




Incident, Injury, Trauma and Illness Policy

	<p>WHAT are we talking about in this document? This policy is related to the safety and wellbeing of children and educator’s responsibilities.</p>
	<p>WHO is this for? This policy applies to children, families, staff, management and visitors of the service.</p>
	<p>WHY do we need this policy? This policy has been established to ensure clear lines of action are identified to effectively manage an event involving children. Our Philosophy Core Value ‘The Whole Child’ discusses supporting children in many ways and meeting their needs in many ways- this is one of the ways we support children.</p>

Key Terms (See Last Page)

THE IMPORTANT STUFF

- All incidents, injuries and illnesses must have an incident form completed that is signed by the parent/guardian as soon as practical
- Children must not attend the service if Staying Healthy Guidelines direct exclusion
- *Any child with two or more very loose bowel movements or vomiting will be sent home and may be excluded until receiving a written clearance from a medical practitioner.*
- Children, educators and staff with infectious diarrhoea and/or vomiting will be excluded until the diarrhoea and/or vomiting has stopped for at least **48 hours**.
- Parents/Guardians, emergency contacts/authorised nominees must receive a Head Injury Information Form if signing an incident form for a head injury – [click link for form](#)

Our Service implements risk management planning to identify any possible risks and hazards to our learning environment and practices. Where possible, we have eliminated or minimised these risks as is reasonably practicable. We are committed to minimise the spread of infectious diseases such as coronavirus (COVID-19) by implementing recommendations provided by the Australian Government- Department of Health and Safe Work Australia.

Our Service implements procedures as stated in the Staying healthy: *Preventing infectious diseases in early childhood education and care services* (Fifth Edition) developed by the Australian Government National Health and Medical Research Council as part of our day-to-day operation of the Service.

We are guided by explicit decisions regarding exclusion periods and notification of any infectious disease by the *Australian Government- Department of Health* and local Public Health Units in our jurisdiction under the Public Health Act.

All incidents and injuries require an Incident, Injury, Trauma and Illness Record to be completed, even if first aid was not administered. Any injury above the shoulders requires parent/guardian/authorised nominee notification as soon as practical that day. For more information see the Administration of First Aid Policy.

Observing and recording signs of illness, injury and incident procedure.

When a child is showing symptoms of illness or injury an Incident/Injury/Illness/Pre-existing Injury form is used to record observations and response.

Track observations of the child’s symptoms on the form, including temperature, physical appearance and other symptoms such as vomiting and diarrhoea.

Family must be notified within 24 hours and are required to sign the bottom of the form.

Complete the child sent home form in the office, if required.

IDENTIFYING SIGNS AND SYMPTOMS OF ILLNESS

Early Childhood Educators and Management are not doctors and are unable to diagnose an illness or infectious disease. To ensure the symptoms are not infectious and to minimise the spread of an infection medical advice may be required to ensure a safe and healthy environment.

Children who appear unwell at the Service will be closely monitored and if any symptoms described below are noticed, or the child is not well enough to participate in normal activities, parents or an emergency contact person will be contacted to collect the child as soon as possible.

A child who is displaying symptoms of a contagious illness or virus (vomiting, diarrhoea, fever) will be moved away from the rest of the group and supervised until he/she is collected by a parent or emergency contact person.

Symptoms indicating illness links:

<https://www.healthdirect.gov.au/symptoms-of-serious-illness-in-babies-and-children>

<https://www.nhmrc.gov.au/file/17235/download?token=iETkdtRY> (Staying Healthy: Preventing infectious diseases in early childhood education and care services 5th edition)

Keiki Early Learning reserves the right to refuse a child into care if they:

- Are unwell and unable to participate in normal activities or require additional attention
- Have a temperature/fever
- Have had vomiting in the last 24 hours
- Have had diarrhoea in the last 48 hours
- Have been given medication for a temperature prior to arriving at the Service
- Have an illness that [Staying Healthy guidelines](#) directs that a child should stay home (be excluded) or
- If we have reasonable grounds to believe that a child has a contagious or infectious disease (this includes COVID-19)

High Temperatures or Fevers

Key things to remember about a fever or high temperature:

- The normal temperature for a child is up to 38.0°C
- A high temperature (fever) is 38°C or above and if a child is experiencing a high temperature with or without additional symptoms, they must be collected by a parent/guardian or authorised nominee.
- If the child is less than 3 months old and has a temperature above 38.0°C, contact the child's parent and ask them to take the child to the doctor immediately or request authorisation to seek medical attention. If the parent/guardian or authorised nominee is not contactable and the service will seek urgent medical attention via an ambulance.
- Watch the child and monitor how they are feeling
- Any child with a high fever or temperature reaching 38°C or higher and other symptoms of illness will not be permitted to attend the service until 24 hours after the temperature/fever has subsided and the child is well.

