



Health and Safety Policy

**FIRST AID
ACCIDENT/INJURY POLICY
ACUTE MEDICAL CONDITIONS**

**OUR LADY OF GOOD COUNSEL
GIRLS' SCHOOL**

**Last Revision:
September 2026**

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1: Introduction:

This revised policy was first drafted in June 2008 and is in line with Health & Safety legislation. It followed discussion with the school staff and pupils. It has been presented to a representative group of parents and the Board of Management for ratification. It applies to all users of the school premises and all school related activities. A separate policy exists to cover external agencies using the school premises outside of school hours.

1.1: 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 arrangements are in place to deal with injuries/accidents 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.

1.2: Roles and Responsibilities:

The overall responsibility for the day to day management of school supervision/routines rests with the Principal, Ms. Lisa Breen and Deputy Principal, Ms Julie Cluskey. Deputy principal will set out supervision rotas for yard duty on a daily basis. The class teacher is responsible for classroom supervision and teachers on yard duty are directly responsible for the supervision of pupils at break time.

1.3: School Ethos:

This policy re-enforces the elements of the school mission statement which advocates providing a safe and secure learning environment for each child and ensuring a duty of care at all times when the school is in operation.

1.4: Aims/Objectives:

- 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 training, staff development and the effective use of outside expertise, so that children have access to proper interventions
- To comply with all legislation relating to safety and welfare at work

1.5: Procedures:

Safety of pupils and staff is a priority for the Board of Management, and robust measures have been put in place to ensure that no children or staff are put at risk.

- A comprehensive school Safety Statement was prepared by the school community whereby all hazards were identified and remedial measures were outlined, as required.
- A review audit is conducted annually.
- The school is insured by Allianz and a Pupils Personal Accident Insurance Policy (a 24 hour policy), is in place for all children.
- The provision of specialist First Aid Training for staff has been identified as a priority by Board of Management and training is provided to staff every two years.
- Each classroom teacher regularly instructs his/her class on issues relating to safety in the class/yard. Dangerous practices such as, running fast in the Infant areas, engaging in “horseplay”, fighting etc. are subject to severe sanctions. (see School Anti-Bullying Policy /Code of Behaviour).
- The Principal gives regular reminders at Tionól. (assembly)
- Certain procedures are in place in the event of accidents. (See School Procedures)
- There are at least two teachers and relevant class S.N.A.s on yard duty at any one time.(Sixth class pupils also assist with younger classes)
- The Meadow and infant yards (much smaller groups) will have one teacher and relevant class SNAs on duty.

2: General Procedures for Accident/Injury:

2.1: Minor Accident/Injury:

The injured party is initially looked after by the teacher on yard duty and then the class teacher is called- if deemed necessary. Cuts are cleaned with water and cotton pads and bandages/plasters applied if deemed appropriate. The use of plastic gloves is advised at all times. The teacher on yard will decide if the child needs to be brought in from the yard to be cleaned up by an SNA or if it is appropriate to wait until yard is finished. Parents are notified as a matter of protocol via Aladdin or in the dialann scoile at home time.

Parents are asked to keep a close on Aladdin and the dialann scoile as a form of communication of such incidents.

2.2: More Serious Accidents/Injuries:

If considered safe to do so, the injured party is taken inside by an adult and the class teacher is called to take over. Parents/guardians are immediately informed, particularly if there is a suspicion of broken bones/head, neck or eye injuries. The child is kept under intense observation until parents /guardians arrive, with the emphasis on making the child as comfortable and as settled as possible. Parents are kept informed of a developing situation.

PLEASE BE REMINDED THAT AN UPDATED PUPIL INFORMATION FORM MUST BE COMPLETED ON AN ANNUAL BASIS, in order to be clear about the current preferred mobile number in times of emergency.

2.3: Very Serious Accidents/ Injuries:

In the event of a very serious injury, parents/guardians are immediately contacted. If the incident happens on yard, the class teacher is also informed immediately. If the considered opinion of the staff is that immediate professional help is required, an ambulance is called. Parents are kept informed of developing situations. Deputy principal/ principal should be informed. Red first aid card in classrooms should be used to seek assistance if teacher is alone.

