ALTERNATIVE PROVISION

First Aid – Head Bump Policy

Approval Date: January 2026

Revision Due Date: January 2027

Approved by: RAISE-AP Educational Directors

Approval Signatures

RAISE-AP
Directors

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Statement

RIASE AP staff need to be able to assess signs and symptoms, know how to recognise an emergency and how and when to summon assistance. The duty of care that staff have also extends to acting as any prudent parent / carer would in the event of illness or injury.

This policy will be used by staff assessing and treating all head injuries in provision 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 I for a flow chart diagram on how head injuries are assessed, treated and communicated within the provision.

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'.

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

2. First Aider to observe for a minimum of 15 minutes. If pupil begins to display head injury symptoms, they should have further assessment and call 111. If no change during observation, then pupil can return to normal lessons

3. CPOMS should be updated for record keeping at the earliest opportunity by staff.

Minor-Moderate Head Injury

A minor-moderate head injury often just causes 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-moderate Head Injury Protocol:

1. Child to be assessed by first aider using the Head Injury Checklist (Appendix II).
2. Contact parent / carer to notify of head injury and communicate plan of action.
3. Rest
4. Observation – complete observation checklist and repeat every 15 minutes until the child feels better or is collected by a parent/carer.
5. If the pupil's symptoms subside, they may return to class.
6. Parent informed by phone and email requesting they read an attached head injury advice letter (Appendix III).
7. Head Injury advice sheet (Appendix III) to be given to student.
8. CPOMS should be updated for record keeping at the earliest opportunity by staff.

If, at any point, the pupil's condition deteriorates and shows any of the symptoms of a severe head injury, follow the protocol in the severe head injury section

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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 member of staff they are talking to)
- Balance problems
- Loss of power in arms/legs/feet including 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

Also, if the student has either of these conditions, follow the severe head injury protocol:

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

Severe Head Injury Protocol:

1. If unconscious, you should suspect a neck injury and **do not move the student**

2. Call **999 for an ambulance**

3. Notify parent / carer asap (call all telephone numbers and leave a message). Repeat every hour.

4. If the ambulance service assesses the student over the phone and determine that no ambulance is required, parents / carers to be informed and the student is to be sent home.

5. Parent / carer informed by email requesting they read an attached head injury advice sheet (Appendix III).

6. Head Injury advice sheet (Appendix III) to be given to the student.

9. CPOMS should be updated for record keeping at the earliest opportunity by staff.

7. On return to the provision, the Head of Provision to liaise with parent / carer using the graduated return to play form (Appendix IV) to determine the nature of PE activities to be allowed. For all severe head injuries, not limited to rugby injuries. Head of Provision to liaise with PE staff. It is ultimately the parent / carer responsibility to sign-off the child's return to PE / sports activities.

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 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 Head of Provision.

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 or carer is not able to collect the child, call 999.

Guidance to be followed from Rugby Football Union on Return to Play after Concussion (Appendix 4 (for all severe head injuries, not limited to rugby injuries)). This gives clear guidance on students returning to academic studies and sport following a concussion. Head of Provision to liaise with parent / carer to determine the nature of PE activities to be allowed and Welfare assistant to liaise with PE staff. It is ultimately the parent / carer's responsibility to sign-off the child's return to PE/sports activities.

Staff to notify the Head of Provision if they are made aware of a pupil sustaining a sport-related head injury out of school hours.

If the provision become aware of a concussion relating to an incident in school that had not previously been assessed as a serious head injury, Head of Provision to request a Serious Injury Report Form from the member of staff present at the time of the incident.

First Aid Equipment

RAISE AP typical first aid kits, stored in reception at the provision will include:

- Leaflet with general first aid advice
- Regular and large bandages
- Eye pad bandages
- Triangular bandages
- Adhesive tape
- Safety pins
- Disposable gloves
- Antiseptic wipes
- Plasters of assorted sizes
- Scissors
- Cold compresses

No medication is kept in first aid kits – instead, these are securely kept within reception. Staff will be encouraged to download and have on their devices the British Red Cross First Aid app.

