

Head Injury Assessment and Monitoring Policy

CP017 Common Policies

November 2024

**Contents**

[1 Introduction 2](#_Toc182560548)

[2 Scope and Purpose 2](#_Toc182560549)

[3 Definitions 3](#_Toc182560550)

[4 Initial Assessment 4](#_Toc182560551)

[5 First Aid 4](#_Toc182560552)

[6 Care Homes with Nursing 5](#_Toc182560553)

[7 Residential Care Homes and Retirement Living 6](#_Toc182560554)

[8 Monitoring 6](#_Toc182560555)

[9 Reporting 8](#_Toc182560556)

[10 Roles and Responsibilities 9](#_Toc182560557)

[11 Training and Monitoring 11](#_Toc182560558)

[12 Communication and Dissemination 12](#_Toc182560559)

[13 Equality Impact Assessment (EIA) 12](#_Toc182560560)

[14 Resources 12](#_Toc182560561)

[15 Version Control 14](#_Toc182560562)

1. Introduction
   1. Approximately 1 million people per year attend UK Emergency Departments with a head injury. The vast majority of these people will have sustained a brief period of unconsciousness or no unconsciousness at all. They may have had no life threatening complications and been discharged home without admission to hospital.
   2. While most people will be fine some will have sustained a minor brain injury. They may experience post-concussion symptoms for a number of days or weeks and a significant number will have persistent, long-term difficulties. Older people are amongst those most at risk with falls being one of the most common causes.
2. Scope and Purpose
   1. This policy document provides the required guidance for the assessment and early management of head injury. MHA colleagues and volunteers must be aware of the potential consequences of a head injury, respond accordingly, and report any concerns to a senior manager.
   2. Colleagues will recognise a suspected head injury and appropriately assist a person. This will include administering first aid, obtaining medical advice or attention and the assessment and monitoring of the person for signs and symptoms of deterioration.
   3. This policy and associated procedures must be read in conjunction with MHA’s Falls Prevention and Risk Management Policy (care homes) and Falls Risk Management Policy (Retirement Living and Day Care).
   4. Regulated services are required to assess the risks to people's health and safety during any care or treatment and make sure that colleagues have the qualifications, competence, skills, and experience to keep people safe:
   * England - Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12: Safe care and Treatment
   * Wales - The Regulation and Inspection of Social Care (Wales) Act 2016, Regulation 21: Standard of Care and Support.
3. Definitions

| Term | Definition |
| --- | --- |
| **Closed Head Injury** | * A closed head injury occurs when there is either a direct injury (for example, blow to the head) or an indirect injury (for example, shaking or deceleration) without penetration of the skull or brain tissue by an object. * The injury causes tearing, shearing, or stretching of the nerves at the base of the brain, blood clots in or around the brain or oedema (swelling) of the brain. |
| **Glasgow Coma Scale**  **(Care Homes with Nursing Only)** | * In people with a head injury, the Glasgow Coma Scale (GCS) is an early assessment of the severity of any associated traumatic brain injury. It is a standardised system used to assess the degree of brain impairment and to identify the seriousness of injury. * The scores in each element of the GCS are summed to give the overall GCS score, which ranges from 3 (unresponsive in all domains) to 15 (no deficits in responsiveness): * Mild traumatic brain injury is a GCS score of **13 to 15.** * Moderate traumatic brain injury is a GCS score of **9 to 12.** * Severe traumatic brain injury is a GCS score of **8 or less.** * Glasgow Coma Scale available as a Nourish interaction |
| **Penetrating Head Injury** | * A penetrating head injury occurs when an object penetrates the scalp and skull and enters the brain or its lining. |