NOTE:

It is strongly recommended by the Board of Management that a child recovering within one of the above categories and who presents at school (e.g. in plaster or on crutches) must have a medical cert stating they are fit to be in school. There is no longer a first aid station, so that pupil must go to yard as normal and may sit on a chair/ bench if needed.

3: Categories of Injury / School Procedures

3.1: Unconsciousness

- Ring for medical help.
- Place child in recovery position.
- Use the First Aid card/red card to seek help
- Ring for parents.
- If subject is not breathing, artificial respiration is applied.
- **Staff should used details procedures found in appendix 1. These procedures should be found hanging in every classroom beside the door.**
- Follow advise of emergency operator.
- Use defibrillator located in school hall if required.
- Other children are kept away. A record is made after dealing with the child on the online Accident/injury report form.

3.2:Severe Bleeding:

- GET HELP! Act instantly.
- Use the First Aid card/red card to seek help
- Contact parents.
- Set or lie the injured party 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.
- If blood shows through the dressing then place another one over the first and bandage firmly.
- Treat for shock.
- If very serious contact emergency services immediately.
- Record on the online accident/injury form.

3.3: Head injury:

- Parents informed ASAP.
- Class teacher informed straight away, if incident happens on yard.
- Class teacher to keep very close observation of child and to keep parents updated through the school office.
- Parents will be advised to come and collect the child if the child appears to be sick in any way.

3.4: Burns/Scalds:

- Immediately remove child from area of danger.
- Cool burnt area with cool/ luke warm running water.
- Remove rings etc. and other tight fitting accessories.
- Do not remove objects stuck to skin.
- In the event of a minor burn use a special burn gauze/burneze. Record and complete an online accident and injury form.

3.5: Choking:

- First ask the child can they cough, speak or breathe- if they can't do these things they may be choking.
- If they can cough/ speak;
 - encourage them to cough 'it' out and keep calm. Reassure them that they are not choking.
 - If they cannot cough it out, you may need to give them some slaps on the back, this should help; stand behind the child, support them in the leaning forward position and give 5 slaps to the back, between the shoulder blades. You may need to slap harder if the item is not coming up.
 - If this does not work, call for help from another adult, you may need to squeeze the object out. Stand or kneel behind the child and give 5 abdominal thrusts. Do not apply pressure to the ribs.
- If they cannot cough/ speak:
 - Do all of above.
 - Continue the abdominal thrust and phone for an ambulance.
 - If the child becomes unresponsive, you need to follow the steps in 3.1.

Staff should used details procedures found in appendix 2. These procedures should be found hanging in every classroom beside the door.

3.5: Faints and Shocks:

- Lie the casualty down.
- Raise the 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.
- The event is subsequently recorded on the online Accident/Injury form.

3.6: Sprains/Bruises:

- Contact parent.
- Teacher observation is maintained. A record is made on the online accident report form.

3.7: Stings/Bites:

- Waspeze is used for stings. (located in first aid cabinet in staffroom)
- If case is serious/ parent/s are contacted. A record is made on the online Accident/Injury form.

3.8: Minor Cuts and Bruises

- Clean around cuts, cleaning from the centre outwards.
- Gloves are used at all times to reduce risk of spread of infection.
- A check is carried out to locate small bodies which may be embedded in the wound.
- Plaster, gauze is placed on the wound, if necessary.
- S.N.A. observation is maintained in yard, followed by teacher observation in classroom.
- Children are advised to show/tell parents.

The First Aid Policy is based on collective teacher input. The teacher on yard duty is automatically assisted by others in the case of any injury.

4. Resources:

Two First Aid Boxes are located in two strategic areas of the school and small First Aid Boxes are in every classroom. All staff are aware of these locations. The contents of such boxes are replenished when deemed necessary by a designated staff member. Each class has two red-cross cards and one red card. In case of emergency a child takes one to the nearest adult to summon immediate assistance.

