



Morley Senior High School

Response to Possible Head or Spinal Injuries

Version 1

Ratified by:	Date:
Student Services	13/05/2022
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At Morley Senior High School, we are committed to student welfare and safety. Therefore, if we know, or suspect that a student (or staff member) has received a head or spinal injury, we will NOT allow them to move until they have received an assessment from a trained professional. Please call and send for a runner.

- **School Nurse (Ray)** **65536**
- **Student Services Officer (Jo)** **65535**
- **Admin** **65555**

We have committed to calling an Ambulance (000) if we suspect a head or spinal injury.

Head Injuries:

- The presence or absence of blood isn't a reliable indicator of the seriousness of a head injury.
- Symptoms of serious head injury can include clear fluid leaking from the nose or ears, altered consciousness or a period of unconsciousness, skull deformities, vision changes, bruised eyes and ears, nausea and vomiting.
- A person who has sustained a head injury may not display any symptoms initially.

The brain is a soft and delicate organ. A hard blow to the head can injure the brain or spinal cord even when there are no visible signs of trauma to the scalp or face. That's why **all head injuries are considered serious** and should be assessed by your doctor or the nearest hospital emergency department.

Head injuries can be classified as:

- Open – with bleeding wounds to the face or head
- Closed – no visible signs of injury to the face or head.

Closed head injuries:

The soft, jelly-like brain is protected by the skull. The brain doesn't fill the skull entirely – it floats in a clear, nourishing liquid called cerebrospinal fluid. This fluid acts as a shock absorber, but its protective value is limited. The kinetic energy of a small knock to the head or face can be absorbed by the cerebrospinal fluid, but a hard impact can smash the brain against the inside of the skull. This can bruise the brain or tear blood vessels. If blood and blood serum start to escape, the swelling is contained within the skull. Intracranial pressure (pressure inside the skull) can cause permanent damage by literally crushing the brain.

First aid when the injured person is conscious:

Encourage the injured person to minimise any movement of their head or neck. Scalp injuries can bleed profusely, so control any significant blood loss from head wounds with direct pressure and a dressing. While examining the wound, avoid disturbing blood clots forming in the hair. Reassure the person and try to keep them calm.

First aid when the injured person is unconscious:

The person should not be moved unless they are in immediate danger. Any unnecessary movement may cause greater complications to the head injury itself, the spine or other associated injuries. A good rule is that if the head is injured, the neck may be injured too. Your role is to protect the injured person from any potential dangers at the scene. You should also monitor their airway and breathing until the arrival of an ambulance. If the person's breathing becomes impaired due to a problem with their airway, you may need to tilt their head back (and support it) very carefully until normal breathing returns. If the person stops breathing or has no pulse, cardiopulmonary resuscitation (CPR) may be required.

Spinal injuries:

It is important to remember, that a person who has sustained a head injury may have also injured their spine. Spinal injuries generally occur when the area of the spine or neck is bent or compressed, as in the following:

- Falls
- Motor Vehicle Accidents
- Sporting Injuries
- Diving Accidents
- Trampoline Accidents
- Violence/Fighting
- Head Trauma

Signs and symptoms of spinal injuries may include:

- Body lying in an awkward, unnatural position
- Skin feeling clammy and cool
- Reporting unusual tingling sensations in the limbs or an absence of any sensation, including pain
- Inability to move limbs.

Spinal Injury First Aid:

It is important to keep the injured person's head in line with their neck. Avoid twisting their head or allowing their head to roll to the side. If you can, roll a t-shirt, towel or similar soft item and place it around their neck to keep their head straight. Don't try to move them unless there is an urgent need to.

In the event that a student or staff member needs resuscitation

1. Send for medical assistance immediately.
2. Use a resuscitation mask or a two-way mouthpiece, if possible, to apply CPR.
3. Continue CPR until help arrives

Incident Reporting

For all incidences that require that require Ambulance or significant first aid attention, school processes, including notifying the schools Work Health and Safety (WHS) representatives must be actioned.

