

# *Luttrellstown Community College*



## *First Aid Policy*

The First Aid Procedures and Protocols at Luttrellstown Community College & Colaiste na Tulchann are in operation to ensure that every student, member of staff and visitors will be well cared for in the event of an accident or illness. The purpose of the policy is to ensure that in the event of an accident/illness, all staff members are aware of the support available and the procedures and protocols in place.

**Aims:**

- To identify the first aid needs of the school in line with the HSE and DDLETB guidelines.
- To ensure first aid provision is available at all times while people are on school premises and off the premises on school outings and trips etc.

**Objectives:**

- To have a first aid team to meet the needs of the school.
- To provide first aid kits and supplies, when they need to be replenished.
- To inform staff also newly appointed staff of the school's first aid arrangements.
- To keep accident records.
- To provide relevant training and ensure monitoring of training needs.

**The Role of the first aid team:**

- To order supplies for the first aid kits when they need to be replenished and equipment for the First Aid Room.
- To inform staff, also newly appointed staff of the school's first aid arrangements.
- All protocols updated and kept on the Staff Teams.
- To arrange relevant training e.g. AED for staff and inform them of when their training needs to be updated.
- The First Aid updates their own training when required.
- To create and monitor a roster for the checks on the AED.
- Manage the care of someone who is injured/becomes ill if Príomhoide/Príomhoide Tánaisteach deem it to be necessary.
- Liaise with HSE staff when vaccinations are being administered on the school premises.
- To oversee the First Aid notice board in the staff room and ensure it is kept up to date.
- To ensure that parents have signed a disclaimer if they wish a member of staff to assist or administer medication to their child.
- To oversee that pupil's medications are kept securely in the MEDS press in the First Aid Room.
- To arrange for a parent/guardian to come up to LCC and do a demonstration on how to administer medication, e.g. Epipen or medication for epilepsy.

### **Procedures:**

- All parents/guardians will be requested to inform the school of any medical condition their child may have when the child starts in the school. They will be notified in writing that the DDLETB is providing this service as one of goodwill with the intention of supporting the parent/guardian and that all necessary information must be provided to the school. This includes all information on side effects from the medication and how to manage them. (See: Letter to Parents/Guardians Requesting Medical Condition of Their Child)
- The documentary evidence of the student's medical condition will be kept securely in the Main Office.
- At the start of each academic year Príomhoide/Príomhoide Tánaisteach will inform teachers of the students who are known to be asthmatic, anaphylactic, diabetic, epileptic or have any other serious illness and will also ensure that newly appointed staff are informed.
- The school will only administer medication to students where the parents/guardians have given their written consent and detailed instructions indicating frequency of administration and dosage.
- Príomhoide will maintain a list of staff members who are willing to administer the EpiPen.

### **Protocol on the Administration of Medication to Students**

Where medications need to be administered to a student during the school day the parent/guardian will request this to be done in writing. All information regarding medications will be provided to the Príomhoide. The student's name will be clearly marked on any medication brought into the school. All medications received where necessary will be receipted and kept in a locked press in the first aid office. The Príomhoide/person trained in first aid will be requested to facilitate supervision of the administration of the medication i.e. medications held in locked press.

### **Procedure:**

- Student attends at required time/location to receive medication.
- Student is given the medication under the supervision of the Príomhoide/person trained in first aid.
- The medication once taken is documented as having been administered and taken by the student.
- If medications are to be returned to the student, this will be agreed in advance with the parent/guardian.

### **Whenever a student takes medication ensure that:**

- It is taken as advised.
- Any precautions are strictly followed.

- The recommended dose is not exceeded.
- Keep a record of the name and dose of the medication as well as the time and method of administration.

#### **Student Accident:**

- If a student is injured another student will go to the main office to inform Príomhoide/Príomhoide Tánaisteach.
- Príomhoide/Príomhoide Tánaisteach will decide how best to deal with the situation, whether it is necessary to call on the First Aid team.
- If the injury is serious an ambulance will be called for by calling 999/112 and then the parents/guardians will be contacted.
- Parents must inform the school in writing of any change to contact details.
- Details of the accident must be recorded on an Accident Form.
- The school will keep a record of any accidents which will include the date, the time and the place also personnel details of those involved and a brief description of the nature of the accident. This record should also be forwarded to DDLETB.
- Minor injuries requiring first aid, but no further action will be recorded in the students' journal.