1. Initial Assessment
   1. In all MHA services colleagues MUST dial 999 for the following if any of the risk criteria identified. Some life-threatening injuries - e.g. a Sub-Dural Haematoma - are not immediately obvious and may take time to develop or manifest:
2. A person is prescribed any blood thinning, anticoagulant or antiplatelet medication.
3. Any suspicion of a [skull fracture (bleeding from the ear or nose) or penetrating head injury](http://www.nice.org.uk/guidance/cg176/chapter/recommendations#base-of-open-or-depressed-skull-fracture-or-penetrating-head-injury) or open wound / visible trauma.
4. Unconsciousness or lack of full consciousness - for example, problems keeping eyes open.
5. Any concern about the pupils – i.e., left is different to right, fixed & dilated, no reaction to light etc.
6. A [fall from height or high energy (impact) head injury](http://www.nice.org.uk/guidance/cg176/chapter/recommendations#high-energy-head-injury).
7. Any seizure (convulsion or ‘fit') at the time of the injury.
8. Any suspicion of associated cervical (spinal) involvement such as neck pain or tenderness and / or paraesthesia (pins & needles, loss of feeling) in the extremities –colleagues must notmove the person.
9. Any suspicion of any other associated injury - e.g., fracture - colleagues must not move the person.

**NOTE:** for adults aged 65 or over with the above risk factors a CT scan is recommended within 8 hours of sustaining the injury

1. First Aid
   1. If colleagues have any concerns about a head injury, regardless of the injury severity, they must seek immediate medical advice or dial 999. This is always advisable in Retirement Living and Residential Care Homes.
   2. First Aid must be given in accordance with the most up to date guidelines, MHA colleagues must undertake first aid training and updates as per MHA Policy.
   3. For a minor injury, a cold compress for bruising and applied pressure for bleeding is recommended.
   4. Colleagues must not **-**
   * Move the person if any other injury - e.g., fracture - is suspected.
   * Wash a wound out
   * Remove any protruding objects.
2. Care Homes with Nursing
   1. A Registered Nurse (RN) must complete the Glasgow Coma Scale (GSC) (interaction) and seek medical advice if any of the following criteria apply:
3. GCS less than 15 on initial assessment (or deterioration in GCS if normally < 15)
4. Seizure since the injury
5. Any blurred vision, slurred speech, or deafness since the injury
6. More than one episode of vomiting since the injury
7. History of bleeding or clotting disorders
8. Any amnesia since the injury
9. Any loss of consciousness as a result of the injury
10. Worsening headache not relieved by simple analgesia
11. There are any safeguarding concerns - for example, possible non-accidental injury
12. Irritability or altered behaviour; confused, restless, distressed, easily distracted, not themselves, no concentration, no interest in things around them, emotional.
13. Any previous brain surgery
14. Current drug or alcohol intoxication
15. Continuing concern by the injured person or their family or carer about the injury.
16. Residential Care Homes and Retirement Living
    1. Request immediate medical advice if there is any of the following:
17. Any loss of consciousness as a result of the injury
18. Any headache since the injury
19. Any nausea or vomiting since the injury
20. Memory issues or amnesia (that was not previously apparent)
21. Any blurred vision, slurred speech, or deafness since the injury
22. Current anticoagulant therapy such as warfarin or any history of bleeding or clotting disorders
23. Any previous brain surgery
24. Current drug or alcohol intoxication
25. There are any safeguarding concerns - for example, possible non-accidental injury
26. Irritability or altered behaviour – confused, restless, distressed, easily distracted, not themselves, no concentration, no interest in things around them, emotional.
27. Continuing concern by the injured person or their family or carer about the injury.
28. Monitoring
    1. In Retirement Living and Residential Care Homes, people will be monitored by external professionals. Implement recommendations, for example monitoring frequency, as prescribed by medical professionals.

