

**OPERATIONAL GUIDELINES FOR OCCUPATIONAL THERAPY
ASSESSMENT AND TREATMENT OF ADULTS WITH TRAUMATIC HEAD
INJURY ADMITTED/TRANSFERRED OR ATTENDING A&E AT
WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST**

This guidance does not override the individual responsibility of health professionals to make appropriate decisions according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

Introduction

This Occupational Therapy guideline defines the process of intervention in the acute/ post-acute phase of recovery following traumatic head injury. All occupational therapy staff are appropriately trained.

This guideline is for use by the following staff groups :

All Occupational Therapy staff working with head injury patients at Worcestershire Acute Hospitals NHS Trust.

Lead Clinician(s)

Beverley Phillips	Occupational Therapy Clinical Lead T & O
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Laura Biles	Clinical specialist Occupational Therapist-neuro
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Guideline approved by OT Clinical Governance meeting on:	4 th January 2023
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Review Date: This is the most current document and is to be used until a revised version is available	4 th January 2026
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Key amendments to this guideline

Date	Amendment	Approved by:
16/03/2011	Guideline was approved by the Occupational Therapy Clinical Governance Committee	
06/10/2011	Guideline was approved by the Trauma & Orthopaedics Clinical Governance Committee	
02/10/2013	Guideline reviewed with no amendments made	Beverley Phillips
21/10/2015	Document extended for 12 months as per TMC paper approved on 22 nd July 2015	TMC
23/12/2015	<p>Page 3 4.Occupational therapy intervention for Head injury patients. Referred from A&E and A&E observation unit</p> <p>Page 4 Routine follow up referrals for patients suffering from symptoms suggestive of post concussion syndrome following head injury within 7 working days post injury, either by telephone or out-patient appointments.</p> <p>Page 5 Worcestershire community and mental health NHS trust head injury services Worcestershire health care NHS trust</p>	Beverley Phillips
26 th October 2017	Document reviewed with no changes	Beverley Phillips
5 th September 2019	<p>Additional reference to new occupational therapy PDOC guideline</p> <p>Change of referral form for HITs</p> <p>Expanded to include all of Worcestershire Acute hospitals NHS trust</p> <p>Update and review of references</p>	<p>OTclinical governance group 11/9/19</p> <p>Therapy clinical governance 26/9/19</p>
11 th October 2022	<p>Updated references</p> <p>Page 3 removed 3.1 and updated 3.2</p> <p>Updated HITs referral information</p> <p>Removed point 4 and 5 as not applicable now</p> <p>Updated appendix 2</p>	OT clinical governance group 10/11/22

WAHT-T&O-006

It is the responsibility of every individual to check that this is the latest version/copy of this document

INTRODUCTION:

The purpose of these guidelines is to ensure that individuals admitted with head injury in the acute/post-acute phase of recovery to Worcestershire Acute Hospitals NHS Trust are able to receive co-ordinated, timely and appropriate occupational therapy care in accordance with evidence based practice. These guidelines provide a framework to inform and guide best practice.

Head injury for the purpose of this guideline is defined as “any trauma to the head, other than superficial injuries to the face”

This definition is taken from the NICE clinical guideline 2019 Head Injury – assessment and early management.

DETAILS OF GUIDELINE

1. Service Philosophy

To ensure any patient, regardless of age, race, sexual orientation and gender has access to Occupational Therapy services which assess, treat and advise on the problems resulting from traumatic head injury.

2. The Patients

Individuals with head injury may present with minor, moderate or severe problems. These problems may include issues relating to:

- Physical and/or cognitive impairment including post concussional symptoms
- Social and psychological functioning
- Behavioural disturbance or mental health issues
- Difficulty with language and/or communication
- Fatigue

3. Occupational Therapy Intervention for Head Injury Patients on any acute ward.

3.1 The Occupational Therapist will discuss and implement alongside Occupationally focused assessments appropriate cognitive assessments (cognitive assessments, see Appendix 1) and then implement an appropriate acute intervention. Patients who are showing signs of behavioural problems eg agitation, aggression, wandering, may require specialised assessment and discussion with MDT. Occupational Therapy will liaise with nursing staff and medical teams.

For those patients in PDOC (prolonged disorders of consciousness) see separate guideline ‘occupational therapy for profound brain injury resulting in prolonged disorders of consciousness 2020.

