



PRAGUE BRITISH
INTERNATIONAL SCHOOL
A NORD ANGLIA EDUCATION SCHOOL



ČESKO BRITSKÁ
ZÁKLADNÍ ŠKOLA
A NORD ANGLIA EDUCATION SCHOOL

Whole School First Aid Rooms Manual

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Standardized Cover Page of Internal policy

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Whole School First Aid Rooms Manual Guidance

SCHOOL POLICY AND PROCEDURE

Scope

This policy is a safeguard for the students and provides them with the knowledge of their rights during their treatment and also informs students of their responsibility in order that they comply and respect the rules and regulations of the first aid rooms at PBIS.

Responsibility

This policy is to ensure that the focus of care and services provided by medical assistants at PBIS is of the highest quality and competency.

The Nord Anglia Health and Safety team will monitor facilities and interact randomly with the students and medical assistants to audit policy compliance.

Procedure

The School Management and medical assistant must ensure that the students are informed of their rights and responsibilities as per the policy statement by posting the information in the first aid rooms.

The signed policy statement is available in the Health and Safety section of Nord Anglia University.



MEDICAL ASSISTANT POLICY & PROCEDURE

Purpose

To give clear understanding of the roles & responsibilities of the medical assistant.

Statement

It is required that the Medical assistant follows the local legal guidelines for their role and responsibilities. Medical assistants or advanced first aider, provide first aid on the base of their advanced first aid training (and their medical experience in their former professional history if it is a case).

Scope

To implement best practice in order to improve efficiency and student safety.

Target Audience

- Medical assistant
- Principal
- Head of campus
- Health and Hygiene Officer

Responsibility

The medical assistant has responsibility to carry out their duties efficiently and providing first aid to the students at all times.

Kamyk site medical assistant – full time

Vlastina site medical assistant – part time

Libus site medical assistant – part time

The Health and Hygiene Officer is responsible for monitoring the policy to ensure that the medical assistant is complying with all aspects of the policy.

Procedure

General Role

- Attending to minor injuries
- Attending to more serious injuries and ensuring a safe and comfortable transfer to hospital
- Attending to both minor and major medical issues
- Producing and completing relevant paperwork and excellent record keeping.
- Communicating with the principal, heads, teachers and parents as appropriate
- Managing the safe storage and administration of medication
- Maintaining the first aid area ensuring medication is clearly labelled and in date
- Keep records of injuries and sickness seen in the first aid room, paper copy kept at reception and on the management system in place (RIVO)
- Communicating with parents regarding their children's injury / sickness
- Informing parents of reported infectious diseases in school
- Reporting to teaching staff, parents any developmental or medical issues that may require further medical investigation, informing safeguarding lead of any concerns

Support Role

- Sourcing and maintaining basic first aid kits for use on school trips
- Support the teaching staff both medically and psychologically as required
- Support students and their families both medically and psychologically as required
- In cooperation with Health and Hygiene Officer to prepare information / fact sheets e.g. how to deal with head lice, chicken pox and other children's illnesses suitable for distribution to staff and parents

- Supporting teenagers with teenage specific medical issues e.g. teenage spots, mood swings etc.
- Supporting school administrators to gather all relevant medical information

Health and Safety

- Reporting of preventable injuries and health & safety issues to senior management
- Recording detailed accounts of incidents/accidents on RIVO and Accident Book (according to Czech law)
- Working with senior management to promote good standards of health & safety
- Informing teaching staff of any special medical needs of the children they teach
- Preparing care plans for children with potentially serious medical conditions e.g. epilepsy, severe allergies, diabetes
- Providing instruction in the use of emergency medication that maybe needed by particular students i.e. Epipens, Insulin pumps, Inhalers etc.
- Updated lists of students with severe allergies including their photographs are available to all staff members

Teaching Health Education

To prepare and deliver health education/promotion in cooperation with Health and Hygiene Officer.

Protocol for contacting parents

For unwell / minor injured student:

Every injury that presents to the first aid room must be assessed by the medical assistant /first aider. In minor cases such as bumps, scrapes etc. the injury is treated and the student returns to the classroom. Parents will be contacted at the discretion of the medical assistant depending on the severity of the injury/illness. An email from the medical assistant will often be sufficient communication with parents to inform them of illness or accident.

