



Bump to Head, Injury and Concussion Policy

August 2023

(Next review date August 2024)

Safeguarding Statement

SupaJam is a post-16 specialist provider, specialising in Music, Maths, English and Life Skills. All staff, volunteers and partners are committed to safeguarding the welfare of every person within SupaJam. Our mission is to help young people to engage and achieve within a safe and inclusive environment.

Introduction

SupaJam staff need to be able to assess signs and symptoms, know how to recognise an emergency and how and when to summon assistance, ensuring a duty of care.

This policy will be used by SupaJam staff assessing and treating all head injuries in college 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 SupaJam.

Bump To Head

A bump to the head is common. If a student is asymptomatic i.e. there is no bruising, swelling, abrasion, mark of any kind, dizziness, headache, confusion, nausea or vomiting and the student appears well, then the incident will be treated as a 'bump' rather than a 'head injury'.

Please note, some students are more prone to severe head injuries than others. In the event of a student having had the following:

- brain surgery in the past
- a blood clotting disorder

Always follow the serious head injury protocol in the event of a bump to the head.

Bump to head protocol

- Student to be assessed by a First aider using the Head Injury Checklist (Appendix 2)
- First Aider to observe for a minimum of 15 minutes. If student begins to display head injury symptoms they will require further assessment, if no change during observation then student can return to normal lessons
- First Aider to email all staff: 'Head Bump Alert – *Name of Student*: please be aware that this student has suffered a bump to the head today. They have been monitored and assessed to be fit to remain in college. Please be alert to any changes in their condition and notify the Base Leader as quickly as possible if you have any concerns.'
- Member of staff to record the episode in the accident book, and to complete the incident/accident forms found in the Health and Safety Policy
- A text / phone call to be made to parents/carers to inform them of the incident
- Head Injury advice sheet (appendix 3) to be given to student.

Minor Head Injury

A minor head injury will often cause 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 Head Injury Protocol

- Student to be assessed by a First Aider using the Head Injury Checklist (Appendix 2)
- Contact parent to notify of head injury and communicate plan of action
- Observation – Complete observation checklist and repeat every 15 minutes until the student feels better or is collected by a parent/carer. If the student's symptoms subside they may return to class.
- Parent informed by Arbor requesting they read an attached head injury advice letter (Appendix 3)
- Head Injury advice sheet (appendix 3) to be given to student
- First Aider to email all staff: 'Head Bump Alert – *Name of Student*: please be aware that this student has suffered a bump to the head today. They have been monitored and assessed to be fit to remain in college. Please be alert to any changes in their condition and notify the Base Leader as quickly as possible if you have any concerns'
- SupaJam staff to record the episode in the accident book and CPOMS including how the injury occurred, and to complete the incident/accident forms found in the Health and Safety Policy

If, at any point, the student'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

Severe Head Injury Protocol

- If unconscious, you should suspect a neck injury and must not move the student
- CALL 999 FOR AN AMBULANCE
- Notify the parent/guardian as quickly as possible (call all telephone numbers and leave a message). Repeat every hour until contact has been made
- If the ambulance service assess the student over the phone and determine that no ambulance is required, student is to be sent home
- Parent informed via Arbor requesting they read an attached head injury advice sheet (Appendix 3)
- Head Injury advice sheet (appendix 3) to be given to student
- SupaJam staff to record the episode in accident book and CPOMS, and to complete the incident/accident forms found in the Health and Safety Policy.

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.

