



School Policy

Whole School Medical Policy

Purpose

The purpose of this medical policy is to provide clear guidelines to follow in situations relating to the medical health and safety of students both on campus and away on school trips.

Overview

This policy includes the following information:

- The medical procedure relating to new students joining IBSB
- The storage and administering of both prescription and non-prescription medicine
- The procedure to follow when a child in the care of IBSB staff feels unwell
- Minor MFA accident procedure [Refer MFA Policy]
- Serious Accident Procedure [Refer MFA Policy]
- Suspected and Confirmed Contagious Disease Procedure
- The procedure for recording all student medical information
- Form to complete to allow IBSB staff to administer medicine to a student
- Accident/Incident Report Log procedure
- Location and contents of Medic MFA Boxes on IBSB campus [Refer MFA Policy]
- Standard letters to be sent out relating to the above

1. School Attendance

At the start of each academic year each student is required, by Romanian law, to bring a medical certificate [AVIZ] confirming that the student is healthy and fit to enter the school's community and a medical certificate or note confirming the student is in a physically fit condition to be able to undertake PE lessons and sporting events organized by the school. A record is kept in the office.

New staff will be required to complete a **Health Declaration Form** at the time of signing their work contract confirming that they are physically well and able to work in a school environment prior to the start of the new academic year. In addition to this, **all staff are required to complete a medical examination** at the start of each school year, to be arranged and paid for by IBSB. In times of a pandemic, staff may be asked to complete a test to show they are not positive in regard to the disease in question.

New child in school

- The family completes the medical admissions form prior to admission [available on school website in Admissions section and in the admissions pack given to new parents]
- The family presents a note from the doctor (**Appendix 7**) which states that the child/ren are healthy and fit to enter the school's community. This note must also confirm the children are able to participate in physical education lessons.
- If the child has a medical condition, they have to present a medical note signed and stamped by the child's doctor containing the name of the illness/disease and the emergency medication needed if necessary.
- In the situation where a family member has been confirmed COVID-19 positive, all family members may be required to provide a negative COVID-19 test before the student is able to start school in accordance with local health authority recommendations.
- The Office informs the school doctor, the school nurse, and the teacher before the child's first day of school. The school nurse will enter the medical data on School Base.
- The school nurse carries out a medical check of the child on the first day of school.

- Any student with a medical condition is identified in the online student register by the symbol  |

2. Medication

2.1 Storage

- All medicine is to be kept in the MFA Room in a safe cupboard. (MFA Kits are to be kept in secure locations around the campus, with one in each level of school buildings)
- MFA Boxes are to be found on every floor of the IBSB buildings. Please see **Appendix 2**
- The School Nurse is responsible for checking and replacing any missing or expired items from the MFA Boxes on a termly basis.
- MFA kits are available for all staff to use and to give MFA for small accidents when the nurse is not available.

2.2 Administration of medicine

- No non-prescribed medication, including creams and lotions, can be administered to children by any member of IBSB staff.
- Prescribed medication can only be administered by the school doctor, school nurse, or teacher if the parent has filled out and signed a Medication Form giving their consent.
 - The Medication Form (**Appendix 1**) must be filled in and signed stating what medication is to be given and when.
 - The office staff sends a copy of the medication form to the school's nurse and one copy to the class teacher. The original form will be kept in the child's file in the office.
- Emergency medication may be given only after a phone conversation with the parent by the Office staff/doctor/nurse. The phone call is to be confirmed in writing by the parent by the end of the day in the accident/incident log on School Base.
- The Office Staff/School Nurse will administer medication in accordance to prior training from the parent and parent's indications on the medication form.
- The Office Staff/ School Nurse must wear medical gloves at all times when medication is administered.
- It is the form/class/subject teacher's responsibility to ensure that the child visits the MFA Room at the correct time to administer the medication, unless otherwise agreed by parents.
- Any emergency medication (Inhalers, Epipens, etc.) must be provided by the parents and accompanied by a letter stating exactly how and when they are to be administered and include the doctor's prescription. Parents are also asked to come to school to instruct the nurse what to do in certain circumstances. Emergency medication will be labelled with the child's name on it and be kept in a lockable cupboard.

2.3 Child refusal to take medication

- In the case of child refusing to take the medication, the family should be advised by phone immediately by the Office Staff/school nurse and if necessary the child should be sent home. An entry should be made in the school's accident/incident log on School Base.

3. Sickness

- Parents should keep their children home if they display any of the signs of symptoms of illness
- If a child displays any of the signs of symptoms of illness at the point of arrival, children will wait in the medical room, or where the illness relates to a possible virus in times of a pandemic be placed in an isolation room and monitored until collected. The parents have to organise the child's collection as soon as possible.



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- If a child arrives to class or during a lesson or break displaying any of the signs of symptoms of illness, the teacher will send him/her to MFA Room. In Secondary, the teacher will send the student to visit the MFA Room, sending another student to accompany the sick child if he/she feels it is a serious matter.
- If the child display temperature more than 37.3 C the child will be placed in the isolation room and the parents will be informed to organise pick up. The child's health condition will have to be monitored for 24 h before he returns to school.
- The relevant HOS is informed after the Office Staff/ School Nurse contacts the parents.
- The school nurse will inform HoP/HoSec about the symptoms and physical state of the child and the HOS/Executive Director if it is appropriate. The Office Staff/ School Nurse will then contact the parents, so that the child can be picked up early.
- The student will fill in the late arrival book at reception when they collect the child. The parents/students will fill in the early departure book at reception when they collect the child. The School Nurse / office will inform the teachers by email if a child is picked up early by parents.
- Should the illness be contagious or after 3 days of medical absence, the school will require an AVIZ (confirmation note from the child's doctor) stating she/he is no longer contagious and can rejoin the school (**Appendix 7**).
- If the medical absence is for 2 days but during Monday and Tuesday or Thursday and Friday (including weekend) a medical note from the doctor is still required.
- The School Office is to follow up any missing medical notes.

