level must always be recorded using the AVPU scale:

Alert – eyes open

Verbal – eyes open to verbal stimuli

Pain – eyes open to painful stimuli

Unresponsive – eyes remain closed to all stimuli

If in any doubt to the seriousness of the injury, call the nurse.

### **Significant Head Injuries**

An ambulance must be called if any of the following apply:

- Head injury is a result of a fall of 1 metre or more than 5 stairs
- Any vomiting since the head injury (Discuss first with the nurse for children under 12 years.)
- Any loss of consciousness or if conscious level is anything other than Alert.
- Any neurological defects (eg problems understanding/speaking/reading/writing, loss of feeling in part of body, problems balancing, general weakness, changes in eyesight, unsteady gait)
- Any suspicion of a skull fracture (ie clear fluid from ears/nose, black eye with no obvious injuries around the eye, bruising behind one or both ears, visible trauma to scalp or skull, bleeding from one or both ears)
- Any seizure/ fit since the injury
- Amnesia, especially retrograde
- Current anti-coagulant therapy (eg. Warfarin) / history of bleeding or clotting disorder
- A school nurse is not available to assess a significant head injury.

Written details of the incident must be sent with the injured person if going to hospital.

### **Additional Guidelines for Nurses.**

Immobilise cervical spine if –

- GCS less than 15 on initial assessment
- Neck pain or c-spine tenderness
- Focal neurological deficit
- Paresthesia in the extremities
- Any other suspicion of cervical spine injury.

Refer to A&E if any suspicion of NAI.

## Appendix 2

### HEAD INJURY INSTRUCTIONS

Minor head injury and knocks to the head are common, particularly in children. Following the injury, if the person is conscious (awake), and there is no deep cut or severe head damage, it is extremely unusual for there to be any damage to the brain. However, sometimes a knock to the head can cause damage to a blood vessel which may bleed next to the brain. This is uncommon, but can be serious. Symptoms may not develop for some hours, or even days, after a knock to the head. In rare cases, symptoms can develop even weeks after a head injury.

This is why 'head injury instructions' are given to people who have had a head injury. These are symptoms to look out for, following a knock to the head.

**See a doctor urgently if any of the following occur after a head injury:**

- Increasing drowsiness (but see below).
- Worsening headache (but see below).
- Confusion or strange behaviour.
- Two or more bouts of vomiting
- Loss of use of part of the body. For example, weakness in an arm or leg.
- Dizziness, loss of balance or convulsions.
- Any visual problems such as blurring of vision or double vision.
- Blood, or clear fluid, leaking from the nose or ear.
- Unusual breathing patterns.

**Drowsiness**

Some parents are afraid to let their children go to sleep if the accident happens just before bedtime. Do let them. Drowsiness means they cannot be roused. If you have a concern, wake the child up after an hour or so. They may be grumpy about being woken up, but that is reassuring. You can then let them go back off to sleep again. You can do this a few times during the night if there is particular concern. When asleep, check to see that they appear to be breathing normally and is sleeping in a normal position.

**Headache**

It is normal after a knock to the head to have a mild headache. Sometimes there is also tenderness over bruising or mild swelling of the scalp. Some paracetamol or ibuprofen will help. It is a headache that becomes worse or which is not helped by painkillers that is of more concern.

## Appendix 3

### HEAD INJURY FORM

<b>NAME</b>	
<b>DATE</b>	
<b>TIME</b>	
<b>DESCRIPTION OF INCIDENT</b>	
<b>INJURY / FINDINGS</b>	
<b>CONSCIOUS LEVEL</b> <b>(Please circle one)</b>	<b>Alert</b> – eyes open <b>Verbal</b> – eyes open to verbal stimuli <b>Pain</b> – eyes open to painful stimuli <b>Unresponsive</b> – eyes remain closed to all stimuli
<b>ACTION TAKEN</b>	
<b>NAME AND POSITION</b>	