



# The Children's House

## Bump to Head, Head Injury and Concussion Policy

| This policy should be reviewed annually or as necessary. |          |          |
|--|----------|----------|
| Action   | Reviewer | Date     |
| Review   | AS/EG    | Nov 2025 |
| Approved by COM  | JT       | Nov 2025 |
| Date for next internal review                            |          | Nov 2026 |

### Introduction

When a child receives a bump to the head, School staff need to be able to assess signs and symptoms, know how to recognise an emergency and how and when to summon assistance. Under The Children Act 1989, our school staff have a duty of care to each pupil to act 'in loco parentis', meaning that we would act as prudent parents would in the event of illness or injury.

### Aims

This policy will be used by staff assessing and treating all head injuries in school on 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 checklist on how head injuries are assessed, treated and communicated within school.

### Bump To Head

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

Bump to head protocol:

- Child to be assessed by a First Aider using the Head Injury Checklist (Appendix 1)
- If pupil is given an icepack, they will be asked to sit down quietly for 10 minutes
- First Aider to put a yellow band on the child's wrist
- First Aider to fill in an accident form for the office
- Administrator will email parents alerting them that there has been a Bump to the Head, via a form on iSAMS that outlines symptoms to look out for in the unlikely event of concussion

Staff to observe the child for the rest of the day. If pupil begins to display head injury symptoms, they will be sent to the office for further assessment. If there is no change during observation, then the pupil will remain in class until dismissal at the end of the day. The child will go home with the yellow wristband which will remind parents the child has had a bump to the head during the day.



# The Children's House

## Minor Head Injury

A minor head injury is a bump which often causes cuts, lumps or bruises to 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

Child to be assessed by a First Aider using the Head Injury Checklist (Appendix 1)

- First Aider may take the child to the medical area and alert the office
- First Aider to administer first aid and put a yellow band on the child's wrist
- Administrator to contact parent by phone to notify them of the head injury and communicate plan of action
- Pupil to sit in the medical area or quiet corner for 10 minutes until they feel better or are collected by a parent/carer
- If the pupil's symptoms subside, they may return to class where staff will monitor them
- Administrator will email parents using a form on iSAMS that outlines symptoms to look out for in the event concussion symptoms appear after the child has been collected.

If, at any point, the child's condition deteriorates and shows any of the symptoms of a severe head injury, follow the protocol in the severe head injury section (below).

## 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 class they are in)
- Balance problems
- Loss of power in the arms/legs/feet
- Pins & needles
- Amnesia
- Leakage of clear fluid from nose or ears
- Bruising around eyes/behind ears
- Vomiting repeatedly
- Neck pain



# The Children's House

If any of these signs are present, follow the Severe head injury protocol.

This protocol should also be followed if the pupil has either of the following:

- Brain surgery in the past, parents
- A blood clotting disorder

## **Severe Head Injury Protocol**

- If unconscious, you should suspect a neck injury and **do not move the student**
- CALL 999 FOR AMBULANCE
- Notify parent asap (call all telephone numbers and leave a message). Repeat every hour at least
- If the ambulance service assess the pupil over the phone and determine that no ambulance is required, student is to be sent home

## **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
- Feeling in a fog
- May or may not have lost consciousness
- Vomiting
- Vacant expression
- 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
- Dizziness

If you notice any of these symptoms in a pupil who has previously sustained a head injury, they may be suffering from post-concussion syndrome and should be referred to the office immediately.

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

## **Returning to sport**

The class teacher in conjunction with the Head of PE/Games will liaise with the pupil's parents to determine the nature of PE activities to be allowed. It is the parent's responsibility to sign-off the child's return to PE/sports activities. Parents must also make the school aware of a pupil sustaining a head injury out of school hours.

If the school becomes aware of a concussion relating to an incident in school that had not previously been assessed as a serious head injury, the SLT will investigate the incident with the



# The Children's House

member of staff present at the time.

## **Appendix 1    Head injury checklist for first aiders**

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

- Nausea
- Mild headache
- Tender bruising or mild swelling of the scalp
- Grazes, cuts, lumps, bleeding
- 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 child 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 day or date, where they are, what class they are in)
- Pins and needles
- Amnesia
- Leakage of clear fluid from the nose or ears
- Vomiting repeatedly
- Bruising around eyes/behind ears
- Neck pain
- Balance problems or loss of power in arms/legs/feet

These are signs of a severe head injury – follow the Severe head injury protocol

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

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

## **ADVICE TO PARENTS AND CARERS CONCERNING CHILDREN WITH HEAD INJURIES**

Your child has sustained a head injury today and, following a thorough assessment, we are satisfied that the injury does not appear to be serious. However, your child will come home wearing a yellow wristband to remind you of the head injury and to monitor them in the coming days for signs of concussion.

Please refer to NHS Head Injury Advice Sheet [here](#).

### **CONTACT YOUR DOCTOR, NHS 111 OR CONTACT THE ACCIDENT AND EMERGENCY DEPARTMENT IF YOUR CHILD DISPLAYS ANY OF THE FOLLOWING SYMPTOMS:**

- Difficulty in waking from sleep
- Appears confused or not understanding what is said to them
- Vomiting
- Complaining of severe headache, or trouble with their eyesight
- Become irritable
- Has any kind of attack which you think is a fit or seizure
- Unconsciousness briefly or longer
- Difficulty in staying awake
- Slurred speech
- Visual problems including blurred or double vision
- Difficulty in understanding what people are saying/disoriented
- Confusion or amnesia
- Pins and needles
- Leakage of clear fluid from the nose or ears
- Vomiting repeatedly
- Bruising around eyes/behind ears
- Neck pain, balance problems or loss of power in arms/legs/feet

If your child is suffering from concussion:

- Expect the child to feel 'off colour'. Do not force them to eat, but make sure they have enough to drink.
- Expect the child to be more tired than usual. Allow them to sleep if they want to. Check on them every 2 hours in the first 24 hours. Do not be confused between normal sleep and unconsciousness – someone who is unconscious cannot be woken up – you need to be satisfied they are reacting normally to you.
- Expect the child to have a slight headache
- Keep the child quiet and resting as much as possible. Keep them away from school, discourage active games, watching TV and reading until the symptoms subside.

These symptoms should improve steadily and the child should be back to normal within a few days.