ETWALL PRIMARY SCHOOL

Head Injury Procedure April 2019

The head bump procedure has been reviewed. Please follow the same procedure at any point during the school day, including before and after school activity.

A head injury may not be obvious immediately especially if the area is covered by hair. *A head injury includes any bumps to the head or facial area.* Any head injury is potentially a very serious condition, which could lead to unconsciousness, which in turn may put airways at risk.

There have been cases when younger children have fallen over and failed to tell an adult that they have bumped their head, even though they have been seen for other injuries incurred. Please make sure you check for any visible signs of a head bump.

Procedure – qualified First Aiders only to assess children

• Make a careful check for signs of head injury eg red marks, swelling etc. Ask the child where they hurt themselves if it is not obvious. Do they appear confused and unsure where the injury is?

• Look carefully at severity of the injury and make a sound assessment of the treatment needed ie ice pack (cold compress). Does the injury need an assessment by the family doctor or hospital treatment? Does the child feel sick or dizzy?

• Assess the injury and treat accordingly. Seek advice if you are still unsure.

• ALL head injuries **MUST** be reported to the class teacher and teaching assistant (by MDS/other teacher/TA) so that adults in the classroom are aware that they need to monitor that child for the rest of the day. There is a pink slip to complete and deliver directly to the child's class – hand it over to an adult and discuss the injury. They must also be reported to the School Office as soon as possible, usually when returning the First Aid log, but earlier if you are concerned and an urgent call to parents/carers is required.

• If an incident occurs during the morning, the class teacher must ensure that MDS staff are informed so they can continue monitoring the child as needed. *Class teachers are responsible for making sure this information is passed on so MDS staff are aware the child needs monitoring over lunch time.*

• ALL head injuries *must* be reported to parents/carers through a phone call as soon as possible and reassurance given that their child is being monitored in school. Parents/carers *must* be given the option of coming to school to check their child themselves should they feel it may require further medical attention. *Parents/carers will be asked to have their child checked if it is necessary based on our judgement having seen the head injury.*

• **Contacting parents/carers:** Try home line and both parents' mobiles, leaving messages if possible. Every attempt should be made to actually speak to a parent. If no direct contact has been made, an eschools message is to be sent to the registered mobile numbers for the child detailing the head injury and encouraging the parent to ring school as soon as possible. *If the child needs a medical assessment, then all emergency contact numbers are to be used until contact is made and arrangements made for the child to be collected to be taken for medical advice.*

• Children are monitored closely for the rest of the day following a head injury. If there are any concerns during the rest of the day, class teachers are to contact the school office, who will ring parents/carers to arrange for the child to be collected and taken for a medical assessment.

- **<u>AT THE END OF THE DAY</u>**
    - Please update the parent when you hand over the child as to how they have been. In Y1-5 this is easier as children are collected by someone, often a parent/grandparent.
    - If the child transfers to a club/wrap around care – please pass on the pink slip so they know that the child had had a head injury that day and will continue to monitor them.
    - If a child is not collected eg year 6 child walks home alone, then please send an eschools message giving an update eg X has been monitored following their head injury and has been fine. Please continue to monitor this evening.