



Head Bump Protocol

Created: November 2024

Date of next review: November 2025

Signed:

Printed: Mr Ed Currie
Chair of Governors

Date:

Signed: Andrew Rudkin

Printed: Mr Andrew Rudkin
Headmaster

Date



A minor head injury can be a frequent occurrence in a school. Fortunately, the majority of head injuries are mild and do not lead to complications or require hospital admission.

However, a small number of children may suffer from a severe injury to the brain and concussion. 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, however if you feel the bump or impact to the head isn't classed as a concern then the following procedures apply.

Minor bump to head

A minor bump to the head is common in children, particularly those of infant school age.

If a child is asymptomatic: No bruising, swelling, abrasion, mark of any kind, dizziness, headache, nausea or vomiting. The child appears well, then the incident will be treated as a "bump" rather than a "head injury"

Action to be taken:

- Child to be assessed by a trained First Aider-(Staff on duty playground or class teacher in classrooms - Do not send to Front Office)
- Apply cold compress (Reusable compresses are kept in the Pan Room and Early Years freezers and instant cold ice pack are in the FA kits, these are not reusable please dispose of after use)
- Complete account of incident in HUB & Assign to First Aid Lead (Mrs Nye) and Appointed Person (Mrs Miles)
- Bumped Head sticker given a sheet will be issued for your classrooms
- Pre-Reception and Reception teachers must inform parents at the end of the day

Minor head injury - no loss of consciousness

A minor head injury often causes bumps, swellings or bruises on the exterior of the head. Other symptoms:

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

Action to be taken:

- Child to be assessed by a First Aider-(Staff on duty playground or class teacher -classrooms)
- Sent to the Office to go to medical room if required for observation and to have a cold compress applied
- Complete account of incident in HUB & Assign to First Aid Lead (Mrs Nye) and Appointed Person (Mrs Miles)
- No PE/physical activities for the rest of the day
- Report to all staff via email so that they can observe child in lessons and for the rest of the school day.
- Parent/s informed by phone call straight away where parents will be given the option to come in and see the child themselves if they would like to.
- Parent/s must be spoken to at the end of the day and NHS information MUST be given to them when child is collected. (Attached to Gate Register)



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Severe head injury – loss of consciousness

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
- Difficulty in understanding what people are saying
- Balance problem
- Loss of power in arms/legs/feet
- Pins and needles
- Amnesia
- Leakage of blood or clear fluid from nose or ears or blood
- Bruising around eyes/behind ears

Action to be taken:

- If there is a neck injury and child is unconscious DO NOT move child.
- Instruct an adult or sensible child (if you are on your own) to go to the office with the red triangle to respond immediately and Call 999 to ask for AMBULANCE
- Contact Parent/s immediately
- Inform Head teacher and SLT
- Member of SLT and First Aider to stay with child at all times.
- Complete account of incident in HUB & Assign to First Aid Lead (Mrs Nye) and Appointed Person (Mrs Miles)
- Report will be submitted to Governors when deemed necessary

The bumped head policy also applies to all adults and visitors to our school site.