

## Head Injury Procedure

A minor head injury can be a frequent occurrence in the school playground and on the sports field. Fortunately, the majority of head injuries are mild and do not lead to complications or require hospital admission. However, a small number of children do suffer from a severe injury to the brain, and concussion, (in particular repeated concussions), can be very serious.

**Complications such as swelling, bruising or bleeding can happen inside the skull or inside the brain up to 24 hours after the bump to the head. The presence or absence of a lump at the site of the bump is not an indication of the severity of the head injury.**



### Procedure for treating Minor Head Injury

If a child has a minor injury to their head and does not meet the criteria for referral to an emergency ambulance service below, they will be treated as follows:

- Child to be assessed by a First Aider
- Cold compress applied
- If a child displays/complains of any of the following, a phone call will be made to their parent – mild headache, tender bruising, mild swelling of the scalp, nausea. The child's parent is welcome to collect them from school in these instances or the child can remain in school with class teachers made aware to monitor any further development of symptoms.
- Fill out the red Accident Form and give a parent copy to child
- Give child a Head Bump wristband and Head Bump Letter
- Report the accident on SIMS
- Report to class teacher (who ensures both letters go home)
- Class teacher to observe
- If pupil begins to display any further symptoms, even minor, refer back to a First Aider immediately
- **The child should avoid any activities such as PE which could lead to another bump.**

### Criteria for referral to an emergency ambulance service

1. Unconsciousness or lack of full consciousness, (for example, problems keeping eyes open).
2. Any focal (that is, restricted to a particular part of the body or a particular activity) neurological deficit since the injury (examples include **problems understanding, speaking, reading or writing; loss of feeling in part of the body; problems balancing; general weakness; any changes in eyesight; and problems walking**).
3. Any suspicion of a skull fracture or penetrating head injury (for example, clear fluid running from the ears or nose, black eye with no associated damage around the eye, bleeding from one or both ears, new deafness in one or both ears, bruising behind one or both ears, penetrating injury signs, visible trauma to the scalp or skull).
4. Any seizure ('convulsion' or 'fit') since the injury.
5. A high-energy head injury (for example, pedestrian struck by motor vehicle, occupant ejected from motor vehicle, a fall from a height of greater than 1 m or more than five stairs, diving accident, high-speed motor vehicle collision, rollover motor accident, accident involving motorized recreational vehicles, bicycle collision, or any other potentially high energy mechanism).
6. The injured person or their carer is incapable of transporting the injured person safely to the hospital emergency department without the use of ambulance services (providing any other risk factor indicating emergency department referral is present).

### When to escalate actions:

**If any of the following symptoms are noticed after the injury, further medical advice should be sought urgently, either by calling 999 for an ambulance or by phoning a child's parent and advising them to take them directly to A&E:**

- Unconsciousness or lack of consciousness (for example problems keeping eyes open or increasing sleepiness).
- Increasingly severe headache that will not go away.
- Problems with understanding, speaking, reading or writing, or any problems with memory.
- A change in behaviour, like being more irritable.
- Numbness or loss of feeling in any part of the body.
- Problems with balance or walking, or general weakness or clumsiness.
- Dizziness.
- Any changes in eyesight - blurred or double vision.
- Any change to the appearance of the pupils - one pupil larger than the other.
- A black eye with no associated damage around the eye.
- Any vomiting or sickness.
- Any clear fluid running from the ears or nose.
- Bleeding from the ears.
- New deafness.
- Any convulsions or having a fit.

<https://www.nhs.uk/conditions/head-injury-and-concussion/>