5. Record Keeping:

All accidents / injuries are recorded on the online **Accident/Injury Report Form**. The accident report form lists date and time of accident, witnesses, nature of injuries, a brief description of the circumstance of the accident, procedures followed by staff etc. Very serious injuries will be notified to the Schools Insurers on the special Incident Report Form. Relevant medical information on all pupils is obtained at time of enrolment on the school's enrolment form. If necessary an Acute Medical Form is also completed. This requests parents to list more detail of the child's medical condition e.g. allergies necessitating the use of the EpiPen. All pupils with Acute Medical conditions have a Personal Care Plan file, one copy in the classroom, and another copy in the office.

6. Administration of Medicine:

This policy is formulated in accordance with guidelines issued by the (Primary Schools' Managerial Bodies) and the Irish National Teachers' Organisation. This review was ratified by the Board of Management in September 2015 and is reviewed annually.

6.1:Introduction

The Board of Management has a duty to safeguard the health and safety of pupils when they are engaged in authorised school activities.

The Board of Management requests parents to ensure that the school is made aware in writing of any acute medical condition suffered by their child. This information should be provided at enrolment or at the development of any medical conditions at a later date, and should also be included in the **Annual Pupil Confidential Form/Acute Medical Forms** .

Medication in this policy refers to medicines, tablets, adrenaline, inhalers and sprays administered by mouth or by injection.

6.2: Procedures:

The procedure to be followed by parents who require the administration of medication for their children is as follows: -

- The parent/guardian should write to the Board of Management requesting the Board to authorise staff members to administer the medication or to monitor self-administration of the medication. The appropriate school forms are available from the school office.
- Parents are required to provide written instructions of the procedure/s to be followed in the administration and storage of the medication.
- Parents are responsible for ensuring that the medication is delivered to the school and handed over to a responsible adult and for ensuring that an adequate supply is available. It is also the responsibility of the parent and teacher to ensure the medication is renewed prior to expiry date.
- The medicines should not be kept by the pupil but in a secure location out of reach of pupils. Certain medicines, such as inhalers used by asthmatic children, and children with anaphylaxis must be readily accessible at all times of the school day, both on and off site. The medicine should be either self-administered if possible, under the supervision of an authorised adult, or administered by a BOM authorized adult.
- Medication will be kept where it is readily available. In some cases it will be stored safely in the classroom, clearly labelled, easily seen, away from radiators and direct sunlight, but easily assessable to a responsible adult (e.g. Teacher/SNA). In other cases it may need to be stored in a school fridge.
- Parents are further required to indemnify the Board and authorised members of staff in respect of any liability that may arise regarding the administration of prescribed medicines in school. The Board will inform the school's insurers accordingly.
- Changes in prescribed medication (or dosage) should be **notified immediately** to the school with clear written instructions of the procedure to be followed in storing and administering the new medication.
- Requests for administration of medication should be renewed at the beginning of each school year.
- Where children are suffering from life threatening conditions, parents should outline clearly in writing, **what should and what should not be done** in a particular emergency situation, with

particular reference to what may be a risk to the child. All parents are required to provide a telephone number where they may be contacted in the event of an emergency arising.

- All of the above details will be outlined in a Personal Pupil Care Plan, a copy of which is kept in the classroom and another in the office.
- The principal/BOM having considered the matter, will authorise a staff member/s to administer medication to a pupil or to monitor the self-administration by a pupil.
- The principal/BOM will ensure that the authorised person is properly instructed in how to administer the medicine.
- The principal/BOM shall seek an indemnity from parents in respect of liability that may arise regarding the administration of the medicine.
- The Board shall inform the school insurers accordingly.
- The principal shall make arrangements for the safe storage of medication and procedures for the administration of medication in the event of the authorised staff member's absence.

6.3:Responsibilities of Staff Members

- Any staff member who is willing to administer medicines should do so under strictly controlled guidelines in the belief that the administration is safe.
- Written instructions/and or training on the administration of the medication must be provided.
- Medication must not be administered without the specific authorisation of the Board of Management.
- In administering medication to pupils, staff members will exercise the standard of care of a reasonable and prudent parent.
- A written record of the date and time of administration will be kept.
- In emergency situations, staff should do no more that is obviously necessary and appropriate to relieve extreme distress or prevent further and otherwise irreparable harm.
- Qualified medical treatment should be secured in emergencies at the earliest opportunity.
- The Principal will appraise all staff/substitute staff of any child with acute medical conditions requiring medication- notice board in staff room will display photos of those with acute medical conditions.
- Going off-site (e.g. tours, walks, park, sports etc.) medication must be brought on all off-site trips and replaced in correct storage on return at earliest possible opportunity.
- Parents should be contacted should any questions or emergencies arise.

7.Evaluation

The success of this policy is measured from a set criteria –

- Maintaining a relatively accident-free school environment.
- Positive feedback from staff, parents, children.
- Continual yard observation of behaviour by all staff engaged in supervision duties.
- Monitoring and evaluation of effectiveness of policy at staff meetings.

8.Ratification

This revised policy was ratified by the Board of Management at a meeting on October 12th 2022 and is reviewed on an annual basis. Some adjustments will be made if necessary. Following consultation with a small number of parents it is available to the general parent body on the school website.

Signed

M Kenaghan. 29/12/26

Chairperson of the Board of Management

Lisa O'Leary

Principal



Accident Report Form (Now Completed Online)

Date: _____ Time: _____

Child's Name: _____

Nature of Injuries: _____

Circumstances: _____

Witnesses: _____

Procedures followed: _____

Please tick relevant procedures followed

Record made in Yard Book _____

Class Teacher informed _____

Accident/Injury Form completed _____

Form delivered to office promptly _____

Follow up done with Class Teacher _____

Parents informed (if necessary) _____

Follow Up: Please detail follow up procedures including times.

Signature of Teacher on Duty: _____

Date: _____

Please indicate the location of accident/injury and location of adults present



Parental Form/Storage and Administration of Medicine

The following are the procedures to be followed in storing/administration of my child's medicine.

The medicine is _____

It must be kept at all times _____ (accessible to class teacher, SNA, with child).

The correct dosage is _____

The following are the times this medicine should be administered _____

Please outline clearly when/how this medicine should be administered _____

I understand that I will be responsible for ensuring that an adequate supply of medication is always up to date and available to the authorized staff.

I have written to the Board of Management requesting it to authorise a staff member or members to administer this medicine in line with the above instructions

I have signed the indemnification form and attached it to this form.

My telephone contacts are _____ home _____ mobile

_____ work _____ other

Signed: _____ Parent/Guardian

Date: _____



Administration of Medicines in Schools Indemnity

THIS INDEMNITY made the day of _____ 20 _____ **BETWEEN** lawful father / mother/Guardian of Name: _____ (hereinafter called 'the parents') of the One Part **AND** for and on behalf of the Board of Management of School situated at in the County of (hereinafter called 'the Board') of the Other Part.

WHEREAS:

1. The parents are respectively the lawful father and mother/Guardians of a pupil of the above school.
2. The pupil suffers on an ongoing basis from the condition known as _____.
3. The pupil may, while attending the said school, require, in emergency circumstances, the administration of medication.
4. The parents have agreed that the said medication may, in emergency circumstances, be administered by the said pupil's classroom teacher and/or such other member of staff of the said school as may be designated from time to time by the Board.

NOW IT IS HEREBY AGREED by and between the parties hereto as follows:

In consideration of the Board entering into the within Agreement, the parents, as the lawful father and mother /Guardians respectively of the said pupil **HEREBY AGREE** to indemnify and keep indemnified the Board, its servants and agents including without prejudice to the generality the said pupil's class teacher and/or the Principal of the said school from and against all claims, both present and future, arising from the administration or failure to administer the said medicines.

IN WITNESS whereof the parties hereto have hereunto set their hands and affixed their seals the day and year first herein **WRITTEN**.

SIGNED AND SEALED _____

(By the parents in the presence of). **SIGNED AND SEALED**

(By the said in the presence of).