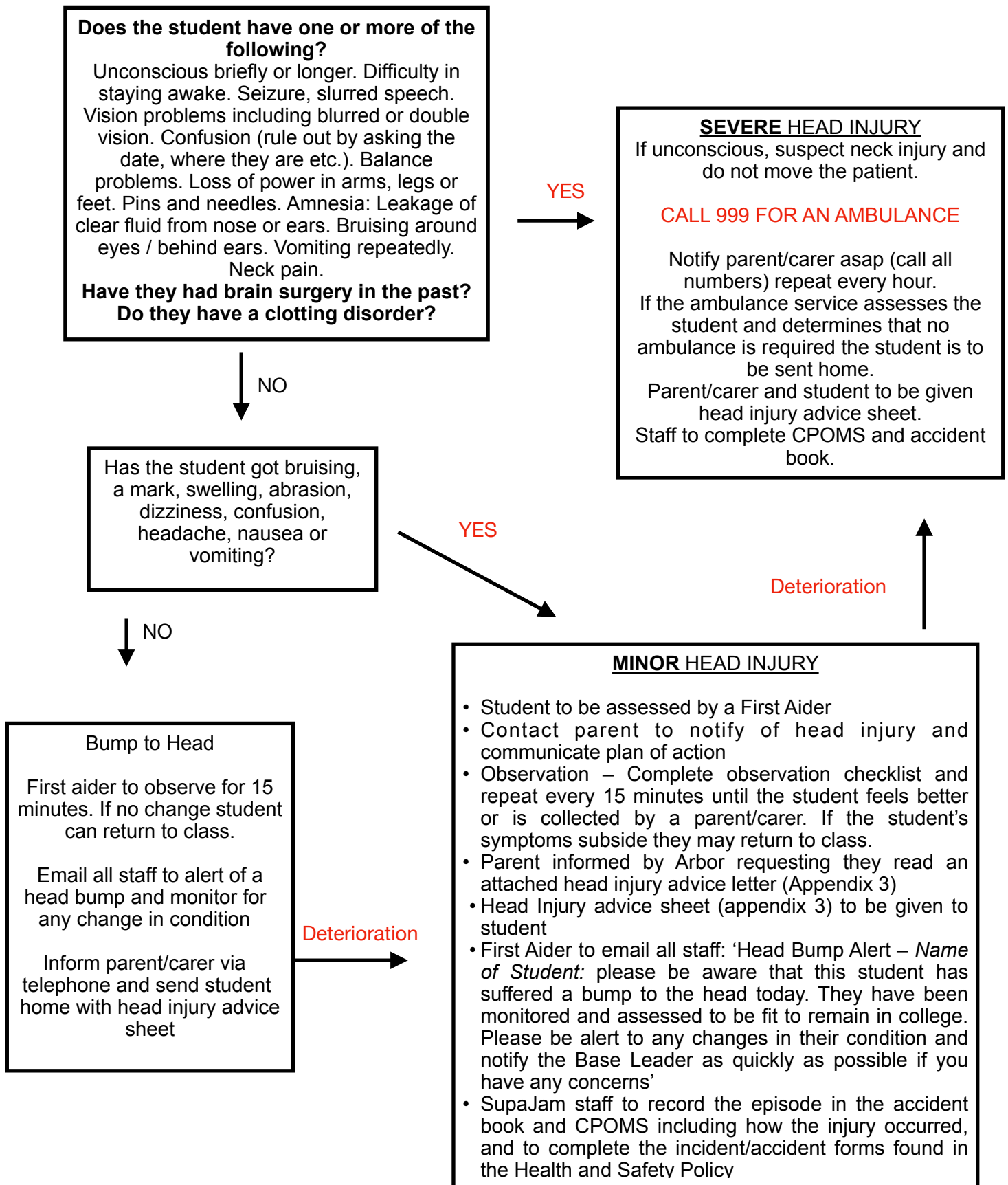
The cumulative effects of having more than one concussion can be permanently damaging. Concussion must be taken extremely seriously to safeguard the long-term welfare of the person.

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 any of the above symptoms occur the student must be seen by a medical professional in A&E, minor injuries or the GP surgery. If a parent/guardian is not able to collect the student, call 999.

Appendix 1



Appendix 2

Head injury checklist for First Aiders

If the student has either of the following, treat the injury with the Severe Head Injury Protocol and **call 999 immediately**:

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

Minor head injury symptoms - assess the student for signs of the following:

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

These are signs of a minor head injury – follow the Minor head injury protocol
If no symptoms – follow Bump to Head protocol

Severe Head Injury symptoms - assess the student 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

Appendix 3

ADVICE TO PARENTS AND CARERS CONCERNING STUDENTS 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://www.nhs.uk/conditions/head-injury-and-concussion/>

If you are concerned please CONTACT YOUR DOCTOR, NHS 111 OR CONTACT THE ACCIDENT AND EMERGENCY DEPARTMENT

Go to A&E if:

You or your child have had a head injury and have:

- been knocked out but have now woken up
- vomited (been sick) since the injury
- a headache that does not go away with painkillers
- a change in behaviour, like being more irritable or losing interest in things around you (especially in children under 5)
- been crying more than usual (especially in babies and young children)
- problems with memory
- been drinking alcohol or taking drugs just before the injury
- a blood clotting disorder (like haemophilia) or you take medicine to thin your blood
- had brain surgery in the past

You or your child could have concussion. Symptoms usually start within 24 hours, but sometimes may not appear for up to 3 weeks.

You should also go to A&E if you think someone has been injured intentionally.

CALL 999 if:

Someone has hit their head and has:

- Been knocked out and has not woken up
- Difficulty staying awake or keeping their eyes open
- A fit (seizure)
- Fallen from a height of 1 meter or 5 stairs
- Problems with their vision or hearing
- A black eye without direct injury to the eye
- Clear fluid coming from the ears or nose
- Bleeding from their ears or bruising behind their ears
- Numbness or weakness in part of their body
- Problems with walking, balancing, understanding, speaking or writing
- Hit their head at speed, such as in a car crash, being hit by a car or bike or a driving accident
- A head wound with something inside it or a dent to the head

Also call 999 if you cannot get someone to A&E safely.

Help from NHS 111

If you are not sure what to do call 111.

NHS 111 can tell you the correct place to get help.