If telephone contact with a parent is required, follow the following guidelines:

1. Clearly introduce yourself stating name and position at school
2. State that you are calling in regards to students name e.g. I am calling in regards to your child, [Students Name]
3. State only the facts of the injury or illness – do not suggest diagnoses e.g. He/she has been complaining of severe stomach pain for 15 minutes and now feels nauseated. He/she also has a temperature of (e.g. 38.5)
4. State your recommendations, advice or requests but again – do not suggest any potential diagnoses.

If asked by the parent what you think the diagnoses is; state that it is difficult to know without further investigation/time, and that's why you are recommending a doctor consultation.

e.g. I would like someone to collect [Students Name] from school as soon as possible because he/she is too unwell to stay at school. If the pain continues, I recommend that you take him/her to hospital/doctor. I cannot comment on the diagnoses yet as further investigation is needed; but severe, on-going abdominal pain should always be examined by a doctor.

Serious injuries are assessed, immediate first aid given, student is stabilized, and the parent is contacted to ascertain preferred treatment.

For seriously ill / injured student: Always inform administrator, a member of SLT and parents.

When contacting a parent in regards to a serious injury/illness, follow the guidelines below:

1. Clearly introduce yourself stating name and position at school
2. State that you are calling in regards to students name
3. State only the facts of the injury or illness – do not suggest diagnoses

4. Suggest they go to hospital immediately or call Emergency/Ambulance (Tel. No. 155 or 122) if parents are not available and the injury or symptoms are serious. In that case, accompany child to the hospital.
5. Stay in contact with the parents and inform them in which hospital their child is taken.
6. Stay with the child until parents arrive.

Administration of Medication:

The use of specific, necessary medications during school hours will allow students to attend and remain in school.

The medical assistant will determine, after examination, if over the counter medication is available and is appropriate for the student's complaint. If the medication is in stock, verbal authorisation from one of the student's parents must be sought before giving the medication.

When speaking with the parent, follow the guidelines below:

- a. Check current records to see if the parents have authorised medication (Long Term Medication Form)
- b. Check students' health record for allergies etc.
- c. State the symptoms that the student has presented with. e.g. Sore throat and headache, menstrual cramping
- d. State that you could give the student some medication to help with the symptom/s but first you require authorisation from the parent e.g. I could give some Paracetamol to help with these symptoms – are you happy to give authorisation for that, and do they have any allergies?
- e. If the parent agrees, restate what you will be giving e.g. Thank you, I will give [students name] 1 tablet of Paracetamol now.

Complete the details on Rivo Safeguard and log the medicine given on the Daily Medication Administration Form, send a copy home with the student for the Parents to sign and return and file the copy in the medical consent form. Always include the drug name, dose, expiry date and batch number.

STUDENTS RIGHTS AND RESPONSIBILITIES

Policy and Procedure

Purpose

To ensure that student's rights are protected by respecting their cultural, psychological, spiritual values and beliefs, to provide professional and competent care that protects student's dignity.

Policy Statement

At all times safeguard and preserve student rights during the course of clinical care.

Students Rights

1. You have the right to a safe and orderly environment. The school will always keep your medical information confidential and will always maintain your rights
2. You have the right to voice your opinion – if you have an issue, please follow the complaint policy system provided for the clinic
3. You have the right to fair treatment and will always be treated with dignity and respect
4. You have the right to receive competent and professional medical treatment
5. The school will ensure that all medical records are kept up to date and kept confidential
6. The school will support your medical needs with referrals to ensure further treatment if needed is received and will inform your parents of any concerns

Students Responsibilities

1. Be polite and respectful at all times; follow the school behaviour policy/rules and regulations of the school clinic
2. Show respect to the Medical Assistant and obey the instructions given to you if you do not understand you have the right to ask for more explanations and support
3. Listen well and never talk when the Medical Assistant is speaking
4. Never shout out but indicate by raising your hand that you wish to be heard
5. Always be honest with the medical assistant and provide as much information as you can to support in the diagnosis and medical treatment provided

ACCIDENT, ILLNESS AND MEDICAL EMERGENCY POLICY

Purpose

The purpose of this policy is to:

- Support students and members of staff with health needs in school
- Provide guidance and understanding for all members of staff and students regarding related accidents, illness and medical emergencies
- Keep staff and students safe and free from injury

Policy Statement

This policy is in place to support the Medical Assistant on procedures during accidents, illness and emergencies.

