



Guidance on Head Injuries

Surrey First Aid Trainers recommend on our courses that with a 'serious' head bump which could (although not certain) result in an internal traumatic neurological brain injury such as concussion or cerebral compression, an ice pack is not applied.

Although an ice pack would not harm the child. There is no evidence to suggest an ice pack would make a traumatic brain injury (TBI) any better. Instead we recommend the guidance's of the National Institute of Clinical Excellence which states with giving '**advice on first aid for head injuries, if a serious injury is suspected, all casualties should be referred to hospital**'. Although we do not recommend an ice pack, there would be no harm in using a damp cloth or 'Mr Bump' style compress kept in the fridge, which acts as a psychosomatic treatment, keeping the child calm and allowing the first aider to fully assess the injury in accordance to the first aid training they have received. It is the role of the first aider in a school to assess the nature of the injury and act appropriately within their capability and competency.

There is a slight disparity in what counts as a 'serious' bump. We recommend the definition of a serious bump as '***a bump which results in the child being knocked out, drowsy, vomiting, or any of the signs of concussion or compression, OR if the carer of the child did not see them hit their head, if the first aider is in any doubt at all about the severity of the impact to the child's skull.***

300,000 children and babies are admitted to A &E for head injuries per year. Head injuries can have a lucid period with no signs and symptoms (which are difficult to detect in children and babies) for a period of time before presenting any symptoms so it is important to communicate a bump of **any nature** to a parent or carer. When ice has not be applied, external swelling and discolouration (bruising) may be present, vasodilation around the injury site does not harm the child (although it should not be present alongside any other signs or symptoms) and may help to present obvious signs of injury if the child was to deteriorate in the care of the parent or the childcare professional at a later stage. As stated in the NICE guidance physical signs described may also create methods of assessment by a clinician.

Aftercare

Children who have experienced head injuries should be kept under constant observation. If the following symptoms present themselves or return after a child has been assessed take the child to the nearest hospital emergency department immediately:

- Should your child look lethargic or unwell (feeling sleepy) that goes on for longer than one hour when they would normally be wide awake.

- Double vision
- Vomiting – being sick
- Difficulty waking your child up
- Unconsciousness, or lack of full consciousness (e.g. problems keeping eyes open)
- Any confusion (not knowing where they are, getting things muddled up)
- Any problems understanding or speaking
- Any loss of balance or problems walking
- Any weakness in one or more arms or legs
- Any problems with their eyesight
- Very painful headache that won't go away
- Any fits (collapsing or passing out suddenly)
- Clear fluid coming out of their ear or nose
- Bleeding from one or more ears
- New deafness in one or more ears

A child may experience some other symptoms over the next few days which should disappear within 2 weeks; there is no need to worry about these:

- Mild headache
- Feeling sick (without vomiting)
- Dizziness, irritability or bad temper
- Problems concentrating or problems with their memory
- Tiredness
- Lack of appetite or problems sleeping

If you are concerned about any of these symptoms take your child to the GP.

If you have further questions don't forget to check out the NICE Guidelines in more detail or email us at enquiries@surreyfirstaid.com