

Le Chéile National School, Limerick.

School First Aid, Accident/Injury Policy

Introduction: This policy was drafted in June 2020 by the Board of management, school staff and parents and applies to all users of the school premises and all school related activities.

Ratification & Review: This policy has been ratified by our Board of Management and will be reviewed regularly.

Signed:

Mary Garvey (Chairperson Board of Management)

Date:

Signed:

Representatives Parent Council

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Purpose

This policy sets out how we at Le Chéile deliver First Aid and the roles and responsibilities of all Staff in administering First Aid.

First aid can be defined as the emergency care and treatment of an injured or ill person before complete medical and surgical treatment can be secured.

The purpose of First Aid is to ensure that any immediate danger and discomfort is alleviated. Any First Aid rendered by the School is intended to be of a temporary nature and to be the minimum level of care. Any further diagnosis or extended care should be passed on to medical professionals. Injuries should be fully examined by Parents/Guardians when children arrive home. This policy aims to ensure that everyone concerned with First Aid, whether practitioner or recipient is kept safe.

Rationale:

The formulation of this policy enables our school to effectively:

- Provide for the immediate needs and requirements of students who have sustained either a serious or a minor injury.
- Ensure that adequate resources and arrangements are in place to deal with injuries/accidents as they arise.
- Ensure lines of communication with parents/guardians are in place if required.
- Activate a known plan of action with which all staff are familiar.

Roles and Responsibilities: The overall responsibility for the day to day management of school supervision /routines rests with the Principal. The class teacher is responsible for classroom supervision and teachers on yard duty are directly responsible for the supervision of pupils at break time. The schools Health and Safety Officer/Fire drill coordinator is Ms. Katherine Madden. The post holder over First aid is Liz Maxwell and the Teacher who supports the staff and pupils in First Aid administration is Ms.Niamh O’Sullivan.

School Ethos: This policy re-enforces the elements of the school mission statement which advocates providing a safe and secure learning environment for each child and ensuring a duty of care at all times when the school is in operation.

Aims/Objectives

- To ensure the physical safety and well being of all staff and pupils
- To develop a framework of procedures whereby all injuries are dealt with in a competent and safe manner To provide training for staff with the effective use of trained staff members and outside expertise so that children have access to proper interventions
- To comply with all legislation relating to safety and welfare at work

Procedures:

Safety of pupils and staff is a priority for the Board of Management, and robust measures have been put in place to ensure no children or staff are put at risk;

- In the school's Safety Statement all hazards are identified and remedial measures are outlined.
- The school is insured under Allianz Insurances and a 24 hour policy, underwritten by Allianz insurances is in place for all children.
- The provision of specialist first aid training for staff will be encouraged by Board of Management.
- Each classroom teacher regularly instructs his/her class on issues relating to safety in the class/yard. Dangerous practices such as climbing trees, climbing goalposts, throwing stones, running fast in the Infant areas, engaging in "horseplay", fighting etc. are subject to severe sanctions (see School Anti-Bullying and Discipline Policies)
- The teacher on yard duty is automatically assisted by others in the case of a serious injury.
- Certain procedures are in place in the event of accidents/dealing with common illnesses and infections/and for intimate care.
- There is at least one teacher and one other adult on yard duty at any one time
A "Red Help Card" system is in place and cards are displayed in classrooms and worn on lanyards by Staff on yard duty. Periodically children are reminded during Assembly about this system and to look out for the location of the cards. The cards should be taken to the nearest adult and the card will tell the receiver where help is required.
- Injuries obtained off-site during school trips will be dealt with as much as possible in the manner outlined in the policy. First Aid kits must be carried by the Teacher/supervising adult whenever they take children off site.
- After School Clubs will follow the same First Aid procedures.

Dealing with Common Illnesses and Infections

- Any child who suffers from diarrhoea or vomiting during the school day will be required to be collected and taken home.
- Any child who has suffered from diarrhoea or vomiting must not return to school until they have been completely clear of symptoms for 24 hours. It is the responsibility of the Parent to ensure that the health and safety of everyone at school is considered when deciding when to return their child to school.
- If a child is found to have live headline, their Parents will be informed by the school office. All of the other children in that class will be given a standard letter from the HSE 'Infection in Schools' manual to take home, asking their Parents to inspect their heads and to treat any infestation accordingly.
- The Parents of any child suspected of having a highly infectious condition will be contacted. If the infection is severe, they will be asked to collect the child. If it is minor they will be asked to seek advice about treatment from their GP.