Scope

This Policy is in place to protect the students and the school for accidents and emergencies to ensure that all parties are aware of the processes involved.

Target Audience

- Medical assistant
- Senior Leadership Team
- All Staff

Responsibility

- The School will have a medical assistant or advanced first aider present from 8:00 am to 4:00 pm.
- In the absence of the medical assistant, one of the qualified first aiders will administer first aid.
- In the event of an accident or serious illness during the school day, the medical assistant must be alerted immediately.
- The medical assistant will carry a mobile phone at all times. She will inform the school administrator if going off campus for any reason.
- The medical assistant will assess and treat within her scope of practice and will not delay in seeking medical assistance as required.
- In the event of an emergency injury or illness, an ambulance must be called. A member of the senior leadership team should always be informed.
- An injured/ill person should, in normal circumstances, be taken to the hospital accompanied by their parents or/and medical assistant.
- A member of staff should not wait for parents to arrive to take students to hospital unless they are certain that treatment is not urgently required.
- The medical assistant or a member of the senior leadership team (SLT) must inform the injured/ill student's parents immediately.

All emergency equipment in the first aid room is well-labelled, clean and accessible. This equipment includes a large first aid kit and student's individual medicines such as Epi-Pens. Primary emergency medication is kept in the classrooms on a safe place (wall pockets) and need to be taken on trips (class teacher).

Secondary students must carry their own emergency kit with them at all times, spare kits kept in the school office or medical room.

Procedure

Medical Emergencies:

- All serious and major incidents must be reported to Head or a member of the senior leadership team (SLT) as soon as possible. If required, SLT and/or members of staff who witnessed the incident will conduct an investigation and provide an incident report to the medical assistant. This information will be entered into the Accident Book and Health and Safety reporting system by the medical assistant within twenty-four hours. (www.rivosafeguard.com).
- All members of staff should know where First Aid boxes are located (corridors, school offices). Members of staff who use a specific item from a First Aid box should notify the medical assistant /administrator who will replenish.
- When a class/year group is leaving the school campus for a field trip, a first aid kit should always be taken. These should be booked in advance from the medical assistant/school administrator, together with emergency supplies e.g. inhalers, diabetic supplies, Epi-Pens etc.
- If a student is known to have a history of illness or pre-existing condition, e.g. chronic asthma or diabetes, information on how to proceed will be displayed in the staff room on the Health and Safety notice board. Teachers should familiarise themselves with who these students are and the steps that should be taken if that student requires medical assistance. Guidance will be provided as appropriate by the medical assistant.
- In the event that a member of staff is injured or becomes acutely unwell emergency contact details for that person will be gathered from HR. However, in the event that emergency contact cannot be contacted, a member of the SLT will act as support for that person and if necessary, give consent for treatment. The hospital by which the injured/ill member of staff is taken to will depend on the severity and nature of the injury/illness or Ambulance professionals' decision.

Minor Illness:

- During a normal school day, if a student is feeling unwell, she/he should be sent to the first aid room, accompanied by a teaching assistant or another student if necessary. The medical assistant will assess and ascertain if the student should go home, at which time the parents will be contacted either to collect the student, and/or to give the approval to administer medicine. Students must not be given any medication without prior approval from a parent/guardian. The medical assistant must inform the class teacher/tutor and administrator immediately if a student is sent home.
- Students cannot leave a campus during school hours without parents.

