Polasaithe
Naíonra Céimeanna Beaga

Polasaí 27: Garchabhair / First Aid

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1. Garchabhair

Déanfaimid cinnte go gcomhlíonann an tSeirbhís leis an reachtaíocht iomchuí, an tAcht um Shábháilteacht, Sláinte agus Leas ag an Obair 2005, agus an tAcht um Chúram Leanaí, 1991, (Seirbhísí Luathbhlianta), 2016.

Déanfaidh an lucht bainistíochta cinnte go gcomhlíontar na riachtanais a leagtar amach sa reachtaíocht maidir le méid na ngarchabhróirí cáilithe sa tseirbhís.

Polasaí agus Nós Imeachta:

Cinnteoidh an lucht bainistíochta go:

- Go mbeidh duine fásta amháin, ar a laghad, atá cáilithe chun cóireáil gharchabhrach a thabhairt do dhuine i láthair ar an suíomh. Caithfear cinntiú chomh maith go bhfuil cáilíocht reatha ag na daoine i gceist.
- Go bhfuil gach ball foirne ar an eolas maidir le nósanna imeachta simplí garchabhrach, mar athbheochan ó bhéal go béal. Cinnteofar go dtugtar traenáil foirne ar an ábhar.
- Go gcuirfear boscaí garchabhracha ar fáil agus go mbeidh siad suite i limistéir ainmnithe.
- Go seiceáiltear ábhair na mboscaí go rialta agus go n-athraítear iad nuair is gá.
- Ní bheidh aon substaint, a d'fhéadfadh a bheith ina cúis d'alléirgí, sa bhosca Garchabhrach. Is féidir áfach, bosca breise le greimlíní agus lóiseanna antaiseipteacha a choimeád do na páistí sin a bhfuil fhios agat nach bhfuil alléirgí acu i leith na substaintí sin.

Ábhair	1-5 leanbh	6-25 leanbh	25-50 leanbh
Greimlíní hiopailléirgineacha	12	20	20
Púicíní steiriúla (le bindealán greamaithe leo)	2	6	6
Bindealáin triantánacha i mbeartáin aonair	2	6	6
Cóiriúcháin steiriúla créachta gan íocleasú, i mbeartáin aonair	1	2	4
Cóiriúcháin steiriúla créachta neamhghreamaitheacha gan íocleasú, i mbeartáin aonair	1	2	4
Ciarsúir antaiseipteacha i mbeartáin aonair	8	8	10
Deimheas paraimhíochaine	1	1	1
Lámhainní laitéise – laitéis gan púdar nó lámhainní Nitril (gan laitéis)	Bosca amháin	Bosca amháin	Bosca amháin
Uiscealach steiriúil súl freisin, mura bhfuil aon uisce reatha ann	1	2	2

Chomh maith le bosca garchabhrach, d'fhéadfá teirmiméadar fiabhrais agus siosúr láidir a bheith agat.

In áit ina bhfuil níos mó ná 50 leanbh, níor mhór soláthar ábhar ar bhonn pro rata bheith ann.

Nuair nach bhfuil uisce reatha ar fáil ón sconna chun súile a ghlanadh, ba cheart go mbeadh uisce steiriúil nó gnáthshailíne steiriúil (0.9%) ar fáil i ngabhdáin shéalaithe aonuaire. Ba cheart go mbeadh gach gabhdán ábalta 30ml a choinneáil agus níor cheart é a úsáid arís tar éis don séala a bheith briste. Ba cheart go mbeadh 90ml ar a laghad ar fáil.

Níor cheart cupaí súl/gabhdáin a athlíontar a úsáid chun súile a ghlanadh amach.

Dualgais an Oifigigh Gharchabhrach:

- Tagraítear don Oifigeach Garchabhrach Ainmnithe atá sa Ráiteas Sláinte agus Sábháilteachta ag tús an doiciméid bheartais seo.
- Caithfear foirm thuairisce ar thimpiste/ar tharlúint a líonadh agus a choimeád i gcomhaid an pháiste. Caithfidh an Bainisteoir gach tuairisc a shíniú.
- Déanfaidh an tOifigeach Garchabhrach maoirseacht ar pháistí atá faoi ghrinniú, de thoradh timpiste/breoiteachta le linn dóibh a bheith san áit.
- Coimeádfaidh an tOifigeach Garchabhrach liosta cothrom le dáta d'uimhreacha teagmhála de thuismitheoirí/chaomhnóirí, de dhochtúirí agus d'ospidéil, in áit a bhfuil fáil orthu go héasca.
- Beidh an tOifigeach Garchabhrach freagrach as an bhfearas garchabhrach a athstocáil go dtráthrialta, agus uair amháin sa mhí ar a laghad.
- Déileáil le trealamh leictreach lochtach ar an bpointe.
- Coimeádtar taifead laethúil den tinreamh / 'leabhar rola'.
- Coimeádtar na h-ábhair inlasta ar fad go sabháilte taobh amuigh de limistéir na bpáistí.