Methods to reduce a child's temperature or fever

- Encourage the child to drink plenty of water, unless there are reasons why the child is only allowed limited fluids
- Remove excessive clothing (shoes, socks, jumpers etc.) Educators will need to be mindful of cultural beliefs. Do not strip the child.
- The child's temperature, time and the staff member's name will be recorded on an Incident, Injury and Illness Form, and the parent/guardian or authorised person will be asked to sign the form on collection of the child. A copy can be taken for the child's medical practitioner.

When a child develops a high temperature or fever at the service

If a child becomes ill whilst at the service, educators will respond to their individual symptoms of illness and provide comfort and care.

- Educators will notify the coordinator who will also check the child's temperature and determine if the child needs to go home.
 - Children with temperatures over 38°C must be collected by a parent/guardian or authorised nominee.
- If the child seems well and is happy, there is no need to treat a fever/high temperature.
- The child will be cared for in an area that is separated from other children in the service to await pick up from their parent/carer.
- If the child is displaying other symptoms of being unwell, the child will not be permitted back for a further 24 hours after the child's last temperature and when they're well.
- Educators will complete an Incident, Injury, Trauma and Illness Form and note down any other symptoms that may have developed along with the temperature (for example, a rash, vomiting, etc.)
 - Temperature checks should take place every 20-30 minutes.
- If the child is less than 3 months old and has a temperature above 38.0°C, contact the child's parent and ask them to take the child to the doctor or request authorisation to seek medical attention. If the parent/guardian or authorised nominee is not contactable and the service will seek urgent medical attention via an ambulance.

Paracetamol Administration

- In the event of a child experiencing a high temperature (fever) of 38°C and over, the Centre Coordinator/Nominated Supervisor will contact the parent/guardian or authorised nominee to collect the child.
- If the parent is more than 20 minutes away from the service, the Centre Coordinator/Nominated Supervisor will ask the parent/guardian or authorised nominee from the enrolment form to send an email providing permission for the Centre Coordinator/Nominated Supervisor to administer paracetamol.
- The Centre Coordinator/Nominated Supervisor/Responsible Person will follow the manufacturer's directions on the paracetamol bottle, complete a medication form and stay with the child until they have been collected.
- Upon collection the parent/guardian or authorised nominee from the enrolment form will sign the medication form.
- Paracetamol must be regularly checked to ensure it is not expired and is stored out of reach of children, following the manufacturer's instructions.

Dealing with colds/flu (running nose)

Colds are the most common cause of illness in children and adults. There are more than 200 types of viruses that can cause the common cold. Symptoms include a runny or blocked nose, sneezing and coughing, watery eyes, headache, a mild sore throat and possibly a slight fever.

Nasal discharge may start clear but can become thicker and turn yellow or green over a day or so. Up to a quarter of young children with a cold may have an ear infection as well, but this happens less often as the child grows older. Watch for any new or more severe symptoms—these may indicate other, more serious infections. Infants are protected from colds for about the first 6 months of life by antibodies from their mothers. After this, infants and young children are very susceptible to colds because they are not immune, they have close contact with adults and other children, they cannot practice good personal hygiene, and their smaller nose and ear passages are easily blocked. It is not unusual for children to have five or more colds a year, and children in education and care services may have as many as 8–12 colds a year.

As children get older, and as they are exposed to greater numbers of children, they get fewer colds each year because of increased immunity. By 3 years of age, children who have been in group care since infancy have the same number of colds, or fewer, as children who are cared for only at home.

Coordinators will send children home if they appear unwell due to a cold. Children can become distressed and lethargic when unwell. Coordinators will assess each individual case prior to sending the child home.