#### **Student Illness:**

In the event of a student coming to you saying they are ill:

- The ill student is to be sent to the main office accompanied by another student.
- Indicate in the journal that the student has been sent to the main office.
- If Príomhoide/Príomhoide Tánaisteach feel that the student is not fit to stay in school, the parents will be contacted and asked to come and collect the student.
- The student's name will be entered on the Sign Out Sheet which is in the main office.
- If Príomhoide/Príomhoide Tánaisteach thinks the student is not ill enough to be sent home then they will remain in school.

#### **LCC Safety Procedures for Trips & Outings.**

- Before any student is brought on a trip/outing, details of ailments or specific medical conditions from which the student suffers or medications they are on should be considered by the teacher organising the outing.
- Mobile phone numbers of teachers taking pupils on the outing must be left with the school and teachers should have school contact numbers with them to ensure possibility of contact should the need arise.
- First Aid Kit will be brought on the outing.
- Should an incident occur, Príomhoide/Príomhoide Tánaisteach are to be contacted as soon as possible.

- If serious injury/illness occurs, first aid help should be sought from the place being visited, otherwise, an ambulance should be called.

**Important Points:**

- In the case of serious injury never move the casualty unless they are in immediate danger.
- On no account should provision of urgently needed medical attention be delayed pending the arrival of parents/guardians.
- Never give paracetamol or other medications, ointments etc. to students even if they request it.
- First aid should only be administered by a qualified first aider. In the absence of a first aider, Príomhoide/Príomhoide Tánaisteach will manage the situation.
- In the event of serious injury or illness Príomhoide/Príomhoide Tánaisteach will maintain follow up contact with parent/guardian.

## Letter to Parents/Guardians Requesting Medical Condition of Their Child

Dear Parents/Guardians,

The wellbeing and safety of your child are of the utmost importance to the staff of Luttrellstown Community College and Coláiste na Tulchann. We kindly ask that you inform the school of any medical conditions your child may have, such as asthma.

As part of best practice, we maintain a record of students who have health conditions or require medication. This information helps staff when planning school trips and ensures appropriate care if a student becomes unwell during the school day.

Please note that students should not carry medication without notifying the Príomhoide. If your child needs medication during school hours (e.g., inhalers), the Príomhoide must be informed in advance. Where necessary, an agreed protocol will be followed to administer medication safely.

All information provided regarding your child's medical condition will be stored securely in compliance with GDPR regulations and treated with strict confidentiality. We ask that you complete the form below and return it to the school, regardless of whether your child has a medical condition.

Thank you for your cooperation.

Is mise, Le meas,  
Siobhán Moran (Príomhoide)

Medical Details

Name of Student: \_\_\_\_\_

Please fill in (A) or (B)

(A) Name of Medical Condition and or medication taken:

\_\_\_\_\_

(B) If your child does not have a medical condition please state so below:

\_\_\_\_\_

Luttrellstown Community College  
Coláiste Pobail Bhaile Lotrail  
Coláiste na Tulchann f/ch LCC



**Re: Medical Disclaimer – Emergency Administration of Auto-Injector (e.g., EpiPen)**

Parent/Guardian Consent and Indemnity Form

I, \_\_\_\_\_ [Parent/Guardian's Full Name],  
residing at \_\_\_\_\_ [Full Address], hereby give  
permission to the **Board of Management of Luttrellstown Community College**, and to any  
**designated First Aider** or any available person, to administer an emergency **adrenaline auto-  
injector (e.g., EpiPen or equivalent)** to my child,  
\_\_\_\_\_ [Student's Full Name],  
in the event of a suspected **anaphylactic reaction** or other **medical emergency** where the  
use of such medication is deemed necessary.

I confirm that I have provided the school with accurate and up-to-date medical information  
regarding my child's condition, and that an **in-date auto-injector** has been supplied to the  
school for emergency use.