4. Accidents [Refer MFA Policy]

4.1 Small accidents (cuts and bruises)

- **Cuts and bruises:** All students with cuts and bruises should be taken to the school nurse to receive MFA treatment as required.
- All small cuts and bruises should be cleaned with water or disinfectant by the school nurse. In most cases where bleeding is absent, cleaning with water will suffice.
- Individually wrapped sterile plasters will be used only in the case of bleeding. In this case, use disinfectant on a sterile dressing to clean the wound from the centre outwards. Only apply the plaster when no more traces of dirt are visible in the wound.
- Do not apply the plaster if there is a known allergy to such products; use a wrapped sterile bandage instead.
- In the case of a head injury, a call will be made by the Office Staff/School Nurse (or in her absence by the form/class/subject teacher) to inform the parents, followed by recording it in the accident book on Schoolbase. As a concussion can reveal itself later, any serious bump to the head should be communicated to the parents by the School Nurse / Office. Teachers should be informed.
- In the case of small accidents, the school nurse / office must inform the parents by phone and copy in the relevant teachers.
- First aiders should have access to single-use disposable gloves and hand washing facilities, and should take care when dealing with blood or other body fluids.

4.2 Serious Accidents or Emergency

- In case of serious accidents, the staff member at the scene of the accident will call for assistance from the school nurse or a staff member on the First Aiders List, who will come to the place of accident and offer first aid using the nearest MFA boxes or the MFA boxes from MFA Room.
- For any serious medical emergency the school nurse or doctor should be called to attend to the need for the patient until emergency support arrives
- A list of MFA boxes in school and contents (**Appendix 2**).



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- One member of staff present needs to inform the office immediately and the office who will call the ambulance, the children's parents to ask them to meet the ambulance at the hospital, and inform the class teacher, HOP, HOsec., and HOS.
- Contacts for Ambulance (**Appendix 3**)
- A member of the teaching staff will remain with a child at the hospital until the parent/ guardian arrives.

An **Accident/Incident Report Log Form** must be completed in the case of an accident/incident by the Teacher/TA witness of the accident/incident and emailed to SLT and the Office. **The Head of Primary/Secondary will then update the Accident/Incident Log on School Base**

An **Accident/Incident Report Log Form** is available on the server: <\\\\NEWSERVER\\Academic\\Teachers\\Whole school\\Admin\\Accident, Incident Report>

| | | |
|-------------------------------|-------------------------------|--|
| School doctor on site: | Adela Simion | adela.simion@ibsb.ro |
| School nurse on site: | Nicoleta Micu Mihaela Puiu | nicoleta.micu@ibsb.ro mihaela.puiu@ibsb.ro |

5. Contagious health problems/diseases

In regard to specific non serious contagious health problems or diseases, the school should follow the following procedures.

5.1 Head lice

- School Nurse has to check all children each term for head lice
- The School Nurse has to carry out class checks for head lice, starting with students in Preschool and working through to Y13. This check should be completed in the first week of term as the school doctor must send a health declaration form (**Appendix 6**) to SANEPID within 5 working days of school opening.
- If a case of head lice is found in one class and the child has siblings in school, the following classes to be checked are the ones of the siblings. Random checks should also take place in others classes over the next 2 weeks.
- The doctor has to inform the office of any confirmed cases of head lice that day
- The School Office or school nurse has to phone parents of children concerned to inform them of the situation and to ask them to treat their children before they return to school. Parents are asked to collect their child and to treat
- Following the phone conversation or if the parent was not contactable, a letter will be sent home (**Appendix 9**) informing them in writing that their children have head lice asking them to treat their children before they return to school (**Appendix 9**). The office needs to have names as soon as possible in order for the letters to go home that day.
- Where there is a confirmed case the entire class will receive an e-mail to inform them of the situation, asking them to check their children daily (**Appendix 10**)
- The office also needs to contact the SLT to inform her/him of the confirmed case of head lice, and the class teacher/form teacher to inform them that letters and e-mails have gone out and to ask that they send the child to the school nurse on their first day back at school.
- Class teacher/Form tutor asks student with head lice on returning to school to visit the school nurse for a check before their first class.
- Office to remind teachers to send the children on the list straight to the MFA Room in the morning.

- School Office will contact the Form Teacher to inform them of any student/s who did not visit for their check. If the student is in school the School Office will locate the student/s and carry out a head lice check.
- If the child has not been treated, the parents will be contacted and asked to collect their children from school in order to take them home to treat them.

5.2 Chicken Pox (To be actioned after a confirmed diagnosis is sent by email by parent)

- Nurse must check all pupils in a class where a chicken pox case was reported and if a child has brothers or sisters the siblings' class should be also checked.
- A Letter/leaflet informing parents that there has been a confirmed case of chicken pox in the school is to be sent out and describing symptoms (**Appendix 11**) to parents of effected classes via email on the same day.
- Children will be allowed to join the class again after they are treated and after receiving a note from the doctor stating that they are ready to return to school (**Appendix 7**)
- If the child does not present a note from the doctor when rejoining school, the child needs to be sent to the MFA Room to be checked by the school nurse in order to stay in school. The school nurse is to inform the office and the office to inform the parents that the child needs a note from their doctor saying they are well and able to return to school.

5.3 Scarlet Fever (To be actioned after a confirmed diagnosis is sent by email by parent)

- Parents of suspected scarlet fever cases will be asked to provide a medical note confirming the case.
- The school nurse must check all pupils in a class where a suspected scarlet fever case has been reported and if a child has brothers or sisters, the siblings' class should be also checked.
- A Letter/leaflet informing parents of the suspected scarlet fever case in the school and describing symptoms (**Appendix 13**) is sent to parents of affected classes via e-mail on the same day.
- Children diagnosed with Scarlet Fever will be allowed to join the class again after they are treated and after receiving a note from the doctor that they are ready to rejoin (**Appendix 7**)
- If the child does not present a note from the doctor when rejoining school, the child needs to be sent to the MFA Room to be checked by the school nurse in order to stay in school, the school nurse informs the office and the office informs the parents that the child needs a clear note from the doctor.
- Once a note is received confirming the case, a letter will be sent to whole Primary or Secondary School of infected child plus that of siblings. (**Appendix 13**)

