
YMCA Geelong –Head and Neck Injury Policy



OFFICE USE ONLY

Policy Number	Date Approved	Date Last Amended	Status
YG167-O	03/11/2009 12/07/2016	14/07/2016	APPROVED

YMCA Geelong – Head and Neck Policy

1. INTRODUCTION

YMCA Geelong (“the YMCA”) is committed to providing a safe environment for participants. This policy is designed to provide YMCA staff with guidelines to ensure the safety of participants in their care when dealing with a potential head or neck injury.

Head & Neck Injury Background

The brain is composed of soft tissue and is protected by the skull, which is a strong, outer framework. The strength of the skull is sufficient to protect the head from injury in a minor fall or a light blow to the head. If stronger forces are involved e.g., falling from a height, hitting two heads together or hitting head on a hard surface e.g. concrete, the skull may crack or fracture.

Symptoms & Signs

- Altered conscious state, often deteriorating over time
- Blurred or double vision
- A thumping or pounding headache
- Nausea or vomiting
- Loss of balance and hand-eye coordination
- Altered sensation in the fingers or down one side of the body
- Loss of short-term memory e.g. the memory or recent events
- Noisy breathing
- A slow but strong pulse
- Unequal pupils
- Restlessness and irritability
- Leaking fluid from the nose or one ear

Head injuries can easily mislead by not exhibiting the expected signs and symptoms immediately after the incident.

NB. Patience and understanding are required from parents, friends and staff as an individual who has suffered concussion may suffer for months after a fall with: headaches, tiredness, memory problems and inability to concentrate.

2. POLICY

2.1 Casualty complains of back, neck or head pain:

The following steps describe how to manage a casualty who has suffered head or neck injury on the premises:

2.1.1. Assess the casualty; all injuries reported **MUST** be taken seriously.

- Ask the casualty the following questions:

a) Where does it hurt?

b) What were you doing when you fell?

This question is very important. A good rule of thumb is that if the casualty falls a distance, which is more than their own height, it could mean major head trauma and you should call an ambulance immediately.

c) What did you have for breakfast this morning?

If the casualty cannot tell you anything, which has happened in the morning, then you must call an ambulance immediately.

2.1.2. Check for Symptoms & Signs of neck/head injury

- *Altered conscious state, often deteriorating over time*
- *Blurred or double vision*
- *A thumping or pounding headache*
- *Nausea or vomiting*
- *Loss of balance and hand-eye coordination*
- *Altered sensation in the fingers or down one side of the body*
- *Loss of short-term memory e.g. the memory or recent events*
- *Noisy breathing*
- *A slow but strong pulse*
- *Unequal pupils*
- *Restlessness and irritability*
- *Leaking fluid from the nose or one ear*

If symptoms and signs are NOT present, provide first aid if required. Ensure you fill out an accident report. Continue to monitor the casualty.

2.1.3. Conscious Patient- **DO NOT** move the casualty.

2.1.4 Unconscious Patient or not fully conscious and alert:

- With the help of other staff members roll the casualty (whilst supporting head and neck) onto their back as it may be necessary to start CPR.
- Call for the Duty Manager, **DO NOT** attempt to walk the casualty or carry them to another place.
- If there is any discharge from the ear, place a sterile or clean pad underneath, but do not pack the ear canal.
- Check the, **Airway, Breathing, Circulation** every few minutes and be prepared to begin resuscitation if breathing fails.

2.1.5 If symptoms and signs are present

- Carefully lay the casualty down immediately.
- Follow the Safe Work Practices for a Suspected Spinal Injury.

2.2 Suspected Spinal Injury

2.2.1 If the casualty has fallen from a height higher than their personal height, and landed on their head, then it is procedure to call an ambulance immediately.

2.2.2 Ensure Safe Work Practice for Suspected Spinal Injuries and Safe Work Practice for removal of a patient from the water who has a suspected spinal injury are followed.