Exceptions:

- a) Senior school student who is older than 18 and is feeling unwell can leave school on his/her own (inform parents by phone, e-mail).
- b) Senior school student (KS4 and 5) can go home by taxi if agreed by Head of campus and parents (the form "Permission to leave school by taxi or other means due medical or other emergency" must be filled and signed by parents)

Minor Injury:

- In the event of minor injury in the classroom or playground the student should be sent to the first aid room, accompanied by a teacher, teaching assistant or another student if necessary. The student will be assessed and first aid treated by the medical assistant accordingly.
- If the medical assistant feels that the incident by which the injury occurred requires further investigation, she will inform the relevant class teachers verbally or via email. If the incident resulted from improper behaviour, the class teacher is responsible for informing the parents.



After School Hours Related Incidents:

- A first aid kit should be taken to all after school activities if there is no medical assistant or first aid coverage provided at the event.
- If an incident occurs that requires urgent treatment, an ambulance must be called and the Head of Campus, Principal or a member of SLT and the parents should be notified. Arrangements should be made to meet the parents at hospital. Members of staff should not wait for parents to arrive to take students to hospital unless they are certain that treatment is not urgently required.
- A teacher or a responsible adult should go with the student to hospital. The parents should be informed and instructed to come to the hospital.
- If the accident is minor, give basic first aid treatment (a first aid kit is available in the school office and notify the parents or send a note home.
- The Accident book should be completed. The medical assistant will record the incident on RIVO.

Accident, Reporting, Incident and Near Miss

Policy & Procedure

Purpose

The purpose of this document is to:

- Support students and members of staff with health needs in school
- Provide guidance and understanding for all members of staff and students regarding related accidents, incidents and near misses
- Keep staff and students safe and free from injury

Policy Statement

This policy has been put into place to detail the processes involved when handling an accident, incident or near miss and the reporting of these by the medical assistant and management staff.

Scope

When an accident or injury occurs in the workplace/school, it is good practice to record the incident. Workplace injury must be recorded with HR department, student injury on RIVO and Accident Book.

Types of Incident – Definitions

Minor Injury – injury that is dealt with on the premises and does not require any treatment by external agencies at the time of reporting.

Serious Injury – an injury that requires treatment by an external agency e.g. Doctor/Hospital Visit

Major – Major accidents are classified as follows:

- Fracture other than to fingers, thumbs or toes
- Amputation
- Dislocation of the shoulder, hip, knee or spine
- Loss of sight (temporary or permanent)
- Chemical or hot metal burn to the eye or any penetrating injury to the eye
- Injury resulting from an electric shock or electrical burn leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours
- Unconsciousness caused by asphyxia or exposure to a harmful substance or biological agent
- Acute illness requiring medical treatment, or loss of consciousness arising from absorption of any substance by inhalation, ingestion or through skin
- Acute illness requiring medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material

Reporting or Notification of Injuries, Diseases and Dangerous Occurrences

Local Regulations may impose duties on employers to report specified injuries, diseases and dangerous occurrences.

First Aid

In the event of injury or ill health, PBIS will ensure that trained first aid personnel are available to provide treatment for employees, students and visitors at all reasonable times whilst the premises are in operation.

Target Audience

This is relevant to all staff, students and parents for their information.

Responsibility

It is the responsibility of the school to ensure that all processes are in place to support the effective reporting and management of all incidents, accidents and near misses.



Procedure

Injury Reporting

If a child has an accident, one member of staff should deal with this whilst the others continue to supervise the children. The medical assistant can be called upon if necessary. In the event of an accident to an employee or other adult, the person should seek the assistance of the medical assistant.

Once first aid treatment has been provided, the medical assistant must enter the relevant details onto the Accident book and onto the online system RIVO. The following information must be recorded:

- full name, class, age
- date, time and place of accident
- cause and nature of injury
- first aid given
- Where necessary, the relevant parent will be notified as soon as possible.

An investigation of the accident will be instigated by the Head of campus/Principal to a level commensurate with the seriousness or potential seriousness of the accident.

Incidents/Near Misses

An incident can be defined as something that has happened which is not intended to do so. No injury or damage has to have occurred, i.e. a roof tile falling to the ground. It is important to notify the Sourcing and Services Department of any incidents immediately.

Administration of Medication

This policy is intended to ensure that students receive a safe standard of treatment.

