**De La Salle College**

**Macroom,**

**Co. Cork**

FIRST AID POLICY

**Notes and guidelines for regulations and administration of first aid**

Definitions:

“First-aid”

(a) in a case where a person requires treatment from a registered medical practitioner or a registered general nurse, treatment for the purpose of preserving life or minimising the consequences of injury or illness until the services of a practitioner or nurse are obtained, or

(b) In a case of a minor injury which would otherwise receive no treatment or which does not need treatment by a registered medical practitioner or registered general nurse, treatment of that minor injury;

“*Occupational first-aider” means a person trained and qualified in occupational first-aid*

Rationale:

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

The formulation of this policy enables our school to effectively

* Provide for immediate needs and requirements of students who have sustained either a serious of 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.

Aims:

* To ensure the physical safety 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 legislation relating to safety and welfare at work

Context of the Policy:

Safety of pupils is a priority for both the School Management and 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 and is regularly updated to keep up to date with the various school extensions. A copy of the Safety Statement is available on the school website. In the Safety statement all hazards are identified and remedial measures are undertaken if required.
* The school is insured under Arachas and a 24-hour policy underwritten by Arachas is available to all the students and staff.
* First Aid Training is provided to a number of staff on a regular basis. Currently six staff members are trained. Their qualification is renewed every two years, with a refresher course which is held on the school premises. This is organised by school’s First Aid Officer, Fergus Ryan.
* Each staff member is aware of a duty of care towards all pupils. Classroom management is directed towards the safety of each student while in the school building, playground, school field and on extracurricular activities. Students are supervised by teachers & SNAs on the breaks (small lunch and big lunch) on a Rota basis, with teachers and SNAs having designated areas in the school to cover, both indoor and outdoor. Clear instructions are given regarding the use of potentially hazardous equipment in science, technology and P.E.
* 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.
* 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 students arrive home.
* *Note it is the responsibility of students with Asthma who are in a position to self-manage to bring in an inhaler with them on a daily basis, the school would further recommend they also have a spare inhaler. The school is not in a position to have spare inhalers on campus given they wide variety of inhalers. This would also apply to epi pens, the school will not be carrying spare pens.*
* *Unless there is written agreement between the school and a parent/guardian, the school WILL NOT administer any medicine to any student. Where there is an agreement to administer medicine proper training will be given to the staff involved.*

Contact numbers:

Parents/guardians are asked to provide at least two emergency contact numbers. These numbers are uploaded on VS Ware for staff to access if required. Emergency name and numbers are provided by all incoming 1st year students on an annual basis and uploaded on the VS Ware. Any subsequent change to any of the emergency contact names and numbers during the student’s time in De La Salle, must be notified to the school office and the VS Ware will be updated accordingly.

Medical Conditions:

Registration forms for incoming 1st Years and new students, include a Medical Report Form. Parents/Guardians will provide the name and number of the student’s doctor along with any medical issues that the student may have. For incoming first years who have highlighted medical conditions (Allergies, diabetes etc) in their medical form, the First Aid Officer will ring parents/guardians to ensure school has the necessary medication and Epi Pens in case of an emergency. For existing students with medical issues, the First Aid Officer will check in by phone with parents/guardians to see if there are any changes to the student’s medication. In relation to EPI pens, the First Aid Officer must ensure they are in date. A large number of students would have Asthma and would have inhalers to self-manage, these parents/guardians will not be contacted by the First Aid Officer. A database of all students in school with medical issues will be available to all school staff, these will be updated on an annual basis for the incoming first years or new students with medical conditions. This database will be sent in an encrypted document to all school staff at the start of the Academic Year. Staff taking any class groups or teams out on extra curricular activities will need to check the Student Database so they are fully aware of any medical issue within their group. The First Aid Officer at the start of the Academic year during the Staff Meetings, will go through any medical issues of incoming 1st years and refresh staff of existing medical issues of the other student cohort.

Staff with First Aid Qualifications:

* Eric Graham
* Declan Murphy
* Jack Cott
* Eva Dunne
* Conor Kinsella
* Siobhan Angland

Procedures:

* If a student suffers an injury, it will be assessed by the staff member nearest to the student at the time.
* A minor accident or injury is one where a student has received a scrape, graze, bump or minor cut to arm, leg or body.
* The student will be brought to the office area of the school and seated inside the main school entrance, in close proximity to the office.
* If the staff member who first came upon the injury is not qualified in first aid, then one of the six qualified 1st Aid staff will be located.
* The 1st Aid qualified staff member will deal with the minor injury and will make sure the student is fit to return to class.
* If the student is feeling distressed with the injury, a phone call is to be made to the parent/guardian and in consultation with the parent/guardian, the student may be collected from school.
* A serious accident or injury is one where a student has received injury which may require further treatment. All head or eye injuries are considered to be potentially serious. Severe bleeding and suspected broken bones are serious.
* Note please refer to the School Concussion Policy when dealing with a suspected concussion. Appendix 1
* The staff member who comes upon the injury, will immediately send two students to locate the Deputy Principal (who is qualified in first aid), if he is not available they students are to locate the Principal. If both cannot be located, the students are to go to the staff room to get a teacher, ideally one qualified in First Aid if available.
* On arrival to the injured student, both staff members will decide on whether it is safe to move the student indoor for treatment. Students being moved indoors will be brought in to main school entrance near the office.
* One staff member will remain with the student, while the other staff member will immediately contact the parents/guardians and ask them to come to the school.
* 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/guardians, with the advice of the attending paramedics, a teacher will travel in the ambulance with the child.

