

## City American School Clinic Policy

City American School's 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.

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

At City American 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 pediatrician if needed. It is the duty of the School Nurse and School Administration to ensure that all children's records.

## 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, Principal, and Class Teacher **immediately**

## GENERAL SCHOOL NURSE DUTIES FOR THE SCHOOL COMMUNITY:

The School Nurse will:

- 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

## **TREATMENT and FIRST AID POLICY:**

### **First Aid In-Class Treatment:**

To be administered by the nurse or a trained first aider.

### **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 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.)

### **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 KG1 to Grade 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
- Children from grade 4-6 may go to the Nurse Room in groups of three on the provision 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. Secondary students can attend the nurse unaccompanied.
- Nurse must inform admin of any children who are sent to the Nurse Clinic.

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

- Children from grade 4 and above must not be sent back to class unattended.
- When a child is taken to the Nurse Room by an assistant, grade 3 or group of children (grade4-6), the School Nurse will advise an approximate collection time – at which point an assistant will 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 school clinic, the school nurse will ascertain the name and the class of the child.

### **When to be sent home**

Children will be sent home in the following circumstances:

- When temperature is above 38-degrees C
- If they have vomited
- Fracture
- Major cut with lots of bleeding

### **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.

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.

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

### **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
  
- 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
  
- 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:
  - the child's name
  - prescribed dose
  - expiry date
  - written instructions provided by the prescriber on the label or container
  - have another staff member witness the administration of the medication
  
- 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

## Medication during a school trip

City American School encourages children with medical needs to participate in safely managed visits, and consider what reasonable adjustments we might make to enable children with medical needs to participate fully and safely on visits; 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.

If staff is 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 and well-being. 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 a school or setting. 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 minimize 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, behavior 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
- what not to do in the event of an emergency
- who to contact in an emergency
- the role the staff can play

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 CAS 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 born 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 needs 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.

### **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 student. Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which it was dispensed. Staff should ensure that the supplied container is clearly labeled with the name of the child, the name and dose of the medicine and the frequency of administration. Where the 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 class teacher

### **Access to Medicines**

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

### **Disposal of Medicines**

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each term. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal

## **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.

All staff should also know who is responsible for carrying out emergency procedures in the event of need. The office staff are usually responsible for calling emergency services. A member of staff should always accompany a child taken to hospital by ambulance, and should stay until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.

Staff should never take children to hospital in their own car; it is safer to call an ambulance.

### **CALL 999 for Ambulance Service**