



Terenure College

First Aid Policy 2019

REVIEW:

This policy will be reviewed every 3 years or as necessary in the light of new advice and legislation.

Signed: Emma S. O'Brien O. Conn.

Principal

Date: 05.03.2019

Signed: Frank J. Kelly

Chairperson of the Board of Management

Date: 05.03.2019

First-aid policy

Purpose

This policy sets out how we at Terenure College 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 further diagnosis or extended care should be passed on to medical professionals.

It is our policy to ensure that appropriate first-aid arrangements are in place for our pupils, staff and any visitors to our premises in accordance with the Safety, Health and Welfare at Work (General Application) Regulations 2007. This includes providing sufficiently trained employees for our needs and maintaining an adequate supply of first aid equipment.

The formulation of this policy enables our school to effectively;

- Provide for the immediate needs and requirements of students and staff who have sustained either a serious or a minor injury
- Ensure that adequate resources and arrangements are in place to deal with injuries/accidents and illnesses 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

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.

Medical Information

- Parents are required to complete the Medical Information Section of the Pupil Profile Form informing the school of any medical condition or allergy from which their child may suffer.
- Relevant information is retained on file in the Medical Room by the School Nurse.
- Staff members are made aware of allergies/medical conditions of pupils in their class at the beginning and throughout the school year.
- It is the Parent's responsibility to notify the School of any new medical conditions or changes in existing medical conditions.
- The School Nurse will familiarise themselves with all pupil's medical conditions, the action to be taken if required and the stock of inhalers, epi-pens, medications required etc.
- All photos and information about pupils with medical conditions will be kept in the Medical Room.
- The School Nurse will inform the Form Master and vice versa, of any relevant, additional medical information received in relation to pupils.

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 supervision duty are directly responsible for the supervision of pupils at break time. The First Aid Officer is Ms Fiona Mac Nally. Fire Drill coordinator is Mr. Jim Healy.

Responsibilities of first-aid personnel

In order to carry out their duties effectively, first-aid personnel including the School Nurse have the following duties and responsibilities.

- Responding promptly to all requests for assistance
- Summoning further help if needed including calling an ambulance
- Looking after the casualty until recovery or further assistance arrives
- Reporting and recording incident and treatment.

Procedures

- If a pupil becomes unwell or injured in class, the teacher can send the pupil, accompanied by another pupil to the School Nurse in the Medical Room.
- If the pupil is very unwell, the teacher can send another pupil to summon the School Nurse to the classroom.
- The School Nurse will observe unwell pupils, recording vital signs such as blood pressure, heart rate, temperature and oxygen saturations, these readings are documented in the pupil's chart.
- Any pupil that presents with a communicable disease will be sent home.
- Any pupil with a very high temperature, neck stiffness or photophobia will be sent home.
- When required the School Nurse will call parents/guardians to arrange collection of the unwell pupil. No pupil will be allowed to travel home unaccompanied. If parents/guardians cannot be contacted a voice mail will be left and the pupil will remain with the School Nurse until contact is made.
- Any medication or treatment that is given to a pupil will be documented in a note which will be sent home.
- If a pupil improves while in the medical room, he will be sent back to class.
- If a pupil requires administration of an Anapen - an ambulance must be called immediately.
- Any pupil who receives a knock to the head or concussion will follow the concussion protocol set out by the I.R.F.U. Coaches will notify parents of any injury/concussion that occurs during training or a match. Coaches must also notify the School Nurse by email of any such injuries.
- Parents must notify the School Nurse or the pupil's Form Master if the pupil sustains a concussion or a serious injury outside of school hours.
- Any pupil that presents to/informs the nurse of a concussion sustained in a sport outside of school activities will have to follow I.R.F.U. concussion protocol and the school nurse will notify coaches and the pupil's Form Master.

- All visits to the Medical Room are recorded on the pupils file held in a locked cabinet in the Medical Room.
- If the School Nurse is not available and the Medical Room is closed all pupils must report to Reception. The Receptionist will either notify the School Nurse, First Aid Personnel or call the pupil's parent/guardian to arrange collection.
- The School Nurse or the on duty First Aid personnel can administer over the counter medicines (OTC's) to pupils whose parents have given authorisation to administer OTC's on the Pupil Medical Section of the pupil Profile Form.
- Should the School Nurse or on duty First Aid personnel consider it necessary to administer OTC's to pupils whose parents have not authorised the School to administer OTCs to the pupil the School Nurse or on duty First Aid personnel will call the parent/guardian to request permission to administer the OTC's.
- Any pupil with an existing medical condition that may require hands on medical attention will have a health care plan to ensure that appropriate care is given under the correct circumstances.
- Parents of pupils with a health care plan must ensure that all medicines to be administered are in the original container, clearly labelled with the pupil's name, dosage and frequency.
- In the event of not being able to contact a parent and it is deemed necessary the School Nurse/ on duty First Aid Personnel will call an ambulance.

Dealing with visitors

It is our policy to offer first-aid assistance to visitors on our premises. Should a visitor feel unwell or have an accident, then the employee supervising their visit should call for first-aid personnel or the School Nurse. All incidents will then be logged in an incident report book.

Pupil with medical needs.

- All parents will have filled out a medical questionnaire on entry to the school. A copy of this form will be kept on file in a locked press in the Medical Room. The school Nurse will have access to this file.
- At the staff meeting prior to the start of the school year, Form Masters will give information about pupils with chronic medical needs. This will be updated during the school year where required. All medical plans will be communicated to school staff regularly during the school year.
- Parents are asked to supply the school with a stock of medication for the pupil including Anapens, blood sugar testing kit, inhalers and other specific medications. These medications will be kept in the Medical Room stored in separate container on an open shelf clearly displaying the pupils name for emergency access if the School Nurse is not available. Access to the Medical Room can be made using a master key. All teachers must ensure they receive a master key from the School Office / Reception.

Dealing with staff members.

It is our policy to offer first-aid assistance to all College staff. Should a member of staff feel unwell or have an accident they should visit the School Nurse or request that another member of staff contact the School Nurse or reception. All incidents will then be logged in an incident report book in the Medical Room.

Serious Injury/Illness

In the event of a serious injury or illness. The School Nurse or First Aid Officer or delegated person at the scene assesses the seriousness of the situation and if deemed an extreme emergency, an Ambulance is called. Reception should then be notified. Also the Principal should be notified as soon as is possible. The Receptionist should arrange for a staff member to meet and direct the ambulance. The School Nurse/First Aid Officer is to stay with the injured/ill pupil/staff member. The parents/guardian/next of kin should be notified. The incident should be written up as soon as the School Nurse/First Aid personnel get a chance. In the event of a pupil being transferred to hospital they should be accompanied by either the School Nurse or another designated member of staff.

Staff Training

- Sports coaching staff will undertake a Safe Rugby first-aid course run by the I.R.F.U., or equivalent, and be re-certified is required.
- IRFU protocol on Concussion must be followed in all circumstances involving concussion. (A copy of which is attached to this guide).
- School trips should be supervised by an adequate number of staff with first-aid training.

Information for staff

First-aid boxes can be found in the following locations throughout the School:

- Home Economics Room
- General Laboratory
- Biology Laboratory
- Physics Laboratory
- Chemistry Laboratory
- Art Room
- Reception
- Woodwork Room
- Caretakers Office
- Groundsmen's Store

- School Canteens
- Swimming Pool
- Gymnasium
- Main Kitchen

These First Aid Kits contain basic first-aid requirements such as gloves, wound wipes, bandages, plasters, gauze and burns gel. If additional equipment is needed the medical room is open until 15:00 every day except Wednesday when it closes at 12:30.

If a pupil vomits or there is a spill of any bodily fluid, spills kits are available in the Medical Room and the Caretakers Office.

The School Nurse will check the First Aid Kits on a regular basis. A member of staff who uses items from the First Aid Kit should inform the School Nurse by email as soon as possible.

First Aid Kit for school trips

There is a first-aid kit for school trips including trips abroad. This bag contains a more comprehensive list of items including scissors, steri-strips, triangular bandages, variety of ambulance dressings, foil sheet, gauze and saline irrigation. This Kit must be taken by a supervising teacher on all school trips. One or more of the School staff supervising a trip must have attended a First Aid course over the immediate two years. The School Nurse must be informed at least one week before the travel date to ensure the First Aid Kit is prepared.

First Aid Kits for Sports Coaches

All sports coaches will be given a first-aid kit which is filled at the start of the year and replenished throughout the season. They have a larger stock of items including, deep heat, deep freeze, 2x slings, foil blanket, mouth guard, ambulance dressings, support bandages, rolls of tape, scissors, ice packs, gloves, gauze, roll of bandages and wound wipes. It is the responsibility of the Coach to monitor and replace items in his/her kit. The School Nurse will replenish items as required. Each Sport's Coach is responsible for maintaining the stock in their First Aid Kit.

AED's (automated external defibrillator)

There are 6 AED's. on the College Campus.

They are located:

- Swimming pool
- Outside upper staffroom
- Crush Hall Door
- Entrance to gym hall
- Under the arches at chapel end.
- Tower stairs end of the 6th Year corridor

AEDs are serviced in-house every month.

Record Keeping

All accidents/injuries must be recorded in the Accident Report Book which is located in the Bursary and a copy attached to the student's file. 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 school's insurers.

Categories of Injury/School Procedures

Minor Cuts and Bruises

- Clean around cuts using antiseptic wipe/cloth, 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
- Plaster, gauze or lint is placed on the wound
- Pupils are advised to show/tell parents/guardians

Sprains/Bruises

- In the event of a sprain/bruise, the process of rest, ice, compress and elevate is implemented
- If in doubt, parent/s are contacted

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

Severe Bleeding

- Act instantly – Tell someone to call 999 and go to Reception to get the School Nurse
- Set or lie the injured party down
- Press down on wound using gloves
- 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
- If blood shows through the dressing then place another one over the first and bandage firmly
- Observe the patient - reassure
- Contact parents
- Record in accident book

Burns/Scalds

- Immediately remove pupil from danger area
- 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

Unconsciousness

- Send someone to Reception to get the School Nurse or call 999
- Check for broken bones, neck, head or back injury
- If patient is not breathing start chest compressions and send someone to get the nearest AED
- If patient is unconscious but breathing put them on their side in the recovery position and observe them closely

Stings/Bites

- Vinegar is used for wasp stings
- Bread soda is used for bee stings
- If case is serious, parent/s are contacted

Dealing with Epilepsy and Seizures

General First Aid for All Seizure Types

The first line of response when a person has a seizure is to provide *general care and comfort* and keep the person safe. The information here relates to all types of seizures. What to do in specific situations or for different seizure types is listed in the following pages. Remember that for the majority of seizures, basic seizure first aid is all that may be needed.

Always Stay with the Person Until the Seizure Is Over

- Seizures can be unpredictable and it's hard to tell how long they may last or what will occur during them. Some may start with minor symptoms, but lead to a loss of consciousness or fall. Other seizures may be brief and end in seconds.
- Injury can occur during or after a seizure, requiring help from other people.

Pay Attention to the Length of the Seizure

- Look at your watch and time the seizure – from beginning to the end of the active seizure.
- Time how long it takes for the person to recover and return to their usual activity.

Stay Calm, Most Seizures Only Last a Few Minutes

- A person's response to seizures can affect how other people act. If the first person remains calm, it will help others stay calm too.
- Talk calmly and reassuringly to the person during and after the seizure – it will help as they recover from the seizure.

Prevent Injury by Moving Nearby Objects Out of the Way

- Remove sharp objects.
- If you can't move surrounding objects or a person is wandering or confused, help steer them clear of dangerous situations, for example away from traffic, train or subway platforms, heights, or sharp objects.

Make the Person as Comfortable as Possible

- Help them sit down in a safe place.
- If they are at risk of falling, call for help and lay them down on the floor.
- Support the person's head to prevent it from hitting the floor.

Keep Onlookers Away

- Once the situation is under control, encourage people to step back and give the person some room. Waking up to a crowd can be embarrassing and confusing for a person after a seizure.
- Ask someone to stay nearby in case further help is needed.

Do Not Forcibly Hold the Person Down

- Trying to stop movements or forcibly holding a person down doesn't stop a seizure. Restraining a person can lead to injuries and make the person more confused, agitated or aggressive. People don't fight on purpose during a seizure. Yet if they are restrained when they are confused, they may respond aggressively.

Do Not Put Anything in the Person's Mouth!

- Jaw and face muscles may tighten during a seizure, causing the person to bite down. If this happens when something is in the mouth, the person may break and swallow the object or break their teeth!
- Don't worry - a person can't swallow their tongue during a seizure.

Make Sure Their Breathing is Okay

- If the person is lying down, turn them on their side, with their mouth pointing to the ground. This prevents saliva from blocking their airway and helps the person breathe more easily.
- During a convulsive or tonic-clonic seizure, it may look like the person has stopped breathing. This happens when the chest muscles tighten during the tonic phase of a seizure. As this part of a seizure ends, the muscles will relax and breathing will resume normally.
- Rescue breathing or CPR is generally not needed during these seizure-induced changes in a person's breathing.

Do not Give Water, Pills or Food by Mouth Unless the Person is Fully Alert

- If a person is not fully awake or aware of what is going on, they might not swallow correctly. Food, liquid or pills could go into the lungs instead of the stomach if they try to drink or eat at this time.
- If a person appears to be choking, turn them on their side and call for help. If they are not able to cough and clear their air passages on their own or are having breathing difficulties, call 999 or 112 immediately.

Call for Emergency Medical Help

- A seizure lasts 5 minutes or longer.
- One seizure occurs right after another without the person regaining consciousness or coming to between seizures.
- Seizures occur closer together than usual for that person.
- Breathing becomes difficult or the person appears to be choking.
- The seizure occurs in water.
- Injury may have occurred.
- The person asks for medical help.

Be Sensitive and Supportive, and Ask Others to Do the Same

- Seizures can be frightening for the person having one, as well as for others. People may feel embarrassed or confused about what happened. Keep this in mind as the person wakes up.
- Reassure the person that they are safe.
- Once they are alert and able to communicate, tell them what happened in very simple terms.
- Offer to stay with the person until they are ready to go back to normal activity or call someone to stay with them.

Asthma Attack

Symptoms - Severe Cough, Wheeze, Shortness of breath, Chest tightness or any combination of these. If someone is having an Asthma Attack - Immediately Follow the 5 Step Rule

1. Get them to take 2 Puffs of their reliever inhaler (usually blue)
2. Sit them down and keep them calm
3. Get them to take slow steady breaths
If there is no improvement go to step 4
4. Adults and children over 6 – Take one puff of their reliever inhaler every minute for 10 minutes (children under 6 take 6 over 10 minutes)

If symptoms do not improve or you are worried – Call 999 or 112

Repeat step 4 if the Ambulance does not arrive within 10 minutes

Diabetes – Hypo – or low blood sugar levels.

One of the most important diabetes-related symptoms that a caretaker must learn to recognise is hypoglycemia, or low blood sugar. If low blood sugar goes untreated, a person may pass out or have seizures. Emergency medical care is critical in this situation.

The first **signs of a hypo** can come on suddenly. They may include: cold sweat, cool pale skin, fatigue, nervousness or tremor, drowsiness, anxious feeling, unusual tiredness and weakness, confusion, difficulty in concentration, excessive hunger, vision changes, headache, nausea or rapid heartbeat. If the pupil experiences any of the symptoms mentioned above he should immediately take sugary food or drink e.g. lollies, biscuits or fruit juice. (Lucozade is available from the fridge in Matrons Room).

If you have any concerns call 999 or 112

Anaphylaxis - Severe Allergic Reaction

If the student has a reaction to something they ate, such as peanuts, it can take anything from a few minutes to two hours for the symptoms to appear. If it was something that entered their skin, such as a sting or an injection, it will usually take between five and 30 minutes.

Allergic reactions can vary in severity. Sometimes they only involve mild itching or swelling, but in some people they can be severe and life-threatening.

Symptoms of anaphylaxis include:

- itchy skin or a raised, red skin rash (hives)
- swollen eyes, lips, hands and feet (angioedema)
- feeling lightheaded or faint
- narrowing of the airways which can cause wheezing and breathing difficulties
- abdominal (tummy) pain, nausea and vomiting
- collapse and unconsciousness

If a pupil shows signs of a severe allergic reaction please have someone call **999 or 112** immediately and if we have medication for the pupil in Matrons room have another teacher get it. Instructions for using the Epi/Anapen will be with the medication in the container.

CONCUSSION

*See attached IRFU Guide to Concussion