HEAD INJURY GUIDE AND PROCEDURE

Children often bump their heads when engaging in play and exploration and it can be difficult to determine if the injury is considered serious or not. Our Service considers any knock to the head to be assessed as a head injury.

Where a child has received ***any injury*** to the head, no matter how minor, educators or staff must contact the parents/guardian as soon as possible and send a picture through Kindyhub. Educators must be aware that any injury to the head, may develop into a serious incident or injury. The symptoms experienced after a head injury (as detailed below) are used to determine how serious the injury is and to determine the necessary first aid. Close monitoring of children with any head injuries is required until the parent or guardian collects the child from the Service, or they are transferred to hospital. Any injury to the head must be recorded in an *Incident, Injury, Trauma and Illness Record.*

Working in conjunction with the *Administration of First Aid Policy, Incident, Injury, Trauma and Illness Policy, Work, Health and Safety Policy*, this procedure provides detailed steps for educators to follow in the event of a head injury at the service.

Education and Care Services National Law or Regulations (R.12, 85, 86, 87) NQS QA 2: Element 2.1.2, 2.2.1 and 2.2.2 Health practices and procedures
Related Policy: Administration of First Aid Policy; Incident, Injury, Trauma and Illness Policy; Work, Health and Safety Policy

HEAD INJURY TERMS

Head injuries are classified as *mild, moderate or severe.* Many head injuries are mild, and simply result in a small lump or bruise. Mild head injuries may be treated by a staff member/s who hold a first aid qualification, however, if the child is unconscious or has suffered a moderate or severe injury to the head, immediate medical attention must be sought, and emergency first aid procedures implemented.

CONCUSSION – a mild traumatic brain injury that alters the way the brain functions. Effects of concussion are usually temporary, but can include altered levels of consciousness, headaches, confusion, dizziness, memory loss of events surrounding the injury, and visual disturbance.

LOSS OF CONSCIOUSNESS – when a person is unable to open their eyes, speak or follow commands. They have no awareness of stimulation from outside their body and cannot remember the immediate periods before and after the injury.

SIGNS AND SYMPTOMS OF HEAD INJURY

The symptoms experienced straight after a head injury are used to determine how serious the injury is. The information below is a guideline only and confirmation of the severity of a head injury must be made by the staff member trained in first aid and/or emergency services.

MODERATE TO SEVERE HEAD INJURY

If the child has a moderate or severe head injury, they may:

- lose consciousness
- be drowsy and not respond to the voice
- be dazed or shocked
- not cry straight after the knock to the head (younger children)
- be confused, have memory loss or loss of orientation about place, time or the people around them
- experience visual disturbance
- have unequally sized pupils or weakness in their arm or leg
- have something stuck in their head, or a cut causing bleeding that is difficult to stop, or a large bump or bruise on their head
- have a seizure, convulsion or fit
- vomit more than once.

An ambulance must be called immediately if the child has a moderate or severe head injury.

MILD HEAD INJURY

A mild head injury or concussion is when the child:

- may display altered level of consciousness at the time of the injury
- is now alert and interacts with you
- may have vomited, but only once
- may have bruises or cuts on their head
- is otherwise normal.

Parents/carers are advised to seek medical advice if the child has any of the above symptoms of mild head injury or if they develop further symptoms of head trauma. For all head injuries, close observation of the child is required at the Service and once the child has returned home with their parent.

HEAD INJURY TREATMENT WITH FIRST AID

If a casualty is or becomes unconscious, you should also suspect a spinal injury and should treat the casualty as such. This is the standard protocol for head injury first aid:

Follow DRSABCD (Danger, Response, Send for Help, Airway, Breathing, CPR, Defibrillation) Treatment varies for conscious or unconscious casualties		
	CONSCIOUS CASUALTIES	UNCONSCIOUS CASUALTIES
STEP 1	If the patient is conscious and no spinal injury is suspected, place the patient in a position of comfort (usually lying down) with their head and shoulders slightly raised.	If the patient is unconscious and a neck or spinal injury is suspected place the patient in the recovery position, carefully supporting the patient's head and neck, and avoid twisting or bending during movement.
STEP 2	Control any bleeding with direct pressure at the point of bleeding. If you suspect the skull is fractured, use gentle pressure around the wound.	Ensure the patient's airway is clear and open. Keep the patient's airway open by lifting their chin. Do not force if the face is badly injured.
STEP 3	If blood or fluid comes from the ear, secure a sterile dressing lightly over the ear. Lie the patient on their injured side, if possible, to allow the fluid to drain.	Call triple zero (000) for an ambulance.
STEP 4	Seek medical aid	

A casualty with a head injury may vomit, so be ready to turn them onto their side and clear the airway quickly. Support their head and neck through this process, you will need at least one helper to assist. (https://www.stjohnnsw.com.au/secure/downloadfile.asp?fileid=1584566)

WOUND TO THE HEAD (INCLUDING CUTS, GRAZES AND LACERATIONS):

DEFINITION: Wounds such as cuts, grazes (e.g., scrapes or abrasions) and lacerations (e.g., a deep cut or tear of the skin) are a split of the skin caused by an impact of some sort.

