



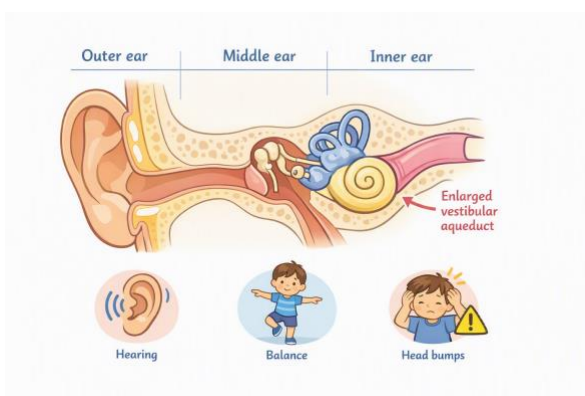
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Guidance for Families and School Staff: Reducing the Risk of Head Bumps for a Child with Enlarged Vestibular Aqueduct (EVA)



This guidance is intended to support a consistent, sensible approach at home and in school for a child with Enlarged Vestibular Aqueduct (EVA). EVA is an inner-ear difference associated with deafness and, for some children, balance difficulties. Some children with EVA may experience changes in hearing after minor head injury, sudden pressure changes, or physical exertion, so reducing avoidable head bumps is important.

Key message

The aim is not to stop the child joining in normal school and family life, but to reduce unnecessary risks of knocks to the head, particularly during play, sport, crowded movement around school, and activities where falls or collisions are more likely.

Why extra care is needed

- EVA affects structures in the inner ear that are involved in hearing and balance.
- Hearing levels in children with EVA can fluctuate or change over time.
- For some children, a head bump or sudden jolt may be followed by a noticeable change in hearing, tinnitus, dizziness, imbalance, or a feeling that things are spinning.
- Prompt action is important if there are any changes after a bump, even if the bump seemed minor.

Practical steps for home and school

- Ensure all relevant adults know that the child has EVA and should avoid head bumps where possible.

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- Plan safe movement around busy areas, such as corridors, cloakrooms, dining halls, playground entrances, and transitions between lessons.
- Encourage calm lining up, safe spacing, and supervised movement during busy times.
- Reduce rough-and-tumble play, pushing games, wrestling, or activities where children may collide head-first.
- Use appropriate protective equipment for activities such as cycling or scootering, following the same safety expectations as for any child.
- Make sure the child can tell a trusted adult immediately if they bump their head or notice any change in hearing, balance, or dizziness.

PE, sport, and playground activities

The child should be supported to participate safely in physical activity wherever possible. Activities should be considered through a simple risk assessment, taking account of the child's age, coordination, balance, confidence, hearing access, and the likelihood of head impact.

- Lower-risk activities may include walking, running games with clear space, dance, swimming with supervision, fitness circuits, non-contact skill activities, and adapted ball games.
- Activities requiring additional caution include football, rugby, hockey, trampolining, climbing, gymnastics, dodgeball, martial arts, or any game where collisions, falls, or balls to the head are more likely.
- Contact sports or high-impact activities should be discussed with the family and relevant health professionals before participation.
- Staff should adapt activities where needed, for example by using softer balls, reducing pace, increasing spacing, avoiding heading balls, or offering an alternative role or activity.

If the child bumps their head

- Follow the school or setting's usual head injury procedure immediately.
- Inform parents or carers the same day, even if the bump appears minor.
- Ask the child, using age-appropriate language, whether their hearing sounds different, muffled, quieter, distorted, or whether they have ringing in the ears.
- Check for dizziness, imbalance, nausea, headache, visual disturbance, unusual tiredness, or difficulty concentrating.
- If there is any change in hearing, balance, dizziness, or other concerning symptom, parents or carers should seek medical advice promptly through the child's audiology, ENT, GP, NHS 111, or emergency services as appropriate.
- Record what happened, including date, time, location, activity, symptoms reported, action taken, and who was informed.

Communication and review

- Agree a named member of staff who will coordinate information and ensure supply staff are aware of the key precautions.
- Include the guidance in the child's individual support plan, healthcare plan, risk assessment, or one-page profile where appropriate.
- Review the guidance after any head bump, change in hearing, change in balance, new medical advice, or transition to a new class or school.

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- Parents or carers should share any updated advice from audiology, ENT, vestibular services, or medical professionals with school staff.

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