

**St. Patrick's
High School**



First Aid Policy

Latest Review: *March 2019*

Next Review: *March 2020*

Person Responsible: *Dr F Moore*

ADOPTED BY THE BOARD OF GOVERNORS

Date of meeting: 11th April 2019

Signed:

A handwritten signature in black ink, appearing to read 'Helen Folan', is written over the 'Signed:' label.

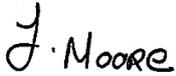
Mission Statement

As a Catholic School in partnership with parents and the community, the school seeks to provide children of all abilities with a secure, caring, stimulating and happy environment where high values of work, personal integrity and learning can be achieved and where all pupils are encouraged to develop their talents and character and to contribute positively to home, school, church and society.

Policy Statement

The Principal and Board of Governors of St Patrick's High School accept their responsibility under the Health and Safety (First Aid) Regulations (Northern Ireland) 1982 and acknowledge the importance of providing First Aid for employees, children and visitors within the School.

The staff of St Patrick's High School recognise their statutory duty to comply with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (Northern Ireland) 1997.

Signed 
(Principal)

Signed 
(Chairperson of Board of Governors)

Date 11th April 2019

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SECTION 1

Introduction

'First Aid is the initial assistance or treatment given to someone who is injured or suddenly taken ill' (The Joint First Aid Manual 8th Edition). Staff administering First Aid should seek to assess the situation, protect themselves and the casualty from further danger, deal with any life threatening condition and where necessary obtain medical assistance or refer the casualty to hospital as quickly as possible. The three main aims of First Aid are to:

- Preserve life
- Prevent further injury
- Promote recovery

Statement of First Aid Provision

The School's arrangements for providing First Aid will:-

- Place a duty on the Principal and Board of Governors to approve, implement and review the First Aid policy;
- Report and record accidents using relevant procedures;
- Record all occasions when First Aid is administered to employees, pupils and visitors;
- Provide equipment and materials to provide First Aid treatment;
- Make arrangements with Education Authority to provide First Aid training to employees, maintain records of training and review annually;
- Establish a procedure for managing accidents in school which require First Aid treatment;
- Provide information to employees on the arrangements for First Aid;
- Undertake a risk assessment of the First Aid requirements of the School and review on a regular basis;
- Use the information from the risk assessment of First Aid to determine the number and level of trained staff and also any additional requirements (eg specialised training for children with particular medical needs);
- Ensure that signs are displayed throughout the school providing the names of employees with First Aid qualifications and the location of the First Aid Boxes;
- Provide all members of staff with the School's First Aid Policy;
- Notify parent/guardian that first aid treatment was given to the child.

The First Aid Policy is supported by the School's Medical Care Policy

Roles and Responsibilities

Role of the Principal and Board of Governors

The Principal and the Board of Governors will ensure that the First Aid Policy is implemented and regularly reviewed. The Principal will be supported by the Vice-Principals and Pastoral Team in the updating of policy and practice.

The Principal will inform all employees at the school of the following:-

- The arrangements for recording and reporting of accidents;
- The arrangements for First Aid;
- Those employees who are qualified First Aiders;
- The location of the First Aid Kits.

In addition the Principal will ensure that signs are displayed throughout the School providing the following information:-

- The names of employees with First Aid qualifications;
- Their room number or extension number;
- Location of the First Aid Box.

All members of staff will be made aware of the School's First Aid policy. No member of staff should attempt to give First Aid unless they have been trained. (First Aiders are listed in Appendix 1). Immediate guidance and procedures are detailed in Appendix 2.

Vice-Principal

The Pastoral Vice-Principal and SENCO will:

- make arrangements with relevant agencies to provide First Aid training to employees,
- maintain records of training and review annually;
- establish a procedure for managing accidents in school which require First Aid treatment;
- provide information to employees on the arrangements for First Aid;
- undertake a risk assessment of the First Aid requirements of the School and review on a regular basis;
- use the information from the risk assessment of First Aid to determine the number and level of trained staff and also any additional requirements (eg specialised training for children with particular medical needs; and
- liaise with the School Health Team via the designated Health Nurse to draw up Medical Care Plans.