Cóireáil Gharchabhrach a dhéanamh sa tSeirbhís:

- Ní úsáidtear uachtair nó ceirtíní antaiseipteacha. Chun infhabhtú a chosaint , is féidir greimlín a úsáid. Nuair is amhlaidh an cás, dean cinnte go n-úsáidtear greimlín den mhéid cheart. Tabhair do d'aire go bhfuil alléirge ar roinnt páistí le greimlíní. Beidh nóta faoi seo ar a bhFoirm Eolais Ghinearálta.
- Caithfear lámhainní aon uaire a chaitheamh nuair atáthar ag déileáil le cneá oscailte, le múisc nó le fuil. Caithfear na lámha a ní i dtólamh tar éis cóireáil gharchabhrach a thabhairt.
- Úsáidtear ciarsúr/olann cadáis agus uisce le haghaidh gach gortú. Ná húsáid gallúnach ar chneá riamh.
- Úsáidtear adhairtíní fuara i gcomhair mionmheallta, ciceanna, pinsí, titime, scríobthaí, sna casanna go bhféadfadh at beag agus/nó ballbhrú tarlú.
  Is féidir mála oighir a aimsiú san urrann reoiteora den chuisneoir. Ba chóir málaí oighir nua a chur in ionad na cinn a úsáidtear chomh maith le aon uair eile nuair is gá.

Ba chóir cóireáil gharchabhrach a thabhairt i bhfad ó na páistí eile. Cinntigh go ndéantar maoirseacht ar na páistí atá á bhfágáil agat. Muna féidir é sin a chinntiú, tabhair an cóireáil gharchabhrach ar an láthair.

Ba chóir go mbeadh teastas garchabhrach bailí ag gach ball foirne, (mic léinn, hionadaithe agus baill foirne cunta díolmhaithe) agus ba chóir an traenáil a uasdátú nuair is gá.

Tá liosta de na rudaí ar chóir a bheith sa bhosca priontáilte taobh istigh den chlaibín. Caithfear aon rud a bhaintear den bhosca a chur ar ais díreach tar éis é a úsáid.

Tarlaíonn tarlúintí agus timpistí. Tríd ár ndícheall a dhéanamh méid na dtimpistí a choimeád chomh íseal agus is féidir, is féidir linn méid na dtimpistí/dtarlúintí a laghdú
Coinnigh súil aireach ar na páistí. Bíodh fhios agat cad atá á dhéanamh ag gach páiste atá faoi do chúram i gcónaí. Coinnigh súil faoi leith ar pháistí nua i do ghrúpa, toisc gurb iad na páistí is leochailí

Tachtadh:
Is iad bia, milseáin chrua, piseanna talún agus meirlíní na cúiseanna is coitianta do thachtadh. Is riosca tromchúiseach tachta iad cordaí dallóige, cordaí cuirtín, agus éadach (m.sh. ribíní agus criosanna) do pháistí.

Ag déileáil le páiste atá ag tachtadh:

1. Cuir ceist ar an bpáiste; An bhfuil tú ag tachtadh? An féidir leat análú?
2. Mura féidir leis an bpáiste análú, labhairt nó casacht, seas nó téigh ar do ghlúine taobh thiar den pháiste. Tosnaigh an gnáthamh Heimlich tríd taobh cothrom na hordóige de do dhorn a chur idir imleacáin an pháiste agus a c(h)námh uchta. Déan cinnte go bhfantar amach ó chnámh an uchta. Fáisc do lámh eile timpeall do dhorn agus brúigh suas i dtreo a ngoile.
3. Lean ort ag déanamh é seo go dtí go léimeann an rud amach agus go dtosnaíonn an páiste ag analú arís.
4. Má eiríonn an páiste neamhfhreagúil, cuir siad iad go cúramach go dtí an talamh. Cuir fios ar chúnamh agus seol duine chun 999 nó 112 a dhialú. Fan ar an bhfón agus éist go cúramach leis an gcomhairle.

