

Lowther Hall

ANGLICAN GRAMMAR SCHOOL

All about the girl

Head Injury and Concussion Policy

Date of last review:
Review cycle:
Review and approval responsibility:
Category:
VRQA required:
Locations:

2023
3 yearly
Executive
Medical
No
O:Drive, LowtherLink,
Website



SCOPE

This policy applies to ALL staff and students of Lowther Hall Anglican Grammar School.

DEFINITION

Children often bump or bang their heads, and it can be difficult to tell whether an injury is serious or not. Any knock to the head from the base of the neck up is considered a head injury and **reporting to the school and parents is mandatory**.

Head injuries are classified as mild, moderate or severe. Many head injuries are mild, and simply result in a small lump or bruise. If a child has received a moderate or severe injury to the head, an emergency medical response is required by calling 000.

Concussion – a mild traumatic brain injury that alters the way the brain functions. Effects of concussion are usually temporary, but can include altered levels of consciousness, headaches, confusion, dizziness, memory loss of events surrounding the injury, and visual disturbance.

Loss of consciousness – when a person is unable to open their eyes, speak or follow commands. They have no awareness of stimulation from outside their body and cannot remember the immediate periods before and after the injury.

A student may appear well immediately after sustaining a head injury but show signs of complications later in the day. School staff/coaches must remain vigilant and take the appropriate action if the child develops a problem.

A head injury may present different symptoms depending on its severity.

SYMPTOMS OF MILD HEAD INJURY

- Minor bleeding
- Bruising
- A mild headache
- Feeling sick or nauseated
- Mild dizziness

SYMPTOMS OF MODERATE HEAD INJURY

- Loss of consciousness for a short period of time
- Confusion or distraction
- Vomiting
- A lasting headache
- Temporary changes in behaviour
- Memory problems
- Loss of balance

KEY SIGNS OF A CONCUSSION

- Confusion
- Headache
- Dislike of noise or light
- Nausea
- Balance problems
- Blurred vision
- Feeling groggy
- Difficulty concentrating

SYMPTOMS OF A SEVERE HEAD INJURY

- Significant bleeding
- Loss of consciousness for a prolonged period of time
- Seizures
- Problems with vision, taste, or smell
- Difficulty staying alert or awake
- Clear fluid or blood coming out of the ears or nose
- Bruises behind the ears
- Weakness or numbness
- Difficulty speaking

MANAGEMENT OF HEAD INJURY ON CAMPUS (NOT SPORT)

Staff will provide first aid assistance within the scope of their qualifications.

All head injuries and head bumps:

The student or staff member **MUST** be assessed immediately by the designated registered nurse/ first aider on duty in the health centre **ext. 5205 or 9325 5205** from a mobile.

If person(s) is suspected to have sustained a **moderate- severe head injury and/ or loses consciousness**, stay with the person and do not attempt to move the person. Call for health centre staff and dial 000. Head of schools to be notified as early as possible.

All head injuries and head bumps:

Designated registered nurse/ first aider on duty to contact parents/ emergency contact of the person(s) to notify them of condition and medical treatment information eg. Ambulance on the way or transporting through to emergency department.

All head injuries and head bumps:

Once the immediate medical emergency is managed, an accident report form to be completed and returned to the health centre. Head bump care email to be emailed by Nurse on duty only once the parent/ emergency contact has been contacted via phone.

MANAGEMENT OF HEAD INJURY OFF CAMPUS (NOT SPORT)

Staff will provide first aid assistance within the scope of their qualifications.

If person(s) is suspected to have sustained a **moderate- severe head injury and/ or loses consciousness**, stay with the person and do not attempt to move the person. Call 000 and notify Head of schools as early as possible.

If person(s) is suspected to have sustained a **mild head injury or you are unsure of the condition of the student/ staff member** call 9325 5205 in staffed hours, our out of hours call 000 to seek further advice.

Staff member on duty to contact parents/ emergency contact of the person(s) to notify them of condition and medical treatment information eg. Ambulance on the way or transporting through to emergency department.

Once the immediate medical emergency is managed, an accident report form to be completed and returned to the health centre. Head bump care email to be emailed by Nurse on duty only once the parent/ emergency contact has been contacted via phone.

MANAGEMENT OF HEAD INJURY AT SCHOOL SPORT

Staff will provide first aid assistance within the scope of their qualifications.

For any head injury (mild, moderate or severe), immediately stop play and remove student from game/activity, monitor student(s) condition closely and assess the need for medical intervention using the below methods:

During school hours: call the school nurse/ designated first aider on 9325 5205 for advice.

After school hours: use the “Headcheck concussion app” (please note: app requests to send report to parents, always select NO).

