

Brannoxtown CNS

First Aid, Accident and Injury Policy

Brannoxtown Community National School (CNS) is a primary school under Patronage of the Kildare and Wicklow Education and Training Board (KWETB). Brannoxtown CNS opened in September 2018 with a new Principal, Dr. Sarah FitzPatrick. Brannoxtown CNS operates within the regulations laid down by the Department of Education and Skills (DES) and follows the Primary School Curriculum (DES, 1999) which may be amended from time to time, in accordance with Sections 9 and 30 of the Education Act (1998). The Principal and the Board of Management fully subscribe to the principles of partnership, accountability, inclusion, respect for diversity, parental choice and equality, in developing and implementing all school policies.

1. Introduction

This policy on First Aid, Accident and Injury has been developed to support Brannoxtown CNS staff about procedures to follow when an incident happens during the school day. This policy was prepared in accordance with the school's key Child Protection Policies:

- Brannoxtown CNS Child Safeguarding Statement and
- Brannoxtown CNS Child Safeguarding Assessment of Risk of Harm to the Child.

2. Rationale

This purpose of this policy is to specify the appropriate actions for Brannoxtown CNS staff in responding efficiently and effectively to on-site accidents:

- To provide for the **immediate needs** and requirements of children who have sustained either a **serious** or a **minor injury**.
- To ensure that **adequate resources** and arrangements are in place to deal with injuries/accidents as they arise.
- To ensure **lines of communication** with parents¹ are in place if required
- To activate a known **plan of action** with which all staff are familiar.
- To provide a common safe approach for the **administering of First Aid**.

3. School Ethos

This policy is in keeping with the school ethos through the provision of a safe, secure and caring learning environment for each child. It also ensures a duty of care at all times when the school is in operation.

4. Policy Objectives

The objectives of the policy are:

- To ensure the **physical safety** and **well-being** of all staff and children.
- To develop a framework of procedures whereby all injuries are dealt with in a **competent and safe manner**.
- To provide appropriate **training** (off-site, visiting experts and in-house) and support for staff which reflects the needs of children currently enrolled so that children have access to **proper interventions**.

¹ Throughout this policy and all school policies, the word parent refers to children's legal guardian.

- To comply with all legislation relating to **safety** and **welfare at work**.

5. Roles and Responsibilities

The overall responsibility for the day-to-day management of school supervision rests with the Principal. The class teacher is responsible for classroom supervision and teachers on outdoor supervision duty are directly responsible for the supervision of children at break time. The Assistant Principal is the Health and Safety Officer and the maintenance and replenishment of First Aid Boxes and supervision of fire drills is part of her post of responsibility within the middle management structure in the school.

6. First Aid

A fully equipped First Aid box is available on the ground floor (underneath the printer in the foyer) and on the first floor (outside the staff toilets). The First Aid cupboard is located within the sliding doors storage area in Room 4 and is clearly labelled. A thermometer and surplus First Aid resources are stored here also. The First Aid Travel kit is taken on all excursions outside of the school grounds. Teachers should use the 'Sign in/Sign out' sheet located in the A4 folder in the First Aid cupboard.

Any injuries in the playground during break times should be dealt with by the teacher on duty. A Class Prefect² will be sent to the staff room for assistance if needed. Any First Aid provided by the school is intended to be purely of a temporary nature. Injuries should be fully examined by parents when children arrive home.

Contents of the First Aid kit

Each First Aid Kit contains the following items:

- Advice leaflet
- Adhesive plasters- assorted sizes
- Burn relief dressing
- Crepe bandage
- Disposable gloves
- Eye pad dressing
- Mouth to mouth resuscitation device
- Safety pins
- Scissors
- Sterile cleaning wipes
- Sterile dressing- medium/large/extra large
- Triangular bandages

Contents of the First Aid kit are checked termly by the Assistant Principal to ensure outdated medicines are replaced.