| Service Type | Actions |
| --- | --- |
| **Care Homes with**  **Nursing** | * Follow the guidance below either at the time of injury or post treatment * Complete Glasgow Coma Scale (GCS) take appropriate action depending on score.   Observations - Nourish Interactions   * National Early Warning Score (NEWS)/RESTORE2/SBARD * Falls Diary * Diarrhoea and Vomiting * Pulse, respiration and temperature * Blood pressure   Complete daily note and handover sections on interactions,  update Falls Support Plan and Multifactorial Falls Risk  Assessment  Complete Observation Record (paper)  Monitoring Frequency, unless medically instructed at the time of injury or post treatment:   * Half-hourly for 2 hours (total 2 hours) * Then 1-hourly for 4 hours (total 6 hours) * Then 2-hourly for 6 hours (total 12 hours) * Then 4-houry for 24 hours (total 36 hours)   \*\***Upload Head Injury Observation Record to Falls Support Plan (Nourish) within 24 hours of completion** |
| **Residential Care Homes** | Observations - Nourish Interactions   * RESTORE2mini/SBARD * Falls Diary * Diarrhoea and Vomiting   Complete daily note and handover sections on interactions,  update Falls Support Plan and Multifactorial Falls Risk  Assessment  Complete Head Injury Observation Record (paper)  Monitoring Frequency, unless medically instructed at the time of injury or post treatment:   * Half-hourly for 2 hours (total 2 hours) * Then 1-hourly for 4 hours (total 6 hours) * Then 2-hourly for 6 hours (total 12 hours) * Then 4-houry for 24 hours (total 36 hours)   \*\***Upload Head Injury Observation Record to Falls Support Plan (Nourish) within 24 hours** |
| **Retirement Living** | * Commence Head Injury Observation Record frequency will depend on medical professionals advice * Update Mobility and Dexterity support plan, Falls Diary, and Falls Risk Assessment |

1. Reporting
   1. All Falls MUST be reported on RADAR even if no physical harm is suspected or reported. RADAR reports provide essential information and incident analysis which is reviewed within MHA’s governance procedures.
   2. In addition to RADAR reporting colleagues must complete the following:
   3. Individual Falls Diary to monitor patterns of falls such as times of day
   4. If required, notify the Regulator, and / or Safeguarding Team.
   5. If the fall was due to, or in connection with, a work activity (such as a failing in care, faulty equipment, or an environmental hazard) and where a fall results in a hospital visit and treatment for an injury colleagues must refer to the Health and Safety Team for review and potential RIDDOR reporting
   6. If there is a serious injury, death, or concerns about how a fall happened, the manager must carry out a root cause analysis investigation with support from MHA’s safeguarding lead.
   7. Falls from unrestricted windows are classed as a ‘Never Event’ and the manager must investigate and report in accordance with MHA’s Incident Response and Escalation Policy
2. Roles and Responsibilities

| Role | Responsibilities |
| --- | --- |
| **Area Managers** | * Responsible for monitoring falls incidents during prescribed audits and visits * Analyse identified risk areas, trends, and patterns * Act on, and report, poor performance and non-compliance * Review concerns with Managers to identify trends, patterns and any action required to manage risks * Disseminate any policy or procedural changes to respective teams * Monitor external reporting i.e., Safeguarding/Adult protection and regulatory bodies |
| **Home Managers and Scheme Managers** | * Responsible for promoting a culture of excellence in falls prevention and management * Responsible for ensuring all team members involved are aware of this policy and have the required knowledge and skills to deliver the standards expected * Ensure improvements are made where any concerns are identified through audits, monitoring, complaints, and investigations. * Support plan reviews and audits are completed in accordance with MHA’s internal auditing schedules * Support team members to attend relevant training * Provide support and ongoing leadership to promote good practice in the prevention and management of falls * Engage with external professionals, communicating any recommendations to the relevant care teams * Support teams to attend relevant training * Ensure colleagues attend first aid training, risk assessment and support planning training, as required for the role and responsibilities * Report all incidents on RADAR * Submit regulatory notifications as required i.e., safeguarding   Report outcomes of any investigation within Duty of Candour code of practice |
| **Quality Improvement Managers**  **Clinical Support Team** | * Work with operational colleagues to promote and deliver best practice * Provide support for services as requested * Report progress and concerns accordingly |
| **Nurses and Care Teams** | * Remain accountable and responsible for all aspects of their practice, providing a high standard of care and support * Evidence of regular updating and competency in all aspects of falls prevention and management * Make appropriate and timely referrals to external clinical professionals * Make sure that an individual’s specific needs are documented and communicated to colleagues, * Promote effective and documented communication of individual needs with relevant managers, and care teams * Comply with all aspects of this policy and procedural guidance * Complete all records as described within this policy and procedures, reviewing risk assessments and support plans monthly * Highlight any difficulties in understanding and implementing the process and any training requirements |

