

# The Red Door School



## First Aid Policy

**Approved by Board of Management:**

**Next Review Date:**

**Signed:** \_\_\_\_\_

**Chairperson of Board of Management)**

## **Purpose**

This policy sets out how we at The Red Door School deliver First Aid and the roles and responsibilities of all Staff in administering First Aid.

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 first aider or recipient is kept safe.

### **Contents:**

1. Awareness of Medical Needs.
2. Administration of Medicines (separate policy)
3. First Aid
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4. Dealing with common illnesses and infections.
5. Intimate Care (separate policy)
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### **1. Awareness of Medical Needs**

Parents are requested to inform the school via school enrolment form of any medical condition or allergy from which their child may suffer. Relevant information is retained in the office and by the Class Teacher. It is the Parent's responsibility to notify the School of any changes in existing medical conditions.

At the end of each academic year Teachers will pass on relevant medical information regarding children in the handover of classes for the new academic year.

Any medical conditions or allergies will be added to the child's profile on Aladdin and it is the responsibility of the Teacher to familiarise themselves with the condition, the action to be taken if required and the location of inhalers, epi-pens, medication etc.

Any changes or additions to a child's medical condition must be given to the School Secretary and passed onto Teacher as soon as they are known. This is especially important when children with medical conditions join the school within the academic year.

Staff attention will be drawn towards any children with medical conditions via Classroom Meetings and Whole Staff Meetings and a reminder will be posted on Aladdin.

Children with a serious medical condition (such as allergies requiring epipen administration) will have their photographs displayed in the staff room/office, so that staff can become familiar with them (and also displayed on the box/es containing their medication) Illness at School

If a child is taken ill whilst in the classroom, the Teacher will assess the condition of the child and if they feel that the child needs to go home they will arrange for Parents (or other contact as prioritised by the parent in their Aladdin record to be contacted. If a Parent cannot be contacted, a voice mail message will be left. In the event of not being able to contact a parent in an emergency situation, an ambulance will be called.

## **2. Administration of Medicines**

Refer to school policy on administration of medicines

## **3. First Aid**

If a child suffers an injury, it will be assessed by the adult nearest to the child. All adults will be expected to deal with all instances of minor first aid.

### **3.1 First Aid procedures.**

- Disposable surgical gloves must be worn at all times.
- A minor cut will be cleaned by a cotton pad and water.
- Hypoallergenic plasters to be used where bleeding hasn't stopped from applying pressure with cotton pad and to keep the wound clean from infection.
- An ice-pack or cold object will be applied in the event of a head bump.
- In the event of an emergency, if any adult in school is concerned for the health and safety of the child following an injury, they must call 999/112.
- Children will only be taken to hospital by ambulance or directly by their Parents. Staff will not transport children to hospital in their cars.
- Injuries obtained off-site during school trips will be dealt with in the manner outlined above.
- All staff involved in the administration of first aid must ensure to fill in the internal Accident/Incident Reporting Forms.

### **3.2 Location of Equipment**

Below are the First Aid Boxes held on the premises and their locations:

Name	Main First Aid Storage
Location	Student Kitchen in labelled cupboard
Contents	Dressings (non adherent dressing, sterile gauze pads) Disposable Gloves Cotton Pads Adherent tape Hypoallergenic plasters Bandages Scissors Instant Ice Packs

#### Additional First Aid Equipment

Name	Burns Kit	Portable Ice Packs	Travel First Aid Kit
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### **3.3 Informing Parents and Logging Injuries**

- Parents will be informed of minor injuries through note in Communication Diary.
- Where the child is very distressed or the injury is significant, Parents will be informed by phone, usually by the School Secretary or Class Teacher.
- It is the responsibility of the attending adult to decide what a “significant injury.” is They will make a common sense judgement as any responsible Parent would, and take into account the specific needs of the child concerned.
- It is the responsibility of the person who dealt with the injury to gather the facts about how the injury occurred from witnesses, so that they may pass on accurate details to the Parent and complete the relevant Incident Report Form.
- All injuries must be recorded via Incident Report Form. It must also be confirmed via what method the parent was informed.
- When informing Parents by phone, Emergency Contact 1 should be phoned first and a voice message left if it is not possible to speak directly. If the Secretary has not been able to speak directly to Emergency Contact 1, then Emergency Contact 2 should be contacted and a voice message left if necessary. If no contact is made an ambulance is called.

### **3.4 Provision for First Aid & Maintenance of Equipment**

The Travel first Aid kits must be carried by the Teacher/supervising adult for school tours All of the medical supplies will be monitored and replenished as necessary by the First Aid co-ordinator.

