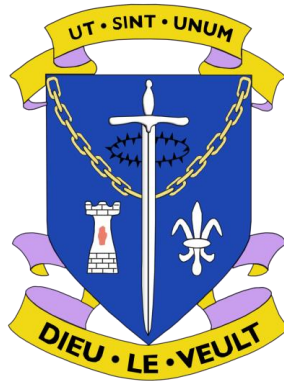


St Louis Grammar School

Kilkeel



First Aid and Distribution of Medication Policy

Date ratified by Board of Governors: November 2024

Reviewed November 2025

Next Review: 2027

Policy Statement

The Principal and Board of Governors of St Louis Grammar 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 Louis Grammar School recognises their statutory duty to comply with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (Northern Ireland) 1997 and agree to abide by the SELB procedure for reporting accidents.

Introduction

'First Aid is the initial assistance or treatment given to someone who is injured or suddenly taken ill'(The Joint First Aid Manual 11th 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.

Other Relevant Policies

The school has a duty to ensure that first aid and distribution of medication policy is considered for all activities and functions. This policy therefore complements and supports a range of other school policies including:

- Use of Reasonable Force/Safe Handling
- Health and Safety Policy
- Staff Code of Conduct
- Intimate Care Policy
- Drugs Policy
- Complaints Policy
- Child Protection Policy
- Trips Policy

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;
- Place individual duties on all employees;
- Report and record accidents using relevant form;
- 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 EA Southern Region 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);
- Notify parent/guardian that first aid treatment was given to the child.

1. Provision of First Aiders

The Designated First Aiders in November 2025 are Sinead O'Hare, Ciara McCartan, Lee Anne McVeigh and Ali Hill

First aid qualifications remain valid for 3 years. The Principal will ensure that refresher training is organised to maintain competence and that new persons are trained should first aiders leave. PE staff and designated personnel undergo regular first aid training as required. An up-to-date list of certified First Aiders is maintained in the General Office and Welfare Room.

2. First Aid Boxes and Contents

The School will provide materials and equipment and facilities to provide First Aid. The location of the First Aid Kits in the School: First Aid Kits are located across key practical and central areas in the school (including designated Science laboratories, Technology workshops, PE areas, Home Economics, General Office, and Welfare Room / Sick Bay). A verified list of exact kit locations is audited and updated termly by the Student Welfare Officer.

First Aid Kit Contents

Technology Department

2 Large Green Kits:

4 Triangular Bandages
 2 Large Sterile Dressing Pads
 6 Medium Sterile Dressing Pads
 2 Eye Pads
 Safety Pins
 First Aid Guidance Leaflet

Alcohol Free Cleansing Wipes
 Sterile Plasters
 Disposable Gloves
 Scissors
 Accident Report Forms

Plaster Box Contents:

40 Assorted Sterile Plasters

Burns Kit:

First Aid Guidance Leaflet

Scissors

2 Paraffin Dressing Pads

1 Bottle Burns Gel

1 Sterile Gel-Saturated Dressing

2 Small Rolls Microporous Tape

4 Assorted Wound Pads

2 Bandages

2 Pair Gloves

Safety Pins

Physics Room

Large Green Kit:

4 Triangular Bandages

2 Large Sterile Dressing Pads

6 Medium Sterile Dressing Pads

2 Eye Pads

Safety Pins

First Aid Guidance Leaflet

1

Bottle Burns Gel

Alcohol Free Cleansing Wipes

Sterile Plasters

Disposable Gloves

Scissors

Accident Report Forms

Chemistry Room / Biology Room/ Science Department Mount Carmel:

Large Green Kit:

4 Triangular Bandages

2 Large Sterile Dressing Pads

6 Medium Sterile Dressing Pads

2 Eye Pads

Safety Pins

First Aid Guidance Leaflet

Alcohol Free Cleansing Wipes

Sterile Plasters

Disposable Gloves

Scissors

1 Bottle Burns Gel

Accident Report Forms

Home Economics Department:

Large Green Kit:

4 Triangular Bandages

2 Large Sterile Dressing Pads

6 Medium Sterile Dressing Pads

2 Eye Pads

Safety Pins

First Aid Guidance Leaflet

Alcohol Free Cleansing Wipes

Sterile Plasters

Disposable Gloves

Scissors

2 Bottles Burn Gel

Accident Report Forms

P.E Department:

2 Bum Bag Kits: To Be Used Off Site.

2 Triangular Bandages
1 Large Sterile Dressing
1 Medium Sterile Dressing
1 Sterile Eye Pad
Safety Pins
1 First Aid Guidance Leaflet
5 Cleansing Wipes
20 Sterile Plasters
1 Pair gloves

1 Crepe Bandage
1 Resuscitation Mask
1 Scissors
1 Ice Pack
1 Foil Blanket
1 Bottle Freeze Spray
1 Bottle Heat Spray
1 Roll of Zinc Oxide Sports Tape

The kits above are to be stored in sickbay and returned after each use.
They are to be signed in and out.