Reporting:

* The staff member who first came upon the injury will write a report in The Accident Report Book which is located in the Staff Room and also send the First Aid Officer (Fergus Ryan) an email on that same day.
* On the next school day, the First Aid Officer will check in with the student, if the student is absent they will ring home to check on the wellbeing of the student.

Location of First Aid Boxes/Resources:

* Office
* Deputy Principal’s Office
* Staff Room
* Dressing Rooms
* Room 30
* Room 43
* Block 2

A defibrillator is located in the Main Office, the 6 staff who are trained in 1st Aid are also trained in the use of the Defibrillator.

APPENDIX 1: School Concussion Policy

**De La Salle College, Macroom, Co. Cork**

**School Policy Document**

**Title: How to deal with a Concussed student**

**What is concussion?** A concussion is a brain injury that is associated with a temporary loss of brain function. The injury must be taken seriously to protect the long term welfare of all players. A concussion is caused by a bump, blow or jolt to the head or body that causes the head and brain to move rapidly back and forth.

**SIGNS AND SYMPTOMS**

Most concussion injuries occur without a loss of consciousness and so it is important to recognise the other signs and symptoms of concussion. Some symptoms develop immediately while other symptoms may appear gradually over time.

** Loss of consciousness**

** Headache**

** Seizure or convulsion**

** Dizziness**

** Balance problems**

** Confusion**

** Nausea or vomiting**

** Feeling slowed down**

** Drowsiness**

** “Pressure in head”**

** More emotional**

** Blurred vision**

** Irritability**

** Sensitivity to light**

** Sadness**

 ** Amnesia**

** Fatigue or low energy**

** Feeling like “in a fog“**

** Nervous or anxious**

** Neck Pain**

** “Don’t feel right”**

** Sensitivity to noise**

 ** Difficulty remembering**

** Difficulty concentrating**

**How to deal with a concussion in De La Salle Macroom**

* **School Match:**
* If the suspected incident happens during a team game, the teacher must immediately remove the player from the game.
* Under no circumstances is the player to be put back on.
* The player needs to be monitored by the teacher until the game is over and on the bus trip home.
* On the bus trip home, the teacher on charge of the team, needs to ring the school office and get either the school secretary or Deputy Principal to ring the player’s parent or guardian.
* On return to the school the sports teacher remains with the player until his parent/guardian arrives
* It should be strongly recommended to the parent/guardian that the injured player be taken to his local doctor.
* The sports teacher who was looking after the team when the student picked up his knock, needs to write up a report in the First Aid Book, which is located in the staff room in the medical press.
* On the player’s return to school and if that player has been diagnosed with a concussion the coach and PE teacher need to be aware of the injury. The player does not return to playing for the school until the following guidelines are followed:

 **GRADUAL RETURN TO PLAY PROTOCOL**

1. There should be an initial period of 24-48 hours rest after a concussion

 2. RTP protocols following concussion follow a stepwise approach. Players should continue to proceed to the next level if no symptoms persist at the current level.

3. Generally each step should take 24 hours so players would take approximately one week to proceed to full rehabilitation once they have no symptoms at rest.

4. If any post-concussion symptoms occur during the GRTP, players should drop back to the previous asymptomatic level and try to progress again after a further 24 hours period of rest has passed.

5. Clearance from a medical doctor is required prior to return to full contact sports.

**(2) On the school campus:**

* A student could potentially get concussed in an incident in the classroom or moving between classrooms. However, the most likely time is during lunch break, where students play sport on the concrete basketball court or out in the school field.
* If a teacher on supervision observes a student taking a heavy fall in either the basketball court or field, they should immediately check on the well- being of the student.
* If the teacher on duty has any concerns, the student need to be brought to the office.
* A designated teacher with a First-Aid qualification (Jack Cott, Eric Graham, Eva Dunne, Conor Kinsella, Declan Murphy or Siobhan Angland) should be contacted.
* The First Aid person will check on the student’s health.
* If the First Aider is concerned, they should then ring the student’s parent or guardian and get them to collect the student.
* While the student is waiting to be collected they are not to be left unattended.
* When the parent/guardian does arrive, it should be strongly recommended to the parent/guardian that the injured student be taken to his local doctor.
* The teacher who first came upon the student, needs to write up a report in the First Aid Book, which is located in the staff room in the medical press.

**NOTE: The signs and symptoms of concussion usually start at the time of the injury but the onset of these may be delayed for up to 24–48 hours. Therefore it is vital that any student who receives a knock to head that their parent or guardian must be informed, even if the student/player feels that they are ok.**

**Coping:**

The following are some tips for coping with a concussion:

Rest

The best medical management for concussion is rest (Cognitive and Physical). Students often feel tired and may experience difficulties at work or school when carrying at task which require concentration. Students may also encounter mood difficulties and feel depressed, anxious or irritable with family or team mates. Support should be provided to students during the recovery period.

Avoid Alcohol

Alcohol should be avoided as it may delay recovery and put you at increased risk for further injury.

Prescribed Medications

When dealing with persistent symptoms, it is essential that players only take medications prescribed by their doctor.

Patience

Recovery form concussion should not be rushed nor pressure applied to players to resume playing until recovery is complete. The risk of re injury is high and may lead to recurrent concussion injuries which can cause long term damage.

**Ratified:**

17/01/24

**Signed:**



Chairperson of the Board of Management