Role of First Aiders

First Aiders will:

- Notify parents/guardians that first aid treatment was given to their child;
- Notify the Principal/senior member of staff if an ambulance has to be called and ensure that it is logged (Appendix 4 - Ambulance Log);
- Report and record all accidents using the relevant procedures and forms;
- Record details of all incidents they are called to attend, as First Aiders, on a form contained within a First Aid Record Book;
- All forms will be retained in the First Aid File;
- All forms will be reviewed by Pastoral Team (Junior School/Senior School) on a weekly basis;
- An overview of First Aid cases will be presented to the Safeguarding Team and Board of Governors on an annual basis

Role of Member of Staff in charge of Educational Visits

The Senior Member of Staff in charge of trips will:

- Complete the appropriate documentation for educational visits/off-site activities in line with School policy;
- Before undertaking any off-site activities the level of First Aid provision will be assessed by a Risk Assessment completed by the teacher in charge of the activity and forwarded to the Principal/Vice-Principals for approval. At least one First Aid Kit will be taken along.

Role of Staff – (see Appendix 2: Immediate Response Measures)

All Staff will:

- Ensure that individuals are not placed at risk;
- Ensure that First Aiders are called at all times when there are concerns about a student or member of staff's health (Staff not trained in First Aid should not provide treatment);
- Record accidents using relevant School forms and procedures.

Administration Staff

Will record First Aid using SIMS to Pupil Profiles, store copies of all First Aid forms in pupil folders and retain the First Aid book in the Administration Office of each site.

Care plans and Medical Needs

Care plans are displayed in staff room and canteens for those pupils with allergies or a particular medical condition – Appendix 2. Care Plans are linked to individual Pupil Profiles on SIMS. Medicines are stored in Administration Offices on each of the sites. First Aiders will also have First Aid kits at their disposal. A register of pupil medical needs is made available to staff – Appendix 2.

SECTION 2

Arrangements for First Aid

The school will provide materials, equipment and facilities to provide First Aid. The location of the First Aid Kits in the school are:

- Administration Office
- Each First Aider will be supplied with a First Aid Kit

Defibrillators

St Patrick's High School has one defibrillator. It is located outside the Principal's Office.

Standard First Aid Kit

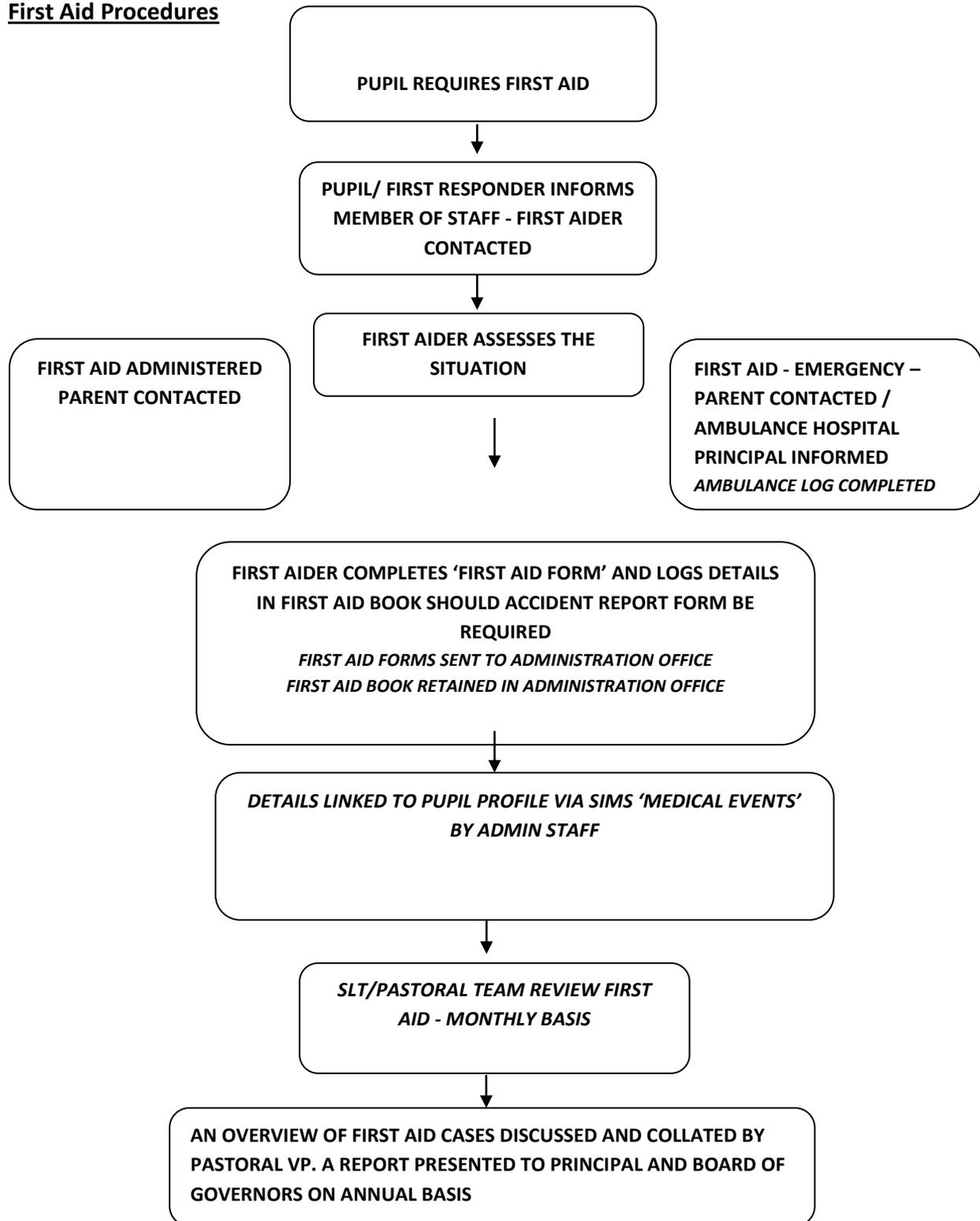
A first aid kit will normally contain the following items:

- Leaflet giving general advice on First Aid
- 20 individually wrapped sterile adhesive dressings assorted sizes
- 4 triangular bandages
- 2 sterile eye pads
- 6 safety pins
- 6 medium wound dressings
- 2 large wound dressings
- 3 extra-large wound dressings
- 1 pair of disposable gloves

The contents of the kits will be checked on a regular basis by First Aiders and requests, for materials/equipment required, should be forwarded to the office.

SECTION 3

First Aid Procedures



**** All incidents requiring the administration of First Aid to Staff should be recorded in the First Aid Book and reported to the Principal. Copies of First Aid Report should be forwarded to Administration Office.**

Calling an Ambulance

Follow emergency call advice - Appendix 4

Complete Ambulance Log within the First Aid Policy Handbook. This is retained in the Administration Office of each site.

Accidents involving bump to a pupil's head

The consequence of an injury from an accident involving a bump or blow to a pupil's head is not always evident immediately and the effects may only become noticeable after a period of time.

All school staff or staff from external agencies who are brought into school to deliver sporting activities are aware of the dangers of head injuries and of the symptoms and risks associated with Concussion and Second Impact Syndrome. The Pocket Concussion Recognition Tool - Appendix 3 is displayed and used in school to identify the signs of concussion and what symptoms are "red flags" and require immediate medical attention. All concussions will be dealt with as serious injuries. The parent of any child who is involved in an accident where there is a bump or blow to the student's head will be contacted since the consequence of such an injury is not always evident immediately and the effects may only become noticeable after a period of time.

Where emergency treatment is not required, parents will be informed and advised to collect the pupil from school. A 'Head Bump/Injury' letter will be sent home to the parent/guardian – Appendix 3.

Transport to hospital or home

The Principal will determine the appropriate action to be taken in each case. Where the injury requires urgent medical attention an ambulance will be called and the pupil's parent or guardian will be notified. If hospital treatment is required, then the pupil's parent/guardian will be called for them to take over responsibility. If no contact can be made with parent/guardian or other designated emergency contacts then the Principal may decide to transport the pupil to the hospital.

Where the Principal/VP makes arrangements for transporting a child then the following points will be adhered to:-

- Only staff cars insured to cover such transportation will be used;
- No individual member of staff will be alone with the pupil in a vehicle;
- A second member of staff will be present to provide supervision of the injured pupil.

If the student has a Medical Care Plan, it will be brought to the hospital or given to the ambulance crew.

Monitoring, Review and Dissemination of the Policy:

This policy will be reviewed annually by the Pastoral Team. Policies are available on our School website. Paper copies are available from the School on request.

Appendix 1

Immediate Response Measures (IRM)



Immediate Response Measures: ALL staff, including support staff, should be familiar with and trained to carry out these measures; **speed is essential**.

In the event of an incident:

- Immediately begin applying the measures below and call a First Aider to continue treatment
- If necessary, call the emergency services (999) School address is Madden Row and BT60 3TH
- Keep the casualty as still as possible. Look for signs of shock or developing unconsciousness.
- Follow the School procedures for managing incidents, contacting parents/guardians and record keeping.
- If possible note the time of the incident and **DON'T PANIC**.
- When a First Aider arrives try to pass on as much information about the incident as you can.