Continuing Professional Development (CPD)

As noted in section 4, Continuous Professional Development (CPD) in First Aid is a priority for all staff at Brannoxtown CNS. This is reflected in funding allocated to the professional development of staff members. The provision of First Aid training is in line with the following policies:

- Brannoxtown CNS Child Safeguarding Statement
- Brannoxtown CNS Child Safeguarding Assessment of Risk of Harm to the Child
- Brannoxtown CNS Administration of Medicine Policy

The Assistant Principal will manage the First Aid CPD Schedule for Brannoxtown CNS to ensure all staff are supported to effectively respond to accidents during school time.

² A weekly schedule of duties is used in the Senior Room. On Monday/first day of the school week, *roles and responsibilities* for each child are reviewed for the week ahead. The role of *Health and Safety Prefect* is included in the Senior Room duties.

This CPD Schedule will include: specialist training at an off-site facility, on-site workshops facilitated by external providers and on-site professional development by BCNS staff. The content of the training will include basic First Aid training and specialist training dependent on the medical needs of children attending the school, e.g. Epipen training, asthma, anaphylaxis, etc.

7. Procedures for Illness at School

If a child is taken ill while in the classroom, the teacher will assess the child's condition and if they feel that the child needs to go home they will arrange for parents to be contacted.

If a teacher is unsure whether parents should be contacted, they should observe the following:

- The child's temperature (a temperature higher than 37.5°C is considered a fever)
- The complexion of the child e.g. do they appear pale
- The temperament of the child, do they appear withdrawn or excessively tired

If a parent cannot be contacted, a voice mail message will be left. If a child appears to be seriously ill and parents or emergency contacts cannot be contacted, an ambulance will be called.

Common Illnesses and Infections

- Parents of a child with diarrhoea or vomiting at school, will be contacted by the school to request that their child is collected and taken home.
- Any child who has suffered from diarrhoea or vomiting should 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 head lice, a member of staff will inform their parents. All children in that class will be given a standard letter (see Appendix 1) regarding head lice and treatment to take home, asking their parents to inspect their heads and to treat accordingly.
- The parents of any child suspected of having a highly infectious condition, e.g. chickenpox, slapped cheek disease etc., will be contacted. Parents will be asked to collect the child and advised to seek guidance about diagnose and treatment from their GP.
- In the event that a case of a highly infectious condition is confirmed at school, a standard letter will be sent home to all families outlining the illness and the related symptoms.
- Parents can seek advice from the HSE about other common illnesses and infections.

8. Procedures for Accident and Injury

Safety of children 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 at risk:

- A comprehensive school Safeguarding Statement and Safeguarding Assessment of Risk of Harm to the Child has been recently revised whereby all hazards are identified and remedial measures are outlined.
- The school is insured by IPB Insurance, 1 Grand Canal Square, Grand Canal Harbour, Dublin DO2 P820 Ireland, Telephone: 00353 1 639 5500, Email: info@ipb.ie.

- There is at least one teacher on outdoor supervision duty at any one time.
- Each staff member is aware of her duty of care towards all children. All staff use a range of classroom organisation strategies to maximise classroom safety for children. Likewise, agreed rules and activities for outdoor break times minimise risk of harm to children during outdoor play.
- Safety procedures are discussed with children before potentially hazardous equipment in art, science or P.E.
- Safety issues are also addressed through the S.P.H.E. programme, e.g. water safety, road safety, steps to take in an emergency etc.
- Positive behaviour and respect for others are encouraged at all times.

Procedure for Minor Accident/Injury

The injured party is initially looked after by the teacher on outdoor supervision duty. If deemed necessary, the teacher will attend to the injury using the First Aid Box. No medicines are administered but cuts are cleaned with anti-septic wipes and bandages/plasters applied if deemed appropriate. The use of plastic gloves is advised at all times. Parents are notified if teachers deem necessary. Teachers can notify parents verbally or by sending home an Accident Note (See Appendix 2).

Procedure for Serious Accidents/Injuries

The injured party is taken inside the school under the supervision of a teacher. Parents 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 arrive, with the emphasis on making the child as comfortable and as settled as possible.

Procedure for Very Serious Injuries

In the event of a very serious injury, e.g. loss of consciousness, severe bleeding or broken bone, parents are immediately contacted. If staff suspect that immediate professional help may be required an ambulance is called. A staff member should seek a second opinion before calling an ambulance. On rare occasions the staff may agree that taking the child to Accident and Emergency in a private car is a more prudent option particularly in the case of rapid blood loss. The school will remain in contact with parents to ensure they are aware of their child's status and the actions underway.