- Caithfear ACS (athbheochan chardascamhógach) a thosú.
- Más féidir leat an rud a fheiceáil le linn ACS, bain amach é le do mhéara ach ná cuir do mhéara isteach i mbéal an pháiste mura féidir leat an rud a fheiceáil.

2. First Aid

We will ensure that the Service is compliant with the relevant legislation, the Safety; Health and Welfare at Work Act, 2005 and the Child Care Act 1991 (Early Years Services) Regulations 2016.

Management will ensure that it meets the requirements set out in the legislation regarding the number of qualified first aiders in the service.

Policy and Procedure:

Management will ensure that:

- At least one adult, qualified in giving First Aid, should always be present on site. This qualification should be current.
- All members of staff are familiar with simple First Aid procedures, such as mouth-to-mouth resuscitation, and for staff training to be given on this subject.
- First Aid boxes will be provided and sited in designated areas.
- Contents of the boxes should be checked regularly and replaced as necessary.
- The First Aid box will not contain any substance, which may cause allergies. However, an accessory box containing sticking plaster and antiseptic lotion for children you know are definitely not allergic to these substances may be kept.
- In addition to a First Aid Box, you may have a fever scan thermometer and a tough cut scissors.
- Where mains tap water is not readily available for eye irrigation, sterile water or sterile normal saline (0.9%) in sealed disposable containers should be provided. Each container should hold at least 30ml and should not be re-used once the seal is broken. At least 90ml should be available.
- Eye bath/eye cup/refillable containers should not be used for eye irrigation.

Materials	1-5 children	6-25 children	25-50 children
Hypoallergenic plasters	12	20	20
Sterile eye pads (bandage attached)	2	6	6
Individually wrapped triangular bandages	2	6	6
Small individually wrapped sterile un medicated wound dressings	1	2	4
Medium individually wrapped, non-stick, sterile, un medicated wound dressings	1	2	4
Individually wrapped antiseptic wipes	8	8	10
Paramedic shears	1	1	1
Latex gloves – non-powdered latex or Nitril gloves (latex-free	1 box	1 box	1 box
Additionally where there is no running water, sterile eye wash	1	2	2

First Aid Officer Duties:

- The Named First Aid Officer in the Health and Safety Statement is references at the start of this policy document.
- An Accident and Incident report must be filled in and kept in the child's file. All reports to be signed by the Manager.

- The First Aid Officer will supervise children who are under observation, as a result of accidents/sickness while on the premises.
- The First Aid Officer will keep an up to date list of contact numbers for parents/guardians, doctors and hospitals in an easy accessible place.
- The First Aid Officer will be responsible for re-stocking the First Aid kit at regular intervals, at least once a month.
- Attend to faulty electrical equipment immediately.
- Daily attendance records are kept / 'leabhar rola'.
- All flammable materials are safely stored outside of children's areas.

Carrying out First Aid in the Service:

- Antiseptic creams or wipes are never applied. To prevent an infection occurring, a band-aid may be applied. Where this is the case, please ensure that the band-aid is the correct size. Please note that some children are allergic to band aids/plasters. This will be noted on their General Information Form.
- Disposable gloves must be worn when dealing with open wounds, vomit or blood. Always wash hands thoroughly after administering first aid.
- Tissue/cotton wool and water is used for all injuries. Never, ever, use soap on wound.
- Cold compresses are used for minor bumps, kicks, pinches, falls, scratches, where slight swelling and/or bruising may occur.
- Cold compresses are used for major bumps, bites, pinches, falls where swelling and bruising will occur. An ice pack can be found in the freezer compartment of the fridge in the kitchen. Ice packs should be replaced as you use them and when necessary.

First aid should be performed where possible away from other children. Ensure that the children you are leaving are left supervised. If this is not possible then administer first aid on the spot.
All staff members, students, substitutes and auxiliary staff members exempt, should have a valid first aid certificate and should update this when necessary.
A list of what should be in the box is printed on the inside of the lid. All items removed from the box must be replaced immediately after use.
Incidents and accidents will occur. By endeavouring to keep them at a minimum, we can reduce the amount that occurs. Have a watchful eye. Know what the children in your care are doing at all times. Watch out especially for new children in your group, as they are the most vulnerable.