2.2.3 Observe the casualty.

- Observe the casualty closely for any change in condition. Note any change in conscious state, breathing and pulse rates and be ready to begin resuscitation if any deterioration occurs.
- Check the pupils of the eyes and note any changes in size or differences in size and reaction to light.
- Check for and treat any other injuries that may have been overlooked.
- Arrange for parents to be contacted and advise them of the accident.
- Treat for shock
- Minimise shock by covering the casualty lightly with clothing or a blanket.
- Stay with the casualty and continue to observe the conscious state, pupils, breathing and pulse rates for any change.

2.2.4 Incident Reporting

- Fill out a MAJOR INCIDENT report form as well as attaining statements from witnesses as soon as possible after the patient has been transported to hospital.
- Follow YG 142-O Incident Reporting Procedure.

- 2.2.5 Complete a risk assessment form:
- Forward the risk assessment to Management within 24 hours for evaluation under the Occupational Health and Safety Policy.

2.3 Notifying Parent/Guardian or Emergency Contact

- 2.3.1 Contact must be made by telephone to a parent/guardian or emergency contact as soon as practical to do so, regardless of the severity. Contact may simply be to inform of the injury and to advise of steps undertaken and the current state of the child/person.

3. DEFINITIONS

Head Injury- a hit, fall, trauma, bump to the head area

Neck Injury- a hit, fall, trauma, bump to the neck area

Suspected Spinal Injury- Where a participant has sustained a hit, fall, trauma, bump to the head or neck area and have signs and symptoms that indicate a suspected spinal injury.

4. SCOPE

This policy applies to all YMCA Geelong Inc. operations.

5. ROLES AND RESPONSIBILITIES

Department/Area	Role/Responsibility
Managers and Co-ordinators	Ensure the policy is adhered to at all YMCA sites. Report any breaches of the policy to the CEO Ensure all staff at each site are trained in the policy.
Health and Safety Officer	Monitor compliance to the policy and ensure managers are aware of their responsibilities.

6. MONITORING, EVALUATION AND REVIEW

The Health and Safety Officer will monitor the implementation of the policy through the incident reporting system. Managers/coordinators and Staff who breach the policy will be counselled as to the correct procedure. Failure to comply may result in disciplinary action.

Policy will be reviewed on a three year basis.

7. SUPPORTING DOCUMENTS (LINKS TO PROCEDURES, LEGISLATION, FORMS, WORK PRACTICES)

YMCA Geelong Safeguarding Children and Young People Policy
Recruitment and Selection Policy

8. DOCUMENT HISTORY

Approved by: CEO

Meeting number and date :01/07/2014

Resolution number: NA

Effective date:03/11/2009

Review date:10/02/2017

Policy Owner: CEO YMCA Geelong

Contact Details policy owner: Ph: 5221 83 44 E: shona.eland@ymca.org.au

Amendment history:

Version	Date	Author	Change Description
V1	09/11/2009	Claire Matthews	Head and Neck Policy
V2	01/07/2014	Shona Eland	Updated to new policy template, added Safe Work Practices for suspected spinal injuries.
V3	03/06/2016	Kimberley Maher	Added Section 2.3.1. to include statement about contacting parent/guardian or emergency contact as soon as practical regardless of severity.
V4	14/07/2016	Rebecca Johnson	Change to Safe Work Instructions for task/activity on page 9 to include reference to 'pool, in confined water and also open water.'

As Adopted by the YMCA Geelong on 12/07/2016



Shona Eland
Chief Executive Officer YMCA Geelong Inc.

SAFE WORK PRACTICE- First aid for a suspected spinal injury

Title of SWP:	First aid for a suspected spinal injury
---------------	---

YG167-O Head and Neck Injury Policy V4 (Approved)
Created: 09/11/2009
Reviewed: 07/07/2014, 03/06/2016, 14/07/2016
Approved: SMT 12/07/2016
Next Review: 07/07/2017

Related equipment / product names:	Spinal Collar/ Towel to immobilise		
Responsible Department:	Duty Manager Newtown Stadium, North Geelong, Bannockburn Recreation Centre, Camp Wyuna		
SWP developed by:			
In consultation with:		Reviewed By:	SMT
Date:		Review Date:	
Date and location of relevant Risk Assessment:	<location of Risk Assessment>		
Level of training required:	First Aid		