Initial checklist:

Suspected Head Injury Checklist

Student: _____

Year: _____

Teacher: _____

Time: _____

Head injury checklist

Observed signs	Initial	15mins	30 mins
Appear dazed or confused			
Confused about events			
Repeats questions			
Answers questions slowly			
Cannot recall injury			
Does not know time or place			
Loss of Consciousness (Ambulance required)			

Danger signs

- | | |
|---------------------------------------|--|
| 1. One pupil is larger than the other | 6. Seizures |
| 2. Drowsy or cannot awakened | 7. Unable to recognise people |
| 3. Headaches are getting worse | 8. Golden coloured fluid leaking from ears |
| 4. Weakness/numbness | 9. Unusual behaviour |
| 5. Slurred speech | 10. loss of consciousness |

RESOLUTION

Student returned to class- parents informed	
Parent guardian to take student home to rest	
Parent guardian to take student for a medical assessment	
Ambulance called- parents notified	

Hub Staff Member: _____

Date: _____

Mild Head Injury Advice



Government of Western Australia
North Metropolitan Health Service
Mental Health, Public Health and Dental Services



Mild head injury advice

Important points about mild head injury

You've had a mild head injury. Most people recover rapidly following a mild head injury. A few people may suffer symptoms over a longer period. There is a small risk of you developing serious complications so you should be watched closely by another adult for 24 hours after your injury.

Please read the following information. It outlines what signs to look out for after a head injury and what you need to do if you have problems.

Warning signs

If you show any of these signs or symptoms after your head injury, or if you get worse, seek medical attention immediately – go to your doctor, to the nearest hospital, or telephone an ambulance.

- Fainting or drowsiness, or you can't wake up
- Repeated vomiting
- Blurred vision or slurred speech
- Convulsions or seizures
- Increased confusion, restlessness or agitation
- A constant headache or a headache that gets worse
- Clumsiness, or being unable to move parts of your body
- Continual fluid or bleeding from the ear or nose
- Changes in behaviour – such as acting strange, or saying things that do not make sense

The first 24–48 hours after injury

Make sure you follow the advice your doctor gave you when you left the hospital.

See your GP if you are not starting to feel better within two weeks of your injury.



Warning signs

You should be observed. Return to hospital if you develop any of the warning signs above.



Rest/sleeping

Rest and avoid strenuous activity for at least 24 hours. It is alright to sleep tonight but you should be checked every four hours by someone to make sure you are okay.



Driving

Do not drive for at least 24 hours. You should not drive until you feel much better and can concentrate properly. Follow all hospital discharge recommendations.



Drinking/drugs

Do not drink alcohol or take sleeping pills or recreational drugs in the next 48 hours. All of these can make you feel worse. They also make it hard for other people to tell whether the injury is affecting you or not.



Pain relief

Use **Paracetamol** or **Paracetamol/Codeine** for headaches. **Do not use** Aspirin or anti-inflammatory pain relievers such as Ibuprofen or Naproxen (NSAIDs), which may increase the risk of complications.



Sports

Do not play sports for at least 24 hours. Strenuous physical activity or contact sports may worsen your symptoms.

Adapted by the State Head Injury Unit (WA), in conjunction with SCGH Emergency Department, from the Motor Accidents Authority's Mild Head Injury Advice, 2008, www.maa.nsw.gov.au
Information current at October 2019 © Department of Health 2019



The first four weeks after injury

You may have some common effects from the head injury called **post concussive symptoms** (see below). These usually resolve in several weeks but may take up to three months.

Tiredness can exaggerate the symptoms. During the first weeks or months, return to your normal activities gradually (not all at once). **Consider the following factors to help yourself get better:**



Rest/sleeping

Your brain needs time to recover. It is important to get adequate amounts of sleep as you will likely feel more tired than normal.



Driving

Do not drive or operate machinery until you feel much better and can concentrate properly. Talk to your doctor.



