

# St. Lawrence College

## Whole School

### First Aid

### Policy



Our school is one community, united in our respect for each other, tolerant of differences and proud of our diversity, honest and positive about our learning and behaviour every day.

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## FIRST AID CAN SAVE LIVES AND PREVENT MINOR INJURIES BECOMING MAJOR ONES

As St. Lawrence College has a large campus, first aid boxes are available to all staff in the swimming pool area, the indoor gymnasium, the high school administration office and nurses' office. These are the central and easily accessible areas in the campus.

First aid boxes for outside trips are located in the nurses' office and include medicines according to the Greek Health Authority list.

The A.E.D. machine is situated during the summer months in the swimming pool and in the winter months the indoor gymnasium.

Resuscitation equipment is situated in the nurses' office.

All teaching staff have been trained in basic first aid, priority teachers (i.e. P.E. teachers, swimming instructors, lifeguards, nurses) have taken advanced first aid and resuscitation certificates given by Onassio Hospital and/or PADI Emergency First Response.

The nurses have a medical record for all of the pupils, which have been filled in by the parent or guardian and is kept under lock and the key is located in the nurses' office. This is updated when necessary (see *appendix 1* for the school's Confidential Medical Questionnaire).

## MINOR INJURIES - ADMINISTERING BASIC FIRST AID

Minor cuts/bruises and small accidents are dealt with immediately by a school nurse, who in turn reports to the parents, keeps a record of the incidents on her daily accident report, which is sent to the Headmistress, Headmaster and the Administrator.

## MAJOR ACCIDENTS AND INJURIES

### **Head injuries**

The patient is assessed by a school nurse and kept under observation as to such time the parents are informed. Then the child is sent for further medical evaluation.

### **Severe Upper /lower limb, suspected spinal injuries**

The child is assessed basic first aid given, parents are informed and the child transported to the appropriate medical facility via ambulance accompanied by a school nurse.

In each of the above cases a report is filed and is sent with the child to the medical facility, copy is given to the administrator and the incident recorded in the daily report.

(See document in nurses' office)

## PUPILS WHO REQUIRE MEDICATION E.G. FOR ALLERGIES /ASTHMA

Pupils with allergies / other medical conditions are put on a red flag list, which is sent to all teaching and administrative staff. (This is updated regularly by a school nurse).

Their medication is kept in the nurses' office in a locked cupboard with the pupil's name inscribed. No medication is given to a pupil without a doctor's certificate.

Due to the number of pupils having allergies to nuts the school has a NO NUT POLICY. Products containing any form of nut will not be permitted.

No medication (i.e. Depon/paracetamol) is given to a pupil without the parents' consent. (see *appendix 1*)

Children who have been prescribed antibiotics should not attend school until the course has been completed.

## CHILDHOOD DISEASES

Parents should inform the school nurse if a pupil contacts any of the childhood diseases (i.e. measles, chickenpox, mumps etc). The nurse will inform the parents regarding the above by sending a circular e-mail. A doctor's certificate of fitness is required for the pupil to return to school.

## PYREXIA/DIARRHOEA

Pupils and staff with pyrexia/diarrhoea - should not attend school for 24 hours after the symptoms subside or a doctor's certificate of fitness is provided.

## PEDICULOSIS (HEAD LICE)

Parents must inform the school nurse if a pupil has contacted the above and the appropriate treatment has started. The nurse informs the parents via a circular e-mail.

The school nurses do regular head checks. If a pupil has contacted the above the parents are informed and the pupil sent home to commence treatment. The nurse informs the parents via a circular e-mail.

## BASIC HYGIENE AND CHILD HEALTH

The teachers encourage the pupils to keep basic hygiene by regular hand washing and the use of antibacterial lotion after using the bathroom and before eating.

Any concern regarding a child health or well-being is reported by the teachers to a nurse who in turn informs the Head teacher in the junior school or the Head of School in the senior section.

All documents relating to the pupils health are kept in the nurses' office.

## Appendix 1 – Confidential Medical Questionnaire



St. Lawrence College  
The British School in Greece

### Confidential Medical Questionnaire

Pupil's full name ..... Date of birth .....

Child's home language ..... Other languages .....

#### Emergency Contact details – Parents/Guardian:

Mother's telephone/mobile ..... Email .....

Father's telephone/mobile ..... Email .....

Guardian's telephone/mobile ..... Email .....

Home address .....

Home telephone .....

Alternative Contact who will assume temporary care of your child if you cannot be reached:

Name ..... Language spoken .....

Mobile No. .... Home/work Tel. No. ....

- |                                          |                                           |                                          |
|------------------------------------------|-------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Asthma          | <input type="checkbox"/> Diabetes         | <input type="checkbox"/> Epilepsy        |
| <input type="checkbox"/> Heart condition | <input type="checkbox"/> Headaches        | <input type="checkbox"/> Travel sickness |
| <input type="checkbox"/> Skin conditions | <input type="checkbox"/> Colour blindness | <input type="checkbox"/> A.D.H.D.        |

Other conditions .....

#### Allergies

Pollen     Animals     Medicine     Food     Nuts

Others .....

Does your child take regular medication    Yes     No

*(If your child suffers from any of the above please pay attention to the back of this form)*

Has he/she had an anaesthetic:     General     Local

Has he/she had any surgical operations (if yes, list below):     Yes     No

Is your child vaccinated for childhood diseases:     Yes     No

Date of last tetanus shot .....

Has he/she had a recent     Eye sight test     Hearing Test



Please indicate any reason why your child should not participate fully in the Physical Education/Swimming Lessons .....

If your child suffers from:

**Diabetes/Epilepsy** does he/she take medication?

Yes

No

If yes, please provide name of the medication, dose and describe how it is taken: .....

**Asthma/Allergies** does he/she take medication?

Yes

No

If yes, please provide name of the medication, dose and describe how it is taken: .....

**Heart condition/any other medical conditions not stated**

does he/she take medication?

Yes

No

If yes, please provide name of the medication, dose and describe how it is taken: .....

In case of a Medical emergency, please provide Details of Consultant in charge of your child's care with whom we can communicate:

Doctor's Name ..... Name/Address of Hospital .....

Mobile No. .... Work Tel. No./Ext. ....

In compliance with the Greek Ministry of Education Directive, each child must provide a valid Medical Certificate per academic year, from a Cardiologist and a Dermatologist in order to participate in Swimming and other Physical Education activities.

Certificate provided      Cardiology          Date: .....

                                                        Dermatology          Date: .....

*(Please attach original certificates)*

In case of fever/headache/earache/stomach ache please indicate preferred medicine:

Depon

Ponstan

Buscopan for menstrual cramps

No medication

Other: .....

**The above information will be used by the School Nurses, in case of a medical emergency in school that may require a visit to the hospital /dentist.**

In the case of a **severe injury** on the school premises, your child will be assessed. The emergency services will be called and your child will be sent to the appropriate medical facility, accompanied by a School Nurse.

In either case, parents/guardians will be notified accordingly.

**D**ATE ..... **S**IGNATURE OF PARENT OR GUARDIAN .....

Appendix 2 **ACCIDENT REPORT**

<b>Pupil's Name:</b>			
<b>Date:</b>		<b>Time:</b>	
<b>School</b>		<b>Tournament:</b>	

<b>Accident Report</b>

<b>Actions Taken</b>

Taken to hospital by: Ambulance  Car

Parents Informed: Yes  No

School Nurse \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_