Incidents requiring Immediate Response Measures (IRM)

Severe cuts	CONTROL BLEEDING Ask casualty to apply pressure to the wound using sterile pads, cloth or fingers. Raise the wound as high as possible. Lower the casualty gently to the floor. Do not remove embedded objects; apply pressure around them. Protect yourself from contamination
Burns	COOL Cool the burn by immediately irrigating with gently running water for at least 10 minutes and until pain is relieved and heat is no longer felt. Do NOT apply gels, creams, plant material or home remedies due to the risk of allergic reactions.
Choking	SUPPORT & PROTECT Calm and reassure the casualty. Get the casualty to cough to try to dislodge the object. Get the casualty to adopt a slightly leaned over position and if sitting is comfortable support with a chair. If needed give 3 back slaps between the shoulder blades. Do NOT give abdominal thrusts.
Bites & Stings	COOL If a sting is visible and implanted in the skin, try to remove it. Irrigate the area under cool running water. Do NOT apply any "neutralising" chemicals. Observe the casualty for any adverse reaction to the bite or sting.
Asthma attack	SUPPORT & PROTECT Calm and reassure the casualty. Help the casualty to access and use their medication. Encourage the casualty to try to breath normally.
Anaphylactic shock	SUPPORT & PROTECT Calm and reassure the casualty. Lower them gently to the floor. Help the casualty to access and use their medication. If the casualty cannot administer their own medication then you should do this in accordance with your training.
Fainting & Unconsciousness	SUPPORT & PROTECT Lower the casualty gently to the floor if they are losing consciousness. Make the area safe to protect the casualty from further injury. If unconscious place the casualty in the recovery position. If regaining consciousness, lay the casualty on the floor and raise their legs.
Epileptic fit	SUPPORT & PROTECT Lower the casualty gently to the floor if they are losing consciousness. Make the area safe to protect casualty from further injury. Allow the casualty to fit and do NOT attempt to restrain them in any way. If possible place a soft item under their head.
Hair and/or clothing on fire	STOP, DROP & ROLL Stop the casualty from moving around. Drop the casualty gently to the floor. Wrap the flames tightly in a fire blanket (or other non-flammable material) OR roll the casualty to smother flames. Treat for burns
Electric Shock	ISOLATE FROM SUPPLY If safe: break circuit by switching off or pulling out plug. If not safe: use an insulator (eg, wooden handle, rubber gloves) to remove casualty from the circuit. Call 999

Appendix 2

Pocket Recognition Tool

Pocket CONCUSSION RECOGNITION TOOL™
To help identify concussion in children, youth and adults



RECOGNISE & REMOVE
Concussion should be suspected **if one or more** of the following visible clues, signs, symptoms or errors in memory questions are present.

1. Visible clues of suspected concussion
Any one or more of the following visual clues can indicate a possible concussion:

- Loss of consciousness or responsiveness
- Lying motionless on ground/Slow to get up
- Unsteady on feet / Balance problems or falling over/Incoordination
- Grabbing/Clutching of head
- Dazed, blank or vacant look
- Confused/Not aware of plays or events

2. Signs and symptoms of suspected concussion
Presence of any one or more of the following signs & symptoms may suggest a concussion:

- 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

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3. Memory function
Failure to answer any of these questions correctly may suggest a concussion.

"What venue are we at today?"
"Which half is it now?"
"Who scored last in this game?"
"What team did you play last week / game?"
"Did your team win the last game?"

Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, and should not be returned to activity until they are assessed medically. Athletes with a suspected concussion should not be left alone and should not drive a motor vehicle.

It is recommended that, in all cases of suspected concussion, the player is referred to a medical professional for diagnosis and guidance as well as return to play decisions, even if the symptoms resolve.

RED FLAGS
If ANY of the following are reported then the player should be safely and immediately removed from the field. If no qualified medical professional is available, consider transporting by ambulance for urgent medical assessment:

- Athlete complains of neck pain	- Deteriorating conscious state
- Increasing confusion or irritability	- Severe or increasing headache
- Repeated vomiting	- Unusual behaviour change
- Seizure or convulsion	- Double vision
- Weakness or tingling/burning in arms or legs	

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the player (other than required for airway support) unless trained to do so.
- Do not remove helmet (if present) unless trained to do so.

From McCrory et al., Consensus Statement on Concussion in Sport. Br J Sports Med 47 (5), 2013
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