9. Categories of Injury/School Procedures

Minor Cuts

Method:

- Clean around cuts using antiseptic wipe/cloth, cleaning from the centre outwards.
- Use gloves at all times to reduce risk of spread of infection.
- Check for small bodies which may be embedded in the wound.
- Place a plaster, gauze or lint on the wound.
- Observe child for the rest of the day.
- Inform parents or advise child to inform parents.

Sprains/Bruises

Method:

- Implement the rest, ice, compress and elevate process.
- Call parents if you are concerned the injury is serious.
- Observe child for the rest of the day.

Head Injury

All head injuries are potentially serious. In sports, helmets must be worn for hurling, camogie and hockey as a preventative measure.

Method:

- Treat as appropriate for either bruising or bleeding.
- Observe the child carefully; look 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.
- Place a 'Head Bump' sticker on the child's jumper, enabling all members of staff to observe the child.
- Contact parents so that they may continue to watch out for signs of concussion.
- Contact ambulance if the injury is serious.

Faints and Shocks

Method:

- Support the casualty to lie down.
- Raise their 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.

Severe Bleeding

Method:

- Act instantly.
- Support the casualty to lie 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.
- Place another dressing over the first if blood shows through the dressing.
- Treat for shock.
- **Get Help.**
- Get medical help immediately.
- Contact parents.

Burns/Scalds

Method:

- Immediately remove child 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.
- Use a special burn gauze/burneze in the event of a minor burn.

Unconsciousness

Method:

- Call for medical help.
- Place child in recovery position.
- Call parents.
- Check for broken bones, neck or back injury.
- Apply artificial respiration if subject is not breathing.
- Keep other children away.

Stings/Bites

Method:

- Remove the sting, if possible. Do not attempt to remove if it is a suspected tick

bite.³

- Wash the affected area with soap and water.
- Apply an ice pack/cold flannel to reduce inflammation and swelling. The small local reaction (itching and/or swelling) will go away over time.
- Call parents if case appears serious.
- Get medical help immediately if you see signs of a general allergic reaction (swelling of the mouth or lips, difficulty breathing). Phone 999 or 112.

10. Record Keeping

- All accidents/injuries are recorded in the Accident Report Book which is located outside of Room 1.
- One Accident Report Book covers all children in the school. Teachers are encouraged to keep a separate copy of accident report forms relating to injuries sustained by children in their class.
- 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.
- Very serious injuries will be notified to the schools insurers (Incident Report Form-see Appendix 3).
- Relevant medical information on all children is obtained at time of enrolment. This section asks parents to list allergies and other medical conditions their child may have.

11. Contact Numbers

Parents 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 on Aladdin.

School's Doctor Contact Information

Where feasible, the school's doctor will be consulted in circumstances where medical advice is sought:

Dr. Deirdre Collins

Kilcullen Family Practice, 12 Main St., Kilcullen, Co. Kildare.

Phone: (045) 481818

12. BCNS First Aid, Accident and Injury Policy: Monitoring and Reviewing

a. Success Criteria

The effectiveness of the school policy is measured by the following:

- Maintenance of a relatively accident-free school environment, including ongoing assessment and reduction of risks to safety.
- Clarity in understanding and enacting roles and responsibilities for children, parents and teachers in the event of an accident or injury.
- Timely feedback by children, parents and staff in relation to the school's response to accidents and injuries.
- Observation of behaviour during outdoor supervision duty by all staff.
- Regular engagement and discussion on matters relating to health and safety at our school including monitoring the effectiveness of this policy and making improvements as needed.

b. Implementation and Timetable for Review

This updated policy applies with immediate effect at Brannoxtown CNS. This policy and related policies will be reviewed annually. The policy may be reviewed at any

³ Incorrect removal of a tick can result in Lyme disease.



time to make improvements deemed necessary by the school, or to take account of any relevant change in legislation or school policy.

