

Head Injuries Protocol

May 2024

1. Introduction

1.1 The National Institute for Clinical Excellence (NICE) defines a head injury as any trauma to the head other than superficial injuries on the surface of the face. Minor head injuries and knocks to the head are common, particularly in children and many of these happen at school.

1.2 The aim of this protocol is to provide a safe environment for all staff and students and to ensure all staff have a clear understanding of how to manage someone who has sustained a head injury.

Remember: IF IN DOUBT, SIT IT OUT

2.0 Head Injury Assessment & management

2.1 The majority of head injuries are minor and can be assessed and treated by a qualified first aider.

2.2 In the event of a head injury sustained by either student or staff, the school nurse or qualified first aider should be notified immediately so that an assessment can be made. The Head Injury Assessment Form can be used to aid this assessment (Appendix 1)

2.3 If you have any concerns about a head injury you should liaise with the school nurse immediately. If the school nurse is unavailable, or it is an evening or weekend sports fixture further medical advice should be sought by consulting NHS 111, or by calling 999 as per guidance below;

2.4 Serious Head Injury

In rare cases there may be a serious head injury and staff should look out for the following signs:

- Unconsciousness or reduced consciousness (e.g. can't keep eyes open)
- Any clear fluid from either or both ears or nose
- Bleeding from either or both ears
- Bruising behind either or both ears
- Any signs of skull damage or a penetrating injury
- The person has had previous brain surgery
- A forceful blow to head at speed (e.g. fall down the stairs, fall from a height of 1m or more)

- The person has had a previous problems with uncontrollable bleeding or a blood clotting disorder, or is taking a drug that may cause bleeding problems (e.g. anticoagulant)
- The person is intoxicated by drugs and/or alcohol
- There are any safeguarding concerns (e.g. non-accidental injury)

If any of the above apply an ambulance should be called and the person taken to A&E immediately

2.5 Staff should also look out for the following

- Problems with understanding, speaking, reading or writing
- New deafness in one or both ears
- Loss of feeling in part of their body
- Problems with balance or general weakness
- General weakness
- Change in eyesight
- Any convulsions/seizures
- Any problems with memory of events before or after injury
- A headache that will not go away
- Any vomiting
- Irritability or altered behaviour

If any of the above apply the person should also seek medical attention at hospital.

In either case parents should be informed at the earliest opportunity.

2.6 Details of the head injury should be recorded on CPOMS (& Sphera if appropriate), including any head injury symptoms.

2.7 If further medical assessment is not required at the time, parents should be informed and the NHS head injury advice guidance (see appendix 2) should be sent home with the student or emailed to the parent.

2.8 - If the student remains in school the following communications should take place:

Junior School - a 'head bump' wristband or similar should be given to the student with the date and time of the head injury noted on it, and the class teacher informed. Parents should be informed following usual school procedure and the NHS guidance sent home for parental reference.

Senior School – a 'head bump' wristband or similar should be given to the student with the date and time of the head injury noted on it, to show teachers in the

remaining lessons of the day. Parents should be informed following usual school procedure and the NHS guidance sent home for parental reference.

3.0 Return to School and Sport Following a Diagnosed Concussion

3.1 Return to school and sport following any diagnosed concussion will be informed by medical advice and using the Concussion Guidelines from:

- [*The Sport and Recreation Alliance*](#)

- [*Association for Physical Education \(AfPE\)*](#)

- [*Return2Play*](#)

Serious consideration should be given to the chance and effects of a second head injury during the recovery period from the initial incident, and appropriate precautions, eg rest or phased return taken.

3.2 The medical letter and /or return to school care plan should be recorded on CPOMS and all necessary staff alerted.

3.3 It is the responsibility of the parents to inform the school if their child has had a head injury outside of school. If a concussion has been suspected or diagnosed a letter should be obtained from the injured person's GP to confirm it is safe for them to return to sport. If a GP's letter is not possible, confirmation must be given by the parents in writing that they have sought medical advice and have had confirmation that it is safe for their child to return to sport.

