



Holy Family School for the Deaf

Navan Road, Cabra, Dublin DO7

T: 01 838 0058 | F: 01 838 0230 | E: info@holyfamilydeafschool.ie

Principal: Eimear O'Rourke, M. Ed | Deputy Principal: Mr. Eugene Doyle

First Aid Policy and Procedure including the policy on the administration of prescribed medicines and Intimate Care in Holy Family School for the Deaf, Cabra.

This policy will outline the roles and responsibilities of all the relevant stakeholders in the administration of First Aid and the administration of medicine/ care to students.

The purpose of the document is;

- To ensure all stakeholders, management, parents, staff, boarding staff and students are fully and knowingly informed of the procedures in place.
- To alleviate any immediate danger/ discomfort
- To manage pre-existing medical/ care issues
- To ensure the safety of the students and staff at all times
- To provide for the minimal level of First Aid care within the school and have procedures for efficient referral to medical Professionals.
- To ensure that the communication needs of all students are met during any potential critical / care incident
- To ensure that all statutory guidelines, first aid should only be administered by designated members of the first aid team in the school

Awareness of pre-existing medical/ care issues

Parents are obliged to inform the school in full of any pre-existing medical/ psychological/ allergy/ care issues that may impact on their son or daughter during their time in Holy Family. This is to be done in writing on enrolment or at the beginning of each school year. Information will be kept in the office on file (hard copy and database) for each student, outlining;

- Medical history
- Name/ address/ contact details of Parents/ guardians
- Doctors name
- If the student has a medical card

Information will be kept on file in the office unless Holy Family are instructed in writing that the medical/ care needs have changed and treatment is no longer required. Information will be shared with relevant staff members, including boarding care staff in line with the data sharing agreement, as appropriate to the needs of the child. (See Holy Family Data protection Policy)

All parents will be required to provide permission for their son or daughter to be treated by medical professionals and/or taken to hospital should the need arise.

Trained First Aid staff

Early Intervention
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Primary
T: 01 868 9910

Post Primary
T: 01 868 0058



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Trained First Aid members of the staff will be informed of the issues/ needs of individual students. they will be the first point of call should an incident/ issue arise. All staff/ students will be made aware of who the trained First Aid members are. (Appendix 1, First Aid trained staff by Section)

First Aid Boxes

First Aid boxes will be checked on a monthly basis and will be kept fully stocked and up to date; this will be done by the agreed designated first aid coordinator.

The boxes are located in the following locations:

Post Primary

- Staff Room
- Metal work room
- Wood work room
- Catering rooms
- Science room
- Office
- Lunch Room
- Art Room

Primary: Reception/Main Office

Early Intervention: Co-Ordinator's Office

Posters outlining basic first aid procedures are to be displayed in the staff room/ play hall.

Recording of Incidents.

All incidents of injury or illness will be reported to the relevant school authorities (form teacher/ Deputy Principal/ Principal) and will be recorded on the relevant forms. The boarding house staff and /or parents will be informed by the teacher dealing with the incident or the relevant member of the management team.

Administration of prescribed Medicines

All parents must give written permission and details of the prescribed medication to be administered to the student, parents of students with a chronic condition must complete a Healthcare plan/ Administration of Medications request form (Appendix 2). The school requests full disclosure of all medical conditions that may have implications for the duty of care and well- being of the student while on the premises. **Only a designated first aid trained member of staff** will administer medication. Staff will receive instruction on the administration of medication from a relevant professional or the students parent/ guardian. A record will be kept of times/ dates and dosages. The parents/ guardians and school boarding facilities will be informed of medicines administered. The school reserves the right to request a letter of indemnity from the parents and to inform the school insurers where appropriate. (Appendix 3)

Parents must ensure;

- that the school is informed of all relevant information regarding the condition of and needs of the student.

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- That all medicines are in date, with correct labelling.
- That the student is aware medicines will be administered throughout the school day.
- That any changes to the instructions/ need for medicines are communicated to the school in writing at the earliest opportunity.

Ideally the medication will be self-administered by the student under supervision of a designated adult.

No medication will be administered by a member of staff unless it the BOM has been informed in writing by the parents/ guardians, and the medicine prescribed by a professional.

Suspected Head Injuries

All head injuries are to be reported to a designated first aid person to be assessed, no matter how minor the injury may be.

All injuries, particularly those related to the head need to be assessed for insurance reasons.

Intimate Care

This portion of the document has been developed to safeguard children and staff where a pupil requires assistance with intimate care.

All pupils have an absolute right to dignity, respect, safety and personal privacy when attending to intimate care. However, a level of supervision or assistance may be required for some pupils in certain situations.

Intimate care may be defined as any activity required meeting the personal care needs of the individual pupil. Parents must inform the school of any potential issues / care needs at the earliest opportunity.

Intimate care could include the following:

Feeding, Oral Care, Washing, Dressing/ undressing, Toileting, Menstrual Care, Treatments e.g. enemas, Catheter/ Stoma care, Supervision of a pupil involved in intimate care.

All pupils have an absolute right to dignity, safety, respect and personal privacy when receiving intimate care. Additional vulnerabilities that may arise from a physical and /or a learning disability must be considered with regard to individual care plans. Regardless of age or ability, the views and/ or emotional responses of children/students should be actively sought, with advocacy arrangements made for those who cannot easily make their views known.

Every pupil is to be encouraged to be involved and consulted with to the best of their ability. They must also be encouraged to express their views on their care and have their views taken into account and have the levels of intimate care to be consistent.

Staff must also, where possible, promote and encourage independence in relation to intimate care.



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Procedure

A pupil centred approach is to be followed at all times. Staff must clearly announce/ signal their approach if in bathrooms/ classrooms etc.

Care should be taken to avoid staying in the room unless the situation warrants it. Any unnecessary physical contact should be avoided when the pupil is in a state of undress and any visually intrusive behaviour must also be avoided but may be necessary e.g. during swimming. Respect for and the dignity of the pupil requires that intimate care should be carried out as thoroughly, quickly and as comfortable as possible, with minimal interruptions or intrusions. Throughout the practise, care should be taken that nothing is done or said which may compromise the absolute dignity of the pupil.

Parents/ Guardians must inform the school of all the intimate care needs of their son or daughter information received will be treated in a confidential manner and will be held in the pupil's file. Any alterations/ concerns raised by the school will be communicated to the parents/ guardians. Regular reviews relating to best practice and changes in circumstances will held with all the relevant stakeholders.

In circumstances which require it infection control measures should be followed as guided by the nurse or other professionals.

Guidelines for Good Practice

All children have the right to be safe and to be treated with dignity and respect. These guidelines are designed to safeguard children and staff. They apply to every member of staff involved with the intimate care of children/students.

Young children and children with special educational needs can be especially vulnerable. Staff involved with their intimate care need to be particularly sensitive to their individual needs.

Staff also needs to be aware that some adults may use intimate care, as an opportunity to abuse children.

It is important to bear in mind that some forms of assistance can be open to misinterpretation. Adhering to the following guidelines of good practice should safeguard children and staff.

1. Involve the child/student in the intimate care

Try to encourage a child's/student's independence as far as possible in his or her intimate care. Where a situation renders a child/student fully dependent, talk about what is going to be done and give choices where possible.

Check your practice by asking the child/student or parent about any preferences while carrying out the intimate care.

2. Treat every child/student with dignity and respect and ensure privacy appropriate to the pupil's age and situation.

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Care should not be carried out by a member of staff working alone with a child/student.

3. Make sure practice in intimate care is consistent.

As a child/student may have multiple carers a consistent approach to care is essential. Effective communication between all parties ensures that practice is consistent.

4. Be aware of your own limitations

Only carry out activities you understand and feel competent with. If in doubt, ASK. Some procedures must only be carried out by members of staff who have been formally trained and assessed.

5. Promote positive self-esteem and body image.

Confident, self-assured children/students who feel their body belongs to them are less vulnerable to sexual abuse.

The approach you take to intimate care can convey lots of messages to a child/student about their body worth.

Your attitude to a child's/student's intimate care is important. Keeping in mind the pupil's age, routine care can be both efficient and relaxed.

6. If you have any concerns you must report them.

If you observe any unusual markings, discolouration or swelling report it immediately as per the Child Protection procedures of Holy Family School. **All staff have a legal obligation with regarding reporting as per Children First 2017.**

If a child/student is accidentally hurt during the intimate care or misunderstands or misinterprets something, reassure the child/student, ensure their safety and report the incident immediately to the designated teacher.

Report and record any unusual emotional or behavioural response by the child/student. A written record of concerns must be made available to parents and kept in the child's/student's personal file.

Working With Children/students of The Opposite Sex

There is positive value in both male and female staff being involved with children. Ideally, every child should have the choice for intimate care but the current ratio of female to male staff means that assistance will more often be given by a woman.

The intimate care of boys and girls can be carried out by a member of staff of the opposite sex with the following provisions:

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- when intimate care is being carried out, all children have the right to dignity and privacy, i.e. they should be appropriately covered, the door closed or screens/curtains put in place;
- if the child/student appears distressed or uncomfortable when personal tasks are being carried out, the care should stop immediately. Try to ascertain why the child/student is distressed and provide reassurance;
- Report any concerns immediately, a written record must be completed as soon as is practicable but within the same working day; and parents must be informed about any concerns. All procedures, reports and information must be dealt with as per the Child Protection procedures of Holy Family School. **All staff have a legal obligation with regarding reporting as per Children First 2017.**

Communication with Children

It is the responsibility of all staff caring for a child/student to ensure that they are aware of the child's method and level of communication. Depending on their maturity and levels of stress children may communicate using different methods – words, signs, symbols, body movements, eye pointing, etc. To ensure effective communication:

- make eye contact at the child's/student's level;
- use simple language and repeat if necessary;
- wait for response;
- continue to explain to the child what is happening even if there is no response; and
- treat the child/student as an individual with dignity and respect.

Ratification and Review

This plan was formally ratified by the Board of Management on _____.

The plan will be implemented by the teachers and SNAs supported by the Board of Management from _____.

It will be reviewed every ____ years.

Signed: _____

Date: _____

Chairperson, BoM

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Appendix 1: First Aid trained staff by Section

Qualified First Aid Staff (Post Primary)

- Shirley Higgins
- Shirley Wolverson
- Sandra Creagh
- Tracy Burke
- Pdraig Brady
- Suzanne Carson
- Derval Cleland

Qualified first aid Staff (Primary)

- June Kiernan
- Rosin O' Sullivan
- Catherine Troy

Qualified First Aid Staff (Early Intervention)

- Elaine Condron

Next First Aid Training will be in May 2020

Refresher for:
June Kiernan
Tracy Burke
Pdraig Brady
Shirley Wolverson

Please advise Shirley Wolverson if any other staff member would like to get involved



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Appendix 2:

Parents Form: Healthcare plan/ Administration of Medication request

Healthcare Plan for a Student with a Chronic Condition at School

Note: To be completed by Parents/Guardians

Date form completed: _____ Date for review: _____

Student's Information

Name of Student: _____ Class Level: _____

Date of Birth: _____ Age: _____

Student's Address: _____

Teacher's Name: _____ Room No: _____

Siblings in the school: _____

Name: _____ Class: _____

Name: _____ Class: _____

Family Contact 1:

Name: _____

Phone (day) Mobile: _____ Phone (evening): _____

Relationship to student: _____

Family Contact 2:

Name: _____

Phone (day) Mobile: _____ Phone (evening): _____

Relationship to student: _____

Contact 3:

Name: _____

Phone (day) Mobile: _____ Phone (evening): _____

Relationship to student: _____



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GP/Family Doctor:

Name: _____ Phone: _____

Consultant 1:

Name: _____ Phone: _____

Condition information for: _____

Consultant 2 (if applicable):

Name: _____ Phone: _____

Condition information for: _____

3. Details of the student's condition(s)

Signs and symptoms of this student's condition(s):

Triggers or things that make this student's condition(s) worse:

4. Routine Healthcare Requirements

During school hours: _____

Outside school hours: _____

5. Regular Medication

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[For School Staff: Please also refer to the Emergency Plan for the condition attached to this plan]

7. Activities - Any special considerations to be aware of?

8. Any other information relating to the student's health care in school?

The school may contact the person named below for further information or training.

9. Name of Hospital Nurse for the student

Name: _____

Address: _____

Parental agreement (please tick the correct reply)

I agree or I do not agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education (this includes emergency services). I understand that I must notify the school of any changes in writing

Signed by parent: _____

Print name: _____

Date: _____



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Permission for emergency medication (please tick correct reply)

In the event of an emergency, I agree or I do not agree

with my child receiving medication administered by a staff member or providing treatment as set out in the attached Emergency Plan. I understand that the staff /school will not be responsible for any incident/issue that may arise to the administration and/or non-administration of this medication.

Signed by parent: _____

Print name: _____

Date:

The Board of Management has agreed this Healthcare Plan during the meeting held on _____.

Chairperson
Board of Management

Date _____



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Emergency Medication Provision School Record

DATE	TIME	STUDENT'S NAME	MEDICATION	DOSE GIVEN	ANY REACTIONS	SIGNATURE OF STAFF MEMBER	PRINT NAME

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Management of Chronic Medical Conditions - For Staffroom Noticeboard

Child's name: _____ Current Class/Room No: _____

Teacher's name: _____

(Insert photo below)

Details of Child's Medical Condition:

What Staff Should Do in an Emergency Situation:

Parent signature: _____

Date: _____



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Appendix 3:

Medical Indemnity Form



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Appendix 4. Letter of Sanction re. Administration of Medications

TEMPLATE: Letter of sanction from Board of Management re administration of Medications

Date:

Re X, X Class pupil,

Dear X

In-line with school policy and having received the necessary information and indemnity from her parents you are permitted to administer the medication as directed to

Arrangements have been made for you to attend training in the administration of this medication with

The school's insurers have confirmed that school policy will also indemnify the Board of Management, Teachers and SNAs during the assistance /supervision or administration of required medication to Ali Curley.

Yours sincerely,

Fr. Paddy D. Boyle

Chairperson, Board of Management.



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