Nominated Supervisors/Centre Coordinators have the right to send home a child if they appear unwell due to a cold or general illness.

Diarrhoea and Vomiting (Gastroenteritis)

Gastroenteritis (or 'gastro') is a general term for an illness of the digestive system. Typical symptoms include abdominal cramps, diarrhoea and vomiting. In many cases, it does not need treatment, and symptoms disappear in a few days. Gastroenteritis can cause dehydration because of the large amount of fluid lost through vomiting and diarrhoea. A person suffering from severe gastroenteritis may need fluids intravenously.

Children, educators and staff with infectious diarrhoea and/or vomiting will be excluded until the diarrhoea and/or vomiting has stopped for at least **48 hours**.

If there are 2 or more confirmed linked cases of gastroenteritis, the Coordinator will report the outbreak to the local health department.

Any child with two or more very loose bowel movements or vomiting will be sent home and may be excluded until receiving a written clearance from a medical practitioner.

Serious Injury, Incident or Trauma

In the event of any child, educator, staff, volunteer or contractor having an accident at the service, an educator who has a current approved First Aid Certificate will attend to the person immediately.

Adequate supervision will be provided to all children.

Procedures as per our Administration of First Aid Policy will be adhered to by all staff.

Regulations require the Approved Provider or Nominated Supervisor to notify Regulatory Authorities within 24 hours of any serious incident at the Service using the NQA IT System.

A serious incident should be documented on an Incident, Injury, Trauma and Illness Form as soon as possible and within 24 hours of the incident.

NQA ITS

Access to the NQA ITS Portal

1. Log in to NQA ITS <https://public.nqaits.acecqa.gov.au/Pages/Landing.aspx>
2. Begin the notification or application by following the directions on NQA ITS and save.
3. Notify the General Manager that you have completed an application or notification and it needs to be checked.
DO NOT SUBMIT UNTIL APPROVED BY GENERAL MANAGER OR OWNER.
4. Once approved, submit the notification.

For more information on how to use the NQA ITS System, visit the following links:

https://www.acecqa.gov.au/sites/default/files/2018-06/National_Quality_Agenda_IT_System_User_Guide_0.pdf

https://www.acecqa.gov.au/sites/default/files/2020-05/NQA_ITS_incident_notifications_help_guide_0.pdf

Trauma

Trauma defines the impact of an event or a series of events during which a child feels helpless and pushed beyond their ability to cope. There are a range of different events that might be traumatic to a child, including accidents, injuries, serious illness, natural disasters, war, terrorist attacks, assault, and threats of violence, domestic violence, neglect or abuse. Parental or cultural trauma can also have a traumatising influence on children. This definition firmly places trauma into a developmental context.

'Trauma changes the way children understand their world, the people in it and where they belong.' [Australian Childhood Foundation 2010] Making space for learning: Trauma informed practice in schools.

Trauma can disrupt the relationships a child has with their parents, educators and staff who care for them. It can transform children's language skills, physical and social development and the ability to manage their emotions and behaviour.

Signs of Trauma in children newborn to 2 years <https://www.betterhealth.vic.gov.au/health/healthyliving/trauma-and-children-newborns-to-two-years>

Signs of Trauma in children 2 to 5 years <https://www.betterhealth.vic.gov.au/health/healthyliving/trauma-and-children-two-to-five-years>

Signs of Trauma in children 5 years and older <https://www.betterhealth.vic.gov.au/health/healthyliving/trauma-and-primary-school-age-children>

Children who have experienced traumatic events often need help to adjust to the way they are feeling. When families, Educators and staff take the time to listen, talk and play they may find children start to tell or show how they are feeling. Providing children with time and space lets them know you are available and care about them.

It is important for Educators to be patient when dealing with a child who has experienced a traumatic event. It takes time to understand how to respond to a child's needs and often their behaviour before parents, educators and staff work out the best ways to support a child. It is imperative to remember a child's behaviour may be a response to the traumatic event rather than just 'naughty' or 'difficult' behaviour. It is common for a child to provisionally go backwards in their behaviour or become 'clingy' and dependent. This is one of the ways children try to manage their experiences.