NAE schools allow the medical assistant/first aider to administer medication, as per NAE policy, to students whose parents have given written (Long Term Medication Form) and verbal consent as required due to medical illness or emergency.

Emergency medication:

- Emergency pain relief (consider exceptions e.g. abdominal pain, head injury etc.)
- Epinephrine for acute allergic reaction (anaphylactic shock)
- Administration of meter-dose inhalers
- Administration of oral glucose for hypoglycaemia
- Other prescribed medication detailed by parents with consent and instructions

This standard mandates that medication, unless otherwise specified, should be administered in school by a medical assistant /first aider.

Target Audience

Responsibilities of the medical assistant – should only administer medications to students as per parental consent. The medical assistant must track and record all medication administered in accordance with local authority policies and standards. Medication should only be taken at school when essential (i.e. Detrimental to a child's health if they are not taken during the school day.)



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Procedure

Appendix:

- Appendix 1 – administration of emergency medication
- Appendix 2 – administration of medication needed but not prescribed
- Appendix 3 – administration of prescribed medication
- Appendix 4 – record keeping
- Appendix 5 – school administration policy
- Appendix 6 – medication management
- Appendix 7 – supporting forms

APPENDIX 1: ADMINISTRATION OF EMERGENCY MEDICATION:

Emergency medication will be given orally, inhaler or epi-pen (with instructions and parental consent only in emergency situations).

Individual care plans should be in place for students and staff members whose health conditions may cause them to experience emergencies.

Emergency medication needs to be kept safe, secure but quickly accessible in an emergency.

Administration of epinephrine in acute allergic reactions (anaphylactic shock):

What is anaphylaxis?

Anaphylaxis is a severe and sudden allergic reaction. It can occur when a susceptible person is exposed to an allergen (such as food or insect sting). Reactions usually begin within minutes of exposure and can progress rapidly over a period of up to two hours or more. Anaphylaxis is a potentially life-threatening and always requires an emergency response.

What is epinephrine?

Epi-pens (epinephrine) are an auto-injector device, which contains a single measured dose of adrenaline (also known as epinephrine) for administration in cases of severe allergic reaction. A version containing half the standard dose of adrenalin (epipen jr) is available for small children under 20kg.

- When the child has sign of an acute allergic reaction, the epi-pen should be given according to the instructions. The epinephrine should be readily accessible for use in an emergency. The epi-pen should be stored at room temperature and protected from heat and light. It should be kept in the original labelled box.
- Expiry dates and discoloration of contents should be checked by the medical assistant monthly. The epi-pen should be replaced by the parents at the request of the medical assistant in school. The use of the epinephrine must be recorded on the Drug Chart, with the batch number, expiry date, time, date and full signature of the person who administered the epinephrine.
- Once the epinephrine is administered, an ambulance must be called for follow up and transfer. The used epi-pen should be given to the ambulance crew so that they will know what medication the student has received.
- Student are allowed to keep and self-administer epi-pen in the presence of the first aider provided the Long Term Medication Form by the parent/guardian.

Administration of metered dose inhaler (salbutamol):

- Children with asthma need to have immediate access to their reliever inhalers when they need them. Children who are able to use their inhalers themselves should be allowed to carry them with them. If the child is too young or too immature to take personal responsibility for the inhaler, the class teacher should make sure that it is stored in a safe, but accessible place, and clearly marked with the child's name.
- For children with asthma, the child's paediatrician must prescribe a spare inhaler to be kept in school.
- When the child has an asthma attack, they should be treated according to their individual health care plan. An ambulance should be called if any warning signs are identified.
- Expiry date of the inhalers should be checked by the medical assistant monthly. The spacer device needs to be cleaned at least once a month (with hot water and soap, let it air dry).

APPENDIX 2: ADMINISTRATION OF MEDICATION NEEDED THAT IS NOT PRESCRIBED:

The school should ensure that the administration of medicine form has been completed, the medical assistant confirms via telephone with the parent/guardian and post administration either the administered medicine slip, or an email is sent to the parent/guardian confirming the medicine given, the dose, and the time it was given.

The medical assistant should never give non-prescribed medication unless there is specific prior consent from the parents (consent form).