Basic Description of Activity / Task:

Treating somebody who has a suspected spinal injury

- Recognise that the person may have a spinal injury. The signs and symptoms are as follows
 - Pain in or near the back
 - Head or neck injuries- bleeding, bruising etc.
 - History- The way they injured themselves may suggest their back may be injured
 - Loss of feeling, movement or strength in any limb
 - Tingling or numbness in any limb
 - Nausea, giddiness and loss of balance
- If there is any doubt treat the patient as though they have a spinal injury
- Check the patients level of consciousness
 - Unconscious- Airways take priority
 - Turn the victim onto their side into the recovery position-If possible have somebody help support the head during this. DO NOT DELAY ROLLING THE PATIENT TO WAIT FOR SOMEBODY TO ASSIST
 - D-R-S-A-B-C-D
 - Conscious
 - Ask the patient to remain still
 - Reassure the patient, try to keep them calm
 - Patient Standing
 - Inform the patient you are about to place your hand on their forehead to assist in keeping them still
 - Place your hand gently on their forehead
 - Call for assistance

If a Spinal Collar is available-

- Get a staff member to bring the spinal collar
- If the patient's head is on an angle do not attempt to fit the collar as you will move the head in doing so
- Measure the patient for a spinal collar from the left hand side
- Fit the collar to the patient from the left hand side
- If the area behind the patient is clear continue with the next steps. Otherwise keep the patient still until the ambulance arrives
- Wait for the ambulance to arrive- Do not apply the strapping

If there is no Spinal Collar available

- Use a towel to immobilise the neck

Safe Work Instructions for task/activity:

Patient Sitting

- Inform the patient you are about to place your hand on their forehead to assist in keeping them still
- Place your hand gently on their forehead
- Call for assistance
- Leave the patient sitting. Do not move them
- Get a staff member to get a spinal collar/ towel
- Respond according to standard lifeguarding procedures
- If the patient's head is on an angle do not attempt to fit the collar as you will move the head in doing so
- Measure the patient for a spinal collar from the left hand side
- Fit the collar/rolled towel to the patient from the left hand side
- First lifeguard leaves their hand on the forehead until the ambulance arrives
 - Patient Laying Down
- Ask the patient to remain still
- Call for assistance
- If it is possible to slide a collar under the neck without moving the head or neck
 - Person 1 places their hand on the patients forehead
 - Person 2 measures the collar from the left hand side
 - Person 2 fits the collar- Be very careful not to move the head or neck. If in doubt do not attempt to fit the collar
 - Keep the patient immobilised and stable until an ambulance arrives
- If it is not possible to fit a collar or the neck is on an angle
 - Person 1 lays behind the patient and applies the full trapezius grip to stabilise the head
 - Keep the patient immobilised and stable until an ambulance arrives
 - In all circumstances once the patient is immobilised and stabilised
 - Keep the patient warm and keep reassuring them
 - Give the patient oxygen therapy at a flow rate of 8 LPM
 - Monitor patient carefully as they can easily go into shock or fall unconscious

Associated Hazards / Controls / Precautions:

Safety to yourself is paramount- Always check for dangers before treating a patient

Instructions for Emergency Situations: (include any Emergency Equipment)

Airways always take priority. If the patient falls unconscious or is not breathing DRSABCD

SAFE WORK PRACTICE- Removal of a patient from the water who has a suspected spinal injury

Title of SWP:	Removal of a patient from the water who has a suspected spinal injury
Related equipment / product names:	Spinal board, spinal collar, spider straps, head blocks, oxygen equipment
Responsible Department:	Program Co-ordinator/ Director – CAMP Wyuna

YG167-O Head and Neck Injury Policy V4 (Approved)
Created: 09/11/2009
Reviewed: 07/07/2014, 03/06/2016, 14/07/2016
Approved: SMT 12/07/2016
Next Review: 07/07/2017

SWP developed by:	
In consultation with:	
Date:	
Date and location of relevant Risk Assessment:	
Level of training required:	

Basic Description of Activity / Task:
Removal of a patient from the water who we suspect has spinal injuries

Safe Work Instructions for task/activity:

Spinal injury can occur in both the pool, in confined water and also open water, example:

- In the pool diving into shallow water
- Out of the pool slipping on the pool deck

We always suspect spinal injury when a person is laying face down in shallow water. Spinal injury can also occur in deep water and out of the water you can find the person in a standing or sitting or laying down position.