Educators can assist children dealing with trauma by:

- Observing the behaviours and feelings of a child and the ways you have responded and what was most helpful in case of future difficulties.
- Creating a 'relaxation' space with familiar and comforting toys and objects children can use when they are having a difficult time.
- Having quiet time such as reading a story about feelings together.
- Trying different types of play that focus on expressing feelings (e.g. drawing, playing with play dough, dress-ups and physical games such as trampolines).
- Helping children understand their feelings by using reflecting statements (e.g. 'you look sad/angry right now, I wonder if you need some help?').

There are a number of ways for families, Educators and staff to reduce their own stress and maintain awareness, so they continue to be effective when offering support to children who have experienced traumatic events.

Strategies to assist Families, Educators and Staff may include:

- Taking time to calm yourself when you have a strong emotional response. This may mean walking away from a situation for a few minutes or handing over to another carer or staff member if possible.
- Planning ahead with a range of possibilities in case difficult situations occur.

- Remembering to find ways to look after yourself, even if it is hard to find time or you feel other things are more important. Taking time out helps adults be more available to children when they need support.
- Using supports available to you within your relationships (e.g., family, friends, colleagues).
- Identifying a supportive person to talk to about your experiences. This might be your family doctor or another health professional.
- Accessing support resources – BeYou, Emerging Minds

Living or working with traumatised children can be demanding - be aware of your own responses and seek support from management when required.

The Nominated Supervisor/Centre Coordinator will ensure:

- Service policies and procedures are adhered to at all times.
- Parents or Guardians are notified as soon as practicable no later than 24 hours of the illness, accident or trauma occurring.
- An Incident, Injury, Trauma and Illness Record form is completed accurately and in a timely manner as soon after the event as possible (within 24 hours)
- Parents/guardians are advised to keep the child home until they are feeling well and have not had any symptoms for at least 24-48 hours (depending upon the illness and exclusion periods)
- First Aid Qualified Educators are on shift at all times
- First aid kits are suitably equipped and checked on a monthly basis
- First aid kits are easily accessible and recognised where children are present at the Service and during excursions.
- First aid, anaphylaxis management training and asthma management training is current and updated.
- Adults or children who are ill are excluded for the appropriate period.
- Children are excluded from the service if staff feel the child is too unwell to attend or is a risk to other children.
- Staff and children always practice appropriate hand hygiene.
- Appropriate cleaning practices are followed.
- Mouthed toys are cleaned immediately, and other resources are cleaned on a regular basis.
- Additional cleaning will be implemented during outbreaks of infectious illnesses or viruses
- Educators or Staff who have diarrhoea do not prepare or serve food.
- Kitchen staff keep cold food cold (below 5 °C) and hot food hot (above 60°C) to discourage the growth of bacteria.
- First aid kits are suitably prepared and checked on a regular basis.
- Incident, Injury, Trauma and Illness Forms are completed accurately as soon as practicable following the incident.
- That if the incident, situation or event presents imminent or severe risk to the health, safety and wellbeing of any person present at the Service or if an ambulance was called in response to the emergency (not as a precaution) the regulatory authority will be notified within 24 hours of the incident.
- Families are notified of any infectious diseases circulating the Service within 24 hours of detection.

Educators will:

- Practice effective hand hygiene techniques.
- Ensure that appropriate cleaning practices are being followed in service.
- Clean toys and equipment on a regular basis.

Families will:

- Provide up to date medical and contact information in case of an emergency.
- Provide the service with all relevant medical information, including their child’s medical management plans and health care plans and update the plan annually or whenever the medication/medical needs change
- Adhere to the exclusion periods for their child’s illness.
- Collect children as soon as possible or will arrange someone to collect their child on their behalf if their child is showing symptoms of illness.
- Keep their child home if they are unwell.
- Will provide a medical clearance for their child after being unwell.
- Communicate with the service if their child is unwell, as soon as practical.

FOOTNOTES

Source

<ul style="list-style-type: none"> • Australian Children’s Education & Care Quality Authority. • Guide to the Education and Care Services National Law and the Education and Care Services National Regulations • ECA Code of Ethics. • Guide to the National Quality Standard. • Staying Healthy in Child Care 5th Edition • Raising Children Network – www.raisingchildren.net.au • Australian Government Department of Health Health Topics https://www.health.gov.au/health-topics • Health Direct https://www.healthdirect.gov.au/ • National Health and Medical Research Council. (2012). Staying healthy: Preventing infectious diseases in early childhood education and care services. Fifth Edition (updated 2013). • NSW Public Health Unit: https://www.health.nsw.gov.au/Infectious/Pages/phis.aspx • Policy Development in early childhood setting • Raising Children Network: https://raisingchildren.net.au/guides/a-z-health-reference/fever • Revised National Quality Standard. (2018).