5.4. Rubella (To be actioned after a confirmed diagnosis is sent by email by parent)

- Parents of suspected rubella cases will be asked to provide a medical note confirming the case.
- The school nurse must check all pupils in a class where a suspected rubella case has been reported and if a child has brothers or sisters, the siblings' class should be also checked.
- A Letter/leaflet informing parents of the suspected rubella case in the school and describing symptoms (**Appendix 13**) is sent to parents of affected classes via e-mail on the same day.
- Children diagnosed with rubella will be allowed to join the class again after they are treated and after receiving a note from the doctor that they are ready to rejoin (**Appendix 7**)
- If the child does not present a note from the doctor when rejoining school, the child needs to be sent to the MFA Room to be checked by the school nurse in order to stay in school, the school nurse informs the office and the office informs the parents that the child needs a clear note from the doctor.
- Once a note is received confirming the case, a letter will be sent to whole Primary or Secondary School of infected child plus that of siblings. (**Appendix 13**)

5.5 Measles (To be actioned after a confirmed diagnosis is sent by email by parent)



- Parents of suspected measles cases will be asked to provide a medical note confirming the case.
- The school nurse must check all pupils in a class where a suspected measles case has been reported and if a child has brothers or sisters, the siblings' class should be also checked.
- A Letter/leaflet informing parents of the suspected measles case in the school and describing symptoms (**Appendix 13**) is sent to parents of affected classes via e-mail on the same day.
- Children diagnosed with measles will be allowed to join the class again after they are treated and after receiving a note from the doctor that they are ready to re-join (**Appendix 7**)
- If the child does not present a note from the doctor when rejoining school, the child needs to be sent to the MFA Room to be checked by the school nurse in order to stay in school, the school nurse informs the office and the office informs the parents that the child needs a clear note from the doctor.
- Once a note is received confirming the case, a letter will be sent to whole Primary or Secondary School of infected child plus that of siblings. (**Appendix 13**)

5.6 Mumps (To be actioned after a confirmed diagnosis is sent by email by parent)

- Parents of suspected mumps cases will be asked to provide a medical note confirming the case.
- The school nurse must check all pupils in a class where a suspected mumps case has been reported and if a child has brothers or sisters, the siblings' class should be also checked.
- A Letter/leaflet informing parents of the suspected mumps case in the school and describing symptoms (**Appendix 13**) is sent to parents of affected classes via e-mail on the same day.
- Children diagnosed with mumps will be allowed to join the class again after they are treated and after receiving a note from the doctor that they are ready to rejoin (**Appendix 7**)
- If the child does not present a note from the doctor when rejoining school, the child needs to be sent to the MFA Room to be checked by the school nurse in order to stay in school, the school nurse informs the office and the office informs the parents that the child needs a clear note from the doctor.
- Once a note is received confirming the case, a letter will be sent to whole Primary or Secondary School of infected child plus that of siblings. (**Appendix 13**)

5.7 Mononucleosis (To be actioned after a confirmed diagnosis is sent by email by parent)

- Parents of suspected mononucleosis cases will be asked to provide a medical note confirming the case.
- The school nurse must check all pupils in a class where a mononucleosis case has been reported and if a child has brothers or sisters, the siblings' class should be also checked.
- A Letter/leaflet informing parents of the suspected mononucleosis case in the school and describing symptoms (**Appendix 13**) is sent to parents of affected classes via e-mail on the same day.
- Children diagnosed with mononucleosis will be allowed to join the class again after they are treated and after receiving a note from the doctor that they are ready to re-join (**Appendix 7**)
- If the child does not present a note from the doctor when rejoining school, the child needs to be sent to the MFA Room to be checked by the school nurse in order to stay in school, the school nurse informs the office and the office informs the parents that the child needs a clear note from the doctor.
- Once a note is received confirming the case, a letter will be sent to whole Primary or Secondary School of infected child plus that of siblings. (**Appendix 13**)

5.7 Streptococcus (To be actioned after a confirmed diagnosis is sent by email by parent)

- Parents of suspected streptococcus cases will be asked to provide a medical note confirming the case.
- The school nurse must check all pupils in a class where a streptococcus case has been reported and if a child has brothers or sisters, the siblings' class should be also checked.

- A Letter/leaflet informing parents of the suspected streptococcus case in the school and describing symptoms (**Appendix 14**) is sent to parents of affected classes via e-mail on the same day.
- Children diagnosed with streptococcus will be allowed to join the class again after they are treated and after receiving a note from the doctor that they are ready to re-join (**Appendix 7**)
- If the child does not present a note from the doctor when rejoining school, the child needs to be sent to the MFA Room to be checked by the school nurse in order to stay in school, the school nurse informs the office and the office informs the parents that the child needs a clear note from the doctor.
- Once a note is received confirming the case, a letter will be sent to whole Primary or Secondary School of infected child plus that of siblings. (**Appendix 14**)

5.8 Viral Outbreak (Such as SARS or the CORONAVIRUS)

- The school will put in place specific protocols to protect the health and wellbeing of all community members
- A clear plan will be written and communicated to parents outlining the specific protocols and procedures to be put in place to help prevent the spread of the virus
- Parents will be asked to check their children carefully each day before sending their children to school, and to keep their children home if they display any of the signs and symptoms of the virus.

The main symptoms of coronavirus are:

- **a high temperature** – this means you feel hot to touch on your chest or back (you do not need to measure your temperature)
- **a new, continuous cough** – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)
- **a loss or change to your sense of smell or taste** – this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal

Most people with coronavirus have at least 1 of these symptoms.

Other possible symptoms taken from CDC Website: symptoms may appear **2-14 days after exposure to the virus**. People with the following symptoms may have COVID-19:

- Fever or chills
 - Shortness of breath, difficulty breathing
 - Fatigue
 - Muscle or body aches
 - Headache
 - Sore throat
 - Congestion or runny nose
 - Nausea or vomiting
 - Diarrhoea
- When a member of a family has tested positive, all children from that family will be required to remain home in self-isolation for a period of 14 days.
 - Any family placed into quarantine must provide evidence to show that all members of the family have tested negative before children can return to school at the end of the 14 day quarantine period.
 - In the situation where a positive case arises in school, all students in the relevant class will be required to self-isolate for a period of 14 days.
 - A negative viral test is only required by students returning to school who were confirmed positive during the period of self-isolation. For students in this situation, the 14 day quarantine period commences on the day they are confirmed positive.
 - Students in self-isolation not displaying the relevant symptoms during the period of 14 days will only be required to present an AVIZ valid from Day 15 onward, and completed within 48 hours of returning to school.
 - In the situation where a positive case arises in the Primary school, the main form teachers will be required to self-isolate for a period of 14 days. Teachers in this situation will continue to teach online from home, health allowing.
 - Staff with limited contact with a student confirmed positive, when maintaining social distance and wearing a mask, are not required to self-isolate.