Record of Date and Time and Dosage of Medication

DATE _____ TIME _____

BY WHOM _____

DOSAGE/DETAILS _____

Signed: _____ (Parent/s)

Signed: _____ (Principal)

Date: _____

Appendix 1:



Procedures: CPR:

The following guidelines have been advised by the HSE and should be followed when giving CPR:
It is each staff members responsibility to familiarise themselves with these procedures.

Call 112 or 999 immediately and ask for an ambulance if:

- the child stops breathing or becomes unresponsive

Give them your exact location or [Eircode](#) if possible.

Start CPR straight away

Cardiopulmonary resuscitation (CPR) is also known as mouth-to-mouth. It's a mix of mouth-to-mouth rescue breaths and chest compressions.

A chest compression is when you apply pressure to someone's chest who is not breathing.

You do this to keep blood and oxygen flowing in the body.

Information:

You do not have to do the mouth-to-mouth part to save a life, but you must do the compressions.

Do CPR until help arrives

Stay on the phone. The emergency call operator will guide you on what to do next.

They'll give you instructions on how to do CPR, if it's needed.

If you are doing CPR, send someone to get an automated external defibrillator (AED).

It is crucial to continue CPR until paramedics arrive.

Information:

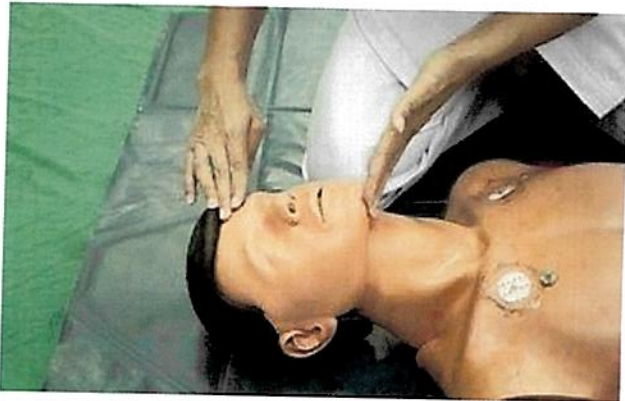
Even though you are still on the call, ambulance paramedics are on their way to you.

How to give CPR to a child age 1 year and older

Step One: Open the airway

1. Put one hand on their forehead.
2. Tilt their head back.
3. Lift their chin.

If you can see an object in their mouth or nose, try to remove it.



Step 2: Do 30 chest compressions

1. Place your hands on the centre of their chest.
2. With the lower part of your hand, press up and down one-third of the depth of their chest using one or two hands.

Do the compressions slightly faster than 1 a second. Push hard. Push fast.

A good way to keep the rhythm is to do the compressions to the beat of '500 miles' or 'staying alive'.



Press down on their chest using 1 or 2 hands

Step 3: Give 2 breaths after every 30 compressions

1. After every 30 chest compressions, give 2 breaths.
2. Continue with cycles of 30 chest compressions and 2 rescue breaths.

Do this until 1 of the following happens:

- they begin to recover
- emergency help arrives
- an AED is used

Switch the AED to child mode if your child is under age 8 or use adult mode if child mode is not available. Follow the instructions on the AED or from the emergency call operator.

Appendix 2:



Procedures: Choking:

The following guidelines have been advised by the HSE and should be followed in a case of choking:

It is each staff members responsibility to familiarise themselves with these procedures.

Choking in children age 1 year or older:

If a child starts coughing all of a sudden it may be a sign that the child has partially blocked their airway so pay close attention to them. If they are unable to breathe, cry, talk or cough, they may be choking.

Emergency action required: Call 112 or 999 immediately if:

The child is not conscious or is unresponsive or if you get to Step 3 and the object has not been dislodged.

If the child is conscious but they are not coughing effectively, you'll need to deliver first aid. Follow the steps below:

Step 1 - cough it out

If the child is coughing effectively, encourage them to cough.

If that does not work, you may need to try slap it out. Do not start slapping the child on the back if they can cough. If there isn't another adult in the room send a child to the nearest adult with the red cross sign.