1. Training and Monitoring
   1. All MHA colleagues involved in supporting individuals with assessed needs in relating to falls to read, understand, and comply with this policy and associated procedures
   2. Managers must arrange for colleagues to complete falls training during their induction and every three years thereafter. Training must be tailored to the type of MHA Service that is being delivered.
   3. Residential services - basic first aid techniques, post falls monitoring and an emphasis on calling for professional help or emergency services will form the basis of training.
   4. Where the service is registered to provide nursing care, nursing staff must be trained to understand and assess -
   * **A**irway (A), **B**reathing (B), **C**irculation (C),
   * **AVPU** (rapid assessment of consciousness) – **A**lert or responds to **V**ocal stimuli, responds to **P**ainful stimuli, **U**nresponsive to all stimuli
   * National Early Warning System/RESTORE2(NEWS)
   * Glasgow Coma Scale (GCS)
   1. Moving and Assisting training should include the identification of possible practical scenarios that might relate to the risk of falls – for example, what to do if a person trips or falls whilst being assisted to walk.
   2. Falls related assessments, support plans and required actions are monitored in accordance with MHA’s internal audit schedules and governance process.
   3. RADAR reportable falls Incidents are monitored and escalated through the systems dashboard with key responsibilities dependent on role.
2. Communication and Dissemination
   1. This policy is disseminated and implemented within all MHA services through MHA’s channels of communication.
   2. Each colleague’s line manager must ensure that all teams are aware of their roles and responsibilities.
   3. This policy will be available to the people we support and their representatives in alternate formats, as required.
   4. Any review of this policy will include consultation with our colleagues, review of support planning, incident reports, quality audits and feedback from other agencies.
   5. Queries and issues relating to this policy should be referred to the Standards and Policy Team [policies@mha.org.uk](mailto:policies@mha.org.uk)
3. Equality Impact Assessment (EIA)
   1. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy, and maternity.
4. Resources
   1. Nourish Interactions
   * Multifactorial Falls Risk Assessment
   * Falls Diary
   * Glasgow Coma Scale (nursing)
   * NEWS2/RESTORE2/SBARD (nursing)
   * RESTORE2mini/SBARD (residential)
   1. MHA policy documents, procedures, and guidance
   * Head Injury Observation Record (form)
   * Falls Prevention and Risk Management Policy
   * Falls Risk Management (Retirement Living and Day care)
   * Medical Emergency Procedure
   * Duty of Candour Policy
   * NEWS/Restore Policy
   * First Aid Policy
   * Incident Response and Escalation Policy
   * Adult Safeguarding Policy
   1. External Resources

* + [Falls in Older People: assessing risk and prevention; 2013 (NICE)](https://www.nice.org.uk/guidance/cg161)
  + [Slips and Trips in Health and Social care, Health and Safety Executive (HSE)](http://www.hse.gov.uk/healthservices/slips/index.htm)
  + [Regulation 12: Safe Care and Treatment; 2023, Care Quality Commission (CQC)](https://www.cqc.org.uk/guidance-providers/regulations/regulation-12-safe-care-treatment)
  + [Orthostatic Hypotension due to autonomic dysfunction: midodrine; 2015 (NICE)](https://www.nice.org.uk/advice/esnm61/chapter/full-evidence-summary)
  + [Measurement of lying and standing blood pressure: a brief guide for clinical staff; 2017, Royal College of Physicians](https://www.rcplondon.ac.uk/projects/outputs/measurement-lying-and-standing-blood-pressure-brief-guide-clinical-staff)
  + [Falls within care homes; Care Inspectorate (Wales)](https://www.careinspectorate.wales/falls-within-care-homes)
  + [RIDDOR – Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013; Health and Safety Executive (HSE)](https://www.hse.gov.uk/riddor/)
  + T[he Regulation and Inspection of Social Care (Wales) Act 2016](https://www.gov.wales/sites/default/files/publications/2024-03/guidance-for-care-home-and-domiciliary-suppliers-2024.pdf)

1. Version Control

| Version | Version Date | Revision Description / Summary of Changes | Author and Review Panel | Next Review Date |
| --- | --- | --- | --- | --- |
| 16 | November 2024 | * Policy and associated documents reviewed, rewritten, transferred to standard template, and formatted. * References and best practice guidance updated * Nourish interactions and procedures updated | Head of Standards & Policy  Senior Nurse Advisor  Clinical Nurse Advisors | November 2026 |