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- Parents can seek advice from the HSE about other common illnesses and infections. Staff will refer to the 'Infection in Schools' manual kept in the Principal's Office.

Intimate Care

- *Intimate Care is the attending to the needs of children who have wet or soiled themselves either by accident or due to medical or developmental reasons.*
- In instances of soiling, the following guidance should be followed.
- Presently during the Covid pandemic, use of aprons, face masks, visors and gloves while attending to a pupil's care needs. (See guidelines)
- Only a Staff Member to supervise or carry out intimate care.
- Staff must ensure that another colleague is aware that a child's intimate care needs is being supported.
- In line with the School's Child Protection policy Staff should aim to remain potentially visible to colleagues, whilst providing privacy for the child, for example, keep the door slightly ajar.
- Talk to the child throughout, making clear what is happening. If available, a second adult should be asked to support, while always keeping the child's dignity and emotions around the situation in mind.
- The child should be involved as much as possible in his or her own intimate care.
- All classrooms have designated toilets. Other pupils may be directed to use alternative toilets while the intimate care needs of one child are attended to (in order to protect their privacy).
- Protective gloves must be worn. A supply of wet wipes and nappy sacks (for containing soiled clothing) will be kept in the Junior Classrooms.
- Care should be taken to dispose of any soiled wipes, bagged and disposed directly into the nappy bin in the visitor's bathroom.
- Soiled clothing should be placed in a nappy sack /plastic bag and tied firmly for returning to Parents. Spare clothing stored in the downstairs lock-up will be made available for children to change into if necessary
- Every child must be treated with dignity and respect. Privacy should be ensured.
- Allow the child to be as independent as possible, in particular with removing underwear. Support the children in doing all that they can for themselves.
- Sanitary Pads and clean underwear will be available to the Senior Classes.
- If a member of staff has concerns about managing personal or intimate care then they should make these known to the Principal
- Wear gloves when treating cuts

Spillages of a delicate nature

- Spillages of a delicate nature should be treated with 'Sanisorb' or similar cleaning product.
- If necessary and practical, the area should be cordoned off or vacated until it can be cleaned.
- The area should be cleaned with detergent first and then 1% sodium hydrochlorine as per Dept interim guidelines.

Minor Accident/Injury

The injured party is initially looked after by the teacher on yard duty. If deemed necessary, the child will be taken inside to the hall. No medicines are administered but cuts are cleaned with sterile water or sterile normal saline, pressure is applied to wounds bleeding profusely, once bleeding stops, steristrips are applied if required and a sterile gauze and bandages/plasters applied if deemed appropriate. The use of plastic gloves is advised at all times. Parents are notified as a matter of protocol.

More Serious Accidents/Injuries

If considered safe to do so, the injured party is taken inside to the hall and if unsafe the child, adult will not be moved. Parents/guardians are immediately informed, particularly if there is a suspicion of broken bones/head or eye injuries. The child is kept under intense observation until parents /guardians arrive, with the emphasis on making the child as comfortable and as settled as possible. The advice of trained personnel on the staff may be sought if necessary. Wounds will be treated as above.

Children or staff will be observed for breathing and held tilted back to allow for comfortable breathing. If they are breathing normally they will be put in the recovery position if deemed necessary and observed for loss of consciousness. If Loss of consciousness occurs, continue to monitor for breathing and pulse. If breathing ceases, it is necessary to commence CPR. See below for details.

Very Serious Injuries

In the event of a very serious injury, parents/guardians are immediately contacted. If the considered opinion of the staff is that immediate professional help is required, an ambulance is called. On rare occasions the staff may agree that taking the child to Accident & Emergency in a private car is a more prudent option particularly in the case of rapid blood loss. Parents are kept informed of developing situations.

Heart attack

<https://youtu.be/gDwt7dD3awc>

See link above for video on how best to treat a heart attack.

1. Loosen tight clothing around the neck, chest and waist and sit the casualty up, leaning against a pillow /cushion and someone's legs or a wall. Get them to bend their knees. This

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position is excellent for blood flow to the heart. The legs can be slightly raised also with support.