FIRST AID TREATMENT FOR WOUNDS

The most important thing to do is to try and stop the bleeding. *If available, put on clean disposable gloves or clean your hands first with hand sanitiser, but do not delay treating the wound if these are not close by*.

- Use a clean, dry cloth to apply pressure directly to the wound
- Apply pressure for five minutes

Thoroughly cleaning the wound will reduce the risk of infection. However, there is no need to use anything other than water as other substances may irritate the injured skin or cause a delay in the wound healing. Antiseptic creams are not recommended and do not help the wound to heal.

	MINOR WOUNDS	MORE SERIOUS WOUNDS
STEP 1	Minor wounds do not usually require any medical attention but can be managed with standard first-aid procedures. After removing pressure, the bleeding should have slowed to a trickle or have stopped altogether. • If bleeding continues, reapply pressure and seek urgent medical attention. If this is not possible call the ambulance. • If bleeding has stopped or slowed, rinse the wound and surrounding area with water. If you can see any dirt or debris in the wound, use tweezers (cleaned first with hot water, alcohol swabs or sanitiser lotion) to remove any particles. If there is dirt or debris you can't remove, the child should seek medical attention. Very small amounts of dirt are OK in grazes. • Cover the wound with a dressing (e.g., Band-Aid) or a small bandage. This will help to keep the wound clean and will protect the area from further knocks as it heals. Keeping the wound covered also keeps the wound moist, which aids healing.	As with minor wounds, try to stop the bleeding by applying pressure to the area. **Contact emergency services on 000 in the following situations.** • there is a large amount of bleeding that does not quickly stop • the wound is very deep or is a deep puncture wound • the cut or laceration is deep and is over a joint (e.g., a knee, wrist or knuckle) • a human or animal bite caused the wound • you cannot get the wound clean • the child has not had a tetanus vaccination within the last five years • the wound is gaping apart, despite controlling the bleeding. It may need closing with glue or stitches. Clean with water, cover the wound. Ensure medical attention is sought as soon as possible. • the wound has something sticking out of it, such as a piece or glass or a stick. Do not try to remove the object. Continue to apply pressure to the wound around the object.
STEP 2	Ensure parents/guardians are contacted as soon as possible, but no later than 24 hours, and provided with information about their child. Ensure the Regulatory Authority is notified within 24 hours if a child is involved in a serious incident, injury, trauma or illness at the Service	

PROCEDURE FOR WOUNDS TO THE HEAD

1	Educators will follow First Aid Procedure for the wound/ injury. Assess if emergency medical attention is urgently required- call 000 for emergency services if required	
2	When a child receives any injury/incident to the head area, educators must notify the child's parent/guardian or emergency contact person as soon as possible and send a photograph to families through Kindyhub. Record time and date of notification to parent	
3	Educators will continue to administer first aid and/or monitor the child until parent/guardian arrives at the Service, or emergency services arrive and take over treatment	
4	Educators will complete *Incident, Injury, Trauma or Illness Record* accurately and in a timely manner as soon after the event as possible (within 24 hours).	
5	Educators will ensure parental acknowledgement of the notification of the incident/injury/trauma is provided on the *Incident, Injury, Trauma and Illness Record*	
6	The Nominated Supervisor will notify the Regulatory Authority within 24 hours of a serious incident if urgent medical attention was required and/or emergency services attended the Service	
7	The Nominated Supervisor will ensure notification to made to SafeWork NSW (or relevant authority) in event of serious injury/incident (Work Health and Safety Laws)	
8	Educators will advise the parent/guardian, that following a serious head injury, the child may return to the Service with a medical clearance and details of activities permitted over a gradual time frame provided by a registered general practitioner.	

CALLING FOR AN AMBULANCE		
1	All staff have a duty of care to contact an ambulance immediately in case of an emergency	
2	**Dial 000** and be prepared to answer the following: • the address of where the ambulance is required and the nearest cross street • the details of the incident/injury • how many people are injured • the child/person's age • the child/person's gender • if the child/person is conscious and • if the child/person is breathing	

3	The call taker may ask additional questions and provide assistance or medical advice depending on the emergency. Staff are to follow these instructions where possible	
4	Where possible arrange for a staff member to meet the ambulance and paramedics at the entrance of the service and take to where the patient is located.	
5	Ensure any medical condition plans, asthma plans, anaphylaxis plans or regular medication are available for the paramedics	
6	Notify paramedics of any allergies or special requirements the patient may have	
7	When practical notify families or next of kin of emergency	
8	Ensure parents/guardians are contacted as soon as possible, but no later than 24 hours, and provided with information about their child.	
9	Ensure the Regulatory Authority is notified within 24 hours if a child is involved in a serious incident, injury, trauma or illness at the Service	

SOURCE

Australian Children's Education & Care Quality Authority. (2014).
Safe Work Australia Legislative Fact Sheets First Aiders
St John Ambulance Australia Emergency First Aid
The Royal Children's Hospital Melbourne (2020). Head injury- general advice
The Royal Children's Hospital Melbourne (2020). Head injury- return to school and sport
The Royal Children's Hospital Melbourne (2020). Cuts, grazes and lacerations
The Sydney Children's Hospitals network (2020)

REVIEW OF PROCEDURE			
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