# Saint Fiachra's Senior National School Accidents and the treatment of Injuries to Pupils Policy

#### Rationale

This policy re-enforces the elements of the school mission statement which advocate providing a safe environment for each child.

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 procedures are in place to deal with accidents/injuries as they arise
- Ensure lines of communication with parents/guardians are in place if required
- Provide a common safe approach for the administering of First Aid

#### Aims

- 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 for staff training/development
- To comply with all legislation relating to safety and welfare at work

#### **Context of This Policy**

Safety of pupils and staff is a priority for the Board of Management and robust measures have been put in place to ensure no child or staff member is put at risk:

- A comprehensive School Safety Statement has been prepared by the school community whereby all hazards are identified and remedial measures are undertaken if required.
- The school is insured under Allianz and a 24 hour policy underwritten by Allianz is available to all children. Parents may opt to avail of this policy at the beginning of each school year.
- First Aid Training is provided for staff at regular intervals and is funded by the Board of Management.
- Each staff member is aware of their duty of care towards all pupils. Classroom
  management is directed towards the safety of each child while in the school
  building and in the playground. Teachers frequently inform children explicitly of
  the rules relating to safety during all school activities. Clear instructions are given
  regarding the use of potentially hazardous equipment in art, science or P.E.
  Safety issues are addressed also through the S.P.H.E. programme.

- Pupils are expected to behave at all times with consideration for both their own safety and the safety of others. Failure to do so is dealt with under the school's Code of Behaviour.
- The Board of Management accepts that despite the best efforts of school staff at prevention, accidents can and will happen. On these occasions teachers are expected to exercise the standard of care of a reasonable and prudent parent.
- 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 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.

### **Contact Numbers**

Parents/guardians are asked to provide at least two emergency contact numbers at the start of each school year. It is the responsibility of the parents to ensure these numbers are updated as necessary. These numbers are available at all times in the school secretary's office.

## **Procedures**

- If a child suffers an injury, it will be assessed by the staff member nearest to the child at that time.
- A minor accident or injury is one where a child has received scrape, graze, bump or minor cut to arm, leg or body.
- All staff will be expected to deal with instances of minor first aid in accordance with the treatment procedures outlined below.
- A serious accident or injury is one where child has received injury which may require further treatment. <u>All head or eye injuries</u> are considered to be potentially serious. Severe bleeding and suspected broken bones are serious.
- It is the responsibility of the attending staff to decide whether an injury should be considered 'serious'. They will make a common sense judgement as any responsible parent would, and take into account the specific needs of the child concerned. The assistance of the Post Holder, the class teacher, the Principal or any other staff member should be sought if the injury appears to be serious.
- Procedures for treating specific injuries are outlined below.
- An injured child will be moved indoors for treatment if it is judged safe to do so.
   They will be accompanied by a teacher and two other children.
- If an injury is judged to be serious then the parents/guardians are to be
  contacted immediately and asked to come to the school. Until the parents arrive
  the child is kept under observation. If the considered opinion of the attending
  staff is that immediate professional help is required then an ambulance is called.
  If the ambulance arrives before the parents do then, with the advice of the
  paramedics, a teacher (designated by the principal) will travel in the ambulance
  with the child. Parents are kept informed of the developing situation.

## **Treatment Procedures**

### Minor Cuts and Bruises

- Wearing disposable gloves clean around cuts using cotton pad and water, cleaning from the center outwards.
- Check for any small bodies which may be embedded in the wound.
- Place a plaster on the wound if necessary for comfort or hygiene.

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# Sprains/Bruises

- Ice pack is applied and, if possible the affected area is elevated.
- Teacher observation is maintained
- If in doubt parents are contacted by phone.

## Nose Bleeds

- Do NOT tilt the head back. Have the casualty sit up straight and lean slightly forward.
- Pinch the casualty's nose just below the bridge and apply constant pressure for 5 minutes. If the bleeding hasn't stopped continue treatment for 5 more minutes.
- An icepack may be applied to the back of the neck.
- Seek medical help and contact parents if the bleed does not stop after 10 minutes of pressure.
- Seek medical help immediately if the bleed follows a blow to the head or face.