Key Terms

Term	Meaning	Source
Approved first aid qualification	A qualification approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website with content such as: Emergency life support and cardio-pulmonary resuscitation; convulsions; poisoning; respiratory difficulties; management of severe bleeding; injury and basic wound care; and administration of an auto-immune adrenalin device.	National Regulations (Regulation 136)
Approved anaphylaxis management training	Anaphylaxis management training approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website: acecqa.gov.au/qualifications/nqf-approved	National Regulations (Regulation 136)
Approved emergency asthma management training	Emergency asthma management training approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website: acecqa.gov.au/qualifications/nqf-approved	National Regulations (Regulation 136)
Emergency	An incident, situation or event where there is an imminent or severe risk to the health, safety or wellbeing of a person at the service. For example, a flood, fire or a situation that requires the service premises to be locked down.	Guide to the NQF
Emergency Services	Includes ambulance, fire brigade, police and state emergency services.	https://info.australia.gov.au/information-and-services/public-safety-and-law/emergency-services
Hazard	A source of potential harm or a situation that could cause or lead to harm to people or property. Work hazards can be physical, chemical, biological, mechanical or psychological.	https://www.acecqa.gov.au/media/31336
Injury	Any physical damage to the body caused by violence or an incident.	
Medication	Medicine within the meaning of the Therapeutic Goods Act 1989 of the Commonwealth. Medicine includes prescription, over-the-counter and complementary medicines. All therapeutic goods in Australia are listed on the Australian Register of Therapeutic Goods, available on the Therapeutic Goods Administration website (tga.gov.au).	National Regulations (Definitions)

Medical Attention	Includes a visit to a registered medical practitioner or attendance at a hospital.	http://www.acecqa.gov.au/
Medical emergency	An injury or illness that is acute and poses an immediate risk to a person's life or long-term health.	
Minor incident	An incident that results in an injury that is small and does not require medical attention.	
Notifiable incident	Any incidents that seriously compromise the safety, health or wellbeing of children. The notification needs to be provided to the regulatory authority and also to parents within 24 hours of a serious incident. The regulatory authority can be notified online through the NQA IT System.	acecqa.gov.au/newsletters/acecqa-newsletterissue-11-2015 National Law (section 174) National Regulations (Regulation 86)
Serious incident	For the purposes of the definition of serious incident in section 5(1) of the Law, each of the following is prescribed as a serious incident: (a) the death of a child – (i) while that child is being educated and cared for by an education and care service; or (ii) following an incident occurring while that child was being educated and cared for by an education and care service; (b) any incident involving serious injury or trauma to a child occurring while that child is being educated and cared for by an education and care service – (i) which a reasonable person would consider required urgent medical attention from a registered medical practitioner; or (ii) for which the child attended, or ought reasonably to have attended, a hospital; Example: A broken limb. (c) any incident involving serious illness of a child occurring while that child is being educated and cared for by an education and care service for which the child attended, or ought reasonably to have attended, a hospital; Example: Severe asthma attack, seizure or anaphylaxis reaction. (d) any emergency for which emergency services attended; (e) any circumstance where a child being educated and cared for by an education and care service – (i) appears to be missing or cannot be accounted for; or (ii) appears to have been taken or removed from the education and care service premises in a manner that contravenes these Regulations; or (iii) is mistakenly locked in or locked out of the education and care service premises or any part of the premises.	National Regulations (Regulation 12)
Trauma	Is when a child feels intensely threatened by an event he or she is involved in or witnesses	https://www.nctsn.org/what-is-child-trauma/trauma-types/early-childhood-trauma

Education and Training for Educators

- All educators will have access to and have read this policy at employment.
- All educators will hold their first aid certificate
- All educators are supported to know how to complete risk assessments

Related regulations and standards

National Quality Standards (NQS)

Quality Area 2: Children's Health and Safety		
2.1	Health	Each child's health and physical activity is supported and promoted
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.
2.2.3	Child Protection	Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.

