**Accidents and Injuries to Pupils Policy: St. Fergus’ National School, Glin.**

The policy was drafted in November 2015 following staff discussion in staff meetings. It takes into account best practice at the time.

**Rationale:**

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.
* Activate a known plan of action with which all staff are familiar.

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

**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 of St. Fergus’ National School and robust measures have been put in place to ensure no children or staff are put at risk.

* A safety Statement has been prepared by the school’s Board of Management whereby all hazards are identified and remedial measures are outlined, if required.
* The school is insured under Allianz and a school activities policy, underwritten by Allianz is provided to all children through the Parents Association and school funds.
* Specialist First Aid Training will be provided for interested staff in 2016 on Basic First Aid and the Board will provide further training as required.
* Each classroom teacher regularly instructs his/her class on issues relating to safety in the class/yard. Children are required to be seated if the teacher is not present in the room. Teachers will inform another staff member if they must absent themselves briefly from their class. This other staff member will act in a supervisory role until the teacher’s return. Clear instructions are given regarding the use of potentially hazardous equipment in art, science or P.E. Safety issues are addressed through the SPHE 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.

**Resources:**

The First Aid Box can be located on the wall of the Staff Room. A small First Aid Kit is available for teachers to take with them on school outings. These can be collected from the Staff Room by the teachers who are going on the outing and should be returned after use. These First Aid supplies are also available for use during school sports activities. Back up supplies are available:

* In the drawers of the Staff Room.
* From the school office – the teachers or SNAs will inform the school secretary of impending shortages. The secretary will reorder supplies and the SNAs will restock the kits as necessary.

Contents of the First Aid Box:

* Adhesive Plasters.
* Antiseptic Wipes
* Sterile Eye Pads.
* Sterile Wound Dressings.
* Triangular Bandage and Safety Pins.
* Disposable Examination Gloves.
* Cotton Wool.

An ice pack is available from the fridge in the staff room. Single use ice-packs are also available in the staff room. One of them should be used in the case of severe swelling/bruising.

Anti-sting spray is available in the First Aid Box.

An Anepen and Zirtek are available in the First Aid Box in the Staff Room for use by a pupil with allergies to shellfish. A similar kit is also kept in the teacher’s desk of that pupils class. Teachers have been instructed on the use of these and explanatory notes are available with each pack.

**Procedures:**

Minor Accident/Injury in Yard: There is one teacher and one SNA on yard duty during breaks. If deemed necessary the injured child will be sent indoors to the Staff Room for attention. Two other children may be asked to accompany them.

Cuts are cleaned using antiseptic wipes/water and cotton wool. A plaster/bandage is applied if appropriate. The use of plastic gloves is advised at all times. Ice-packs are available for treating minor bumps, bruises and sprains. The injury and treatments given are recorded on the Yard Injury Sheet and given to Mrs. Gee to be filed in the Incident Folder. When necessary parents are notified by the class teacher/secretary. In the case of all injuries sustained to the head parents are contacted by phone as a matter of course. Parents will then be asked to arrange for pupils to be collected by a family member.

More Serious Accident/Injury in Yard: All head or eye injuries are considered to be potentially serious. Severe bleeding and suspected broken bones are serious. If it is considered safe to do so, the child is taken indoors (the procedure for treating very serious injuries listed below). Pupils/Guardians are contacted immediately and asked to come to the school. Until the parents arrive the child is kept under observation. The assistance of another member of staff will be sought. An Incident Report Form will be filled out subsequently, signed and returned to Mrs. Gee for file.

Very Serious Accident/Injury: In the event of a very serious injury parents/guardians are immediately contacted. If the considered opinion of the attending staff is that immediate help is required then an ambulance/medical assistance is called. I the ambulance arrives before the parents do then a staff member (designated by the Principal) will travel to the hospital/doctor’s surgery with the child. Parents are kept informed of the developing situation. An Accident Report Form is completed and kept on file. In addition the school insurers are informed on the Allianz Special Incident Report Form.

Accidents/Injuries during Class Time: The Class teacher is responsible for treating minor injuries that occur during classroom activities. The incident should be recorded on the Incident Report Form and returned to Mrs. Gee for filing.

Serious injuries which happen during class time should be dealt with as above. The assistance of another staff member should be sought immediately.

Accidents/Injuries at other times: If an accident happens while a child is coming to school or is on his/her way to another classroom, the teacher who first comes upon the child will take on the duty of care.

If an accident happens while on a school outing, the teacher in charge of the group will, as far as possible, follow these guidelines and will record the incident in the Incident Report Form and return to Mrs. Gee for filing.

If an accident/injury happens during after school activities (organised by the school) the attending teacher will, as far as possible, follow these guidelines and record the incident appropriately.