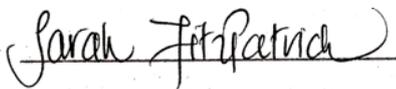
c. Ratification and Communication

Following feedback from members of the Brannoxtown CNS Board of Management, this Accident and Injury Policy was updated on the school's website. Hardcopies of the policy are available to parents on request.

This policy was adopted by the Board of Management of Brannoxtown CNS at their meeting on 12th May, 2020.

Signed: 
Ms. Deirdre O'Donovan
Chairperson

Date: 12th May, 2020

Signed: 
Dr. Sarah FitzPatrick
Principal

Date: 12th May, 2020

Appendix 1 Head Lice Notification Letter

Date

Head Lice Notification Letter to Parents

Dear Parent,

There has been a case of head lice in your child's class and your child may have been exposed. Please find below some information that may be helpful to you in treating head lice at home.

What are head lice?

Head lice are little insects with moving legs. They are often not much bigger than a pin head, but may be as big as a sesame seed (the seeds on burger buns). They live on, or very close to, the scalp and don't wander far down the hair shaft for very long. They can only live on humans; you cannot catch them from animals.

What are nits?

Nits are not the same as lice. Nits are egg cases laid by lice, stuck on to hair shafts. They are smaller than a pin head and pearly white. If you have nits it doesn't always mean that you have head lice. When you get rid of all the lice, the nits will stay stuck to the hair until it grows out.

How are they spread?

Anyone can pick up head lice. They are most common among young children as they often put heads together during play allowing the lice to jump from one head to the next. Headline do not reflect standards of hygiene. They are just as willing to live in clean or dirty hair.

How are head lice detected?

The way to check someone's head is called "detection combing". This should be done regularly and in the case of a confirmed infection in one family member, the other members of the household should carry out "detection combing" twice weekly for one week.

How do I treat headlice?

A head lice lotion should be used. Follow the instructions that come with the particular product. Repeat the treatment seven days later, in the same way, with the same lotion. Check all heads in the household a day or two after the second treatment. If you still find living, moving lice, ask your public health nurse or GP for further advice.

Thank you for your co-operation,

Yours sincerely,

Sarah FitzPatrick, Principal



Appendix 2
Accident Form for Parents

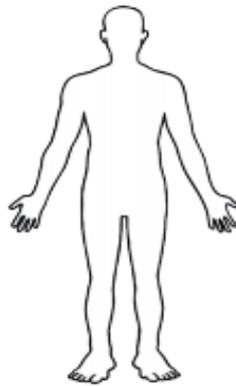
Accident Form for Parents
Brannoxtown CNS



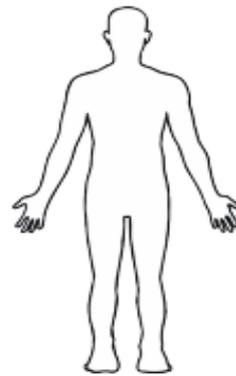
Dear Parents,

Your child, _____, had an accident in school today.

He/she was hurt:



Front



Back

Accident details:

-
-
-

Accident treatment at school:

-
-
-

Please contact the school if you have any questions or queries about today's accident.

Teacher's Signature

Date

**Appendix 3
Accident/Incident Form for School Insurance**

Accident & Incident Report Form

Brannoxtown CNS



Complete the shaded section below using capital letters.

| | | | |
|---|--|-----------------------|--|
| Child's Name: | | | |
| Teacher's Name: | | | |
| Staff member reporting: | | | |
| Accident Date: | | Accident Time: | |
| 1. Where did the accident occur? | | | |
| | | | |
| | | | |
| 2. How did the accident occur? | | | |
| | | | |
| | | | |
| 3. What was the child's complaint/injury? | | | |
| | | | |
| | | | |
| 4. What action was taken/treatment given and by whom? | | | |
| | | | |
| | | | |
| 5. What action was taken to prevent recurrence (if applicable)? | | | |
| | | | |
| | | | |
| 6. Who witnessed the accident (if applicable)? | | | |
| | | | |
| | | | |
| 7. Were any after effects noticed/reported later on the day of accident? (If yes, give details and note any further action taken): | | | |
| | | | |
| | | | |
| Teacher's Signature: | | Date: | |
| Principal's Signature: | | Date: | |