References:

Headway – <https://www.headway.org.uk/news-and-campaigns/campaigns/concussion-aware/concussion-in-sport/>

NICE - [Head injury: assessment early management](#)

Sport and Recreation Alliance - [Concussion Guidelines for the Education Sector](https://www.sportandrecreation.org.uk) - <https://www.sportandrecreation.org.uk>

Appendix 1

Appendix 1 – Head Injury Assessment Form

SCHOOL LOGO

Head Injury Assessment Form
Senior school, Junior school and Early Years Foundation Stage
To be completed by School Nurse or First Aider attending the incident



Name of Injured Person		
Date & time of injury		
Description of incident (What, where, how, witnesses, equipment)		
Injury and findings		
CONSCIOUS LEVEL (Please circle one)	Alert – eyes open Verbal – eyes open to verbal stimuli Pain – eyes open to painful stimuli Unresponsive – eyes remain closed to all <u>stimuli</u>	
Observations Please record if the person has any of these symptoms.	Nausea? Headache? Blurred vision?	
If the injury is serious then please check eye-pupil dilation. School Nurse or staff trained to do this	Are the pupils equal and reacting to light?	
Name of School Nurse or First aider assessor		

This form should be completed and handed to the school nurse who will complete a report on Sphera.
This form should also be scanned onto CPOMS.


Appendix 2: Click [here](#) to access the NHS advice sheet so it can be printed out and emailed to staff and parents

Head Injury Advice Sheet

Advice for parents and carers of children

How is your child?




RED

If your child has any of the following during the next 48 hours:

- Vomits repeatedly i.e. more than twice (at least 10 minutes between each vomit)
- Becomes confused or unaware of their surroundings
- Loses consciousness, becomes drowsy or difficult to wake
- Has a convulsion or fit
- Develops difficulty speaking or understanding what you are saying
- Develops weakness in their arms and legs or starts losing their balance
- Develops problems with their eyesight
- Has clear fluid coming out of their nose or ears
- Does not wake for feeds or cries constantly and cannot be soothed

You need urgent help

Go to the nearest Hospital Emergency (A&E) Department or phone 999




AMBER

If your child has any of the following during the next 48 hours:

- Develops a persistent headache that doesn't go away (despite painkillers such as paracetamol or ibuprofen)
- Develops a worsening headache

You need to contact a doctor or nurse today

Please ring your GP surgery or call NHS 111 - dial 111



GREEN

If your child:

- Is alert and interacts with you
- Vomits, but only up to twice
- Experiences mild headaches, struggles to concentrate, lacks appetite or has problems sleeping

If you are very concerned about these symptoms or they go on for more than 2 months, make an appointment to see your GP.

Self Care

Continue providing your child's care at home. If you are still concerned about your child, call NHS 111 – dial 111

How can I look after my child?

- Ensure that they have plenty of rest initially. A gradual return to normal activities/school is always recommended.
- Increase activities only as symptoms improve and at a manageable pace.
- It is best to avoid computer games, sporting activity and excessive exercise until all symptoms have improved.

www.what0-18.nhs.uk

This guidance is written by healthcare professionals from across Hampshire, Dorset and the Isle of Wight

Head Injury Advice Sheet

Advice for parents and carers of children



Concussion following a head injury

- Symptoms of concussion include mild headache, feeling sick (without vomiting), dizziness, bad temper, problems concentrating, difficulty remembering things, tiredness, lack of appetite or problems sleeping – these can last for a few days, weeks or even months. Some symptoms resolve quickly whilst others may take a little longer.
- Concussion can happen after a mild head injury, even if they haven't been "knocked out".
- 9 out of 10 children with concussion recover fully, but some can experience long term effects, especially if they return to sporting activities too quickly. It is really important that your child has a gradual return to normal activities and that they are assessed by a doctor before beginning activities that may result in them having another head injury.
- If you are very concerned about these symptoms or they last longer than 2 months, you should seek medical advice from your doctor.

Advice about going back to nursery / school

- Don't allow your child to return to school until you feel that they have completely recovered.
- Try not to leave your child alone at home for the first 48 hours after a significant head injury.

Advice about returning to sport

- Repeated head injury during recovery from concussion can cause long term damage to a child's brain.
- Expect to stay off sport until at least 2 weeks after symptoms are fully recovered.
- Always discuss with your child's school and sports club to discuss a gradual return to full activity.

For further information:

Rugby: goo.gl/1fsBXz



Football: goo.gl/zAgbMx



For further support and advice about head injuries, contact:



- Visit the [Brain Injury Trust website](https://www.braininjurytrust.org.uk).



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