Emergency Arrangements

Upon being summoned in the event of an accident, the qualified First Aider is to take charge of the First Aid administration / emergency treatment commensurate with their training. Following their assessment of the injured person, they are to administer appropriate First Aid and make a balanced judgement as to whether there is a requirement to call an ambulance.

The qualified First Aider is to always call an ambulance on the following occasions:

- In the event of a serious injury
- In the event of any severe head injury
- In the event of a period of unconsciousness
- Whenever there is the possibility of a fracture or where this is suspected
- Whenever the qualified First Aider is unsure of the severity of the injuries
- Whenever the qualified First Aider is unsure of the correct treatment

In the event of an accident involving a child, where appropriate, it is our policy to always notify parents or carers of their child's accident if it:

- Is considered to be a serious (or more than minor) injury
- Required First Aid treatment
- Requires attendance at hospital

Our procedure for notifying parents will be to use all telephone numbers available to contact them and leave a message should the parents or carer not be available.

In the event that the parents or carers cannot be contacted and a message has been left, our policy will be to continue to attempt to make contact with the parents or carers every hour. In the interim, we will ensure that the qualified First Aider or another member of staff remains with the child until the parents or carers can be contacted and arrive (as required).

In the event that the child requires hospital treatment and the parents or carers cannot be contacted prior to attendance, the qualified First Aider or another member of staff will accompany the child to hospital and remain with them until the parents or carers can be contacted and arrive at the hospital.

Head Bump Procedure

RAISE AP have a specific head bump procedure for any bump to the head, head injury or concussion event. Please see the Head Bump Policy.

Accident Recording

Any accident, incident or injury involving Staff, Students, Visitors or Contractors is to be immediately reported and recorded.

In the event of an injury to a pupil the 'Injuries and Accidents – Investigation Protocol' should be followed – see the appendix in this policy.

Injuries that occur as a result of normal provision activities (e.g. within a PE lesson), carried out with appropriate supervision and in accordance with a risk assessment are not classified as an accident. However, serious injuries should still be recorded and reported in accordance with the instructions above and injuries in PE will still be noted for the purposes of analysing trends.

Any serious accidents that are notifiable to the Health & Safety Executive (HSE) are to be initially discussed with the provision's appointed Health & Safety Consultant and reported using the HSE's online RIDDOR (F2508) reporting system.

Monitoring

Staff will be routinely reminded of the First Aid Policy.

The Head of Provision is responsible for monitoring this Policy and procedures and amending accordingly following incidents or concerns.

