



**British International School
of Timisoara**

We Provide the Foundation on Which Our Children Can Flourish

School Policies

Medical policy

Approved by:	Head of School	Date: May 2019
Last reviewed by:	School Leadership Team	Date: June 2023
Next reviewed by:	School Leadership Team	Date: May 2024

Medical policy

General

The British International School of Timisoara (BIST) is a coeducational private school following a British based curriculum and accepting children aged between 4 and 18.

The British International School of Timisoara will offer its students an international experience through a British-based curriculum adhering to the guidelines of the Department for Education in England, Council of British International School and assessed by the International Baccalaureate and Cambridge International Education. Our qualified, internationally experienced and dynamic educators will teach all subjects in English, with the exception of the lessons of Romanian, which are taught by qualified and engaging local teachers.

Our Vision

*We provide the Foundation on which our Children can Flourish
Inspiring our students to Learn and Live with Purpose*

Our Mission

Building a community of learners where students are given meaningful opportunities to learn, experience, grow, succeed and excel in all areas of their academic and personal development

Our Core Values

*We Think, We Explore and We Learn
We Listen, We Respect and We Care
We Speak Up, We Participate and We Strive*

At BIST we want to ensure that all members of our community understand and adhere to our school ethos and values. Rules and regulations will be in place to protect all members of the community and to give everyone equal opportunities for development and progress.

Introduction

At BIST we want 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 BSIT;
- The storage and administering of both prescription and non prescription medicine;
- The procedure to follow when a child in the care of BSIT 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 BIST staff to administer medicine to a student;
- Accident/Incident Report Log procedure;
- Location and contents of Medic MFA Boxes on BIST campus (*Refer MFA Policy*);
- Standard letters to be sent out relating to the above;

Medical policy

School Attendance

At the start of each academic year each student is required, by Romanian law, to bring a medical certificate confirming that the student is healthy and fit to enter the school's community and 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 will be required to complete a medical examination** at the start of each school year, to be arranged and paid for by BIST.

New child in school

- The family completes the medical admissions form prior to admission;
- The family presents a copy of each child's vaccination, a note from the doctor which states that the child/ren are healthy and fit to enter the school's community. 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;
- 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.

Medication

Storage

- All medicine is to be kept in the MFA Room in a safe and lockable 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 BIST building;
- 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.

Administration of medicine

- No non-prescribed medication, including creams and lotions, can be administered to children by any member of BIST 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 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 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;
- All instruments must be sterile before use;

Medical policy

- 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;
- Any emergency medication (ventilators, 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.

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 doctor and the phone call to be confirmed in writing at the end of the day's session;
- An entry should be made in the school's accident/incident log on School-Base.

Sickness

- If a child is feeling sick during class or playtime/break, the TA / teacher in Primary will take the child / send the child with another child to support, to the school nurse in the 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;
- The Head of Primary/Secondary is informed after the Office Staff/ School Nurse contacts the parents;
- If a child arrives at school and appears sick, the teacher will send him/her to MFA Room, accompanied by a TA if it is a primary school student;
- The school nurse will inform Head of Primary/Secondary about the symptoms and physical state of the child and the Head of School, if it is appropriate. The Office Staff/ School Nurse will then contact the parents, so that the child can be picked up early;
- The parents/student will fill the **Leave Early Form** at the office when they collect the child. The School Nurse / office will inform the teachers 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 a confirmation note from the child's doctor stating she/he is no longer contagious and can rejoin the school. The School Office is to follow up any missing medical notes.

Accidents (Refer MFA Policy)

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 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 School-Base. 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 case of small accidents the school nurse / office must inform the parents by email and copy in the teachers;

Medical policy

- 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 and disposing of dressings or equipment.

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;
- Ambulance number must be labelled at the back of the MFA kits;
- One member of staff present needs to inform the office immediately and the office will call the ambulance, the children's parents to ask them to meet the ambulance at the hospital, and inform the class teacher and members of the SLT.
- Contacts for Ambulance;
- A member of 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 School Nurse will update the Accident/Incident Log on School Base. The Head of Primary / Secondary will monitor the Accident Log to ensure this is up to date and parents have been informed.

Contagious health problems/diseases

The local area health authority must be informed of all contagious diseases, as stated in the local legislation.

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

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 Reception and working through all students in the Secondary School. This check should be completed in the first week of term as the school doctor must send a health declaration form to local authorities 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 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 or give permission for the school nurse to treat in school;
- Following the phone conversation or if the parent was not contactable, a letter will be sent home informing them in writing that their children have head lice asking them to treat their children before they return to school. 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;
- The office also needs to contact the members of 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;

Medical policy

- 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.

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

- School 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 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;
- 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.

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 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;
- 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.

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 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;
- 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;

Medical policy

- 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.

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 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 rejoin;
- 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.

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 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;
- 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.

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 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 rejoin;
- 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.

Medical policy

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 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 rejoin;
- 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.

Pupils with Medical Needs (refer to Medical Needs policy)

- 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.

Day Trips, Residential Trips, and Sporting Activities

- MFA Boxes / Bags are available in the school's office for teachers to take on trips off campus;
- Teachers must take a MFA Box / Bag from the office 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 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.

Medical policy

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: _____ Year group: _____

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.		

My child **may/may not** carry the drug on their person if the school agrees. (Delete accordingly)

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)

Medical policy

Appendix 2

MEDICAL FIRST AID MANUALS AND MFA KITS **Emergency Services number 112 (dial in emergency)**

Medical First Aid manuals can be found on the wall in every room in a wall holder near entrance

A MFA Box has been positioned in selection locations around the campus:

- on each level of the school
- in the School Library
- in the School Science room
- in the MFA Room
- in each school buses

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. 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. The record sheet of these checks should be held by the site manager and school nurse.

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	2 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	5 pc
Patch 6/50 cm	1 pc
Gauze roll / bandage 5 cm / 4 m	5 pc
Gauze roll / bandage 10 cm / 4 m	3 pc
Triangular bandage l=80 mm	2 pc
Sterile hydrophilic wadding 50 g.....	2 packs
Examination gloves	4 pairs
Sterile compresses 10/8 cm x 10 p	10 packs
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

Medical policy

Appendix 3

ALLERGY ACTION PLAN

Student Name: _____ Date of birth: _____

Teacher: _____

ALLERGIC TO: _____

Asthmatic Yes No *Higher risk for severe reaction

STEP 1: TREATMENT

Symptoms:

Give Checked Medication**:

** (To be determined by physician authorizing treatment)

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

Medical policy

Appendix 3 continued

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)

1. _____ 2. _____ 3. _____

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

Parent/Guardian Signature _____

Date _____

Doctor's Signature _____

Date _____

(Required)

Medical policy

Appendix 4

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.

Kind Regards,

Medical policy

Appendix 5

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

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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

Medical policy

Appendix 6

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 38⁰ C 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,

Appendix 9

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°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

Medical policy

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,

Appendix 10

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 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 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,

Medical policy

Appendix 11

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.

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 38⁰Celsius, 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.

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

Medical policy

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,