**Categories of Injury/School Procedures:**

Minor Cuts and Bruises:

* Clean around cuts using cotton wool and water or antiseptic wipes, cleaning from the centre outwards.
* Disposable gloves should be worn to reduce the risk of infection.
* Check for any small bodies which may have become embedded in the wound. Remove if possible.
* Plaster is placed on the wound if necessary.
* Teacher observation is maintained.
* Child is advised to show parents.

Sprains/Bruises:

* The process of RICE (ie. rest, ice, compress and elevate) is implemented.
* Teacher observation is maintained.
* Of in doubt, parents are contacted.

Faints & Shocks:

* Place the casualty in the recovery position.
* Check vital signs.
* Ensure that there is fresh air.
* Reassure casualty.
* Parents are contacted.

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.
* Parents are contacted.

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 seek medical assistance.

Unconsciousness:

* Send for Defibrillator – on main entrance wall.
* Send someone to phone ambulance/Do so yourself.
* Send someone to phone parents.
* Check vital signs.
* If subject is not breathing commence artificial respiration until defibrillator arrives. Begin defibrillation.
* 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.

Eye Injuries:

* If there is something in the eye, the eye may be irrigated with water.
* For bruising/black eye a cold compress/ice pack 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.
* Parents will be contacted.

Nose Bleeds:

* Do NOT tilt the head back.
* Pinch the casualty’s nose just below the bridge and apply constant pressure for at least 10 minutes.
* Seek medical help and contact parents if the bleed continues for more than 30 minutes or earlier if considered opinion dictates this.

Stings:

* Anti-Sting is used.
* Child is observed for potential allergic reaction to the sting.
* Parents may be contacted if teacher has a concern.

Head Injury/Possible Concussion:

* The Board of Management of St. Fergus’ National School recognises that head injury and concussion may occur to pupils who participate in physical activity as well as during playground games. These injuries must be taken extremely seriously.

Recognition of Head Injury/Concussion:

A student shall be suspected of suffering a head injury or a concussion if any of the following symptoms are observed arising from possible blunt force trauma, acceleration of force or deceleration of force.

* Transient confusion, disorientation or impaired consciousness.
* Dysfunction of memory.
* Loss of consciousness.
* Signs of other neurological or neuropsychological dysfunction including:
* Seizures
* Irritability
* Lethargy
* Vomiting
* Headache
* Dizziness
* Fatigue

Staff will have reason to believe the above symptoms are manifested when a pupil exhibits:

* Balance problems
* Dazed, blank or vacant look
* Confusion
* Forgetfulness
* Inaccuracy answering questions
* Double vision/vision changes
* Sensitivity to light
* Concentration difficulties
* Sluggish/foggy feeling
* Delayed verbal or motor responses
* Disorientation
* Slurred or incoherent speech
* Emotions out of proportion to circumstances
* Any period of loss of consciousness
* Grabbing or clutching of head.
* Lying/sitting motionless on the ground

If a student has ANY ONE of the above visual clues it must e acted upon by staff IMMEDIATELY.

The student must not be left alone and should be under adult supervision at all times.

Parents are contacted immediately and requested to come to the school to assess their child, in the interest of Health and Safety and due to the potentially harmful implication of head injury and/or concussion.

In the event that a student’s parents cannot be reached and the student is unable to be sent home, they will be closely monitored within the class by the class teacher and the SNA. The school will continue efforts to reach a parent. If there is a query about the status of the pupil, or if the student cannot be monitored appropriately they must be referred to the appropriate medical personnel for evaluation.

Emergency Management and Referral: The following situations indicate a medical emergency and require emergency medical assistance. The student should be transported immediately to the nearest emergency department via ambulance/medical facility.

* Any student with a prolonged loss of consciousness and who is not stable (i.e. condition is worsening)
* A student who exhibits any of the following symptoms.
* Deterioration of neurological function.
* Decreasing level of consciousness
* Decrease or irregularity in respiration
* Any signs or symptoms of associated injuries, spine or skull fracture or bleeding.
* Seizure activity.

The priority for this type of injury is to seek medical attention as quickly as possible and then to inform parents and request that they come to the school.

Contact Numbers: Parents/Guardians are asked to provide contact and emergency numbers at the start of each school year. It is parental responsibility to inform the school of any changes to these numbers. These numbers are available at all times in the school secretary’s office.

Record Keeping: All injuries/accidents of a serious nature are recorded in the Incident Report Form and sent to Mrs. Gee for filing. All incidents which require medical intervention fall into this category.

Very serious accidents/injuries will also be notified to the school’s insurers on the special Incident Report Form. This will be done by the Principal.

Relevant medical information on all pupils is obtained at the time of enrolment on a special section of the enrolment form. It is parental responsibility to inform the school of any changes or new development in their child’s medical profile.

Any information received which has implications for yard supervision will be passed on to the relevant staff of the school. All information will be dealt with in the strictest of confidence.

**Evaluation:**

The success of this policy is measured by the following set of criteria:

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

Implementation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chairperson of Board of Management.

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