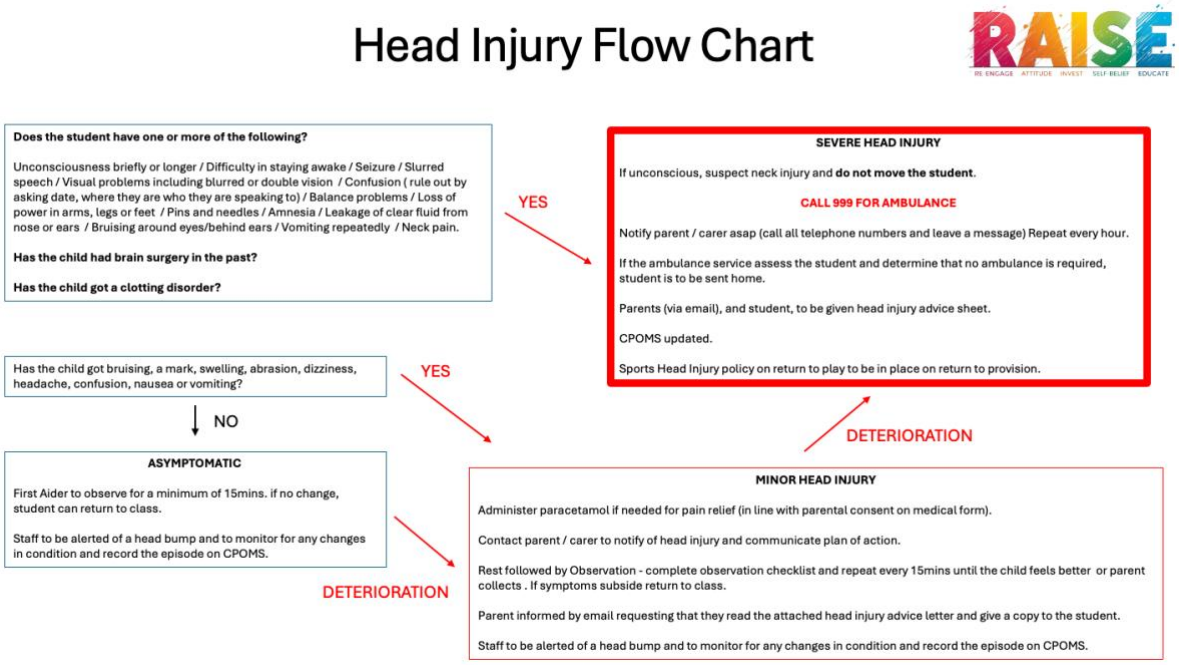
This Policy will be reviewed annually by the RAISE AP educational directors.

Raise Values

Our RAISE-AP values (Resolve, Attitude, Invest, Social Skills and Education) are key in everything we do, specifically with attitudes (modelling and expectations), invest (tailoring setup for our young people) social skills (becoming part of a community) which are linked to our First Aid policy.

Appendix I

Head Injury Assessment



Appendix II

Head Injury Checklist for First Aiders

Minor-Moderate Head Injury symptoms - assess the child for signs of the following:

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

These are signs of a minor-moderate head injury – follow the Minor-moderate 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 date, where they are, what member of staff they are talking to)
- 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

