

Eton House[®]

International Pre-School Bahrain

First Aid and Nurse Clinic Policy and Procedure

CALL 999 for Ambulance

Eton House School's School Nurse Room is a welcoming and safe space for the children, staff, parents, and visitors, dedicated to supporting health and wellness.

In the event of any major accident/injury of a child, staff member, parent, or visitor, all people will be taken to the Nurse Room for assessment and, if necessary, referred to a hospital. If the case is severe and the patient cannot be moved then an ambulance will be called immediately. At all times members of the Senior Management Team must be informed of any major incidents and will accompany the patient and his/her family to the hospital if necessary.

The school maintains health insurance cover for all Eton House School students while they are at school or on school activities off-site. The school maintains Emergency Responder-trained staff at all times.

Children should not be sent in to school if they are unwell, have a temperature, have a contagious condition, if they have vomited or had diarrhoea overnight or in the morning, or if they have an upset stomach. Parents are asked to contact the school nurse or their local paediatrician for advice on this matter.

At Eton House School we recognize that parents have the prime responsibility for their child's health and that it is their responsibility to provide the school with information about their child's medical condition. Parents should obtain details from their child's General Practitioner (GP) or paediatrician if needed. It is the duty of the School Nurse and School Administration to ensure that all children's records are up to date and complete.

Confidentiality and Disclosure

- All staff, including the School Nurse, are bound by the school's Confidentiality agreement
- The School Nurse will maintain open and clear communication with the class teacher, school administration, and parents with regards to any matters concerning the health, safety, and wellness of the pupils, staff, and parents
- If, for any reason, the School Nurse has a concern about a child's health, safety, or wellbeing, either in or out of school, s/he must inform the School Administrator, Head Teacher, and Class Teacher immediately

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GENERAL SCHOOL NURSE DUTIES FOR THE SCHOOL COMMUNITY:

The School Nurse will:

- Carry their mobile phone with them at all times and have the ring on audible so All staff must have the School Nurse mobile number saved in to their own mobile phone.
- The school administration must have the Nurse phone number posted in clear sight near the main office phone
- Ensure all first-aid boxes within school are fully stocked, including school trip first-aid box. Staff are expected to inform the Nurse when their supplies are running low
- Have a supply of hard-copy flyers and soft-copy information ready to hand out to parents and staff detailing common childhood illnesses, health and wellness, healthy diet, and so on
- Assist teachers with “Healthy Me” resources and information
- Maintain and update health and vaccination records for all children
- Meet with the Head Teacher on a weekly basis for review

TREATMENT and FIRST AID POLICY:

First Aid In-Class Treatment: All classes are supplied with a packet of band-aids/plasters and disposable rubber gloves, to be used at the discretion of the teacher and class assistant. Where possible, for minor complaints, staff are encouraged to assist the child in-class.

Yr3-Yr6 classes are also supplied with throat soothers/strepsils – when a child indicates to the teacher or assistant that s/he has an irritated throat, the teacher may dispense one throat soother for relief. If the child persists in complaining of an irritated or sore throat, s/he must be sent to the school nurse

When to go to the Nurse Room:

Children may be sent to the Nurse Room if their initial complaint or discomfort persists in class for longer than 15 minutes or if they become increasingly distressed; if they vomit, have diarrhoea or if they have an upset stomach; if they have a temperature; if they sustain an injury which breaks the surface of the skin; or if they require immediate medical attention (such as dislocation, head injury, fainting, etc.)

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Children may be sent to the Nurse Room in the following way:

- Escorted by the class teacher, subject teacher, assistant, or member of the school administration – this is for all children Pre-Nursery to Year 3 under all circumstances
- Escorted to the Nurse Room by a member of staff on playground duty (if the injury occurs during playtime)
- The staff member on duty must inform the class teacher that a child from his/her class is in the Nurse Room
- If appropriate children from Year 4 – Year 6 may go to the Nurse Room in groups of three on the proviso that the staff member sending them also sends over a note explaining the reason for the visit. Once the ill child has been left in the Nurse Room the other two children may return to class
- KS2 staff on duty must inform class teacher of any children who are sent to the Nurse Clinic during playtime. In addition, there is a whiteboard in the reception for staff to note who has been sent to the clinic • During and after school club, staff of the club must call the school office in the event of a child becoming unwell if they are running the club on their own

Children may be sent back to class in the following way:

- Children must not be sent back to class unattended
- When a child is taken to the Nurse Room by an adult (PN-Yr3) or group of children (Yr4-Yr6) the School Nurse will advise an approximate collection time – at which point an adult from the class or key stage will return to the Nurse Room to collect the child. If the child is not ready to be collected the Nurse will update and advise a new collection time, and the staff member will provide this update to the class teacher

Treatment in the Nurse Room: Once a child has been sent to the Nurse Room, the following procedure is followed:

- The School Nurse will ascertain the name and class of the child
- Nurse will take and vital signs if required, and conduct a medical assessment. Then provide all treatment required. Nurse will record each student visit to the clinic in the students Health Record on Class.