#### **Head Injuries**

- All head injuries are potentially serious
- Treat as appropriate for either bruising or bleeding
- In addition, observe the child carefully looking out for signs of concussion such as double vision, blurred vision, inability to focus, dizziness, inability to respond appropriately to simple questions, nausea, pallor, clamminess.
- Always contact parents so that they may continue to watch out for signs of concussion.
- If serious contact ambulance

#### Eye Injuries

- All eye injuries are potentially serious.
- If there is something in the eye the eye may be irrigated with sterile water.
- For bruising/ black eye an icepack may relieve pain and reduce swelling.
- If there is cause for concern both eyes should be covered with a loose sterile dressing and medical help should be sought promptly.
- Contact parents

## Stings

- If the sting is still in the skin (eg bee sting) it is important to remove it. Scrape it out carefully with the edge of a card/knife/fingernail.
- Apply an ice pack to reduce inflammation and swelling. The small local reaction (itching and/or swelling) will go away over time.
- If you see signs of a general allergic reaction (swelling of the mouth or lips, difficulty breathing) get medical help urgently. Phone 999 or 112.

## Faints and Shocks

- Place the casualty in the recovery position
- Check vital signs
- Ensure there is fresh air
- Reassure casualty
- Contact parents

#### Burns/ Scalds

- Remove child from danger area
- Cool burnt area with cold running water for at least 10 minutes
- If possible remove rings etc
- Do not remove objects stuck to the skin
- Contact parents/doctor.

#### Severe Bleeding

- Act instantly-GO, Go, Go!
- Send for help
- Apply direct pressure with your hand, a sterile dressing or a lint free cloth. Raise the limb if no other injury is present.
- Do NOT use a tourniquet.
- Do NOT remove an impaled object.
- Do NOT remove a dressing once it has been put in place.
- Treat for shock
- Contact parents
- If very serious contact ambulance

## Unconsciousness

- Send someone to phone ambulance
- Send someone to phone parents
- Check vital signs
- If subject is not breathing commence artificial respiration
- If subject is breathing but you suspect broken bones in neck or back do not move them. Otherwise place the child in the recovery position.

# **Record Keeping**

- All minor injuries/accidents which happen in yard are recorded on the <u>Yard Injury Book</u>. The date, name and room number of injured child, nature of injury, action taken and the signature of the treating adult are entered. The class teacher is informed.
- Minor injuries which happen in class are recorded on the Class Injury Sheet maintained by the teacher. At the end of each school term/year these sheets will be forwarded to the Post Holder for filing.
- Serious injuries are recorded on an <u>Accident Report Form</u>. 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, if necessary, the insurers. The Accident Report Form must be signed by both
  the attending teacher and the Principal. The attending teacher must send a copy
  to the Post Holder for filing.
- Very serious accidents/injuries will also be notified to the school's insurers on the special <u>Incident Report Form</u>. This will be done by the Principal.

## **Informing Parents**

- The class teacher will inform parents of minor injuries through a note in Homework Journal. It is school policy that parents sign the Homework Journal daily thereby ensuring that this note will be seen.
- Where the child is very distressed or the injury is significant, parents will be informed by phone, usually by the School Secretary.
- Parents/guardians are asked to provide at least two emergency contact numbers at the start of each school year. It is the responsibility of the parents to ensure these numbers are updated as necessary. These numbers are available at all times in the school secretary's office.
- 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 will be called if the injury is considered serious.

# **Location of First Aid Resources**

First Aid resources are available for use at all times in the following locations:

Location1: inside the door of Secretary's Office. Back-up Box in Room 2.

Location 2: on the wall outside toilets at Room 15. Back-up Box in Room 15.

<u>Location 3:</u> in the Room 22 in the two-storey building. Back-up Box in the under-counter cupboard in the Staff Room.

Teachers who take children off-site must take a First Aid kit with them.

Four Travel First Aid kits are available for teachers to take with them on school outings. Three Sports First Aid Kits are available for all school sports teams. These kits can be collected from Mrs. Dillon in Room 2 and should be returned after use.

## **Contents of First Aid Kits**

<u>Public kits (Locations 1, 2, & 3):</u> Disposable gloves, Cotton pads, Hypoallergenic plasters (knee and finger sizes)

<u>Back-up boxes</u>: Instant Ice Packs, Hypoallergenic Plasters, Disposable Gloves, Cotton Pads, Sterile Dressings, Triangular Bandages, Absorbent Lint, Bandage Scissors, Resuscitation Device

<u>Travel and Sports Kits:</u> First Aid Guidance Leaflet, Plasters, Gloves, Alcohol Free Wipes, Instant ice packs, Burn Blot, Sterile Dressing.,

Reusable ice-packs are available in the freezer in Room 2.

It is the responsibility of the Post Holder to regularly check supplies, re-order and restock all kits.

#### **Evaluation**

The success of this policy is measured by a set criteria

- Maintaining a relatively accident free school environment.
- Positive feedback from staff, parents and pupils.
- Monitoring and evaluation at staff meetings.

#### Review

This policy was reviewed and updated in August 2018 by Niamh Dillon as Assistant Principal 2 with responsibility for First Aid. It will be reviewed again not later than 2022.