All medication must be appropriate for the age group and be given in line with product specifications. Parents must inform the school of any known allergies, medical conditions and contraindications and this must be kept in the student school medical record on isams. Before administering the medication, the medical assistant should check in the student medical record that there are no contraindications. Parents should be contacted prior to administering the medication.

APPENDIX 3: ADMINISTRATION OF PRESCRIBED MEDICATION:

Medication should only be taken / administered at school when essential (i.e. Detrimental to a child's health if they are not taken during the school day).

The medical assistant keeps all prescribed medication in the locked cabinet in the clinical area. A record should be kept for audit and safety purposes.

Prior to the administration of prescribed medication: The medical assistant will ensure:

Signed "Long Term Medication Form" by parent / guardian. This should be renewed on an annual basis or when there is a change to the prescription.

Medication should be provided by parents in the original container and include the prescriber's instructions for administrations and dosage (copy of the Long Term Medication Form).

The medical assistant will not accept medication that is provided in a different container or if changes have been made to the prescription instructions.

Administering the medication: (the 7 rights)

- Right drug
- Right patient
- Right dose
- Right time
- Right route
- Right reason
- Right documentation

Medication should be returned to the student's parents when:

- The course of treatment is complete
- Medication labels become detached or unreadable
- Prescription instructions are changed
- The expiry date has been reached
- End of the school term / year

Returning medication to parents:

- Send parents an email to come and pick up the medication
- Medication returned to parents must be documented on the student Long Term Medication Form (added label)
- Obtain the signature from parents / guardian receiving the medication as well as the school medical assistant returning the medication

APPENDIX 4: RECORD KEEPING:

The Long Term Medication Form needed to administer medication must be completed and signed by parents annually (every AY). Consent to administer prescribed medication should be filled in by parents/guardian. A record should be kept in first aid rooms/administration.

- Ensuring that student confidentiality is protected
- Safe storage and disposal of medications
- Quick access to the school's emergency procedures and emergency medication
Risk assessment and management procedures

APPENDIX 5: PBIS MEDICATION POLICY:

Managing medication that is required to be taken during the school day.

1. The medication is kept by the medical assistant
2. The medical assistant must ensure that the Long Term Medication form is filled out by the parents or guardians.
3. The medical assistant will not accept any medication, which is not labelled correctly and is not prescribed by a doctor.
4. The medical assistant must record the name of the student, the name of the drug, the date time, dose, expiry date and batch number.

Managing medication on day trips, overnight camps and sporting events.

1. The first aider/trip leader is fully informed by parents and educated regarding a specific medicine and its administration and is aware of contraindications.
2. The parent must fill out the Long Term Medication Form.
3. The first aider/trip leader must document when the drug was given, its route of administration, dose, expiry date and batch number.

Parental responsibility of their child's needs

1. Parents are responsible to supply the school with the correct prescribed medications, these medications must be in original containers, they must be in date and the dosage/ route of administration is clearly visible.
2. The parent must supply the school medical room with the correct medical devices, such as spacers to use with inhalers.
3. At the end of the school year or if a medication has expired, the medical assistant will notify the parents to come to collect this medication and replace if necessary.
4. The parent must supply the medical assistant with a care plan for their child, written permission to administer any prescribed medication or treatment.
5. The parent must inform the medical assistant on any updates or changes to the student's treatment, care or medication.

APPENDIX 6: THE STORAGE OF MEDICATION:

- The medical assistant should only store, supervise and administer medications that are registered with the local health authorities, i.e. the department of medicine.
- All medications must be stored in the designated medication storage area (cupboard in the medical room or medication fridge).
- Storage areas must be kept locked at all times. Keys remain the responsibility of the medical assistant with special access arrangements when she is not available (security dep. staff will keep the keys). Emergency medication however should be quickly available when needed (kept in the emergency bag at reception/classroom pockets).
- Medications should be stored strictly in accordance with the product instructions (paying particular note to temperature) and in the original container in which dispensed.

Access to medications:

- The medications are only accessible by the medical assistant.
- All emergency medications are readily available for the children.
- The emergency first aid kit must be taken out of the school in the event of a school evacuation.

