

Using the OSU-TBI in a Scottish Prison Population

These notes/guidance on administration of the OSU-TBI are based on research studies on approximately 500 prisoners in Scotland. These notes may be updated from time to time-if you have suggestions contact Professor McMillan [Thomas.mcmillan@glasgow.ac.uk].

- Generally terms the OSU-TBI takes about 5 minutes to complete.
 - There is an intention to provide more general training on the assessment of head injury, triage and its management that is easy to access on the web by the end of 2020.
- 1) Many prisoners report multiple head injuries often in the context of gang/scheme fights or abuse. In these cases it is often useful to begin by asking about repeated head injuries (Step 3), before asking about individual head injuries (Step 1). This can lead to a faster decision about whether the history of head injury is likely to have caused persisting effects.
 - 2) Make clear to the prisoner that a “head injury” is any event associated with a period of time where the individual was dazed, unconscious, and/or had a memory gap - even if impact was to the face. Specify that this includes head injuries that they may consider minor (i.e., being punched in the face or head).
 - 3) Where an individual cannot remember how long they were unconscious, prompt them to approximate; ie was this likely to be more or less than 30 minutes. When drugs and alcohol may have affected their recollection, note this and interpret the likelihood of impairment with caution.
 - 4) Males will often not mention head injuries resulting from domestic incidents (especially partner assault). However, this is not an uncommon cause in male prisoners. It is worth adding a separate prompt when asking about repeated head injuries.
 - 5) Record a single incident where there has been repeated episodes of knocks to the head as a repeated head injury (eg several assaults during a prolonged drinking session).
 - 6) If the individual was in a coma following a head injury and this was medically-induced the brain injury is likely to have been severe
 - 7) If assessing CNS compromise, clarify whether strangulation/choking led to unconsciousness and if so note as potential hypoxic brain injury.