Bump to the Head and Head Injury Policy

Last approved: July 2025
Approved by: Quality Committee
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Safeguarding Statement

BN1 Arts is a post-16 specialist provider, specialising in Music, and the Creative and Performing Arts. All staff, volunteers and partners are committed to safeguarding the welfare of every person within BN1 Arts. Our mission is to help young people to engage and achieve within a safe and inclusive environment.

Introduction

BN1 Arts 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 BN1 Arts staff assessing and treating all head injuries in college 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 flow chart diagram on how head injuries are assessed, treated and communicated within BN1 Arts.

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 Student Services 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 Student Services as quickly as possible if you have any concerns'

- BN1 Arts 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

- BN1 Arts 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.

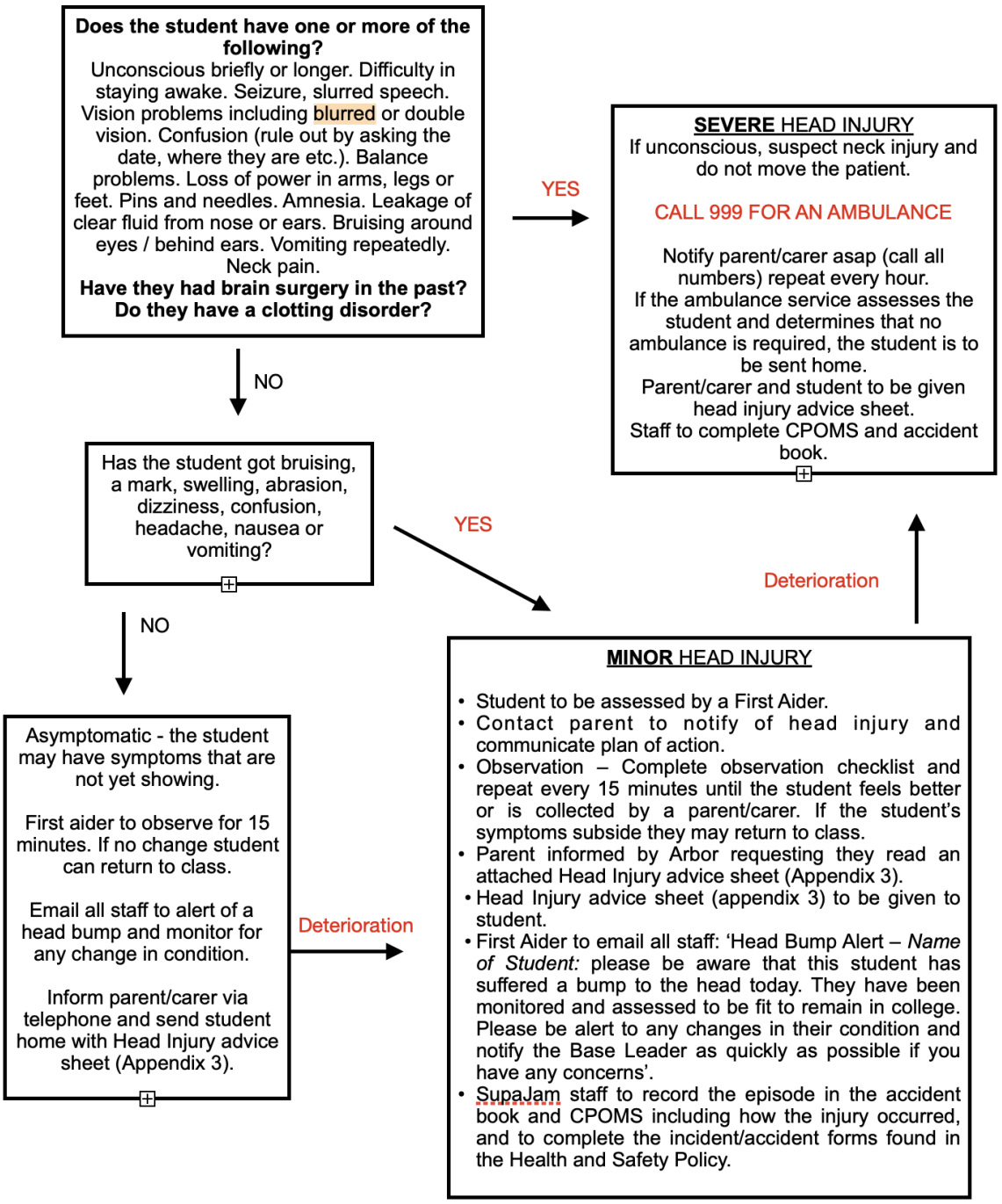
Symptoms include:

- 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


Does the student have one or more of the following?
Unconscious briefly or longer. Difficulty in staying awake. Seizure, slurred speech. Vision problems including blurred or double vision. Confusion (rule out by asking the date, where they are etc.). Balance problems. Loss of power in arms, legs or feet. Pins and needles. Amnesia. Leakage of clear fluid from nose or ears. Bruising around eyes / behind ears. Vomiting repeatedly. Neck pain.
Have they had brain surgery in the past?
Do they have a clotting disorder?
YES
SEVERE HEAD INJURY
If unconscious, suspect neck injury and do not move the patient.
CALL 999 FOR AN AMBULANCE
Notify parent/carer asap (call all numbers) repeat every hour.
If the ambulance service assesses the student and determines that no ambulance is required, the student is to be sent home.
Parent/carer and student to be given head injury advice sheet.
Staff to complete CPOMS and accident book.
NO
Has the student got bruising, a mark, swelling, abrasion, dizziness, confusion, headache, nausea or vomiting?
YES
Deterioration
NO
MINOR HEAD INJURY
• Student to be assessed by a First Aider.
• 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 sheet (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.
Asymptomatic - the student may have symptoms that are not yet showing.
First aider to observe for 15 minutes. If no change student can return to class.
Email all staff to alert of a head bump and monitor for any change in condition.
Inform parent/carer via telephone and send student home with Head Injury advice sheet (Appendix 3).
Deterioration

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 - Head Injury Advice Sheet

NHS 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

Head injury and concussion - taken from the NHS website

Most head injuries are not serious, but you should get medical help if you or your child have any symptoms after a head injury. You might have concussion (temporary brain injury) that can last a few weeks.

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.

Find your nearest A&E

Help from NHS 111

If you're not sure what to do, call 111 or get help from 111 online.
NHS 111 can tell you the right place to get help.

How to care for a minor head injury

If you have been sent home from hospital with a minor head injury, or you do not need to go to hospital, you can usually look after yourself or your child at home.

You might have symptoms of concussion, such as a slight headache or feeling sick or dazed, for up to 2 weeks.

- Hold an ice pack (or a bag of frozen peas in a tea towel) to the area regularly for short periods in the first few days to bring down any swelling
- Rest and avoid stress – you or your child do not need to stay awake if you're tired
- Take paracetamol or ibuprofen to relieve pain or a headache
- Make sure an adult stays with you or your child for at least the first 24 hours
- Do not go back to work or school until you're feeling betterDo not drive until you feel you have fully recovered
- Do not play contact sports for at least 3 weeks – children should avoid rough play for a few days
- Do not take drugs or drink alcohol until you're feeling better
- Do not take sleeping pills while you're recovering unless a doctor advises you to your or your child's symptoms last more than 2 weeks you're not sure if it's safe for you to drive or return to work, school or sports