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- Staff in self-isolation as a result of a student testing positive in school will be required to have the relevant test confirming they are negative before returning to school from self-isolation. This cost of this test will be covered by the school.
- Staff in self-isolation as a result of direct contact with a confirmed positive case outside school will be required to have the relevant viral test confirming they are negative before returning to school from self-isolation. In this situation, staff will be responsible to cover the cost of the test.
- Posters will be displayed at the entrance and around the school in key locations to remind students and staff to maintain healthy practices, washing hands regularly with warm soapy water or cleaning with hand sanitizer, coughing or sneezing into their armpit, avoiding touching common areas or sharing items, and if appropriate, social distancing and wearing masks. Students and staff will be responsible for providing their masks, with extra masks available in school for situations where a mask is needed.
- Where government guidance has been provided to schools, the school will adhere to this guidance.
- If numbers are restricted within the class, the school may be required to move to a hybrid timetable, offering students a combination of in-school and online learning from home.
- If the school is closed due to a severe outbreak, parents will be informed in advance and the school will move to online learning, with students able to continue their learning journey working from home.

6. Pupils with Medical Needs

- Pupils with medical needs are identified when a parent provides information of a medical need via a completed medical form containing child specific emergency measures of the individual child's condition.
- In this situation, please refer to the school's Pupils with Medical Needs Policy.

7. Day Trips, Residential Trips, and attending Off Campus Sporting Activities

- MFA Boxes / Bags are available in the medical room for teachers to take on trips off campus.
- Teachers must take a MFA Box / Bag from the medical room, when going on a trip.
- Pupils with medical conditions are actively supported to participate in school trips and visits, or in sporting activities. In planning such activities, teachers will undertake the appropriate risk assessment and will take into account how a child's medical condition might impact on their participation. Arrangements for the inclusion of pupils in such activities with any required adjustments will be made by the school unless evidence from a clinician such as a family doctor states that this is not in the child's best interests.
- Medical and dietary information, along with a consent form for the administration of medication (**Appendix 15**) is collected from all parents for all residential trips.
- The school ensures that all children have the medical certificate from their family doctor sanctioning sporting activity as per Romanian law.

8. School Events

- A risk assessment must be completed for all school events taking into account the medical needs of all attending
- For sporting events hosted by IBSB, such as the IBSB Sports Day and interschool athletics or swimming events, a medical support team must be on hand ready to respond to any medical emergency.

Medic First Aid Staff Training

The following staff completed a 12 hour Medical First Aid Paediatric Diploma with the Red Cross

| Staff Member | Date of Certification |
|--|-----------------------|
| Kendall Peet [Head of School] | 29/08/2020 |
| Alan Cornish [Head of Primary] | 29/08/2020 |
| Matthew Tansley [Head of Secondary] | 29/08/2020 |
| Alexander Lacraru [LPS/EYFS PE Teacher] | 24/09/2022 |
| Paul Georgescu [Primary PE Teacher] | 29/08/2020 |
| Ciprian Iacob [Secondary PE Teacher] | 29/08/2020 |
| Cristian Latcu [Secondary School Student Counsellor] | 24/09/2022 |
| Deborah Ferguson (EYFS Coordinator/Teacher) | 24/09/2022 |
| Madalina Soare [EYFS Teacher] | 24/09/2022 |
| Carmen Raducanu [EAL Teacher/Coordinator] | 29/08/2020 |
| Johanna Croci [Humanities Coord/DofE Coord] | 29/08/2020 |
| Flori Georgescu [Office Admin] | 29/08/2020 |
| Madalina Taraze [Front Desk Reception] | 24/09/2022 |

All teachers, drivers, guards, and cleaners at IBSB completed certified Basic Medic First Aid training on August 12, 2022.

All primary school teaching staff received certified Basic Medic First Aid training on August 17, 2022.

All secondary school teaching staff received certified Basic Medic First Aid training on August 17, 2022.

All teaching staff also complete an Educare MFA Certificate prior to the start of each school year.

Related Policies

Whole School MFA Policy

Whole School Health and Safety Policy

Whole School Admissions Policy

Whole School Exclusion Policy

Whole School Medical Needs Policy

Whole School Educational Visit Policy

Whole School Closure Policy

Whole School Attendance Policy

| Document Control | | |
|-----------------------|--------------|----------------|
| Draft Issued | August 2022 | |
| Author | Kendall Peet | School Nurse |
| Draft Approval | Kendall Peet | Head of School |
| Signed off by | SLT | |
| Review Date | August 2024 | |
| Review cycle | 2 year | |



APPENDIX 1

REQUEST FOR THE ADMINISTRATION OF MEDICINE IN SCHOOL

To be completed by the parents/guardian of any child to whom drugs may be administered under the supervision of school staff.

Please complete in block letters:

Child's name: _____ Form: _____

Doctor's Name: _____ Doctor's Tel No: _____

The Doctor has prescribed the following:

| Name of Drug/Medicine to be given: | When to be taken, before/after food: | How much: one 5ml/one tablet: |
|------------------------------------|--------------------------------------|-------------------------------|
| 1. | | |
| 2. | | |
| 3. | | |

NB: Parents are responsible for keeping medicines up-to-date, for notifying school of any changes and removal of out of date medicines and if necessary return to dispensing pharmacy.

Please record below any special/emergency procedures to be followed or side effects known.

I request that the treatment be given in accordance with the above/attached information by a responsible member of the school staff who has/has not received any necessary training.

I understand that it may be necessary for this treatment to be carried out during educational visits and other out of school activities, as well as on the school premises. I will inform you immediately of any changes in the above.

