

HEAD INJURY FIRST AID

In education and care settings

serious problems may not be obvious for several hours after injury



Head injury

includes bruising, bleeding or swelling

DRSABCD



Call 000 (Ambulance) immediately or at any time if

You observe

- high impact event to the head
- bruises or bleeding to head or face
- grabbing or clutching at head
- vomiting
- seizure
- sensitivity to light or noise.

Child reports

- headache
- nausea or feels like vomiting
- blurred vision
- feeling dazed or 'not right'
- neck pain
- knock/blow to the head.

Altered consciousness

- loss of consciousness or responsiveness
- dazed or blank look
- confused or not aware of events
- difficulty remembering.

Altered mobility

- lying motionless or slow to get up
- unsteady on feet, falling over or uncoordinated
- balance problems or dizziness
- movement unusual for this child.

Contact parent to advise ambulance has been called.

Staff member to travel with child or young person in the ambulance. The staff member should remain with the child until a parent or emergency contact arrives at the hospital. This will need to be managed to ensure appropriate supervision for other children or young people.



Administer first aid

- reassure
- bandage or adhesive dressing (if necessary, for a minor wound)
- maintain body temperature by covering with blanket, if required



Contact parent

to collect and advise to seek an assessment by a health professional
continue to monitor for red flags

Developed by the Interagency First Aid Working Group (a collaboration with the Department for Education, the Department for Health and Wellbeing Women's and Children's Health Network, the First Aid Industry Alliance, the First Aid Industry Reference Committee, Surf Lifesaving SA, Australian Red Cross SA, St Johns Ambulance Australia SA Inc., Firstaidpro, and Healthcorp Australia) June 2021.

