

## HEAD INJURIES

Many head injuries that happen at school are minor. Head wounds may bleed easily and form large bumps. Head injuries from falls, sports and violence may be serious. If head is bleeding, see "Bleeding".

If student *only* bumped head and does not have any other complaints or symptoms, see "Bruises"

- With a head injury (*other than head bump*), always suspect neck injury as well.
- Do **NOT** move or twist the back or neck.
- See "Neck & Back Pain" for more information.

- Have student rest, lying flat.
- Keep student quiet and warm.

Is student vomiting?

YES

NO

Turn the head and body together to the side, keeping the head and neck in a straight line with the trunk.

Watch student closely.  
Do **NOT** leave student alone.

CALL EMS 9-1-1.

Are any of the following symptoms present:

- Unconsciousness?
- Seizure?
- Neck pain?
- Student is unable to respond to simple commands?
- Blood or watery fluid in the ears?
- Student is unable to move or feel arms or legs?
- Blood is flowing freely from the head?
- Student is sleepy or confused?

YES

NO

- Check student's airway.
- If student stops breathing, start CPR. See "CPR".

Give nothing by mouth. Contact responsible school authority, school nurse & parent/legal guardian.

Even if student was only briefly confused and seems fully recovered, contact responsible school authority, school nurse & parent or legal guardian.  
**URGE MEDICAL CARE.**  
Watch for delayed symptoms.

# SEIZURES

Seizures may be any of the following:

- Episodes of staring with loss of eye contact
- Staring involving twitching of the arm and leg muscles
- Generalized jerking movements of the arms and legs.
- Unusual behavior for that person (e.g., running, belligerence, making strange sounds, etc.)

A student with a history of seizures should be known to appropriate school staff. A Seizure Action plan should be developed, containing a description of the onset, type, duration and after effects of the seizures.

Refer to student's Seizure Action plan.

- If student seems off balance, place him/her on the floor (on a mat) for observation and safety.
- Do **NOT** restrain movements.
- Move surrounding objects to avoid injury.
- Do **NOT** place anything in between the teeth or give anything by mouth.
- Keep airway clear by placing student on his/her side. A pillow should **NOT** be used.

Observe details of the seizure for parent/legal guardian, emergency personnel or physician. Note:

- Duration
- Kind of movement or behavior
- Body parts involved
- Loss of consciousness, etc.

NO

Seizures are often followed by sleep. The student may also be confused. This may last from 15 minutes to an hour or more. After the sleeping period, the student should be encouraged to participate in all normal class activities.

- Is student having a seizure lasting longer than 5 minutes?
- Is student having seizures following one another at short intervals
- Is student having any breathing difficulties after the seizure?
- Is student *without a known history of seizures* having a seizure?

YES

CALL EMS 9-1-1.

Contact responsible school authority, school nurse & parent or legal guardian.