



DEALING WITH A HEAD OR FACIAL 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. Kensington Community Children's Co-operative (KCCC) 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. 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 electronically on the Playground App or the Xplor Home App for parents/guardians accurately

Working in conjunction with the *Administration of First Aid Policy, Dealing with a Head or Facial Injury 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.

All references made regarding the head also includes the face

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 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 child is or becomes unconscious, you should also suspect a spinal injury and should treat the child 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	Seek immediate support from leadership/management or another educator	Seek immediate support from leadership/management or another educator
	STEP 2	If the child is conscious and no spinal injury is suspected, place the child 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 child in the recovery position, carefully supporting the child's head and neck, and avoid twisting or bending during movement.
	STEP 3	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 child's airway is clear and open. Keep the child's airway open by lifting their chin. Do not force if the face is badly injured.
	STEP 4	If blood or fluid comes from the ear, secure a sterile dressing lightly over the ear. Lie the child on their injured side, if possible, to allow the fluid to drain.	Call triple zero (000) for an ambulance.
	STEP 5	Seek medical aid	

A child with a head or facial 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	<p>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.</p> <ul style="list-style-type: none"> • 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. 	<p>As with minor wounds, try to stop the bleeding by applying pressure to the area.</p> <p>Contact emergency services on 000 in the following situations.</p> <ul style="list-style-type: none"> • 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 of glass or a stick. Do not try to remove the object. Continue to apply pressure to the wound around the object.
STEP 2	<p>Ensure parents/guardians are contacted as soon as practicable, 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</p>	



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. 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 Record on the Playground App or the Xplor Home App for parents/guardians 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 Record on the Playground App or the Xplor Home App for parents/guardians	
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 WorkSafe Victoria 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: <ul style="list-style-type: none"> 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 parents/guardians 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. (2024).

Safe Work Australia Legislative [Fact Sheets First Aiders](#)

St John Ambulance Australia [Emergency First Aid](#)


The Royal Children's Hospital Melbourne (2023). [Head injury- general advice](#)

The Royal Children's Hospital Melbourne (2021). [Head Injury](#)

The Royal Children's Hospital Melbourne (2023). [Head injury- return to school and sport](#)

The Royal Children's Hospital Melbourne (2020). [Cuts, grazes and lacerations](#)

Murdoch Children's Research Institute (2024). [Head Check App](#)

REVIEW OF PROCEDURE			
Date procedure created	OCTOBER 2024	To be reviewed	OCTOBER 2025
Approved by	Kim Knersch General Manager 	Endorsed by	KCCC Board 28/10/2024
Version Number	V1.10.24		
Procedure Reviewed Date	New Policy Developed		