Choking and Strangulation:

Food, hard sweets, peanuts and marbles are the most common cause of choking. Blind cords, curtain cords or clothing (e.g. ribbons and belts) are a serious strangulation risk to children

Dealing with a Child Choking:

1. Ask the child; Are you choking? Can you breathe?
2. If the child cannot, breathe, talk or cough, stand or kneel behind the child. Start the Heimlich Manoeuvre by placing the flat thumb side of your fist between the child's navel and the breastbone. Be sure to keep well off the breastbone. Wrap your other hand around your fist and press upwards towards their stomach.
3. Keep doing this until the object pops out and the child starts to breathe again.
4. If the child becomes unresponsive, gently lower them to the floor. Call for help and send someone to dial 999 or 112. Stay on the phone and listen carefully to the advice.

- You must begin CPR (Cardio Pulmonary Resuscitation)
- If during CPR you can see the object, remove it with your fingers but do not place your fingers in the child's mouth if you cannot see the object

Anaphylaxis: is a sudden and severe allergic reaction, which can be fatal, requiring immediate medical emergency measures be taken.

The service rrecognises that it has a duty of care to children who are at risk from life-threatening allergic reactions while under our supervision. The responsibility is shared among parents/guardians and health care providers. While the service cannot guarantee an allergen-free environment, the management will take reasonable steps to provide an allergy-safe and allergy-aware environment for a child with life-threatening allergies. We will l implement the following steps:

- A process for identifying an anaphylactic child.
- Keeping a record with information relating to the specific allergies for each identified anaphylactic child to form part of the child's Permanent Child Record.
- A process for establishing an emergency procedure plan, to be reviewed annually, for each identified anaphylactic child to form part of the child's child record.
- Procedures for storage and administering medications, including procedures for obtaining preauthorization for employees to administer medication to an anaphylactic child.
- All incidents will be recorded and the process reviewed.

Anaphylaxis Procedures:

Description of Anaphylaxis:

Signs and symptoms of a severe allergic reaction can occur within minutes of exposure to an offending substance. Reactions usually occur within two hours of exposure, but in rare cases can develop hours later. Specific warning signs as well as the severity and intensity of symptoms can vary from person to person and sometimes from reaction to reaction in the same persons.

An anaphylactic reaction can involve **any** of the following symptoms, which may appear alone or in any combination, regardless of the triggering allergen:

- **Skin:** hives, swelling, itching, warmth, redness, rash.
- **Respiratory (breathing):** wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion or hay fever-like symptoms (runny itchy nose and watery eyes, sneezing), trouble swallowing.
- **Gastrointestinal (stomach):** nausea, pain/cramps, vomiting, diarrhoea.
- **Cardiovascular (heart):** pale/blue colour, weak pulse, passing out, dizzy/light-headed, shock.
- **Other:** anxiety, feeling of "impending doom", headache, uterine cramps in females.

Because of the unpredictability of reactions, early symptoms should never be ignored, especially if the person has suffered an anaphylactic reaction in the past.

It is important to note that anaphylaxis can occur without hives.

If an allergic child expresses any concern that a reaction might be starting, the child should always be taken seriously. When a reaction begins, it is important to respond immediately, following instructions in the child's *Child Emergency Procedure Plan*. The cause of the reaction can be investigated later.
The following symptoms may lead to death if untreated:

- Breathing difficulties caused by swelling of the airways.
- A drop in blood pressure indicated by dizziness, light-headedness or feeling faint/weak.

Identifying Individuals at Risk:
At the time of registration, parents/guardians are asked to report on their child's medical conditions, including whether their child has a medical diagnosis of anaphylaxis. Information on a child's life threatening conditions will be recorded and updated on the child's Permanent Child Record annually. It is the responsibility of the parent/guardian to:

- Inform the Manager when their child is diagnosed as being at risk for anaphylaxis.
- In a timely manner, complete medical forms and the Child Emergency Procedure Plan that includes a photograph, description of the child's allergy, emergency procedures, contact information, and consent to administer medication. The Child Emergency Procedure Plan should be posted in key areas such as in the child's playroom, the office, the feedback notebook etc, Parental permission is required to post or distribute the plan.
- Provide the service with updated medical information at the beginning of each year, and whenever there is a significant change related to their child.

Record Keeping – Monitoring and Reporting:

For each identified child, the Manager will keep a Child Emergency Procedure Plan on file. These plans will contain the following information:

- Child-Level Information
    - Name
    - Contact information
    - Diagnosis
    - Symptoms
    - Emergency Response Plan
- Service-Level Information
    - Emergency procedures/treatment
- GP section including the child's diagnosis, medication and GP signature.