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

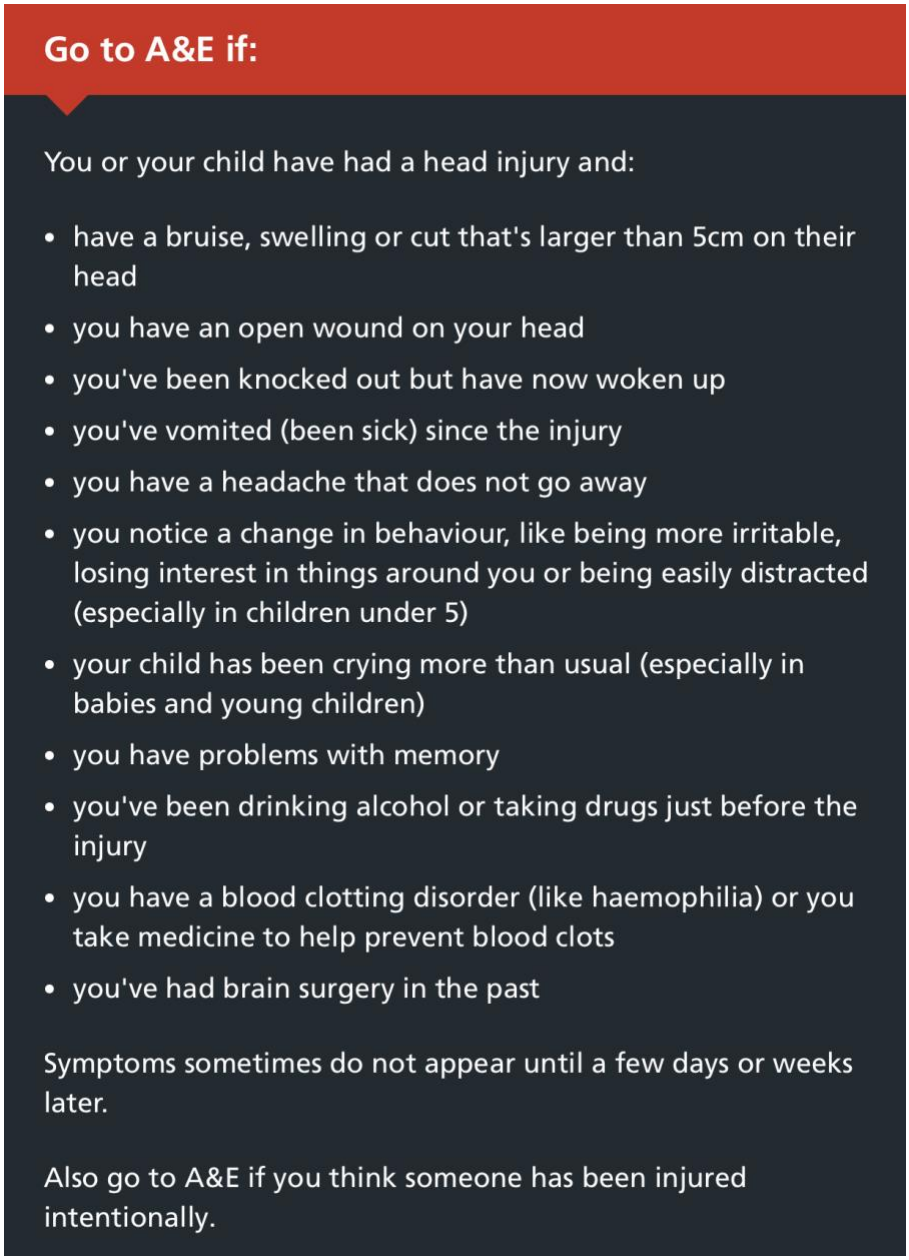
- If the student has had brain surgery in the past
- If the student has a blood clotting disorder