3.2 If the Occupational Therapy needs for the inpatients cannot be met within Worcestershire Acute Hospitals Trust, consideration is given to onward referral for longer term rehabilitation or placement. Discussions should take place as a team and include the patient and relatives.

Operational Guidelines for Occupational Therapy Assessment and Treatment of Adults with Head Injury admitted/transferred or attending A&E at Worcestershire Royal Hospital		
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3.3 Appropriate early referrals for onward assessment/treatment should be made to Worcestershire community based rehabilitation team or agencies and out-patient services (Appendix 2) or regional teams if outside of Worcestershire.

Occupational Therapy head injury out patient service (HITs service)

Referrals are accepted from doctors in A&E ,ward staff and MDT. Referrals are to be emailed to wah-tr.hitsreferrals@nhs.net (appendix 3)

Initial assessment will be completed in 7 working days of receiving the referral. Follow up by face to face or telephone appointment as appropriate dependent on the individual's needs.

Intervention may include:

- Reassurance about the length of time it can take for symptoms to subside.
- Advice and practice in the use of strategies to compensate for post-concussion symptoms (eg memory and attention difficulties, activity levels, sleep routines).
- Cognitive assessment
- Advice regarding return to work
- Progress reports will be sent to GP as appropriate, and at the time of discharge from Out-Patient Occupational Therapy.
- Onward referrals will be made as necessary to other services eg Headway and Worcestershire Integrated neuro rehab services.
- Advice regarding return to driving

APPENDIX 1

Standardised Cognitive Assessments

GOAT - Galveston Orientation Amnesia Test
LOTCA - Lowenstein Occupational Therapy Cognitive Assessment
WHIM - Wessex Head Injury Matrix

APPENDIX 2

Occupational Therapy referrals for assessment/treatment to be considered on the patient's discharge

WRH Out-Patient Services –

Occupational Therapy, Worcestershire Acute Hospitals NHS Trust

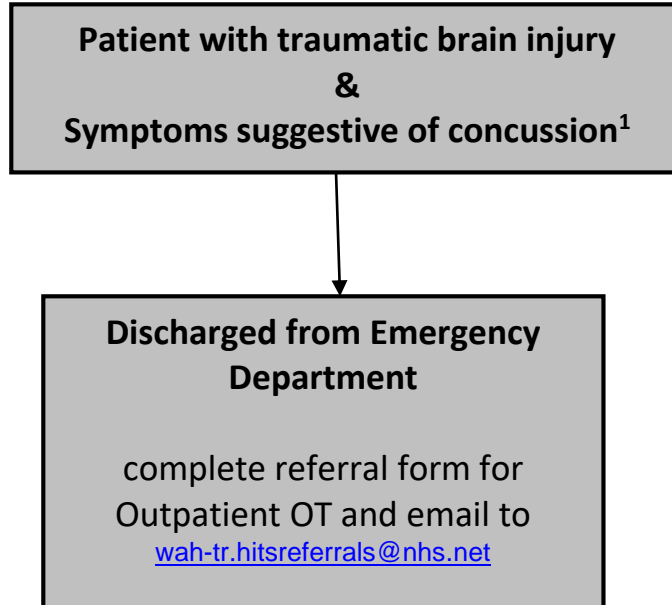
Worcestershire Healthcare NHS Trust –

Worcestershire integrated neuro rehab services

Headway House-

Headway Worcester Trust Ltd, Worcester
(Affiliated to Headway National Association)

Emergency Department referral pathways for the Head Injury Therapy Service (HITS)



Concussion Symptoms				
headache	dizziness	fatigue	irritability	insomnia
	impaired concentration	oversensitivity to light	over sensitivity to noise	impaired memory
	intolerance of stress	intolerance of emotion		

Service Description

The Head Injury Therapy Service (HITS) is able to follow up patients who have presenting symptoms suggestive of post concussion syndrome following their head injury.

The **out patient service** will make initial contact with the patient by telephone.

This service offers assessment for those patients where their head injury symptoms as listed above impact on their ability to complete daily activities for example completing personal care, returning to work and education.

Patients must consent to be contacted by the service and provide a telephone number . Cognitive impairment must be attributable to acute brain injury rather other illnesses such as dementia or stroke.