2. Firstly check if the casualty is on angina medication as at times the symptoms of a heart attack and an angina attack are similar. If they have their medication allows them to take it and see if symptoms resolve.

3. If symptoms do not resolve, offer the adult casualty over 16 years of age, aspirin 300mgs and allow them to chew it slowly. In the meantime emergency contacts and families will have been notified. Continue to observe for pulse and breathing. If at any stage the heart attack progresses to cardiac arrest, immediately change the casualty's position to treat the cardiac arrest.

Cardiac arrest treatment (Life saving videos) Very important to watch.

If in the case of a sudden collapse that is accompanied by both loss of consciousness and a cessation of breathing CPR must be commenced immediately. See the links below on best practise for same.

How to treat a cardiac arrest and use our school defibrillator see link below. Ours is a sine heart 250 but is used in the same manner as the heart sine 500

<https://youtu.be/7qM9oLrX-ZE>

Our defibrillator is a Heart sign 250 and is from the same company as the defib shown in this video. Excellent resource to have to give confidence in the use of the defib.

<https://youtu.be/6i3Zi-P4XnM>

CPR link from the Irish heart foundation teaching CPR. Also info for schools to access free training

https://youtu.be/8cN6aDk_uAA

Minor cuts and bruises

In all cases of injury it is understood that there is at least one teacher on yard duty.

- Clean around cuts using sterile water or normal saline and a sterile gauze piece, cleaning from the centre outwards
- Gloves are used at all times to reduce risk of spread of infection
- A check is carried out to locate small bodies which may be embedded in the wound
- Clean wounds with sterile water or normal saline.
- Apply pressure to a cut that is bleeding profusely. When it stops, apply steristrips to close in the wounds.

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- Simple plaster, meopore or sterile gauze and dressing is placed on the wound
- Teacher observation is maintained
- Children are advised to show/tell parents, a note will also be put into the child's journal or a parent informed if serious enough.
- In sports, helmets must be worn

Sprains/Bruises

- In the event of a sprain/bruise, the process of rest, ice, compress and elevate is implemented.
- Parent/s are contacted, as the child may need an x-ray
- Teacher observation is maintained.
- The only time bandage compression will not be carried out is if the child has a bleeding disorder, i.e. Haemophilia as compression prior to clotting factor treatment will cause the internal bleed if there is one to become worse.

Burns/Scalds

- Immediately remove the child from danger
- Cool burnt area with cold running water.
- Remove rings etc. and other tight fitting accessories
- Do not remove objects stuck to skin.
- In the event of a minor burn use a special burn gauze/burneze

Stings/Bites

- Vinegar is used for wasp stings
- Bread soda is used for bee stings
- Place cool wet cloth on the casualty's sore area.
- If case is serious and anaphylaxis occurs, i.e. difficulty breathing, collapse, seek medical advice and act appropriately if advised by administering the adrenaline intramuscularly. This is stored in the first aid box. Parent is informed.

See the link below for how to use the Epipen in the case of anaphylactic shock.

<https://youtu.be/QrueP382UjY>

<https://youtu.be/UugQ5wU6f2A>

Faints and Shocks

- Lie the casualty down
- Raise the legs above the level of the heart
- Loosen any tight clothing
- Ensure there is fresh air
- Keep crowds away
- Reassure casualty when they recover
- Contact parents
- The event is subsequently recorded in the Accident book.

Epilepsy

See link below for care of a child during an epileptic seizure. Our pupils have prefilled syringes of Buccal Medazolam which is even easier to administer than the below syringe that has to be drawn up.

Please keep medication in the class.

Please pass posters and epilepsy information from class to class to follow on with our pupils who have epilepsy.9 Presently Junior infants and Second Class as and from September 2020)

Care

- Put the casualty in a comfortable position on their side away from danger if on the ground, or tilt their head to one side if sitting on a chair. No need to remove off the chair .
- Move any sharp objects or tables or chairs out of the way or crowds of people.
- A Separate staff member can contact parent
- Loosen tight clothing around the neck and remove glasses
- Do not restrain their movements
- Never put a spoon or any other foreign object in a child's mouth during a seizure.
- Time the seizure and if it goes beyond 2 minutes, administer the medication in the buccal cavity of the casualty's mouth by squirting it out of the pre filled syringe. (No needle should be put in the casualties mouth) pre filled syringes do not even require needles.
- Observe the casualty and keep them comfortable as they come around.
- If the seizure lasts longer than 5 minutes contact the emergency services as a further dose of medication may be required to be administered and transfer to hospital may also be required.
- Ensure medication administration and length of seizure/seizures are documented.

