



Head Injury

eSafetyLine

When Should You See the Doctor?

Signs of any type of head injury may occur immediately after the injury or develop slowly over several hours. Even if the head looks fine the brain may have been banged against the bones of the skull. When someone has just had a blow to the head, they may not be able to describe what happened, so the first person on the scene should look for clues or ask if anyone witnessed the event. If a head injury has occurred it is always safe to assume that the spinal cord is also involved.

The following are indicators that a less severe head injury has occurred:

- A person has been pushed or knocked to the ground by a hard object but did not lose consciousness
- Vomiting more than one time
- Confusion
- Drowsiness
- Weakness or the inability to walk
- Severe headache

Individuals with these symptoms need to be seen immediately by a doctor but can be taken by car to the closest emergency room.

The following symptoms suggest that the individual may have a serious head injury

- Loss of consciousness, confusion or drowsiness
- Low breathing rate
- Convulsions
- Bruising or swelling at the injury site or a scalp wound
- Fluid drainage from the nose, mouth or ears. It may be clear or bloody.

- Severe headache
- Initial improvement followed by the symptoms getting worse
- Restlessness, clumsiness, lack of coordination
- Slurred speech or blurred vision
- Pupil of the eyes change
- Inability to move one or more limbs

If someone that has received a head injury has one or more of these symptoms, medical attention should be sought immediately by calling 911 or emergency services. This is a situation where you want to fault on the side of caution to prevent any possible long-term or permanent damage.

Discussion Questions

Should everyone that has received a blow to the head seek emergency medical care?

List three symptoms of someone with a head injury that needs emergency medical attention.

MEETING / TRAINING ATTENDANCE ROSTER

COMPANY: _____

_____ SAFETY MEETING

JOB/DEPT: _____

_____ SAFETY TRAINING

DATE: ___/___/_____

TIME: _____

TOPICS ADDRESSED: _____

EMPLOYEE'S SIGNATURES

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYEE SUGGESTIONS AND RECOMMENDATIONS: _____

ACTION TAKEN: _____

Supervisor's Signature

_____/_____/_____
Date

Safety Coordinator's Signature

_____/_____/_____
Date