I undertake to supply the school with the drugs and medicines in properly labeled containers, including a 5ml medicine spoon or oral syringe for liquid medicines.

I accept that whilst my child is in the care of the School, the School staff stand in the position of the parent and that the School staff may, therefore, need to arrange any medical aid considered necessary in an emergency, but I will be informed of any such action as soon as possible.

I understand that whilst school staff will use their best endeavors to carry out these arrangements, no legal liability can be accepted by the School staff or Principal in the event of any failure to do so, or of any adverse reaction by my child to the administration of the drug.

Signed : _____ Parent/Guardian) Date: _____

Note for special/emergency circumstances: (please describe precisely the circumstances and the nature and dosage of the prescribed medication or treatment).

APPENDIX 2

Medic first aid manuals can be found on the wall in every room in a wall holder near entrance

Location of MFA Kits in School

A Medical First Aid Box has been positioned in a selection locations:

- on each level of the Primary and Secondary School buildings on the main campus
- on Level 3 of CODECS
- on each level of the Six Form College and in the Sixth Form College Office
- in the Medic First Aid Room next to reception
- in the lunch room
- in the PE Hall
- in the main office admin area
- in each school van
- In the IT Administration building

The location of MFA Boxes will be clearly marked on the floor plans in each class and on each level of each building.

In addition to the MFA boxes in fixed position around the campus, there are also additional MFA Boxes for teachers to take on educational visits from the medical room.

It is the responsibility of the **school nurse** to ensure that all MFA boxes are kept fully resourced and up to date. MFA Boxes should be checked each term, with checks recorded along with any restocking required.

Any staff member using supplies from a MFA box should inform the office / school nurse immediately, in order to ensure that MFA are restocked immediately after use.

The **School Nurse** should ensure that all classrooms and areas used by students and staff have a MFA Manual easily accessible at all times. In general, this should be located just inside the entrance to the room on the wall in a secure holder, easily visible.

APPENDIX 3

Ambulance contact numbers 112

The ambulance will take the child to a Hospital



APPENDIX 4

MFA Kit Content List

| | |
|--|----------|
| Blunt scissors | 1 pc |
| Artificial Respiration Device | 1 pc |
| Guedel Pipe size 4..... | 1 pc |
| Guedel Pipe size 10 | 1 pc |
| Mouth opener device | 1 pc |
| Elastic tourniquet 50 cm..... | 1 pc |
| Plastic splints | 1 pc |
| Adhesive plaster 5 cm / 3 m | 1 role |
| Adhesive plaster 2.5 cm / 2.5 m | 1 role |
| Individual emergency bandage 2/6 cm | 10 pc |
| Bandage with Rivanol (disinfectant solution) 6/10 cm | 1 pc |
| Patch 6/50 cm | 1 pc |
| Gauze roll / bandage 5 cm / 4 m | 1 pc |
| Gauze roll / bandage 10 cm / 4 m | 1 pc |
| Triangular bandage l=80 mm | 1 pc |
| Sterile hydrophilic wadding 50 g..... | 1 packs |
| Examination gloves | 4 pairs |
| Sterile compresses 10/8 cm x 10 p | 1 pack |
| Sanitary alcohol | 200 ml |
| Iodated alcohol | 200 ml |
| Rivanol solution 1% | 200 ml |
| Perogen | 1 bottle |
| Paper handkerchiefs with disinfectant solution | 10 pc |
| Safety pins | 12 pc |
| Plastic cups | 5 pc |
| 50 pages Notebook | 1 pc |
| Pen / Pencil | 1 pc |
| First aid instructions brochure | 1 pc |



APENDIX 5

Food Allergy Action Plan

Student's Name: _____ D.O.B: _____ Teacher: _____

ALLERGIC TO: _____
Asthmatic Yes No *Higher risk for severe reaction

◆ STEP 1: TREATMENT ◆

Symptoms:

- If a sting occurs, but *no symptoms present*:
- **Mouth** Itching, tingling, or swelling of lips, tongue, mouth
- **Skin** Hives, itchy rash, swelling of the face or extremities
- **Gut** Nausea, abdominal cramps, vomiting, diarrhoea
- **Throat†** Tightening of throat, hoarseness, hacking cough
- **Lung†** Shortness of breath, repetitive coughing, wheezing
- **Heart†** Thready pulse, low blood pressure, fainting, pale, blueness
- **Other†** _____
- If reaction is progressing (several of the above areas affected), give

Give Checked Medication

(To be determined by physician authorizing treatment)

- Epinephrine Antihistamine
- Epinephrine Antihistamine
- Epinephrine Antihistamine
- Epinephrine Antihistamine
- Epinephrine Antihistamine
- Epinephrine Antihistamine
- Epinephrine Antihistamine
- Epinephrine Antihistamine

The severity of symptoms can quickly change. †All above symptoms can potentially progress to a life-threatening situation.

DOSAGE

Epinephrine: inject intramuscularly (circle one) EpiPen® , EpiPen® Jr. , Twinject™ 0.3 mg , Twinject™ 0.15 mg (see reverse side for instructions)

Antihistamine: give _____ medication/dose/route

Other: give _____ medication/dose/route

IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

◆ STEP 2: EMERGENCY CALLS ◆

1. Call 112

State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Dr. _____ Phone Number: _____ at _____

3. Parents _____ Phone Number(s) _____

4. Emergency contacts: Name/Relationship Phone Number(s)

Name: _____ Relationship: _____ Phone: _____

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!

School Policy



INTERNATIONAL
BRITISH SCHOOL OF BUCHAREST
EDUCATION WITHOUT FRONTIERS

Parent/Guardian Signature _____

Date _____

Doctor's Signature _____

Date _____

(Required)



Medical Policy

APPENDIX 7

Nr. fișa/carnet sănătate

Localitatea.....

Unitatea sanitară.....

ADEVERINȚĂ MEDICALĂ

Se adeverește că..... Sex M/F

Născut in anul luna.....ziua.....

cu domiciliul în: Județul.....localitatea.....

str.....nr.....

având ocupația dela.....

Este suferind de.....

Se recomandă.....

S-a eliberat prezenta spre a-i servi la :.....

Apt pentru:

Data eliberării

Semnătura și parafa medicului

201__ luna..... ziua.....