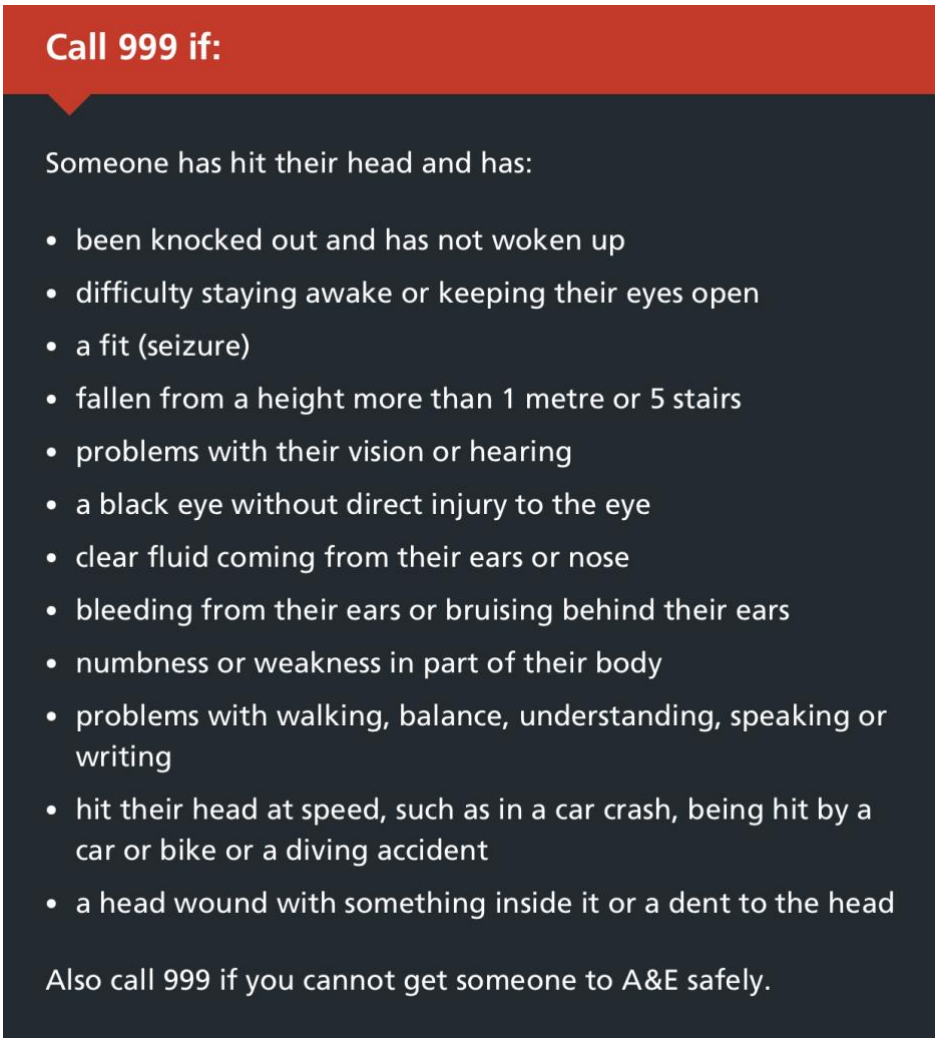
Appendix III

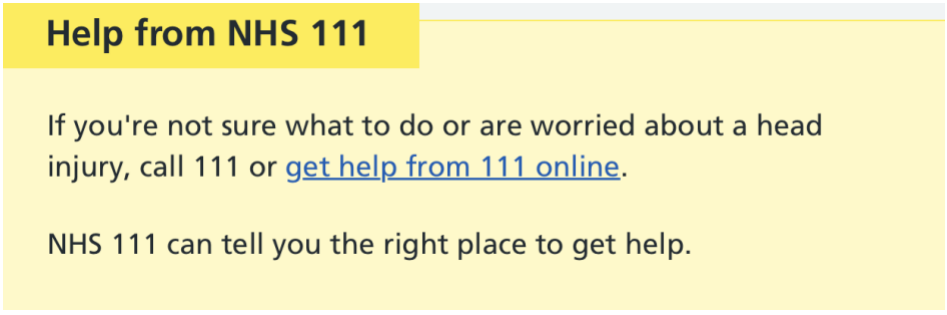
Advice to Parents and Carers Concerning Head Injuries

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 Website: https://www.nhs.uk/conditions/head-injury-and-concussion/.

Most head injuries are not serious, but it's important to 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.







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.

Do

- ✔ hold an ice pack (or a bag of frozen peas) wrapped 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 painkillers such as paracetamol for headaches
- ✔ make sure an adult stays with you or your child for at least the first 24 hours

Don't

- ✘ do not go back to work or school until you're feeling better
- ✘ do 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
- ✘ do not drink alcohol until you're feeling better
- ✘ do not take sleeping pills while you're recovering unless a doctor advises you to

See a GP if:

You or your child have a head injury and:

- the 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

Appendix IV

Graduated Return to Play

Step	Time at Stage	Rehabilitation	Exercise Allowed	Objectives	Signed Off and Date
1	14 Days	Rest	Complete physical and cognitive rest without symptoms	Recovery	
2	48 Hours Later	Light Aerobic Exercise	Walking, swimming, static bike. No resistance training	Increase heart rate and access recovery	
3	48 Hours Later	Sports Specific Exercise	Running drills. No head	Add movement and assess recovery	
4	48 Hours Later	Non-contact training drills	More complex drills e.g. passing drills. May start resistance	Add exercise + coordination and cognitive load. Assess recovery.	
5	48 Hours Later	Full contact Practice	Normal training session	Restore confidence and assess functional skills by coaching staff	
6	23rd Day	Return to Play	Player rehabilitated	Safe to return to play	