Education and Care Services National Regulations

National Regulations	
12	Meaning of serious incident
85	Incident, injury, trauma and illness policies and procedures
86	Notification to parents of incident, injury, trauma and illness

87	Incident, injury, trauma and illness record
88	Infectious diseases
89	First aid kits
97	Emergency and evacuation procedures
161	Authorisations to be kept in enrolment record
162	Health information to be kept in enrolment record
168	Policies and procedures to be kept by service
174	Prescribed information to be notified to Regulatory Authority
176	Time to notify certain information to Regulatory Authority
National Law	
165	Offence to inadequately supervise children
174	Offence to fail to notify certain information to Regulatory Authority
167	Offence relating to protection from harm and hazards

Review & document control

Policy Reviewed	Modifications
3 rd November 2017	Transferred information to new format. Removed information that was required (exclusion periods), added what to do when a child is unwell.
15 th November 2017	Reviewed by owner. Slight change in wording. Checked confirmed cases of Gastro. Two or more LINKED cases-word change. http://ww2.health.wa.gov.au/Articles/N_R/Notification-of-infectious-diseases-and-related-conditions
8th January 2018	Amended Quality Area to NQS changes. Removed Centre Director term and replaced with Coordinator.
15th January 2018	Reviewed by Panel. NO changes to policy recommended. Changes to Forms (see form for details)
20th August 2018	Amendments made to Form. No changes recommended by panel to update policy.
June 2019	Updated onto new format and new Keiki logo added.
June 2020	Added paracetamol information. Colds information updated. Fever information updated. First aid kits more detailed.
June 2021	Checked against COVID policy and information
October 2021	Updated why and added link to philosophy. Removed lists replaced with links. Added key terms. Added educator training. First aid now current approved first aid. Added NQA ITS information. Added policies that link to this policy.
February 2022	Made it clearer regarding temperatures in children

Are you looking at the most recent version of this document?

You can find it at: <https://keikiearlylearning.com.au/policies-and-procedures/>

Warning: uncontrolled when printed. This document was current at time of printing and may be subject to change without notice.

Head Injury Information

This information sheet is for education and general knowledge purposes only. Please consult your doctor or your closest emergency department if your child has experienced head trauma.

As children grow, their head often finds the corners of tables, the ground and too often, their siblings or friends heads (also known as a head butt). Sometimes a bang to the head can cause very severe injury, but in most cases it is just some bruising and pain for a short while.

1 IN THE FIRST 48 HOURS...

You should report to your local doctor or emergency department if any of the following symptoms occur within the first 48 hours:

- Persistent vomiting
- Excessive drowsiness
- Worsening headache
- Severe dizziness
- Unsteady when walking
- Increasing confusion, restlessness and agitation
- Slurred speech
- Convulsion or seizures

2 BRUISES FROM A HEAD INJURY

Small bangs on the head can cause large bruises and large soft swellings. This is because the scalp has a very good blood supply and the bone of the skull is just under the skin, meaning there is 'no' padding to absorb the knock.

Sometimes, the severity of the bruise can be controlled with the application of ice to the site of swelling (if there is no ice, try a packet of frozen veggies such as frozen peas). Make sure you wrap the ice in a damp cloth, do not put something very cold directly on the skin.

The swelling of the area of injury should go down quite quickly, leaving the coloured bruise and a small spot of pain. If the swelling stays, you or your child should seek medical advice.

3 CUTS FROM A HEAD INJURY

Cuts on the scalp will bleed a lot because of the good blood supply in the scalp. Put a clean dressing over the cut and apply pressure to the cut for five or 10 minutes. If the bleeding has not stopped within 10 minutes, it is recommended you seek medical advice. If the cut is longer than 1cm long, the cut may have a quicker and stronger recovery if treated by the doctor or medical department.

4 FOLLOW UP FROM A HEAD INJURY

Some problems can be hard to detect at first but can later result from minor head injury. In the following weeks, make sure you are aware if the following symptoms exist:

- Irritability
- Mood Swings
- Tiredness
- Concentration problems
- Behavioural changes

Source: <https://www.australiawidefirstaid.com.au/head-injuries-correct-response/>