Head Injury Therapy Service Referral form

To the **Occupational Therapy Dept, WRH** Tel 33714
 A & E referrals to be emailed to wah-tr.hitsreferrals@nhs.net

The following patient attended the Emergency Department (A&E) of the Worcestershire Royal Hospital after sustaining a traumatic brain injury and I feel she / he would benefit from follow-up.

Affix Addressograph label here

the patient has been discharged but may be contacted on the following **telephone number:**

Patient's GP

Date of injury		brief description mechanism injury:			
GCS on admission					
Duration of unconsciousness					
CT Brain	not done	normal	abnormal (describe)		
Past Medical History	depression	anxiety	other		

Symptom duration		Y	N		Y	N
	headache			impaired memory		
	dizziness			impaired concentration		
	fatigue			oversensitivity to light		
	irritability			over sensitivity to noise		
	insomnia			intolerance of stress		
			intolerance of emotion			

Reason for Referral

Additional information

Requesting health professional
 NAME Designation Date

REFERENCES

- BSRM and RCP, 2003, "Rehabilitation following Acquired Brain Injury" National Clinical Guidelines, RCP & BSRM London Publications
- National Institute for Health and Care Excellence, 2019, Head Injury, London NICE
- WAHNSHT 'occupational therapy for profound brain injury resulting in prolonged disorders of consciousness (PDOC)' guideline 2020
- National Institute for Health and Care Excellence 2022. Rehabilitation after traumatic injury, London NICE.

CONTRIBUTION LIST

Key individuals involved in developing the document

Name	Designation
Beverley Phillips	Clinical lead OT
Emma Clayton	Clinical specialist occupational therapist
Charles Docker	Clinical lead Consultant T&O
James France	Consultant A&E
Laura Biles	Clinical specialist occupational therapist

Circulated to the following individuals for comments

Name	Designation
An Vanhyfte	Clinical specialist occupational therapist

Circulated to the following CD's/Heads of dept for comments from their directorates / departments

Name	Directorate / Department
Julie Elliott	Occupational therapy manager (til 2018)
Charlotte Jack	Occupational Therapy manger (2019)
Charles Docker	Consultant orthopaedic
James France	Consultant A&E

Circulated to the following committee's / groups for comments

Committee / Group
Occupational therapy clinical governance group
T&O clinical governance group
Therapy clinical governance group

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;



Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form
Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	x	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	Beverley Phillips
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Details of individuals completing this assessment	Name	Job title	e-mail contact
	Beverley Phillips	Clinical lead OT	Beverley.phillips6@nhs.net
Date assessment completed	19/10/22		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: Operational guidelines for occupational therapy assessment and treatment of adults with traumatic head injury admitted/transferred or attending A&E at Worcestershire Acute hospitals NHS trust		
What is the aim, purpose and/or intended outcomes of this Activity?	The occupational therapy guideline defines the process of intervention in the acute/post acute phase of recovery following traumatic head injury. All occupational therapy staff are appropriately trained.		
Who will be affected by the development & implementation of this activity?	<input type="checkbox"/> Service User <input checked="" type="checkbox"/> Patient <input type="checkbox"/> Carers <input type="checkbox"/> Visitors	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Staff Communities Other _____
Is this:	<input checked="" type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?		
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.)	NICE guidelines		

Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	OT clinical governance group
Summary of relevant findings	Minimal changes to staff job titles, updated NICE guidelines and amendment to referral form.

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		√		
Disability		√		
Gender Reassignment		√		
Marriage & Civil Partnerships		√		
Pregnancy & Maternity		√		
Race including Traveling Communities		√		
Religion & Belief		√		
Sex		√		
Sexual Orientation		√		
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		√		
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		√		

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
	None identified			
How will you monitor these actions?	Clinical lead to oversee implementation of guideline for OT staff involved with this patient group			
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	At the next OT trauma service review			

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer’s etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	Beverley phillips
Date signed	19/10/22
Comments:	
Signature of person the Leader Person for this activity	
Date signed	
Comments:	



Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	no
2.	Does the implementation of this document require additional revenue	no
3.	Does the implementation of this document require additional manpower	no
4.	Does the implementation of this document release any manpower costs through a change in practice	no
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	no
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval