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# **First Aid Policy**

## **Introduction**

This policy has been drawn up collectively by the staff. The area of First Aid was initially identified as a priority for discussion in January 2014, and the Deputy Principal arranged for all staff to have access to a basic first aid training seminar which was held at the school on February 18th 2014. It was facilitated by Ms Siobhan Butler, a fully-qualified nurse who specialises in the delivery of First Aid training. Following the seminar, the staff devoted a Croke Park hour to the drawing up of a First Aid Policy.

## **Aims**

The aims of the policy are to clarify the correct procedures for dealing with accidents and incidents requiring medical attention in our school and to communicate these to all staff.

## **Relationship to the Characteristic Spirit of the School**

We believe our school should be a safe and happy place for everyone. To this end, we need to deal with any medical situation, minor or major, calmly, effectively and kindly so that children, staff and the wider school community feel safe and secure while in our school.

## **The Body of the Policy**

A First Aid box is kept on one of the hall window-sills in the corridor, adjacent to the main door leading to the back playground. The box is stocked with hypo-allergenic plasters, sterile water, sterile gloves, cotton wool, pain-relief spray for burns and stings, and scissors. Ice-packs are kept in the freezer compartments of the fridges in the corridor and the staff-room. The Deputy Principal is in charge of restocking the First Aid box and it is the responsibility of all staff members to inform her if supplies of any item are running low.

The safety and care of children rests with the class teacher during class time (from 8:40 am until dismissal at 2:20), and with members of staff who are on playground supervision duty during break-time. If a minor accident requiring medical attention occurs during class time, and the class teacher is the only adult in the classroom, s/he should send for

another teacher (e.g. one of the LSRTs) or SNA and then delegate the duty of examining and treating the child to that member of staff, or alternatively ask him/her to supervise the class for a few minutes while s/he attends to the child. In the case of older children (from 2nd Class up) and a very minor injury, it is appropriate for the teacher to send a child for the First Aid box and treat as necessary.

If a more serious accident or other medical incident occurs in a classroom, the teacher should attend to the child immediately while sending a child or SNA for help. A senior member of staff (Principal or Deputy Principal) should be called to the scene as soon as possible. The duty of care for the child in this instance outweighs any considerations of supervision duty to the other children in the class. Another member of staff may be asked to take the other children out of the classroom and supervise them while the injured or ill child is being attended to, or the child may be taken out of the room to be treated, whichever seems most appropriate in the circumstances.

### **Minor Accidents / Illnesses**

If a minor accident or other medical event occurs in the playground, the child is sent in to the staff-room accompanied by another child. Each teacher has a playground supervision partner who, while not on active duty, is available to treat minor injuries and illnesses. This partner will examine the child and treat as necessary, as follows:

Cuts and abrasions: if very minor, no action. If bleeding, wash with sterile water, pat dry and apply plaster. For deep cuts, clean with sterile water but call parents as further medical attention may be necessary.

Bruising: apply icepack for a few minutes and sit the child on the "popcorn bench".

Bump on the head: as above, but delegate an adult to keep a close eye on the child to observe if s/he is showing signs of concussion - wooziness, feeling nauseous etc. In this case parents should be informed immediately, and if parents cannot be contacted the child should be brought to hospital by a member of staff. If a child loses consciousness an ambulance should be called at once. Parents should always be informed if a child has had a head injury no matter how minor. The class teacher should call them when the injury happens.

Child complains of feeling unwell: teacher will ask the child about his symptoms, suggest the child sit down quietly for a few minutes. Teacher will then use his / her own judgement as to whether to call the parents.

### **More Serious Events**

Fainting: child should be placed in the recovery position and tight clothing loosened. Parents should be called.

**Asthma attack:** most children will have an inhaler in their bag, which they should use if necessary. Parents should be phoned immediately. If no inhaler is available and the child has breathing difficulties, emergency medical aid should be sought.

**Choking:** if normal efforts to dislodge the choking object are unsuccessful and the child is not breathing, the Heimlich manoeuvre may be used while other staff call for emergency medical help. Parents should be called immediately.

**Epileptic seizure:** furniture and other hazards moved away to avoid injury. Child placed in recovery position when the seizure is over and monitored, while medical help is sought and the parents are informed.

**Suspected neck or spinal injury:** child should be immobilised and immediate emergency medical aid sought. Parents should be called immediately.

**Suspected cardiac arrest:** ambulance called and CPR given by a member of staff. If no staff member trained in CPR is available, it is acceptable for an untrained person to give CPR in order to save a life. Parents should be called immediately.

**Anaphylactic shock:** a number of the children have been diagnosed with potentially serious allergies. Their photographs and brief descriptions of their condition are posted on the wall of the staff-room. Oral anti-histamine medicines and epi-pens with doses of intravenous anti-histamines are kept in the stationery cupboard in pigeon-holes labelled with the children's names. If a child suffers anaphylactic shock at any time, a staff member should administer the oral dose immediately and if necessary follow up with an epi-pen injection. Another member of staff should call for emergency medical aid. Parents should also be called immediately. All members of staff have been asked to watch a you-tube video about how to administer the epi-pen injection, and a number of staff members have been shown by a parent.

In all situation involving medical emergencies, staff will abide by the principle that the top priority is to preserve life and limb.

Ratified by the Board of Management on: \_\_\_\_\_

Signed by the Chairperson of the Board of Management:

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