Disposal of medications:

- Medication that cannot be returned to the parents / guardian must be disposed appropriately by the end of the school year. The following is the procedure for disposal of medication:
 - The medical assistant should follow the medication disposal general guidelines accordingly to procedures in the Czech Republic.
 - Signature of the person disposing the medication and method of disposal should be documented on the Long Term Medication Term Form (label).

APPENDIX 7: SUPPORTING FORMS

Medication Error Policy & Procedure

The medical assistant is to follow all organizational policies and procedures for tracking, identifying, documenting and reporting medication errors to NAE school senior management and the senior leadership team.

Medication errors originating in all stages of the medication use process should be reported, especially when they are during:

Administering the medication to the student

- Oral
- Inhaler
- EpiPen

Preparing the medication dose

Medical assistant should adopt the standard “Medication Error Severity categorization”.

Medication errors of severity level category G, H and I should be reported to the Health and Hygiene Officer within 24 hours of identifying and documenting the error.

Medical assistant should continuously monitor actual and potential errors and investigate the root causes of errors to identify the ways of improving the medication use process to prevent future errors and student/patient harm.

Target Audience

- Medical assistant
- Students
- Parents/Guardian
- Principal

Responsibilities

It is the responsibility of medical assistant to comply with the requirements of the policy.

NAE will monitor the compliance of medical error reporting by medical assistant through regular audit and inspection visits.

Procedure

All reporting should be made in the Incident Book that is kept in the first aid room. It is the responsibility of the medical assistant to ensure the entering the incident into the Rivo Safeguard system and inform the Health and Hygiene Officer.

Types of Medication Errors:

- Omission error - Failure to administer an ordered dose to a patient before the next scheduled dose.
- Wrong time error - Administration of medication outside a pre-defined time interval from its scheduled administration time.
- Unauthorized drug error - Administration to the patient of medication not authorized by a legitimate prescriber for the patient.
- Improper dose error - Administration to the patient of a dose that is greater than or less than the amount ordered by the prescriber or administration of duplicate doses to the patient (e.g. one or more dosage units in addition to those that were ordered.)

- Wrong dosage form error - Administration to the patient of a drug product in a different dosage form than ordered by the prescriber.
- Wrong drug preparation error - Inappropriate procedure or improper technique in the administration of a drug.
- Deteriorated drug error - Administration of a drug that has expired or for which the physical or chemical dosage form integrity has been compromised.
- Other medication error - Any medication error that does not fall into one of above defined categories.

Medication Error Severity Classification

Category A - Circumstances or events that have the capacity to cause error

Category B - An error occurred but the error did not reach the patient

Category C - An error occurred that reached the patient but did not cause patient harm

Category D - An error occurred that reached the patient and required monitoring to confirm that it resulted in no harm to the patient and /or required intervention to preclude harm.

Category E - An error occurred that may have contributed to or resulted in temporary harm to the patient and required intervention.

Category F - An error occurred that may have contributed to or resulted in temporary harm to the patient and required initial or prolonged hospitalization.

Category G - An error occurred that may have contributed to or resulted in permanent patient harm

Category H - An error occurred that requires intervention necessary to sustain life.

Category I - An error occurred that may have contributed to results in patient death.



Infection Control Policy & Procedure

Statement

Infection control is a practice that aims to reduce the transmission of infectious diseases within a specific setting. Basic principles of infection control in the school setting should be applied on a daily basis by all members of staff and students. These principles include hand hygiene, personal hygiene, cleaning of the premises, health education, exclusion from school and routine immunisation. The Health and Hygiene Officer is responsible for implementing and monitoring infection control practices in the school setting. The medical assistant must record any infectious diseases in the Nord Anglia Health and Safety system www.rivosafeguard.com. The medical assistant should follow exclusion recommendations of either a child's GP or the Hygienická Stanice hl. m. Prahy.

Scope

Prevention and control of infection within the school.

Target Audience

The Senior Leadership Team and all school staff, teaching, administration, auxiliary and all on site contractors.