If a student(s) is unconscious/loses consciousness at any stage an ambulance must be called (000) immediately. Use “emergency locator” app on a mobile device if unsure of exact location.



The Director of Sport must be contacted and informed of the injury. The Director and Sport will assess who is to be advised, who will contact the parents/guardians and who will notify Deputy Principal of situation.

If the student has sustained a head injury and/or concussion is suspected, the student must not continue or return to play of game/activity

Once the immediate medical emergency is managed, an accident report form to be completed and returned to the health centre. Head bump care email to be emailed by Nurse on duty only once the parent/ emergency contact has been contacted via phone.

IF CONCUSSION IS SUSPECTED:

- Continually observe the person(s) and ensure they are easily roused at all times and notify nurse or 000 for any changes in condition
- Arrangements should be made with parents/guardians/emergency contact for collection
- A prompt examination by a doctor should be arranged

FIRST LINE OF TREATMENT FOR SUSPECTED SPINAL AND NECK INJURY:

SIGNS AND SYMPTOMS:

- pain at or below the site of the injury
- tenderness over the site of the injury
- absent or altered sensation below the site of the injury, such as tingling in hands or feet
- loss of movement or impaired movement below the site of the injury

IF ANY OF THE ABOVE SIGNS AND SYMPTOMS ARE PRESENT:

- If the patient is unconscious as a result of a head injury, you should always suspect a spinal injury.
- DO NOT move a patient with a suspected spinal injury unless they are in danger. Movement can cause further injury.
- Twisting, compressing or bending an injured spine can increase the damage. If the patient must be moved, take extreme care to keep the spine straight and avoid twisting or bending. Where the neck is involved, support the head and neck with your hands. **Do not apply a cervical collar.**

RETURN TO SCHOOL, TRAINING OR COMPETITION

Rest

- Rest from activity or sport for 48 hours or until medical clearance provided
- Physical and mental rest “brain rest” includes no physical activities or activities that require mental concentration including computer use, television, texting, iPad and play-stations.

Return

Parents will be notified of any head injury experienced at school or during a school activity and conversation will happen regarding the need to seek further medical advice. Should the recommendation be made that your daughter should seek further medical advice, or is at risk of concussion, it is critical that the following steps are taken before she is able to return to school.

- Student details must be logged into the ‘Concussion/ head injury clearance’ document with access made available to relevant staff members.
- Students returning to school from a concussion injury must be free of any related symptoms and have a letter of advice stating the student’s condition and when they will be able to participate in sporting activities.
- The letter of advice and/ or a medical clearance letter must be provided to the School Nurse at nurse@lowtherhall.vic.edu.au as a matter of urgency.

- The School Nurse will distribute the letter of advice and/or clearance letter to:
 - The Director of Sport
 - Relevant Head of School
 - Year Level Coordinator
 - Class or Home Group Teachers

In the event that your daughter sustains a head injury outside of school time, for example on the weekend, after school or at a local sporting activity, it is critical that the Nurse is informed in order for staff to be well positioned to monitor for symptoms of concussion. If your daughter has attended a GP for opinion and management of a concussion as a result of a head knock not received at school, **the steps above must still be followed.**



First aid fact sheet

Spinal and neck injury



- If the patient is unconscious as a result of a head injury, you should always suspect a spinal injury.
- DO NOT move a patient with a suspected spinal injury unless they are in danger. Movement can cause further injury.
- Twisting, compressing or bending an injured spine can increase the damage. If the patient must be moved, take extreme care to keep the spine straight and avoid twisting or bending. Where the neck is involved, support the head and neck with your hands.
- Do not apply a cervical collar.

Signs and symptoms

- pain at or below the site of the injury
- tenderness over the site of the injury
- absent or altered sensation below the site of the injury, such as tingling in hands or feet
- loss of movement or impaired movement below the site of the injury

What to do

Unconscious breathing patient

- 1 Follow DRSABCD.
- 2 Call **Triple Zero (000)** for an ambulance.
- 3 Place the patient in the recovery position. Carefully support their head and neck, and avoid twisting or bending during movement.
- 4 Ensure the patient's airway is clear and open.
- 5 Hold the patient's head and neck steady to prevent twisting or bending of the spine.

Conscious patient

- 1 Follow DRSABCD.
- 2 Call **Triple Zero (000)** for an ambulance.
- 3 Keep the patient in the position found. Only move if in danger.
- 4 Reassure the patient. Ask them not to move.
- 5 Loosen any tight clothing.
- 6 Hold the head and neck steady to prevent twisting or bending of the spine.

In a medical emergency call Triple Zero (000)

DRSABCD Danger ► Response ► Send for help ► Airway ► Breathing ► CPR ► Defibrillation

You could save a life with first aid training • www.stjohn.org.au • **1300 360 455**

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