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See below links for safe care of a person with epilepsy.

https://youtu.be/nmK_kWYb-Oo

<https://youtu.be/L51odJRrUrE>

Unconsciousness

- Ring for medical help
- Check for breathing, and tilt head back to ensure airway is opened and clear of obstruction. If casualty is breathing, place the child/adult in the recovery position if safe to do so.
- Another staff member can ring for parents /family
- Check for broken bones, neck or back injury
- If subject is not breathing, CPR commences immediately
- If **a heart attack** occurs reassure the casualty and treat as mentioned above. See link below also.

<https://youtu.be/gDwt7dD3awc>

- If cardiac arrest occurs, use of defib that is stored in the secretary's office will need to be attached to the casualty and full CPR and maybe defib shock applied. See instructions in links
- Keep crowds away and ensure plenty of air around the casualty.

Severe Bleeding

- Act instantly-Go,Go,Go
- Contact emergency services and parents immediately

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- Sit or lie the injured party down
- Press down on wound using sterile gauze and sterile pads. Keep pressure on the wound until bleeding stops.
- Lift(if possible) the injured part above the level of the heart
- Put a clean dressing over the wound and secure it firmly with a bandage
- Apply an ice pack for 15 minutes over the dressing to bring down swelling and repeat every 2 hours.
- If blood shows through the dressing, then put another one over the first and bandage it firmly and continue to apply pressure
- Treat for shock and or loss of consciousness if necessary

Resources:

- A first aid press is located in the staff-room leading onto the junior yard. All staff are aware of its location. Each classroom also has a little first aid box. The contents of the staff room first aid press are replenished when deemed necessary by Niamh O'Sullivan All Staff are responsible for filling in their own order for their classroom first aid boxes as they will be aware immediately when their resources run low. An order book/Folder will be available in the main first aid press in the staff room. A tally chart will be formed beside each product requiring to be ordered.

Staff will then write their own name and items ordered in a separate book and once the whole order has been put through by Niamh O' Sullivan staff will collect what was ordered by them when the order arrives in.

- The larger whole school first aid press will contain, sterile water, sterile normal saline, steri-strips, slings, dressings (non adherent sterile gauze pads), disposable gloves, cotton pads, adherent tape, hypoallergenic plasters, bandages, portable ice-packs (stored in Fridge Freezer in kitchenette) for on-site use and Instant Ice Packs for off-site use, sporting events etc. ,scissors, vinegar and bread soda(for stings)

Medicines as listed in the medication administration forms will be stored in this press also.

- Ventolin (Salbutamol)
- Aspirin/Dispirin
- Adrenalin (Epinephron),
- Glucagon

Buccal Medazolam will be locked away and the class with the pupil who has epilepsy will store their pupil's medication in the class for quick access.

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- A small first aid box is located in each classroom, containing gloves, hand sanitizer, cotton swabs, sterile gauze, sterile water and plasters. Teacher is responsible for replenishing stock by method described above.

Record Keeping

All accidents/injuries are recorded in the Accident Report Book which is located in the office.

One Accident Report Book covers all children in the school. Teachers are encouraged to keep a separate copy of the accident report relating to injuries sustained by children in their class in their own class notebook. (I don't know due to GDPR if the form is allowed into the class or indeed if the child's details are allowed in the note book either unless under a code so whatever you think here, you can add, but it is important to keep a copy) The accident report form lists date and time of accident, witnesses, nature of injuries, a brief description of the circumstance of the accident, procedures followed by staff etc. Very serious injuries will be notified to the schools insurers - Special Incident Report Form.

Relevant medical information on all pupils is obtained at time of enrolment. This section asks parents to list allergies and other medical conditions their child may have. (See Medication Policy)

Covid 19

Incident forms to be filled in following a suspected case of covid 19 in the school.