All Staff are responsible for alerting the designated First Aid Staff if they become aware that a particular First Aid Kit requires re-supplying.

### **3.5 Designated Responsible First Aid Staff**

The position of First Aid Co-Ordinator and Assistant Coordinator will be assigned to trained First Aid staff members.

The Deputy Principal as designated Safety Officer will ensure that a list of trained First Aid staff will be on display in the Staffroom.

The First Aid Co-ordinator will ensure that the first aid kits are adequately stocked and will report to the DP when items need to be purchased.

**Incidents and accidents that require the attention of a First Aid member of staff.**

-See Appendix 1 for list of injuries requiring assistance of First Aid trained staff member.

- A designated First Aid trained staff will be assigned to each classroom, where possible the designated First Aid staff member will be called upon in the first instance. In instances where designated first aider is not available any first aid trained staff member will provide care.

- In the absence of any first aid trained staff refers to Principal or Deputy Principal.

#### **4. 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 remain out of school until they have been completely clear of symptoms for 48 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 head lice, 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.

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.

#### **5. Intimate Care:**

Please refer to school Intimate Care policy.

#### **6. Spillages of a delicate nature**

- If necessary and practical, the area should be cordoned off or vacated until it can be cleaned.

## 7. Ratification and Review

This policy was adopted by the Board of Management on \_\_\_\_\_

This policy has been made available to school personnel, is otherwise readily accessible to parents on request and is available on the school website. A copy of this policy will be made available to the Department and the patron if requested.

This policy and its implementation will be reviewed by the Board of Management once every 2 years or as necessary in the light of new advice and legislation. A record of the review and its outcome will be made available, if requested, to the patron and the Department.

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_  
(Chairperson of Board of Management) (Principal)

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date of next review: \_\_\_\_\_

Appendix 1

<i>c</i>	<i>Meaning</i>	<i>Recognition</i>	<i>Treatment</i>	<i>SNA</i>	<i>First Aider</i>
C	Contuse wound (bruise)	Bruise	Ice Pack	•	• If head
L	Laceration	Jagged cut	Clean Wound apply sterile dressing		•
I	Incised	Straight cut	Clean Wound apply sterile dressing		•
P	Puncture wound	Hole	Clean wound apply sterile dressing Can be serious if it is deep in that case get further help	•	
G	Graze	Scrape	Clean wound apply plaster	•	
B	Breathing	Laboured	Half sitting position if still breathing otherwise artificial respiration	•	•
B	Bleeding	Direct or Indirect Pressure	Stop bleeding and apply sterile dressing. Send to hospital or GP depending on severity	•	•
B	Burns	Superficial – red Intermediate – Blisters Deep – no pain and charred	Cold water for 10 minutes with minor burns or burn gel until pain is relieved. Remove any jewellery. Seek further medical advice especially with a child. If it forms a large area or blisters appear arrange removal to hospital.	•	•
B	Breaks	S – shock P – pain L – Loss of blood or movement I – Irregularity N – Noise T - Tenderness	Immobilize		•
F	Fainting	Brief periods of unconsciousness Pale face and slow pulse. Cold skin and clammy.	Lie down and raise legs above the level of the heart	•	•
I	Infantile Convulsions	Fitting with high tempature	Reduce temperture, prepare for CPR and get to hospital		•
S	Shock	Pale face with fast pulse	Blanket and reassurance	•	
H	Head Injury	Bruising Confused Slow or fast pulse Flushed or pale face Clear or blood coming from the ear Visible wound	Depends on sign and symptoms and history		•

S	Stroke	Slurred speech. Loss of movement on one side Facial expression changes	Hospital ASAP – The quicker they get to hospital the better the outcome		•
H	Heart Attack	Cyanosis, maybe no breathing, ashen face colour	If breathing laboured half sitting position. If no breathing ABC check and Artificial Respiration and hospital ASAP		•
A	Asphyxia (Lack of Oxygen)	Will hold hand up to throat if there is a blockage	Abdominal thrust if blockage. Provide air if suffocation. To cover ourselves send to hospital and contact home	•	•
P	Poisoning	Evidence of poison	Sips of water and don't let them get sick as it can cause burns on the way up. Get to hospital ASAP	•	•
E	Epilepsy	Fitting	Recovery position and maintain clear airway. Keep an eye on time of seizure. Send to hospital Be prepared for CPR	•	•
D	Diabetics	Appear to have been drinking with an acetone smell to their breath	Look for glucose pen or give sips of Lucozade		•