Drinking/drugs

Do not drink alcohol or use recreational drugs until you are fully recovered. They will make you feel much worse. Do not take medication unless advised by your doctor.



Work/study

You may need to take time off work or study until you can concentrate better. Most people need a day or two off work but are back full time in less than two weeks. How much time you need off work or study will depend on the type of job you do. See your doctor and let your employer or teachers know if you are having problems at work or with study. You may need to return to study or work gradually.



Sport/lifestyle

It is dangerous for the brain to be injured again if it has not recovered from the first injury. Talk to your doctor about the steps you need to take to gradually increase sports activity and return to play. **If in doubt, sit it out.**



Relationships

Sometimes your symptoms will affect your relationship with family and friends. You may suffer irritability and mood swings. See your doctor if you or your family are worried.

Post concussion symptoms

These common symptoms usually go away within a few days or weeks. Sometimes you may not be aware of them until sometime after your injury, for example when you return to work.

Physical	Headache, fuzzy or blurry vision	Nausea or vomiting (early on), dizziness	Sensitivity to noise or light, balance problems	Feeling tired, having no energy
Thinking/remembering	Poor concentration	Feeling vague or having trouble thinking clearly	Forgetfulness	Difficulty remembering new information
Mood/behaviour	Easily annoyed or frustrated	Mood swings	More emotional or sad	Nervousness or anxiety
Sleep	Sleeping more than usual	Sleeping less than usual	Trouble falling asleep	

Recovery

You should start to feel better within a few days and be 'back to normal' within about four weeks. See your GP if you are not starting to feel better. Your doctor will monitor these symptoms and may refer you to a specialist if you do not improve after four weeks.

More information

Staff at the State Head Injury Unit can guide you with returning to your normal activities.
State Head Injury Unit, Ground Floor, E Block,
Sir Charles Gairdner Hospital, Nedlands WA 6009
Phone: (08) 6457 4488 Fax: (08) 6457 4489
Email: shiu@health.wa.gov.au
Web: www.nmhs.health.wa.gov.au/concussion

Basic First Aid:



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School Nurse - 65536

Student Services Officer – 65535

Admin - 65555

First Aid:

- Call for help and/or 000. Send a runner for back-up.
- The presence or absence of blood is **NOT** a reliable indicator of the seriousness of the injury.
- If conscious, reassure the person, and tell them that help is on its way.
- The person should not be moved unless they are in immediate danger (drowning, electrocution etc.)
- Control any significant bleeding by applying pressure to the wound and be careful not to move their head or spine.
- If the person is unconscious, monitor their airway, breathing and pulse.
- If a person's breathing becomes impaired due to a problem with their airway, you may need to tilt their head and support it very carefully.
- If the person stops breathing or has no pulse, commence CPR and defibrillation immediately.
- Continue until emergency services arrive or the patient starts breathing again.

DRSABCD

IN AN EMERGENCY CALL **TRIPLE ZERO (000)** FOR AN AMBULANCE



D **Dangers?**
Check for danger to yourself, bystanders and the patient.



R **Responsive?**
Check for a response, ask loudly, squeeze shoulders.
No response? Send for help.
Responsive? Make comfortable, monitor breathing and response.



S **Send for help**
Call triple zero (000) for an ambulance or ask a bystander to make the call.
Stay on the line.



A **Open Airway**
Open the mouth and check the airway for foreign material.
Foreign material? Place in the recovery position and clear the airway.
No foreign material? Lower it position.
Open the airway by tilting the head back with a chin lift.



B **Normal Breathing?**
Check for breathing: ask, listen, feel for 10 seconds.
Not normal breathing? Ensure an airway has been opened and start CPR.
Normal breathing? Place in the recovery position and monitor breathing.



C **Start CPR**
30 chest compressions : 2 breaths.
Continue CPR until help arrives or the patient starts breathing.



D **Attach defibrillator**
and follow the voice prompts.