Recognise, Immobilise, Stabilise

Step 1: First responder, enters water and with minimal water movement approaches casualty.

Using either a Vice Grip (water waist deep or higher) or Extended Arm Rollover (shallow water), turn the patient face up maintaining the casualty's head and neck in a neutral position.

- If the patient is in deep water and the Responder cannot stand then this additional step will be required
 - Second responder swims to the first responder and tows the lifeguard and patient to shallower water using the lifeguards collar to grip. Once in shallower water continue as normal

Step 2: Second responder, approaches casualty with minimal water movement, checks the patient is breathing (if breathing continue strapping if not remove casualty from water and commence CPR) and with both hands supports casualty's hips keeping them in line with the water.

Step 3: Third responder brings equipment (spinal board, collar, head blocks, straps) enters the water with minimal water movement.

If vice grip rollover was used

Step 4: Responder 3 applies a half lateral head clamp, by placing the left hand on the shoulder (trapezius muscle) then positions the right hand above the ear. When in position instruct responder 1 to release vice grip.

If extended arm rollover was used

Step 4: Responder 3 applies the vice grip to the patient. Responder 1 then applies the half lateral head clamp. Responder 1 and 3 have now effectively changed roles. From now responder 1 will do all roles assigned to responder 3 and responder 3 will do all roles assigned to responder 1

Step 5: Responder 1, measures the casualty's key dimension and selects appropriate size of cervical collar.

Step 6: Responder 1, fits collar to chin then returns to vice grip.

Step 7: Responder 3 after responder 1 is in position, adjusts and tightens collar. Then applies a full lateral head clamp.

Step 8: Responder 1 knifes the spinal board into position.

Step 9: Responder 2, when the board is in position supports the board at the hips to stop it moving around.

Step 10: Responder 1, applies spider straps, shoulder straps, chest, hips, thighs then calves.

Step 11: Responder 1, checks for gaps between the head and spinal board (if needed applies padding) reapplies the vice grip.
If patient is a small child then check for gaps under the torso(if needed applies padding)

Step 12: Responder 3, when responder 1 is ready releases head clamp, and then fits the speed blocks and locks into position and applies strap over the eye brows and chin. When fitted holds the board at the head and responder 1 releases vice grip.

Step 13: Re-check straps,

YG167-O Head and Neck Injury Policy V4 (Approved)

Created: 09/11/2009

Reviewed: 07/07/2014, 03/06/2016, 14/07/2016

Approved: SMT 12/07/2016

Next Review: 07/07/2017

Step14: Move the patient to the edge of the pool in a forward direction.

Step15: Responder 1 and 2 move to the head of the board and Responder 3 to the feet.- This order can be changed so that the strongest person is at the feet or if required get additional staff or patrons to assist and position them accordingly

Step 16: Lift the board evenly and gently place the front edge of the board on the edge of the pool

Step 17: Responder 1 gets out and hold the board still. Responder 2 then gets out

Step 18: Responder 1 and 2 keep their backs straight and using their legs while Responder 3 gets under the feet of the board and does the same, lift the board out of the water and onto the pool deck

Step 19: Put a blanket on the patient and give oxygen therapy at 8 LPM. Monitor the patient and keep calm and reassured until the ambulance arrives

NOTE: special consideration may be required when dealing with children, padding may need to be placed under the torso to keep the head in a neutral position.

Associated Hazards / Controls / Precautions:

Manual handling injuries to staff – always follow training protocols, bend the knees and keep the back as straight as possible

Instructions for Emergency Situations: (include any Emergency Equipment)

Always call '000' for suspected spinal injuries or if the patient lost consciousness even for a brief moment

PPE Required for use:

Other: