



Canadian International School  
Learning To Understand

## **FIRST AID PROVISION POLICY**

The safety and wellbeing of students and staff members at The Canadian International School and on field trips organized by the school is our highest priority.

This policy is applicable to all students in the school.

### **Rationale**

Most students will have a medical condition at some time during their school life that may impact on their daily school activities.

Positive, supportive management at these times will enable the students to continue to access education, as is their right.

The medical condition may be short-term, e.g. antibiotics or long-term, e.g. diabetes or emergency aid, e.g. anaphylaxis.

### **Policy**

To provide adequate numbers of appropriately trained first aiders to deal with incidents or accidents, including pediatric first aid training where appropriate.

To provide all first aiders with an effective means of communication that will enable anyone requiring the assistance of a first aider to contact them in a timely manner.

To provide and maintain in good condition adequate stocks of first aid provisions in clearly labelled and readily accessible areas as deemed necessary.

To be in a position to deal with or assist in dealing with any members of public who may suffer or be suffering from recognizable symptoms whilst on the school premises.

To ensure that adequate provisions and staff are provided and available during any external activities or journeys to external locations.

### **Purpose**

1. To maintain the health and comfort of the student and allow him/her to continue education.
2. To manage conditions in a safe, calm manner.
3. To give support and advice to staff.
4. To store and administer any medication safely.
5. To ensure easy access to first aid kits.
6. To ensure a qualified first aider is on site at all times when children are on site, including weekends

## Arrangements

CIS employs a qualified registered nurse to deal with general medical needs who has suitable medical room facilities to ensure we can deal general medical requirements across the school.

In addition to support that function CIS has a number of staff qualified in emergency medical first aid and pediatric first aid in line with the government requirements.

CIS has a number of procedures for the treatment and care of students suffering from particular medical conditions; specifically:

- Asthma
- Diabetes
- Epilepsy
- Anaphylaxis

These are attached as an appendix to this policy document

An Accident Form should be completed either by the First Aider who responds, or in the Case of a minor incident, by the member of staff themselves, and sent to the supervisor's office.

## Calling an ambulance

If someone at the School has an accident, staff are trained to summon medical help immediately. The school nurse is normally responsible for calling an ambulance, but in case of medical emergency, any other responsible person should call 066112, or convey that to be done via reception.

## Emergency Medical Treatment

Within the terms and condition of the school, parents and guardians give proxy to the school to ensure medical attention and intervention is administered to save life and promote the recovery of their children.

## Equipment

First aid equipment is available in all areas of the school in prominent and accessible points Details of where first aid kits are located may be found at Annex 1.

It is the responsibility of Sports coaches to ensure that First Aid bags are taken to every training session, and to matches, and to return these to the collection point so that they may be available for re-stocking should they require.

## Record Keeping

CIS maintains a record of all accidents and injuries and has a procedure in place for ensuring that they are reviewed regularly in order, where possible, to minimize the likelihood or recurrence.

The School will contact the parents or guardians if a student suffers anything more than a trivial injury, if he or she becomes unwell or if there are any concerns about his or her health.

Parents should contact the school at any time if they wish to discuss any concerns relating to their child's health

## Procedures

### Epilepsy

Students who suffer from epilepsy are listed in the student information system and a hard copy list is available in the nurse's office. In many students, epileptic seizures happen without warning, but in some student's certain triggers can be identified:

- stress, anxiety, excitement
- hormonal changes
- unbalanced diets
- late nights
- illness
- flickering/flashing lights
- not taking medication

Signs/symptoms of an epileptic seizure:

- the student loses consciousness, the body stiffens
- jerking movements
- blue tinge around the mouth due to irregular breathing
- loss of bladder/bowel control
- Treatment for an epileptic seizure:
  - keep calm
  - protect from injury
  - cushion the student's head
  - try to time how long the seizure lasts
  - once the seizure has finished put the student in the recovery position reassure and stay with the student until recovery is complete; consciousness slowly returns within a few minutes call 066112, if you believe the student needs urgent medical attention, call for the school nurse
- inform the student's parents as soon as possible

Do not

- Restrain the student
- Put anything in the student's mouth
- Attempt to bring them round

## Asthma Procedure

Students who suffer from asthma are listed in Student Information System and asthma Information Sheets are kept in the nurse's office.

Students with asthma may carry their own inhalers.

A spare inhaler should be kept at school in case of emergency.

If the student leaves the school site under the care of school staff their inhaler must be taken with them.

Parents are asked to provide a spare labelled reliever to be held in the inhaler box in the nurse's room, and in their sports bags for PE.

Younger students may require assistance with the administration of their inhaler.

Parents should advise and instruct the teacher and school nurse if this is the case.

### Asthma attack:

- The student will be anxious and may look pale, or more likely, flushed initially.
- The student will have difficulty speaking in full sentences.
- The student may be wheezing or struggling to breathe. It is classically on expiration that the child has difficulty breathing.

### Treatment of an attack:

- Ensure that the reliever inhaler is used immediately.
- Stay calm and reassure the child. Do not hold the student tight restricting their breathing.
- Sit the student in a peaceful, cool situation, ideally with a desk or table in front of them so they can sit well-supported leaning forward slightly on the desk.
- Loosen all tight clothing.
- Encourage the student to breathe slowly and deeply. A sip of water may help to relax the child.
- Remain with the student until the attack is over.

An asthma attack uses a lot of energy and body resources;

offer the student a sweet drink and biscuit before returning to lessons.

If recovery from the asthma attack is straightforward the student can remain in school and return to class.

The parents should be informed of the occurrence of the attack but it is not urgent. If the inhaler has no effect after five to ten minutes, the student becomes distressed, is unable to talk or is very exhausted it is an emergency situation.

- Dial 066112 and ask for an ambulance.
- Continue to give the reliever inhaler every few minutes until the emergency services arrive.
- Contact parents as soon as possible.

All students are encouraged to participate fully in all lessons. Where ever possible the asthma sufferer will avoid trigger situations and staff should understand and assist when necessary. All school staff will allow children to administer their own reliever inhaler when they need to.

PE staff should remind students, whose asthma is triggered by exercise, to use their inhalers. They will allow them to do so each lesson. Science and art teachers should also remind students, especially if there is a likelihood that irritant fumes may be in the proximity.

If the teachers are aware that a student is missing classes, or appears to be too tired to participate in lessons, the parents should be informed, to enable a review of the medical management of their child's asthma.

#### Diabetic Procedure

If there were a student who was an insulin dependent diabetic, a photograph of the student would be displayed in the nurse's room.

Children with diabetes face two problems that teachers need to understand, **HYPOGLYCEMIA** and **HYPERGLYCEMIA**.

Staff should learn the signs, symptoms and how to treat each:

**HYPOGLYCEMIA** When the blood sugar level is too low the child can:-

- behave erratically.
- appear sleepy / dazed.
- appear shaky / jittery.
- feel cold but look sweaty and pale.
- complain of hunger but can feel sick.
- It is very important that a HYPO is treated quickly.
- What to do:
  - Call for the School Nurse; never send the student to the office or Nurse's Room or leave the student unattended.
  - Give sugary drink or food immediately.

All diabetics carry sugar tablets or sweets with them - mars bars / lucozade drink.

A supply should be kept in the Nurse's Room.

If there is no improvement after 5 minutes, repeat the sugary food / drink, follow up with biscuits or starchy food like chips or sandwiches. (May not be needed for students with pumps).

Recovery following a hypo is usually very fast. However, if the student is very drowsy, but still able to swallow give Hypostop, a glucose gel, or honey or jam by rubbing it into the inside of the child's cheek.

In the unlikely event of a child losing consciousness dial 066122 and place the child in the recovery position by lying on their side with the head tilted back.

HYPERGLYCEMIA when the blood sugar level is too high the child can:

- be lethargic and sleepy.
- complain of thirst.
- need to go to the bathroom frequently.
- experience blurred vision.
- complain of headaches.

What to do:-

- Call for the School Nurse.
- Give water to drink.
- The nurse will check the student's blood sugar and may give extra insulin.

#### Severe Allergy Procedure

Currently a number of students suffer a severe allergic reaction when they come into contact with certain allergens. (e.g. nuts, kiwi fruit, eggs and cold weather).

The parents of these children fill in a severe allergy record sheet outlining their child's most typical symptoms and necessary treatment for their child.

The emergency treatment is stored in a locked cupboard in the nurse's room within the student's pack.

This pack also contains all the information listed above. These packs go with students and staff on all school visits. All members of staff receive basic instruction in the management of anaphylaxis on an annual basis.

#### Severe Allergic Reaction: - Signs and Symptoms -

- tingling or itching of lips and tongue.
- swelling of lips, tongue or throat.
- pale complexion with possible blue/grey tinge around mouth.
- flushed with possible hives (nettle rash) anywhere on body.
- difficulty in speaking and swallowing.
- difficulty in breathing (asthma).
- racing pulse.
- abdominal cramps, feeling sick, even vomiting.
- suddenly feeling weak or faint.
- sense of doom.
- collapse or unconscious.

## DO NOT LEAVE STUDENT UNACCOMPANIED.

- reassure and try to keep yourself and the student calm.
- send for assistance and the EpiPen injection pack.
- ask for 066112 AMBULANCE.
- give the EpiPen injection.

### Administering EpiPen Injection:

1. Remove from packaging.
2. Pull off BLUE safety cap; needle is inside black tip.
3. Place black tip at 90 degrees to thigh; outer side of thigh midway between knee and hip. The injection needle will pierce through clothes.
4. Press firmly into thigh and hold for a count of 10.
5. Return injection to pack to pass to emergency services.
6. Note approximate time of giving the injection.
7. Remain with the student and continue to monitor their condition.
8. Hand over to the emergency services with clear statements about the event, the treatment given and the child's condition.

### Sickness Procedure

Parents have prime responsibility for their child's health and should provide the school with sufficient information about their child's medical condition. The parents, in conjunction with doctors and nurses, should convey all necessary information and act as reference points for staff.

Parents will reach an agreement with the principal, on the school's role, in helping with their child's medical needs.

Cultural and religious views are always respected.

Parents must agree with the Principal what information can be passed on to the staff, in particular the School Nurse, who will care for the student.

Sharing information is important if staff and parents are to ensure the best of care for a student. These details are recorded in the SIS database.

The school will ensure that adequate staff members are trained in the necessary care for the pupil, and that adequate briefing of the staff involved takes place.

Staff need to be aware of any possible emergencies and what action to take if one occurs.

Sick students should be sent with a friend to accompany them to the nurse's Room.

The School Nurse is called to attend to all sick pupils to give advice, to respond to children who are ill or infectious and to advise on the necessary steps to prevent the spread of infection, such as keeping children at home until 48 hours have passed after vomiting etc.

Parents will be contacted if a child needs to go home.

If a child is infectious, provision will be made in the nurse's room, until a parent arrives.

## Hygiene Procedures

Good hygiene is always essential for the prevention of the spread of any infection. This is especially important in a school environment, where young children are prone to all sorts of infections and illnesses.

- Good hygiene practices will be promoted and implemented by following the below procedures -
- All staff are required to wear rubber gloves when dealing with any type of body fluid spillage or bleeding
- Cuts and open sores must be covered with a dressing, whether on adults or children.
- Any type of spillage must be cleaned up as quickly and effectively as possible.
- Any clothing subjected to body fluid spillage must be placed in a bag which is then tied up ready to be passed on to the child's parent / guardian.
- Tissues and waste bins must be readily accessible to children to encourage good hygiene practices.
- All children must wash hands after going to the toilet.
- Equipment in the school must be cleaned regularly, the school cleaners are responsible for dusting and cleaning the shelves, windows, behind the cupboards, vacuuming and mopping floors. The teachers are responsible for cleaning equipment and resources.
- In general terms, an anti-bacterial spray is suitable for most surfaces; however, on occasion bleach may be required. This will only be used in safe circumstances away from children.
- It is the duty of every member of staff to ensure that all cleaning fluids are kept in a safe place out of the reach of children.

Procedure for the cleaning up of body fluids etc.

- Keep children away from area and call for another staff member if necessary
- Put on disposable gloves
- Cover spill with paper towels and request maintenance team member or duty cleaner to attend and assist in clean up. Use of a plastic bag to contain spillage should be used and tied up and disposed of correctly. Anti-bacterial sprays and mopping solutions should be used to clean the remaining area.
- Dry area with paper towels as necessary,
- Use slippery floor sign as necessary.



## Annex 1. -

## First Aid Box Locations

	Quantity
<b>Block A - Administration</b>	
Reception area	1
Principal's Office	1
Auditorium	1
<b>Block B - Kindergarten and Elementary School</b>	
Block B - Upper Floor Corridor (R)	1
Block B - Upper Floor Corridor (L)	1
Block B - Middle Floor Corridor (R)	1
Block B - Middle Floor Corridor (L)	1
Block B - Ground Floor Corridor (R)	1
Block B - Ground Floor Corridor (L)	1
Bathroom Entrance Ground Floor	1
Bathroom Entrance Upper Floor	1
Supervisors Offices	1
Nurse's Office	1
Teacher's Room	1
<b>Block C - Middle &amp; Secondary School</b>	
Block A Hall - Upper Floor Corridor (L)	1
Block A Hall - Upper Floor Corridor (R)	1
Block A Hall - Ground Floor Corridor (L)	1
Block A Hall - Ground Floor Corridor (R)	1
Chemistry Lab	1
Physics Lab	1
Biology Lab	1
Library	1
Computer Lab	1
Supervisors Offices	1
Bathroom Entrance Ground Floor	1
Bathroom Entrance Upper Floor	1
Sports Room Equipment	1
Teacher's Room	1
Guards Hut	1



**Child's Reaction to the Accident/Injury:**

- Crying      Child has a positive attitude      No reaction from child  
Other: \_\_\_\_\_

**First Aid Administered and by Whom:**

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**How and when the parent was notified:**

- Phone                      Time notified: \_\_\_\_\_                      By Whom: \_\_\_\_\_  
 Voicemail was left      Time notified: \_\_\_\_\_                      By Whom: \_\_\_\_\_  
 Email                      Time notified: \_\_\_\_\_                      By Whom: \_\_\_\_\_  
 In-person at pick-up      Time notified: \_\_\_\_\_                      By Whom: \_\_\_\_\_

**Administrative Information**

- A copy (via email or photocopy) of this report has been provided to a parent of the child by \_\_\_\_\_ (name).

Note: 'Parent' is defined as a person having lawful custody of a child or person who has demonstrated a settled intention to treat a child as a child of his or her family, and includes legal guardians.

**Parent Name (optional)** \_\_\_\_\_

**Parent Signature (optional):** \_\_\_\_\_                      Date: \_\_\_\_\_

**Supervisor/Designate Signature:** \_\_\_\_\_                      Date: \_\_\_\_\_

Note to Parents: Please consider providing us with a status update the next day that your child participates in the child care program, so that any additional health or safety needs can be met.

Name and position of the individual completing this form:  same as above (supervisor/designate), or \_\_\_\_\_

Signature (if other individual completing this form): \_\_\_\_\_