I understand that the designated person(s) will act in **good faith and in accordance with  
their training and the school's medical procedures** in administering the injection.

I hereby **indemnify the Board of Management of Luttrellstown Community College, the  
Principal, and any available person/staff member acting on its behalf against any liability,  
claim, or damage** arising from the administration of the said medication, **on the assumption  
that it is given in good faith and in the best interests of my child.**

I also consent to the **secure storage** of my child's auto-injector in a location designated by  
the **Priomhoide (Principal)** and understand that it will be made accessible to relevant staff in  
case of emergency.

Signed: \_\_\_\_\_  
(Parent/Guardian)

Date: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

In case of emergency, please contact: \_\_\_\_\_

Bóthar Bhaile an Phoirtéaraigh, Cluain Saileach, Baile Átha Cliath 15  
Porterstown Road, Clonsilla, Dublin 15.

fón phone: 01 822 8060 rphost email: [info@luttrellstowncc.ie](mailto:info@luttrellstowncc.ie)  
[www.luttrellstowncc.ie](http://www.luttrellstowncc.ie) [www.colaistenatulichann.ie](http://www.colaistenatulichann.ie)

Priomhoide: Siobhán Moran

Priomhoidi Tánaisteacha: Dáithí Ó Murchú, Rachel McGrath agus Denise McNamee

Uimhir Charthanais Chláraithe/Registered Charity Number: 20083526





## Re: Medical Disclaimer – Emergency Administration of Glucagon

### Parent/Guardian Consent and Indemnity Form

I, \_\_\_\_\_ [Parent/Guardian's Full Name],  
residing at \_\_\_\_\_ [Full Address], hereby  
give permission to the **Board of Management of Luttrellstown Community College**, and  
to any appropriately trained staff member, to administer **Glucagon** (by injection or nasal  
spray) to my child,

\_\_\_\_\_ [Student's Full Name],  
in the event of a **severe hypoglycaemic episode (low blood sugar)** or other **medical  
emergency** arising from their **Diabetes**, where the use of such medication is deemed  
necessary.

I confirm that I have provided the school with accurate and up-to-date medical information  
regarding my child's condition, and that an **in-date Glucagon emergency kit** has been  
supplied to the school for emergency use.

I understand that the designated person(s) will act in **good faith and in accordance with  
their training and the school's medical procedures** in administering the medication.

I hereby **indemnify the Board of Management of Luttrellstown Community College, the  
Principal, and any appropriately trained staff member acting on its behalf against any  
liability, claim, or damage** arising from the administration of the said medication, **on the  
assumption that it is given in good faith and in the best interests of my child.**

I also consent to the **secure storage** of my child's Glucagon emergency kit in a location  
designated by the **Príomhoide (Principal)** and understand that it will be made accessible to  
relevant staff in case of emergency.

Signed: \_\_\_\_\_  
(Parent/Guardian)

Date: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

In case of emergency, please contact: \_\_\_\_\_

Bóthar Bhaile an Phoirtéaraigh, Cluain Saileach, Baile Átha Cliath 15.  
Porterstown Road, Clonsilla, Dublin 15.

fón phone: 01 8228060 rphost email: [info@luttrellstowncc.ie](mailto:info@luttrellstowncc.ie)  
[www.luttrellstowncc.ie](http://www.luttrellstowncc.ie) [www.colaištenatulchann.ie](http://www.colaištenatulchann.ie)

Príomhoide: Siobhán Moran

Príomhoidí Tánaisteacha: Dáithí Ó Murchú, Rachel McGrath agus Denise McNamee

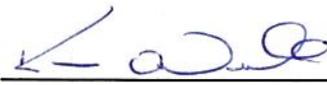
Uimhir Charthanais Chláraithe/Registered Charity Number: 20083526

**Monitoring and review**

Luttrellstown Community College will monitor, review and evaluate this policy and all related work and procedures on an ongoing basis to ensure legal compliance and the maintenance of best practices

This policy was adopted by the Board of Management on

15. December 2025

Signed: 

Chairperson of Board of Management

Date: 15. December 2025

Signed: 

Principal

Date: 15/12/2025

Date of next review: 15/12/2026