Emergency Procedure Plans:

a) Child Level Emergency Procedure Plan

The Manager must ensure that the parents/guardians and child (where appropriate), are provided with an opportunity to meet with designated staff, prior to the beginning of each year or as soon as possible to develop/update an individual Child Emergency Procedure Plan. The Child Emergency Procedure Plan must be signed by the child's parents/guardians and the child's GP. A copy of the plan will be placed in readily accessible, designated areas such as the playroom and office.

The Child Emergency Procedure Plan will include at minimum:

- The diagnosis.
- The current treatment regime.
- Who within the service is to be informed about the plan – e.g. childcare workers, volunteers, playmates.
- Current emergency contact information for the child's parents/guardians.
- A requirement for those exposed to the plan to maintain the confidentiality of the child's personal health information.
- Information regarding the child, is parent's responsibility to advise the service about any change/s in the child's condition.
- It is the service's responsibility for updating the child's records.

Emergency Plans:

Management will consult with parent's staff and the insurance company to decide on an appropriate emergency plan on a case-by-case basis to ensure that an appropriate course of action is taken for the child. The following two plans A and B will be used in consultation with parents/guardians and then an individual plan will be written up. Parents/guardians will be required to sign a declaration that they are happy

for the staff to follow the decided emergency plan. In the event of an emergency designated staff will follow the plans as decided by parents/guardians and management.

IF A CHILD HAS ANAPHYLAXIS AN ENERGENCY MEDICAL EMERGENCY CARE PLAN WILL BE DRAWN UP

The location(s) of child auto-injectors must be known to all staff members.

Parents/guardians will be informed that it is the parents/guardians' responsibility:

- To provide the appropriate medication (e.g. single dose epinephrine auto-injectors) for their anaphylactic child.
- To inform the staff where the anaphylactic child's medication will be kept (i.e. with the child, in the child's playroom, and/or other locations).
- To inform the staff when they deem the child competent to carry their own medication/s), and it is their duty to ensure their child understands they must carry their medication on their person at all times.
- To provide a second auto-injector to be stored in a central, accessible, safe but unlocked location.
- To ensure anaphylaxis medications have not expired.
- To ensure that they replace expired medications.

Allergy Awareness, Prevention and Avoidance Strategies:

a) Awareness

The Manager will ensure:

- That all staff and persons reasonably expected to have supervisory responsibility of children receive training, in the recognition of a severe allergic reaction and the use of single dose auto-injectors and standard emergency procedure plans.
- That all members of staff including substitute employees, employees on call, and volunteers have appropriate information about severe allergies including background information on allergies, anaphylaxis and safety procedures.
- With the consent of the parent, the Manager and the staff must ensure that the child's playmates are provided with information on severe allergies in a manner that is appropriate for the age and maturity level of the child, and those strategies to reduce teasing and bullying are incorporated into this information.

Posters that describe signs and symptoms of anaphylaxis and how to administer a single dose auto-injector should be placed in relevant areas. These areas may include playrooms, office, staff room, lunchroom etc.

b) Avoidance/Prevention

Individuals at risk of anaphylaxis must learn to avoid specific triggers. While the key responsibility lies with the child's family the service must participate in creating an "allergy-aware" environment. Special care is taken to avoid exposure to allergy-causing substances. Parents/guardians are asked to consult with the childcare worker before sending in food to playrooms where there are food-allergic. The risk of accidental exposure to a food allergen can be significantly diminished by means of such measures.

Non-food allergens (e.g. medications, latex) will be identified and restricted from playrooms and common areas where a child with a related allergy may encounter that substance.

Training Strategy

A training session on anaphylaxis and anaphylactic shock will be held for all The Naíonrastaff. Efforts shall be made to include the parents/guardians, and children (where appropriate), in the training. Experts (e.g. public health nurses, trained occupational health and safety staff) will be consulted in the development of training policies and the implementation of training. Training will be provided by individuals trained to teach anaphylaxis management.

The training sessions will include:

- Signs and symptoms of anaphylaxis.
- Common allergens.
- Avoidance strategies.
- Emergency protocols.
- Use of single dose epinephrine auto-injectors.
- Identification of at-risk children (as outlined in the individual Child Emergency Procedure Plan).
- Emergency plans.
- Method of communication with and strategies to educate and raise awareness of parents/guardians, children, employees and volunteers about anaphylaxis.

Additional Best Practice:

Participants will have an opportunity to practice using an auto-injector trainer (i.e. device used for training purposes) and are encouraged to practice with the auto-injector trainers throughout the year, especially if they have a child at risk in their care. Children will learn about anaphylaxis as part of the curriculum.