

First Aid Policy

Each Staff Member is aware of their duty of care towards the children in their class. Classroom management is directed towards the safety of each child while in the school building and in the playground. Each teacher promotes the individual safety of each child by implementing intelligent guidelines for the safe conduct of the children while under her care – no running in classrooms or hallways, no climbing on furniture, no pushing, all exits are kept clear and pathways to exits are kept clear at all times.

At the beginning of the school year, each teacher reads the simple school rules for safety to his/her class. The Principal may also visit each class and endorse these rules. (See Appendix for list of Rules)

The Board of Management oversees that due care and the necessary precautions are taken to provide a safe environment for the children, staff, parents and visitors to Howth Road Mixed National School

Aims

The aims of The First Aid procedures are as follows: -

- (i) To assess and treat minor injuries
- (ii) To identify major injuries and pursue policy in place for treating same (see treatment of injuries page)
- (iii) To provide basic First Aid treatment for Minor Injuries
- (iv) To provide a common approach for the administering of First Aid.
- (v) To ensure that safe practices are being followed in the administration of First Aid.

Procedures for Administering **First Aid**

For Minor Injuries

- The injured party is brought by the adult on duty in the play area of the injured party to the First Aid Cabinet by the prefab entrance doorway.
- The adult on duty treats the injury as per First Aid Training best practice and notifies the class teacher of the treatment given upon return to class.
- All Staff Members must wear sterile protective gloves when treating all incidents.
- On completion of treatment, the person treating the injury completes a note of the same in the Accident Log book, noting the date, injured party's name, the nature of the injury and the action taken.
- The Class Teacher may, if deemed necessary contact parents either by phone or by written note to inform them of the injury.

Treatment of Injuries

A. Cuts and Bruises

- All personnel administering First Aid must wear protective sterile gloves.
- The severity of the injury is assessed.

*Minor cuts and grazes are bathed in warm water with antiseptic.

*If a cut or graze is bleeding, antiseptic ointment and a plaster is applied.

*If a child is allergic to basic First Aid products as detailed in their Filing Form (see Appendix for copy) – alternative treatment will be administered as advised by the parent of the child.

B. Bumps and Bruises

- The severity of the accident is assessed.
- If only a minor injury, an ice pack is applied.
- Injury is recorded in the Accident Log Book.

Head Injuries

- **Any injury to the head is assessed very carefully.**

A:

- If it is a slight bump with
 - a) no discolouration
 - b) no swelling
 - c) no bleeding
- an ice pack is applied and
- the child is kept under observation in the secretary's office.
- An accident form is completed.
- The accident is recorded in the Accident Log Book.

B:

If it is a more serious injury where there is any of the above (a-c) present, and there is the slightest possibility that the child may be deemed to be suffering from concussion or shock, the same procedures as above are followed AND the teacher will contact the parents and or an ambulance immediately. It is the policy of Howth Road Mixed National School to treat ALL head injuries as potentially serious.

While awaiting the arrival of the ambulance, the injured child will be put in the recovery position if necessary, kept warm and as comfortable as possible.

Medical Conditions

- If a child has a medical condition or allergy – this is recorded and noted at Enrolment and relevant teachers informed.
- If a child has to have medicine administered on an ongoing basis during school hours, the parents must sign an Indemnity Form (see Appendix) and return to office.
- All medicines must be handed up to Teachers – if a child has to take medicine during the school day – medicine is handed up to teacher.
- If medication has to be retained in the school premises for treatment of allergies or long term medical conditions it is kept in a **locked** drawer in the classroom.

Roles and Responsibilities

- The Board of Management has overall responsibility for Health and Safety (which includes First Aid).
- The Principal oversees that correct practice and procedures are followed regarding First Aid.
- The Safety Representative on Staff has responsibility for ensuring the stocking and purchasing all First Aid Equipment has taken place.
- The Safety Officer on the Board of Management is responsible to oversee all necessary precautions are in place to provide a safe environment for all in Howth Road Mixed National School.

Provision of First Aid Equipment

- The Safety Representative ensures that the supplies for First Aid are replenished weekly.
- First Aid boxes are located in the main school building between at the Prefab entrance, in the hall kitchen and staffroom.
- The contents of the First Aid box are outlined in the Appendix.
- Each teacher in charge of extra curricular activities at school and away sporting events, aswell as school trips and tours has the responsibility to take a First Aid Kit assigned to that activity (even where one is provided upon arrival).

Location of First Aid Station

- First Aid materials are kept in a locked cupboard in the Prefab entrance hall
- All injuries are treated here.
- Ice packs are stored in the Fridge/Freezer in the kitchen.

Staff Training

- The Board of Management funds the In Service Training in First Aid for Staff.
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Formulation of Policy

- This policy has been formulated through consultation between The Principal, Staff, safety representative and Board of Management.
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Implementation

The Principal, Staff and Safety Officer and Safety Representative in conjunction with the Board of Management are responsible for the implementation of this policy.

Review

This policy will be constantly reviewed at

Staff level,

Board of Management level

And revised accordingly.

The Board of Management ratifies all changes to this policy.

Appendix

- (i) Accident Form**
- (ii) Filing Form**
- (iii) Indemnity Form**
- (iv) Contents of First Aid Box**
- (v) Information on Seizures**
- (vi) Rules**

You are here: [Partial Seizures](#)

Complex Partial & Non-Convulsive Seizures

Complex Partial Epilepsy is so called because it arises from one area within the brain rather than the entire brain. This type of epilepsy is often referred to as Temporal Lobe Epilepsy or Psychomotor Epilepsy as the seizures more commonly arise from the temporal lobes of the brain - however, they may arise from other areas also.

Complex partial seizures from the temporal lobes result from excessive electrical activity beginning in the temporal lobes which control emotions, sensations, short-term memory and sexual feelings.

This activity may remain confined to this area or spread to the rest of the brain to cause a secondarily generalised seizure.

Watch out for any of the following possible signs:

The following may not always indicate seizures but where witnessed need to be assessed medically.

Staring episodes with failure to respond - trance like performance	Unprovoked irritability
Slight twitching or jerking of head, arm or leg	Excessive blinking
Confused states	Purposeful activity at inappropriate times
Disjointed speech	Sudden dramatic mood changes - e.g. anger to euphoria, emotional outbursts such as fear, laughter, crying, rage with no obvious cause
Abrupt abandonment of task	Sudden departure from a given setting
Aimless wandering	Plucking & pulling at clothing
Repetitive movements	Sudden blanching or flushing of face
Unexplained abdominal distress e.g. nausea, butterflies	Headaches, dizziness, blurred vision
Strange tastes, smells or odours	Distorted sensations (tingling, numbness, heat, cold, touch, heavy or light)
Distorted perceptions (hearing sounds or seeing images, changes in shape or size of surroundings)	Change in speech pattern e.g. stuttering or slurred speech, altered tone or volume
Asking for information to be repeated several times	Lack of recall for recent activity
Agitated behaviour	

Responding to Non Convulsive Seizures - what you should do to help

Stay calm - if you react in panic the person may become agitated.

An ambulance is unnecessary unless the person is hurt or doesn't recover from the seizure.

Try to prevent onlookers from crowding around as this can upset the person in the seizure.

Never assume the person heard or understood instructions given even when apparently responsive. Repeat these until you are certain they have understood.

Never speak harshly to the person - use a gentle reassuring voice.

Never try to get the person's attention by grabbing or holding them as they may become startled.

If the person suddenly moves away accompany them until they can respond appropriately.

If the person wanders, gently guide them but do not shout or pull at them.

Never restrain the person unless there is immediate physical danger e.g. fire, water or traffic.

As there will be no recall of events inform the person of the episode when they have recovered fully. Help them record the episode in a diary to show their doctor.

Stay with the person until recovery is complete.

When recovery is complete the person may feel embarrassed or upset and need support and reassurance. Be as supportive as you can and try not to add to their distress by saying "what a fright you gave us" etc.

How will I know if I am having a complex partial seizure?

During these seizures, awareness is affected to some extent. What you may feel varies from person to person. You may for instance experience vague unusual feelings which are difficult to describe in words. You may see "life like" dream pictures or be aware of more intense feelings of anxiety or exhilaration, familiar things may seem strange and vice versa, time may pass quickly or slowly, and surroundings may seem distorted or bizarre. Well known things may seem threatening or you may experience strange smells, tastes etc. You may feel confused and have difficulty remembering the episode. Whilst it is understandable that you may feel reluctant to discuss the episode afterwards it is important that you describe it as fully as you can in your seizure diary. In this way you can relay the description back to your doctor - with particular emphasis on any new features to the episode in order to make an accurate diagnosis.

How will others know if I am having a seizure?

People around you may witness you behaving in a different manner to usual. You may for instance prick at your clothes, smack your lips, blink, swallow, perform repetitive movements, speak in a confused manner, wander in a compulsive manner. Sometimes it is possible to "lose time". You may go through certain motions or actions in an automatic way but have no recall afterwards for the event.

How long will the seizure last?

For some people the seizure may last a few seconds, for others it may go on for longer even up to 20 minutes. A period of confusion following the seizure itself is normal and may last for some time.

What can I do?

To help manage this kind of epilepsy effectively it is important to record and report seizures as accurately as possible and take your anti-epileptic medication as prescribed. Many forms of medication are potentially suitable for treating this kind of epilepsy but for a small number of those whose seizures are harder to control other options such as surgery may be appropriate.

Lifestyle issues such as regular sleep and meals, stress reduction, exercise and a sensible approach to alcohol help many people to manage seizures more effectively.

Identifying possible triggers and features of your seizure pattern will be beneficial also. Understanding your condition enables you to explain it more fully to those around you. When people around you are more aware they may then be more understanding and positive about your epilepsy. Carrying ID which explains epilepsy is helpful when out in public among strangers.

What should someone do to help during a seizure?

All persons who are likely to witness you having this kind of seizure should be made aware of your epilepsy and of appropriate first aid for such seizures. In the course of your seizure, if you put yourself in some danger then gentle guidance from that source of danger may be necessary but NOT forcible restraint. It is helpful if people speak quietly and reassuringly to you during the seizure. Follow the guidelines outlined above and in other information leaflets.