Contact tracing forms to be filled in by any visitors to the school.

Visitor forms to be filled in by all visitors.

Evaluation:

- The success of this policy is measured from set criteria;
- Maintaining a relatively accident free school environment
- Positive feedback from staff, parents, children.
- Continual yard observation of behaviour by all staff engaged in supervision duties
- Monitoring and evaluation at staff meetings
-

Policy on Contacting Parents to meet with emergencies such as accidents or illness

- 1) In the event of a child becoming ill or having an accident of any nature, or any symptom of covid the Teacher is advised to contact the respective parent(s) or guardian(s) by telephone as soon as possible.
- 2) If telephone contact fails the teacher is advised to use the home, school, Community liaison teacher to make contact with the home, when and if practicable, and depending on the availability of the home, school community liaison teacher.
- 3) In the event that either or both of the above guidelines fail to make contact

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with parents or guardians and the teacher feels that the child is not fully recovered from the trauma or illness of the event which necessitated contact with its carer, it is recommended that contact be made with a local social worker through Southill Health Centre at 061 410988 with a view to engaging their services to secure parental contact and ensuring duty of care is executed. Emergency services will of course be contacted too if needs be.

- 4) In the event of illness or accidents teachers are advised that they must exercise their loco parentis in accordance with the judgement of a prudent parent at all times especially in the event of accidents of any nature or illness occurring to a child committed to their care.
- 5) In brief, teachers are advised to see children safely into their parents or guardians (or persons acting on their behalf) care in the event of minor accidents or illness.
- 6) In the event of a child having a serious accident or becoming seriously ill, the Emergency medical services will be summoned.

Procedure used for the administration of first aid in the school.

- All staff act "in locus parentis" at all times and use the judgement of a prudent parent, when administering the necessary first aid to the child in their care. It is the professional duty of all teachers and staff to safeguard the health and safety of pupils in their care at all times.
- Suspected case of Covid
A child or adult showing any symptom of covid will be gently asked to put on a face mask and will be gently guided via the isolation route to the sick bay / kitchenette off the hall. The carer will maintain a 2metre distance and wear a face mask also while reassuring the pupil/adult. The pupil if they feel well enough will colour in a little picture in the sick bay while waiting to be collected . If the sick bay is already in use the child /adult will move to at least a 2metre distance away from the remainder of the class/staff and put on a face mask .their carer will also maintain a 2metre distance from the person with symptoms and put on a face covering.
- In the case of a serious accident every effort is made to contact the child's parent (s) or guardian(s) to inform them of the accident as soon as possible. Each teacher has a databiz record of telephone numbers where parents/ guardians can be contacted and does so accordingly.
- If the situation requires so, the emergency services will be called.
- The whole school first aid supplies are located in the store room in the Special needs unit stock room and are stocked with the necessary first aid.
- There will also be a first Aid box/ bag in each class

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- In the interest of health and safety of staff, disposable gloves are available for use in the first aid box and it is advised that they are used at all times.
- An accident report form, giving details of the accident is required to be filled out by the supervising teacher at the time the accident occurred. This form is signed by the principal and kept on record in the office for future reference.

List of Stocks to be bought, and replenished regularly.

Contents of Larger First Aid press in the staff room

- Dressings (non adherent dressing, sterile gauze pads)
- Sterile water and sterile normal saline.
- Disposable Gloves
- Cotton Pads
- Adherent tape
- Hypoallergenic plasters
- Bandages
- Slings
- Portable ice-packs (stored in Fridge Freezer in Staffroom) for on-site use and Instant Ice Packs for off-site use, sporting events etc.
- Scissors
- Bread Soda.
- Vinegar

Medications

Salbutamol (Ventolin) inhaler

Adrenaline

Glucagon

Aspirin 300mgs/ Dispirin

Note

Buccal Medazolam epilepsy medication will be stored in the 2 pupils own classrooms for quick emergency access

See link above and care plan for caring for the casualty and also administration of the medication.

See separate policy on Medication administration also.

Contents of Class First Aid boxes

- Plasters
- Sterile water
- Disposable gloves
- Cotton swabs
- Hand sanitiser

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Early Start and Junior Infant classes

- Wet wipes
- Nappy sacks

Senior Classes (4th, 5th, 6th)

- Sanitary pads.