APPENDIX 8

ACCIDENT REPORT

MEMBER OF STAFF _____

NAME OF THE CHILD _____

CLASS _____

DATE: _____ TIME _____ PLACE _____

PLEASE DESCRIBE HOW THE ACCIDENT OCCURRED & ACTION WHICH WAS TAKEN

Please note whether the student returned to class (or other) after treatment

| |
|--|
| |
| |
| |
| |



APPENDIX 9

Head lice Information

Dear XXXX,

After the school nurse has carried out a random health check of pupils, it has been confirmed to the office that your child has head lice.

It is school procedure that any child affected with head lice must be quarantined until a treatment has been given. Once treated your child may return to school. The nurse will check their hair on return to school and should they find live lice or eggs, you will be asked to collect your child for further treatment.

General information on head lice

Identification

Head lice are tiny insects (about the size of a strawberry seed) that live on the scalp and feed off blood. Head lice can't jump or fly; they can only travel from host to host through direct contact or by sharing personal items like hats or scarves. Head lice are also delicate creatures and don't live long when deprived of their human host. It is important to know that head lice don't spread disease.

Symptoms

Most people think that head lice cause the scalp to itch and little red bumps. This certainly can happen, but not everybody with head lice has this reaction. Other signs of head lice infestation include "dandruff" that doesn't flake off the hair (lice eggs, called "nits") and actual lice on the scalp.

Detection

Since lice are very small, and a number of conditions can cause the scalp to itch, it's important to conduct a thorough investigation of the scalp to make sure that lice are present. The person looking at the scalp should have a good light source and a magnifying glass. The nape of the neck and the area around the ears are the most common areas for head lice to be found, but all of the scalp should be thoroughly looked over for lice and nits.

Treatment

Head lice can often be killed with an over-the-counter shampoo, available at your local pharmacy. However, some lice are resistant to these frequently used shampoos, so if a head lice infestation doesn't go away after over-the-counter treatment, prescription products may be needed. Head lice can also be removed with a fine-toothed nit comb.

Prevention

Once you've treated head lice, there are precautions you can take around the house to make sure that they don't return. Wash personal items like bedding and clothes in hot water, and dry them at high heat for 20 minutes or more. The heat kills off any leftover lice and nits. Vacuuming the carpets can also eliminate head lice.

Please also be aware that if one person in the home is infested with head lice, all household members should be checked.

If you have any questions in regard to school policy on head lice, please contact the office. Helpful website: <http://www.headlice.org/>

If you have any other questions, please contact the school office directly.



APPENDIX 10

Head Lice Information

Dear Parents,

Please be informed that we have had 2 confirmed cases of head lice in the school.

As is normal in this situation, to ensure that the problem does not spread to other children, the school doctor is checking all students in all Primary School classes tomorrow and will carry out random checks across the school and will inform the office and parents if any other cases are discovered. We would then ask you to collect your child to treat at home to avoid any further infestation. We will regularly check students for the next two weeks and ask that you also check your child's hair each night.

If you discover that your child has head lice, please treat their hair thoroughly before allowing them to return to school (We recommend Parasidose shampoo and Pedex conditioner). Please also inform the school office so that we can inform all parents as soon as possible which class have been affected.

General information on head lice:

Identification

Head lice are tiny insects (about the size of a strawberry seed) that live on the scalp and feed off blood. Head lice can't jump or fly; they can only travel from host to host through direct contact or by sharing personal items like hats or scarves. Head lice are also delicate creatures and don't live long when deprived of their human host. It is important to know that head lice don't spread disease.

Symptoms

Most people think that head lice cause the scalp to itch and little red bumps. This certainly can happen, but not everybody with head lice has this reaction. Other signs of head lice infestation include "dandruff" that doesn't flake off the hair (lice eggs, called "nits") and actual lice on the scalp.

Detection

Since lice are very small, and a number of conditions can cause the scalp to itch, it's important to conduct a thorough investigation of the scalp to make sure that lice are present. The person looking at the scalp should have a good light source and a magnifying glass. The nape of the neck and the area around the ears are the most common areas for head lice to be found, but all of the scalp should be thoroughly looked over for lice and nits.

Treatment

Head lice can often be killed with medicated shampoo, available at your local pharmacy. However, some lice are resistant to these frequently used shampoos, so if a head lice infestation doesn't go away after treatment, prescription products may be needed. Head lice can also be removed with a fine-toothed nit comb.

Prevention

Once you've treated head lice, there are precautions you can take around the house to make sure that they don't return. Wash personal items like bedding and clothes in hot water, and dry them at high heat for 20 minutes or more. The heat kills off any leftover lice and nits. Vacuuming the carpets can also eliminate head lice.

Please also be aware that if one person in the home is infested with head lice, all household members should be checked.

If you have any questions in regard to school policy on head lice, please contact the office. A website worth looking at is: <http://www.headlice.org/>

Kind Regards, IBSB Office



APPENDIX 11

Confirmed case of chicken pox (varicela)

Dear Parents,

Please note that we have received notification that a child in Year 2 has a confirmed case of chicken pox. The child with this infection will remain at home until fully recovered. If your child has symptoms, it's important to seek medical advice and treat your child at home until they are recovered.

There is usually a 1 to 3 week incubation period before spots begin to appear on the body. Early symptoms, usually 2 or 3 days before the spots appear may include:

- feeling tired and generally unwell
- a high temperature (fever) of 38C or over
- feeling sick
- a headache
- aching, painful muscles
- loss of appetite

Please monitor your child for symptoms and inform the office if your child also has chicken pox and keep them at home until they are recovered.

Kind Regards,

IBSB Office



APPENDIX 12

SUSPECTED CASE OF SCARLET FEVER

Dear Parents,

Please note that a parent has informed us that a child in KS1 is showing the symptoms of scarlet fever. In the event that the case is confirmed, we will inform you of this via a letter. Attached is some useful information on this illness.

Scarlet Fever

Scarlet fever is caused by an infection with group A *streptococcus* bacteria. The bacteria produces a toxin (poison) that can cause the scarlet-colored rash from which this illness gets its name.