P.E Department:

1 Large Kit Bag:

4 Triangular Bandages
2 Large Sterile Dressing
2 Medium Sterile Dressing
2 Sterile Eye Pads
Safety Pins
1 First Aid Guidance Leaflet
10 Cleansing Wipes
20 Sterile Plasters

2 Pair gloves
3 Crepe Bandages
1 Scissors
3 Ice Packs
1 Foil Blanket
1 Bottle Freeze Spray
Deep Heat Ointment
1 Roll of Zinc Oxide Sports Tape

General Office:

Large Green Kit:

4 Triangular Bandages
2 Large Sterile Dressing Pads
6 Medium Sterile Dressing Pads
2 Eye Pads
Safety Pins

Alcohol Free Cleansing Wipes
Sterile Plasters
Disposable Gloves
Scissors

The contents of the kits will be checked termly by the Student Welfare Officer with a check at the beginning of each school year.

Before undertaking any off site activities the level of first aid provision will be assessed by the Principal and at least one First Aid Kit will be taken along.

3. Administrating First Aid

Any member of staff may administer first aid on minor injuries, following EA guidelines. Teachers in class will be the first to respond to injuries sustained during lessons (including PE). Pupils should be sent to the Student Welfare Officer and if this is not possible please phone the Student Welfare Officer on 243 or send another pupil to get her and a member of SLMT.

Disposable gloves should be worn by first aiders (preferred practice). If in exceptional circumstances these are not available, first aiders must always cover any exposed cuts or abrasions they may have with waterproof dressings before treating a casualty, whether or not any infection is suspected. They must wash their hands before and after applying dressings.

Whenever blood or other bodily fluids have to be mopped up, disposable plastic gloves must always be worn and paper towels used. A disposable apron may also be worn if required. These items must then be placed in plastic bags and safely disposed of, in the yellow bin in the medical room. The caretaker should be notified of the area in which any spills have occurred and this should be disinfected appropriately.

If direct contact with another person's blood or other body fluids occurs the area must be washed as soon as possible with ordinary soap and water. Clean cold tap water should be used if the lips, mouth, tongue, eyes or broken skin are affected and medical advice sought. Particular care should be taken when treating sporting injuries and the 'bucket and sponge' method of treatment must not be used.

Children who have been treated by an adult should have an accident report form completed and if necessary the Student Welfare Officer or Year Head should phone home.

5. Head Injuries

Injuries to the head need to be treated with particular care. Any evidence of loss of balance, disorientation, double vision, slurred speech or other malfunction of the senses may indicate serious injury, and medical advice must be sought without delay. Parents must be informed by phone if a pupil has hit his / her head. This is the duty of the Student Welfare Officer or the Year Head. When out at sports a policy of recognise and remove must be implemented. If a teacher suspects concussion a pupil must be removed from the field of

play. When dealing with sports-related head injuries, staff must follow the UK Grassroots Concussion Guidelines: **'If in doubt, sit them out.'** If a teacher or coach suspects concussion, the pupil must be immediately removed from play. Staff must remain conscious of second impact syndrome and refer to current DENI concussion guidance sheet.

6. Serious Injuries

In the case of serious or potentially serious injuries, the Ambulance Service must be called at the earliest possible time to avoid the danger of inappropriate diagnosis or treatment. The parents should be called immediately. It is preferable that a parent accompanies a pupil in an ambulance. However, no casualty will be allowed to travel to hospital unaccompanied and an accompanying adult will be designated by the principal in situations where the parents/carers cannot be contacted in time.

A member of staff should not drive the child to the hospital unless there is no alternative solution for the child to receive the correct medical attention. They must have appropriate insurance cover and must be accompanied by another pupil or adult.

7 Accident Reporting

All accident reports are kept in the medical room and a copy should be sent to the School Business Manager. The most serious incidents must be reported to the EA Health and Safety team by the School Business Manager. They must also be reported to the Health and Safety Executive (HSE) under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR). See appendix 1

The Student Welfare Officer must keep a record of any reportable injury, disease or dangerous occurrence. This must include: the date and method of reporting; the date, time and place of the event; personal details of those involved and a brief description of the nature of the event or disease. See appendix 2 and 3.

8 Administering Medicines

Medication should only be taken at school when absolutely essential. Most medications can be taken before and after school. Parents should, wherever possible, administer or supervise the self-administration of medication to their children. This may be completed by the child going home during the lunch break or by the parent visiting the school. However, if this is not practicable, parents may make a request for medication to be administered at school. This must be done in writing.

All medication will be administered to pupils by the Student Welfare Officer. In her absence a first aider may administer with parental permission. Pupils must not carry their own medication throughout the school day. They must bring the medication clearly labelled with name, dosage and times of administration to the medical room before 9am. Records of administration will be kept in the medical file in the Medical room.

All non-emergency medication kept in school should be securely stored either in the lockable cupboard in the medical room, or, for refrigerated medicines, kept in a clearly labelled container in the fridge in the medical room.

9.Short Term Medical needs

Parents should keep children at home when they are actually unwell.

It is helpful, where possible, that medication be prescribed in dose frequencies which enable it to be taken outside of school hours. For example, medicines that need to be taken 3 times a day can be managed at home. Parents are encouraged to ask the prescriber about this.

Medication should only be taken to school where it would be detrimental to a child's health if it were not administered during the day.

10 Non-Prescription Medication

School staff will not administer non-prescribed medication to pupils unless written consent has been provided by a parent/guardian. Parental consent for non-prescription medication must be renewed annually at the start of each academic year via the School Data Capture / Medical Consent Form. This includes paracetamol and homeopathic medicines.

Staff may not know whether the pupil has taken a previous dose, or whether the medication may react with other medicine being taken. A child under 16 should never be given medicine containing aspirin, unless prescribed by a doctor (there are links between the use of aspirin to treat viral illnesses and Reyes Syndrome, a disease causing increased pressure on the brain).

If a pupil suffers regularly from acute pain, such as migraine, the parents should authorise and supply appropriate pain killers for their child's use, with written instructions about when the child should take the medication. A member of staff (Mrs K Doran or Year Head) should notify the parents by phone that their child has requested medication and supervise the pupil taking the medication if the parents have agreed to it being taken.

11 Information about medical needs

Parents must complete a data capture form at the beginning of the school year indicating any medical conditions. It is a parent's duty to inform the school immediately of any changes to medical needs.

Children identified with Asthma will receive letters at the beginning of term 1. See Appendix 3 and 4. These will be used to maintain an Asthma register. Under Department of Education and PHA guidelines, schools will maintain an Asthma Register so staff can quickly identify pupils with asthma in an emergency. Recording asthma needs within the Year Group Medical Needs Folder is appropriate, providing a clear list/register of all pupils with asthma which is easily accessible.

Parents of children with asthma must declare this condition on the annual Medical Consent / Data Capture Form. Children with asthma are recorded on the Medical Needs Register for each year group. Pupils are required to carry their own reliever inhaler with them at all times in school. Additional/spare inhalers provided by parents are stored in the Welfare Room.

12 Individual Health Care Plans (IHCP)

For more complex or potentially serious medical conditions such as diabetes or epilepsy or allergies or where parents wish to give permission for use of the school's emergency asthma inhaler, support arrangements should be detailed in an Individual Health Care Plan agreed by the school, parents and any healthcare professionals involved.

The parent or doctor should provide written details including

- Name of medication
- Dose
- Method of administration
- Time and frequency of administration
- Other treatment
- Any side effects

An IHCP will also be required for all children with anaphylaxis. Parents need to provide useful information on known triggers which may allow the school to plan to minimise the chances of a reaction occurring e.g. school meals menu planning.

An IHCP must be completed for all diabetics. Parents must ensure that the orange box is sent into school each September and the Student Welfare Officer will ensure that this is kept in the fridge in the Nurse's Room. If a diabetic becomes unconscious, you must phone an ambulance and send for this box. Staff do not administer this medication but must hand to parent or medics, whoever is first on the scene. Diabetics on a hypo must not be sent to the nurse. It is best to let them test and treat themselves in a quiet area (eat a few jelly babies etc) and retest after 15 minutes. Students who have had a hypo must be accompanied to the Nurse's room when fit to move.

All relevant staff will be made aware of any health care needs and copies of health care plans are available in the medical file in the Medical Room. A summary sheet detailing the medical needs of each child in the class will be available on the Staff area on the ICT system.

Staff will receive appropriate training related to health conditions of pupils and the administration of medicines by a health professional as appropriate.

The Student Welfare Officer will work with parents and the Southern Health and Social Care Trust and follow their advice in regard to IHCP.

13. Nut Free Zone

We have a number of students in St. Louis who have a severe food allergy to peanuts / nuts. It is important that there is strict avoidance to this food in order to prevent a life-threatening allergic reaction. For these people any exposure to peanuts / nuts may cause a life-threatening allergic reaction that requires emergency medical treatment. To reduce the chance of this occurring, we are asking that all our students and staff, do not take any peanut or nut containing products to school.

14. Defibrillator

The school defibrillator is located in the Staff Room and Welfare Room. Designated staff and first aiders receive AED training. The AED units are checked regularly by the Student Welfare Officer and recorded in the medical log.

The defibrillator is checked 3 times a year in January, June and September. This is carried out by the Student Welfare Officer. This is signed and dated and sheet kept in box.

15 EpiPen training

Students with severe allergies requiring an Adrenaline Auto-Injector (EpiPen) must carry their own device with them at all times. Parents are requested to provide a second, in-date auto-injector to be stored in the Welfare Room / General Office for emergency use. Relevant staff and first aiders receive training on anaphylaxis awareness and auto-injector administration

16. Medicine Audit

An audit of all medications held for pupils is carried out each September by the Student Welfare Officer. These are stored in the fridge or in a locked cupboard in the medicine room which is always locked when Nurse is out of room.

17. After School Activities

Teachers organising after school activities must have an after school activity form completed by parent before the activity begins. See appendix 5

18. Trips

Teachers organising trips must follow the trip policy in regards to health information. The leader of the trip must appoint a teacher in charge of first aid and medication. This person must carry a first aid kit and any other medical needs to the duration of the trip. First aid bag will be prepared by the Student Welfare Officer.

Appendix 1

PHA Guidance on Infection Control



Rashes and skin infections	Recommended period to be kept away from school	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox*	Five days from the onset of rash	See: Vulnerable children and female staff – pregnancy
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German measles (rubella)*	Six days from onset of rash	Preventable by immunisation (MMR x 2 doses). See: Female staff – pregnancy
Hand, foot and mouth	None	Contact the Duty Room if a large number of children are affected. Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted and healed, or 48 hours after commencing antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x 2). See: Vulnerable children and female staff – pregnancy
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment
Scarlet fever*	Child can return 24 hours after commencing appropriate antibiotic treatment	Antibiotic treatment recommended for the affected child
Slapped cheek (fifth disease or parvovirus B19)	None	See: Vulnerable children and female staff – pregnancy
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune i.e. have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact the Duty Room. SEE: Vulnerable Children and Female Staff – Pregnancy
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums
Diarrhoea and vomiting illness		
Diarrhoea and/or vomiting		
E. coli O157	Should be excluded for 48 hours from the last episode of diarrhoea	Further exclusion may be required for young children under five and those who have difficulty in adhering to hygiene practices
VTEC*	Further exclusion may be required for some children until they are no longer excreting	This guidance may also apply to some contacts who may require microbiological clearance
Typhoid* [and paratyphoid*] (enteric fever)		Please consult the Duty Room for further advice
Shigella* (dysentery)		
Cryptosporidiosis*	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

Respiratory infections		
Flu (influenza)	Until recovered	See: Vulnerable children
Tuberculosis*	Always consult the Duty Room	Requires prolonged close contact for spread
Whooping cough* (pertussis)	Five days from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. The Duty Room will organise any contact tracing necessary
Other infections		
Conjunctivitis	None	If an outbreak/cluster occurs, consult the Duty Room
Diphtheria *	Exclusion is essential. Always consult with the Duty Room	Family contacts must be excluded until cleared to return by the Duty Room. Preventable by vaccination. The Duty Room will organise any contact tracing necessary
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	In an outbreak of hepatitis A, the Duty Room will advise on control measures
Hepatitis B*, C, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. For cleaning of body fluid spills. SEE: Good Hygiene Practice
Meningococcal meningitis*/septicaemia*	Until recovered	Meningitis C is preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. The Duty Room will advise on any action needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. The Duty Room will give advice on any action needed
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact the Duty Room
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x 2 doses)
Threadworms	None	Treatment is recommended for the child and household contacts
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic



NOTIFICATION OF ACCIDENT TO PUPIL

Immediate notification should be given of all accidents, however trivial, and care should be taken to ensure that the following questions are fully answered.

Keep a copy for your own records and give one to Velvyn Fitzpatrick and The Student Welfare Officer for school records.

Name of Insured	Trustees & Board of Governors St. Louis Grammar School 151 Newry Road Kilkeel BT34 4EU
Injured pupil's name, age and address.	
Date and time of accident.	
When was it reported?	
By whom was it reported?	
Where did it happen?	
How did it happen?	
Was the pupil under supervision or instruction at the time? (It is important to give a detailed answer)	

Names and Addresses of witnesses of accident.	
Describe in detail the nature of the injury received.	
Who dealt with, state hospital or clinic to which pupil was referred.	
Has pupil returned to school?	
If so, state date of return.	

I certify that the foregoing statements are correct to the best of my knowledge and belief.

Signed _____ Position _____

Date _____



NOTIFICATION OF ACCIDENT TO PERSON OTHER THAN PUPIL

Immediate notification should be given of all accidents, however trivial, and care should be taken to ensure that the following questions are fully answered.

Keep a copy for your own records and give one to Mr Mackin and The Student Welfare Officer for school records.

Name of Insured	Trustees & Board of Governors St. Louis Grammar School 151 Newry Road Kilkeel BT34 4EU
Injured person's name, age and address.	
Date and time of accident.	
When was it reported?	
By whom was it reported?	
Where did it happen?	
How did it happen?	
Names and Addresses of witnesses of accident.	

--	--

Describe in detail the nature of the injury received.	
Who dealt with, state hospital or clinic to which person was referred.	

I certify that the foregoing statements are correct to the best of my knowledge and belief.

Signed _____ Position _____

Date _____

Dear Parent(s)/Guardian(s),

At St. Louis Grammar School we fully encourage all students to participate in our extra-curricular activities. We are delighted that your son/daughter has decided to get involved with our after school training programme for _____ from _____ (date).

To ensure the safety of your son/daughter whilst engaged in our training programme there are a number of points you as their parents/guardians need to be aware of;

- You must have knowledge that your son/daughter is involved in after school activity and we ask that you complete the appropriate form enclosed.
- We need to know if there are any health issues that should be taken into consideration whilst participating in any sporting activities.

The following arrangements are made for after school activity at St. Louis Grammar School:

- Training will be on agreed days during the school week. We will endeavour to inform the students of the training schedule in any one week, but you must appreciate that circumstances may change, sometimes during the course of a day. In such circumstances we will inform you using the school's 'group call' system
- Training will commence at 3.35pm and will end at 4.35pm on agreed dates.
- Transport arrangements for students are as follows:
 - Students travelling towards Rostrevor, Warrenpoint, Newry direction may get the bus at the school entrance. Pupils must pay for this service.
 - Students travelling towards Kilkeel, Newcastle, Castlewellan and Dundrum will board the Ulster Bus at the bus stop across from the school grounds and transfer to the appropriate Ulsterbus at the Kilkeel Depot to go to their destination (normally the 5.25pm bus to Newcastle). It must be emphasised that students must use their allocated bus pass for this journey (valid before 6.00pm) or run the risk of being asked to pay for this journey. Such cost is not covered by the school.
 - Students are informed of the time, venue, departure and return arrangements in advance of any games. This information may change due to circumstances beyond the school's control. If this occurs, the school will inform parent(s)/guardian(s) of any changes via the group call system.

For further information please contact the school.

Yours sincerely,

Name of teacher responsible

AFTER SCHOOL ACTIVITY FORM

I consent to my son/daughter _____(name of student) who is in class_____ and is taking part in _____ to be held _____ (dates) organised by _____.

I confirm that _____ (name) he/she is medically fit.

Any current medical condition/current medication being taken:

Any other relevant information that may affect their participation eg dietary requirements: _____

Emergency contact numbers:

Home: _____

Work: _____

Mobile: _____

Other: _____

I agree/accept to the established code of conduct for matches and the transport arrangements and method of students returning home. I also understand that unforeseen circumstances may arise and alternative arrangements may be required. I also consent to the use of emergency medical treatment if necessary including anaesthetic as considered by medical personnel. I understand the extent and limitations of the insurance cover.

Signed (Parent/ Guardian): _____ Date: _____

Signed _____

(Principal)

Date _____

Signed _____

(Chairperson of Board of Governors)