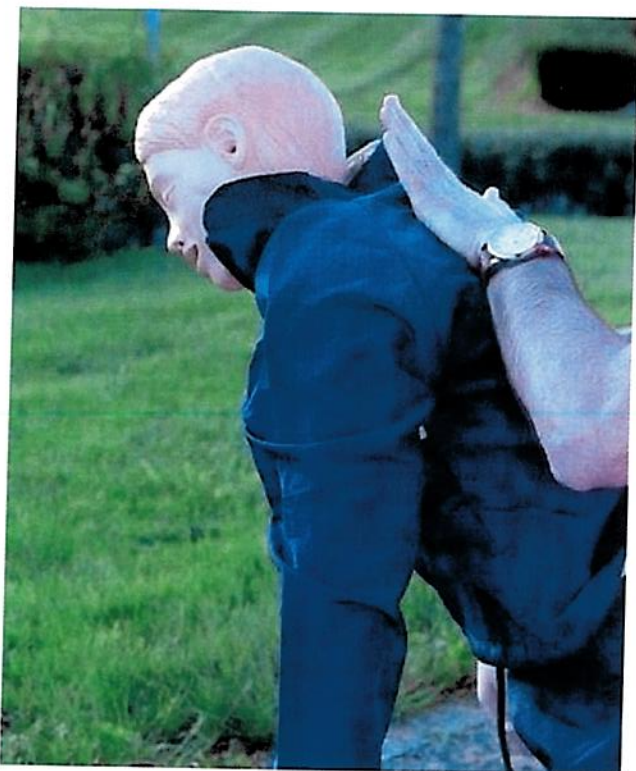
Step 2 - slap it out

Stand behind the child. Support them in a forward-leaning position.



Supporting the child in a forward-leaning position

Give up to 5 slaps to the back between the shoulder blades.



If this does not dislodge the object, you will need to try and squeeze the object out.

Step 3 - squeeze it out

Stand or kneel behind the child.

Give 5 abdominal thrusts (this is called the Heimlich manoeuvre).



Child abdominal thrusts:

Clench your fist and place it between the belly button and the ribs.

Grasp this hand with your other hand and pull sharply inwards and upwards.

Do not apply pressure to the ribs as this may cause damage.

Step 4: Call 112 or 999 if: the child is still choking, if you have not already called. The parent should also be called at this point and told to come straight away.

Keep doing 5 back blows and 5 abdominal thrusts. Do this until the object pops out, the ambulance arrives or the child is unresponsive.

If the child is unresponsive, you will need to begin CPR. Please see separate procedures.

If you see the object during this process, remove it with your fingers. Do not place your fingers into the child's mouth if you cannot see the object.

If the object does come out, the parent should still get medical help afterwards. This is in case part of the object remains or the child has had an injury during the procedure. For this reason the parent should always be notified if any intervention for choking takes place.

Children must be closely supervised when eating. Please do not leave the children unaccompanied when they are eating. This is very important.

The following items are deemed choking hazards and should not be brought to school or given out by staff, please note each item on this list:

- whole or chopped nuts (including peanuts)
- marshmallows
- popcorn
- chewing gum
- small hard round or oval-shaped sweets - these include boiled sweets, cough drops, fruit gums, jelly beans, lollipops, caramels and chocolate mini eggs
- small hard chocolates

Other items should be chopped by parents before being brought to school:

- sausages, hot dogs and frankfurters
- apples and pears
- tomatoes
- lettuce and other raw salad leaves
- spinach and cabbage

The following advice will be given to parents:

Remove or peel skins and cut lengthways into small pieces no bigger than your child's small fingernail.

Finely chop salad leaves. Cook spinach and cabbage until soft and chop finely.

Other items which are choking hazards are;

- button batteries and small batteries
- magnets
- small jewellery, parts of jewellery and teething jewellery
- coins
- keys
- pen lids
- balloons * (should not be given out in school)
- small toys and parts of toys
- marbles
- elastic and loom bands
- hair clips and accessories
- headbands and hairbands
- decorative and jewellery bands
- under-sized, worn or torn soothers or dummies
- wet wipes such as baby wipes and cosmetic wipes

Some of these items will be used in school but children should be reminded to avoid putting items in their mouths. Close supervision of children who put items in their mouths should take place.