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When to be sent home: Children will be sent home in the following circumstances:

- When temperature is above 38-degrees C (104.2°F) • If they have vomited or had diarrhoea
- If that have sustained a suspected fracture
- Major cut with lots of bleeding
- Head injury with large amount of blood
- Discretion of the nurse any child sent home sick from the Nurse clinic must remain off school the following day or longer if required until they are free from all symptoms and are well-rested and recuperated, prior to returning to school.

Children who vomit, have diarrhoea, an upset stomach, or a high temperature, will have the following statement included in their child's Health Record, in the incident report section to reinforce the schools' policy Child with a high temperature; As your child had a temperature above 38°C, (100.4°F) as per our First Aid and Nurse Clinic policy they cannot return to school until their temperature has remained below 37.2°C (98.96°F) for a minimum of 1 full school day. Child with Vomiting/Diarrhoea;

As your child had episodes of vomiting/diarrhoea, as per our First Aid and Nurse Clinic Policy they cannot return to school for 1 full school day after their last vomit/episode of diarrhoea. Child with a minor head injury as your child has suffered a minor head injury to day at school, seek immediate medical attention if your child displays any of the following signs and symptoms:

- Develops a persistent headache
- Vomits more than once
- Balance problems or difficulty walking
- Vision problems, such as double vision or blurred vision
- Difficulty speaking such as slurred speech
- Loss of power or sensation in part of the body, such as weakness or loss of feeling in an arm or leg
- Irritability or unusual behaviour
- Becomes confused
- Becomes unconscious or difficult to rouse
- Develops any bleeding or watery discharge from the ears or nose
- has a fit

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When to be sent directly to hospital:

In the event of an emergency whereby a child requires immediate hospital attention, the school will simultaneously call the ambulance service on 999 and contact the parents. In most instances the child will be taken to Hospital.

The school will post a map on its website and inform parents as to the location of the Hospital, and encourage parents to know how to get to the Accident and Emergency ward.

If a child is taken by ambulance to hospital, a staff member will accompany the child in the ambulance, and an additional staff member will follow in his/her private car. Time permitting, the staff member in the ambulance will have with them the child's medical file from the school nurse along with the child's details (CPR number, parent contacts, etc.)

A member of the senior management team will also go to the hospital in order to meet with the child's parents.

MEDICATION POLICY:

Medication in School:

- Parents should provide full information about their child's medical needs, including details on medicines their child needs
- Medicines should only be bought to school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day
- The school should only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber and are accompanied by a completed School Prescribed Medication Administration form. However, as part of our 'loco parentis' role we may also administer mild analgesics such as Calpol, or over the counter cough remedies and throat soothers when a Stock Medication consent form has been signed.
- Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration
- The School should never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions
- No child under 16 should be given medicines without their parent's written consent. All written consent will be kept in the child's file. Verbal consent is not deemed as sufficient consent

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- In rare cases, with School Administration and School Nurse consent, another staff member may be permitted to dispense medication – in this case, any member of staff authorized to give medicines to a child should check: o the child's name o prescribed dose of expiry date o written instructions provided by the prescriber on the label or container o have another staff member witness the administration of the medication (with the exception of the school Nurse who may give stock medication and prescribed medication without a witness).
- If in doubt about any procedure staff should not administer the medicines but check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent and senior management team
- Staff to complete and sign a School stock medication administration form each time they give stock medication to a child; this form should be returned to the school nurse.

Medication during a school trip:

Eton House School encourages children with medical needs to participate in safely managed school trips, and consider what reasonable adjustments we might make to enable children with medical needs to participate fully and safely on school trips; this includes risk assessments for such children.

Sometimes additional safety measures may need to be taken for outside visits. It may be that an additional supervisor, a parent or another volunteer might be needed to accompany a particular child. Arrangements for taking any necessary medicines will also need to be taken into consideration. Staff supervising school trips should always be aware of any medical needs, and relevant emergency procedures. A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency.

Travel sickness medication is administered in the same way as other medication at Eton House School – parents should complete an Eton House School Prescribed Medication Administration Form, medication should be in the original packaging, the adult administering should make a record and another adult should witness the administration.

If staff are concerned about whether they can provide for a child's safety, or the safety of other children on a visit, they should seek SMT and parental opinion.

Sporting Activities Most children with medical conditions can participate in physical activities and extra-curricular sport. There should be sufficient flexibility in planning for all children to follow in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health

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and wellbeing. Any restrictions on a child's ability to participate in PE should be recorded in their individual health care plan. All adults should be aware of issues of privacy and dignity for children with particular needs.

Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers.

Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

Short -Term Medical Needs Many children will need to take medicines during the day at some time during their time in school. This will usually be for a short period only, perhaps to finish a course of antibiotics or to apply a lotion. To allow children to do this will minimise the time that they need to be absent. However, such medicines should only be taken to school where it would be detrimental to a child's health if it were not administered during the school day.

Long-Term Medical Needs It is important to have sufficient information about the medical condition of any child with long-term medical needs. If a child's medical needs are inadequately supported this may have a significant impact on a child's experiences and the way they function in or out of school or a setting. The impact may be direct in that the condition may affect cognitive or physical abilities, behaviour or emotional state.

The school needs to know about any particular needs before a child is admitted, or when a child first develops a medical need. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. It is often helpful to develop a written health care plan for such children, involving the parents, SMT, School Nurse and relevant health professionals. This can include:

- details of a child's condition
- special requirement e.g. dietary needs, pre-activity precautions
- and any side effects of the medicines
- what constitutes an emergency
- what action to take in an emergency

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- what not to do in the event of an emergency
- who to contact in an emergency
- the role the staff can play

Self-Management It is good practice to support and encourage children, who are able, to take responsibility to manage their own medicines from a relatively early age and Eton House School encourages this in conjunction with the child's parents. The age at which children are ready to take care of, and be responsible for, their own medicines, varies. As children grow and develop they should be encouraged to participate in decisions about their medicines and to take responsibility.

Older children with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent. Children develop at different rates and so the ability to take responsibility for their own medicines varies. This should be borne in mind when making a decision about transferring responsibility to a child or young person.

There is no set age when this transition should be made. There may be circumstances where it is not appropriate for a child of any age to self-manage. Health professionals need to assess, with parents and children, the appropriate time to make this transition.

If children can take their medicines themselves, staff may only need to supervise. The medical plan should say whether children may carry, and administer (where appropriate), their own medicines, bearing in mind the safety of other children and medical advice from the prescriber in respect of the individual child.

Where children have been prescribed controlled drugs, staff need to be aware that these should be kept in safe custody. However, children could access them for self-medication if it is agreed that it is appropriate.

Refusing Medicines If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures. The procedures may either be set out in the policy or in an individual child's health care plan. Parents should be informed of the refusal when the medicine is due to be taken.

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Safety Management All medicines may be harmful to anyone for whom they are not appropriate. All medications will be kept in the Nurse Clinic, in a locked cabinet, at all times (with the exception of Ventolin Inhalers). In the case where a particular child has been entrusted to self-administer, their medications will also be stored in the Nurse Clinic. However, the nurse will ensure that the medications are available to the child at the time required in order for them to self-administer and maintain their independence.

Storing Medicines Large volumes of medicines should not be stored at the school. Staff should only store, supervise and administer medicine that has been prescribed for an individual child. Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed. Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration. Where a child needs two or more prescribed medicines, each should be in a separate container. Non-healthcare staff should never transfer medicines from their original containers.

Children should know where their own medicines are stored and who holds the key. The School Nurse is responsible for making sure that medicines are stored safely. All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to children and should not be locked away – in some cases they can be kept with the child and his/her class teacher.

A few medicines need to be refrigerated, and a fridge is in the Nurse Room for this purpose. All medicine which require refrigeration must be stored in an air-tight container labelled with the name of the medication and child.

Access to Medicines Children need to have immediate access to their medicines when required.

Disposal of Medicines Staff should not dispose of medicines through the normal school waste system. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal.

Sharps boxes should always be used for the disposal of needles. Disposal of full sharp boxes should be arranged with the Ministry of Public Health.

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OTHER DETAILS:

Hygiene and Infection Control All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

Emergency Procedures All staff are required to know the school's physical address and know how to call the emergency services.

As per **Ministry Health** requirements the following medications will be kept in the Nurses Room:

- Paracetamol tablets and syrup (pain and fever relief)
- Panthenol Cream (soothing cream)
- Buscopan (stomach cramps) • Ibuprofen Tablets – 200mg and 400mg (pain and fever relief) • Salbutamol Solution (Bronchodilator for Nebuliser)
- Savlon 1% (Antiseptic cream)
- Calamine Lotion (Soothing lotion)
- Vaseline
- Rehydration salts
- Antibiotic Ointment
- Betadine Solution (Antiseptic cleaning)

In addition, the clinic will be stocked with:

Strepsils (lozenges for sore throats)	Gripe water
Mint water	Fenistil (insect bite relief cream)
Optrex lotion and drops (irritated Elcolic (abdominal pain))	Dimatapp (decongestant)
Vicks vapour (congestion)	Voltaren gel (topical pain relief)
Tyofocin ear drops (antibiotic drops)	Claritine (antihistamine)
Salt (Saline washes/gargles)	Muscosalvan (Cough mixture)

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