Not all streptococci bacteria make this toxin and not all kids are sensitive to it. Two kids in the same family may both have strep infections, but one child (who is sensitive to the toxin) may develop the rash of scarlet fever while the other may not. Usually, if a child has this scarlet rash and other symptoms of strep throat, it can be treated with antibiotics. So if your child has these symptoms, it's important to call your child's doctor.

Symptoms of Scarlet Fever

The rash is the most striking sign of scarlet fever. It usually begins looking like a bad sunburn with tiny bumps and it may itch. The rash usually appears first on the neck and face, often leaving a clear unaffected area around the mouth. It spreads to the chest and back, then to the rest of the body. In body creases, especially around the underarms and elbows, the rash forms classic red streaks. Areas of rash usually turn white when you press on them. By the sixth day of the infection the rash usually fades, but the affected skin may begin to peel.

Aside from the rash, there are usually other symptoms that help to confirm a diagnosis of scarlet fever, including a reddened sore throat, a fever above 38 degrees Celsius, and swollen glands in the neck. The tonsils and back of the throat may be covered with a whitish coating, or appear red, swollen, and dotted with whitish or yellowish specks of pus. Early in the infection, the tongue may have a whitish or yellowish coating. A child with scarlet fever also may have chills, body aches, nausea, vomiting, and loss of appetite.

When scarlet fever occurs because of a throat infection, the fever typically stops within 3 to 5 days, and the sore throat passes soon afterward. The scarlet fever rash usually fades on the sixth day after sore throat symptoms began, but skin that was covered by rash may begin to peel. This peeling may last 10 days. With antibiotic treatment, the infection itself is usually cured with a 10-day course of antibiotics, but it may take a few weeks for tonsils and swollen glands to return to normal.

In rare cases, scarlet fever may develop from a streptococcal skin infection like impetigo. In these cases, the child may not get a sore throat.

Preventing Scarlet Fever

The bacterial infection that causes scarlet fever is contagious. A child who has scarlet fever can spread the bacteria to others through nasal and throat fluids by sneezing and coughing. If a child has a skin infection caused by strep bacteria, like impetigo, it can be passed through contact with the skin.

In everyday life, there is no perfect way to avoid the infections that cause scarlet fever. When a child is sick at home, it's always safest to keep that child's drinking glasses and eating utensils separate from those of other family members, and to wash these items thoroughly in hot soapy water. Wash your own hands frequently as you care for a child with a strep infection.



Medical Policy

Treating Scarlet Fever

If your child has a rash and the doctor suspects scarlet fever, he or she will usually take a throat culture (a painless swab of throat secretions) to see if the bacteria grow in the laboratory. Once a strep infection is confirmed, the doctor will likely prescribe an antibiotic for your child to be taken for about 10 days.

Caring for Your Child with Scarlet Fever

A child with severe strep throat may find that eating is painful, so providing soft foods or a liquid diet may be necessary. Include soothing teas and warm nutritious soups, or cool soft drinks, milkshakes, and ice cream. Make sure that the child drinks plenty of fluids.

Use a cool-mist humidifier to add moisture to the air, since this will help soothe the sore throat. A moist warm towel may help to soothe swollen glands around your child's neck.

If the rash itches, make sure that your child's fingernails are trimmed short so that he or she doesn't damage the skin through scratching.

When to Call Your Child's Doctor

Call the doctor whenever your child suddenly develops a rash, especially if it is accompanied by a fever, sore throat, or swollen glands. This is especially important if your child has any of the symptoms of strep throat, or if someone in your family or in your child's school has recently had a strep infection.

If you have any other questions, please contact the school office directly.

Kind Regards,

IBSB Office

APPENDIX 13

CONFIRMED CASE OF SCARLET FEVER

Dear Parents,

Please note that the office has received notification that a child in **xxx** has tested positive for scarlet fever today. The child with this infection will remain at home until fully recovered. The school nurse has checked the children in class today and will continue to check the classes over the next few days and will inform any parents if there are any signs of the infection. Currently no symptoms are being displayed however our advice to remain vigilant stands.

Please be aware that IBSB disinfects the entire school during each school break and all classrooms at the end of each day,

Please find below useful information on this disease.

Scarlet fever is caused by an infection with group A *streptococcus* bacteria. The bacteria produces a toxin (poison) that can cause the scarlet-coloured rash from which this illness gets its name.

Not all streptococci bacteria make this toxin and not all kids are sensitive to it. Two kids in the same family may both have strep infections, but one child (who is sensitive to the toxin) may develop the rash of scarlet fever while the other may not. Usually, if a child has this scarlet rash and other symptoms of strep



Medical Policy

throat, it can be treated with antibiotics. So if your child has these symptoms, it's important to call your child's doctor.

Symptoms of Scarlet Fever

The rash is the most striking sign of scarlet fever. It usually begins looking like a bad sunburn with tiny bumps and it may itch. The rash usually appears first on the neck and face, often leaving a clear unaffected area around the mouth. It spreads to the chest and back, then to the rest of the body. In body creases, especially around the underarms and elbows, the rash forms classic red streaks. Areas of rash usually turn white when you press on them. By the sixth day of the infection the rash usually fades, but the affected skin may begin to peel.

Aside from the rash, there are usually other symptoms that help to confirm a diagnosis of scarlet fever, including a reddened sore throat, a fever above 38 degrees Celsius, and swollen glands in the neck. The tonsils and back of the throat may be covered with a whitish coating, or appear red, swollen, and dotted with whitish or yellowish specks of pus. Early in the infection, the tongue may have a whitish or yellowish coating. A child with scarlet fever also may have chills, body aches, nausea, vomiting, and loss of appetite.

When scarlet fever occurs because of a throat infection, the fever typically stops within 3 to 5 days, and the sore throat passes soon afterward. The scarlet fever rash usually fades on the sixth day after sore throat symptoms began, but skin that was covered by rash may begin to peel. This peeling may last 10 days. With antibiotic treatment, the infection itself is usually cured with a 10-day course of antibiotics, but it may take a few weeks for tonsils and swollen glands to return to normal.

In rare cases, scarlet fever may develop from a streptococcal skin infection like impetigo. In these cases, the child may not get a sore throat.

