

Date: 17<sup>th</sup> December 2013

Your reference: DLRSS/12/498/13

Our reference: JJ1625

Mr D. L.I. Roberts

HM Senior Coroner

5 D and E Lakeland Business Park

Lamplugh Road

COCKERMOUTH

Cumbria

CA13 0QT

Dear Mr Roberts

**Re: Wilhelmina Isobel Newton - deceased**

Thank you for your letter dated 31st October 2013, enclosing the Regulation 28 report. In Section 6 of this report, you requested Cumbria County Council should conduct a review of the procedures to be followed when a resident is suspected of sustaining a head injury particularly when a person is prescribed medication that affects the blood's ability to clot.

These specific issues have been reviewed and Cumbria Care has drawn up a new Policy that clearly identifies actions to be taken should such an event occur. This document will be cascaded throughout the organisation and to the wider Independent Sector Provider Services via Care Sector Alliance Cumbria. I enclose a copy of the Policy for your reference.

I hope that this reassures you that the issue has been reviewed as you requested, and guidance is now in place.

Yours sincerely



Corporate Director – Adult and Local Services

Enc H4 Head Injuries Policy dated 09/12/13

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Reablement services	OA	OA Residential Care	OA Residential Care	Domiciliary Services	DMH Day Services	DMH Supported Living	DMH Residential Services	EIA
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## H4

# HEAD INJURIES

## POLICY

To ensure staff are aware of their roles and responsibilities if they suspect a service user who may have sustained a head injury

## PROCEDURE

1. If a person is unconscious seek immediate medical advice and administer first aid as appropriate.

2. If the person is conscious, and whether they have full mental capacity or not, try to find out what has happened by asking the following simple questions:

- What has happened?
- Do you hurt anywhere or have any pain?
- Have you banged your head?
- Listen / look out for other signs e.g. confusion, disorientation

3. Where a suspected head injury may have occurred either the GP or out of hour's service should be called for advice.

4. If the individual tells you they are ok, and to sit them in a chair or on the bed, you must follow their instruction. However, where staff have any concerns about the individual, the person must be told that medical advice will be sought.

5. When contacting either the GP, out of hours service or emergency services, staff must specify what medication the service user is on (especially if they are on any Anticoagulants).

6. The individual must be monitored in line with the health and wellbeing checks and medical advice. **All actions**, including who was contacted must, be written on the communication records / daily diaries. The body map must also be completed as soon as possible.

7. Signs that a head injury may have occurred include the following:

- Complaining of a headache
- Complaining of pain
- Shortness of breathe
- Bleeding
- Vomiting
- Becoming unusually sleepy or hard to waken
- Becoming confused or behaviour is unusually out of character
- Becoming fretful or agitated

Date							Amendment
Issue date							09/12/13 P&P

Reablement services	✓	OA Day Care	✓	OA Residential Care	✓	Domiciliary Services	✓	DMH Day Services	✓	DMH Supported Living	✓	DMH Residential Services	✓	EIA	✓
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#### H4

### HEAD INJURIES

- Complaining of blurred vision or double vision
- Having a fit or collapsing

8. If any of the above symptoms occur or if staff have any concerns about the person, the health and wellbeing check must be put in place and Emergency services must be contacted immediately.
9. Remember to follow normal health and safety and manual handling procedures.
10. All appropriate A11 accident forms must also be completed.

Date								Issue date
Amendment								09/12/13 P&P