Preventing Scarlet Fever

The bacterial infection that causes scarlet fever is contagious. A child who has scarlet fever can spread the bacteria to others through nasal and throat fluids by sneezing and coughing. If a child has a skin infection caused by strep bacteria, like impetigo, it can be passed through contact with the skin.

In everyday life, there is no perfect way to avoid the infections that cause scarlet fever. When a child is sick at home, it's always safest to keep that child's drinking glasses and eating utensils separate from those of other family members, and to wash these items thoroughly in hot soapy water. Wash your own hands frequently as you care for a child with a strep infection.

Treating Scarlet Fever

If your child has a rash and the doctor suspects scarlet fever, he or she will usually take a throat culture (a painless swab of throat secretions) to see if the bacteria grow in the laboratory. Once a strep infection is confirmed, the doctor will likely prescribe an antibiotic for your child to be taken for about 10 days.

Caring for Your Child with Scarlet Fever

A child with severe strep throat may find that eating is painful, so providing soft foods or a liquid diet may be necessary. Include soothing teas and warm nutritious soups, or cool soft drinks, milkshakes, and ice cream. Make sure that the child drinks plenty of fluids.

Use a cool-mist humidifier to add moisture to the air, since this will help soothe the sore throat. A moist warm towel may help to soothe swollen glands around your child's neck.

If the rash itches, make sure that your child's fingernails are trimmed short so that he or she doesn't damage the skin through scratching.

When to Call Your Child's Doctor



Medical Policy

Call the doctor whenever your child suddenly develops a rash, especially if it is accompanied by a fever, sore throat, or swollen glands. This is especially important if your child has any of the symptoms of strep throat, or if someone in your family or in your child's school has recently had a strep infection.

If you have any other questions, please contact the school office directly.

Kind Regards,

IBSB Office

APPENDIX 14

Confirmed cases of Streptococcus (Strep Throat)

Dear Parents,

Please note that we have received notification that a child in Year 3 has tested positive for streptococcus. The child with this infection has remained at home until fully recovered. Usually, if a child has symptoms of strep throat, it can be treated with antibiotics. So if your child has symptoms, it's important to call your child's doctor.

We have had a few isolated cases in recent weeks, so if your child displays any symptoms, we recommend you visit your doctor to take a throat culture (a painless swab of throat secretions) in order to confirm if your child has the infection or not. The test must be done in the morning, before they eat anything. The bacteria is grown in the laboratory and usually takes 3 days. If a strep infection is confirmed, the doctor will likely prescribe an antibiotic for your child to be taken for about 10 days. If we have more confirmed cases, the school will arrange for the children to be tested in school, with the parents' consent and payment.

In the meantime, be aware that IBSB disinfects the entire school during each school break and all classrooms at the end of each day.

Please find below useful information on this disease.

Not all streptococci bacteria create the symptoms and not all children are sensitive to it. Two children in the same family may both have strep infections, but one child (who is sensitive to the toxin) may develop symptoms while the other may not.

Symptoms of Streptococcus

Symptoms may include the following; a reddened sore throat, a fever above 38 degrees Celsius, and swollen glands in the neck. The tonsils and back of the throat may be covered with a whitish coating, or appear red, swollen, and dotted with whitish or yellowish specks of pus. Early in the infection, the tongue may have a whitish or yellowish coating. A child may also may have chills, body aches, nausea, vomiting, and loss of appetite.

The symptoms typically stop within 3 to 5 days. With antibiotic treatment, the infection itself is usually cured with a 10-day course of antibiotics, but it may take a few weeks for tonsils and swollen glands to return to normal.



Medical Policy

Preventing Streptococcus

The bacterial infection that causes streptococcus is contagious. A child who has streptococcus can spread the bacteria to others through nasal and throat fluids by sneezing and coughing. A child may have the infection without showing any symptoms, they are carriers of the infection and can pass it onto others.

In everyday life, there is no perfect way to avoid the infections that cause streptococcus. When a child is sick at home, it's always safest to keep that child's drinking glasses and eating utensils separate from those of other family members, and to wash these items thoroughly in hot soapy water. Wash your own hands frequently as you care for a child with a strep infection.

Caring for Your Child with Streptococcus

A child with severe strep throat may find that eating is painful, so providing soft foods or a liquid diet may be necessary. Include soothing teas and warm nutritious soups, or cool soft drinks, milkshakes, and ice cream. Make sure that the child drinks plenty of fluids.

Use a cool-mist humidifier to add moisture to the air, since this will help soothe the sore throat. A moist warm towel may help to soothe swollen glands around your child's neck.

If you have any other questions, please contact the school office directly.

Kind Regards,

IBSB Office

Incubation Periods:

Rubella incubation 2-3 weeks

Measles incubation 3 days

Mumps incubation 2-3 weeks

Mononucleosis incubation 1-2 weeks

For all of this:

Children diagnosed with these diseases will be allowed to join the class again after they are treated and after receiving a note from the doctor that they are ready to re-join **(Appendix 7)**

If the child does not present a note from the doctor when rejoining school, the child needs to be sent to the MFA Room to be checked by the school doctor in order to stay in school, the school nurse informs the office and the office informs the parents that the child needs a clear note from the doctor.

Once a note is received confirming the case, a letter will be sent to whole Primary or Secondary School of infected child plus that of siblings. **(Appendix 13)**



Medical Policy

APPENDIX 15



| | |
|---------------------|--|
| Child's Name | |
|---------------------|--|

Please fill in this form even if your child eats everything and has no medical conditions and hand it in to the office or Ms by the meeting on

| | | |
|---|------------------------------|--------------------|
| Dietary Information / Food allergies (please list and provide any medicines that need to be administered if your child has an allergic reaction) | | |
| | | |
| Medical Information | | |
| Medical condition | Medication provided (if any) | When to administer |
| | | |
| Contact Details | Mobile: | |

If you have indicated that your child needs medication please give your consent below so that we can administer it.

ALL medicines need to be labelled with your child's name plus how and when it needs to be administered. They will be kept safely by Ms, unless they need to carry it around with them, for instance an asthma pump.

I give consent for the administration of the above medicines to my child,
_____ during their visit to Poiana Brasov in

Parent name: _____

Signed _____

Date _____