Responsibility

Principal and SLT should ensure that all relevant personnel are provided with copies of this Policy & Procedure or the relevant parts. They should ensure that a copy is available to all staff, and they are aware of it.

Procedure

Hygiene

Hand washing:

- Hand washing is one of the most important means of controlling the spread of infections.
- All staff and students should have access to hand washing facilities including running water, soap, paper towels, and a rubbish bin.
- Members of Staff should encourage students to learn and practice basic principles of personal hygiene including hand washing.
- Where running water and soap are not available for hand washing, antiseptic hand rub with alcohol content will be available (e.g. Sterillium, Sanytol, Nexcare).

Students should be encouraged to wash their hands:

- After every visit to the toilet
- Prior to eating
- After contact with pets
- After playing outdoors

Staff should wash their hands:

- Before preparing or serving food
- Before eating meals
- After going to the toilet
- After changing baby nappies (even if gloves were used)
- After carrying out cleaning procedures
- After dealing with body fluid spills
- When caring for a sick child

- After handling soiled clothing or linen
- After dealing with waste

Hand washing technique:

1. Wet hands under running water
2. Apply liquid soap
3. Rub all parts of the hands vigorously for 20 seconds
4. Rinse hands under running water
5. Dry hands thoroughly with a disposable paper towel and discard it in a rubbish bin

Coughing and Spitting:

Coughing, sneezing and spitting create an airborne mode for the transmission of many infections.

- Students and adults should always use a tissue to blow their nose; this should then be disposed of in a rubbish bin – hands should then be washed.
- Students and adults should always cover their mouth when they cough or sneeze – they should try to use a tissue if available, otherwise coughing into the crest of the elbow or hand is acceptable. If the hand is used, hand washing should take place immediately after.

Cleaning – blood and body fluid spillages:

All blood and body fluid spillages should be considered potentially infectious. The following steps should always be followed when dealing with any blood and/or body fluid spillages:

- Put on disposable gloves
- Wipe up the blood or body fluids with paper towels
- Place contaminated paper towels in a plastic rubbish bag
- Clean and rinse area with usual disinfectant
- Wipe the surface with a dilution of household bleach in water using a disposable cloth or paper towels. Bleach should never be applied directly to spillages of urine or vomit
- Dispose the cloths/paper towels used to wipe up and your gloves into the same plastic rubbish bag
- Secure bag with tie
- Dispose of plastic rubbish bag within the medical waste bin.
- Wash hands

Laundry:

- Cleaning cloths should be disposable, made from a non-shedding fibre and used within a colour-coded system e.g. red for toilets, blue for general uses in classrooms and offices, green for kitchens/food prep areas.
- If re-usable cloths have to be used, they must be decontaminated after each use and at least once a day.
- They should be routinely replaced.
- Cloths should be decontaminated by hot machine washing (at least 60 °C) and then drying them as rapidly as possible.
- Cloths and mops used to clean the toilet areas must not be used in other areas of the school.
- Mop should have heads that can be removed and should be washed at high temperatures at the end of each day. If this is not possible, mop heads should be cleansed and rinsed with disinfectant, wrung as dry as possible and then dried quickly.
- Contaminated personal clothing should be sent home in a plastic bag. It should not be rinsed first.

Vulnerable Children

Some students have medical conditions that make them especially vulnerable to infections that would rarely be serious to most children.

Parents should inform the school in writing if their child's health status has changed, making them vulnerable or 'at risk'. These would be children who are, or who have become immunosuppressed. The most common causes of immunosuppression in children are those who are on high dose steroids, have HIV or receiving treatment for cancer.

Immunosuppressed children are particularly vulnerable to chickenpox and measles and if exposure is known or suspected, parents should be informed immediately, and medical advice should be sought.

Female Staff - Pregnancy

Some infections, if contracted by a pregnant woman, can pose a danger to her unborn baby:

- Syphilis
- Hepatitis B
- Coxsackie virus
- Epstein-Barr virus
- Cytomegalovirus
- Herpes simplex virus
- Varicella-zoster virus (Chickenpox)
- Human Parvovirus B19 (Slapped cheek syndrome)
- Rubella (German measles)

Immunisations:

Immunisation offers protection against a number of serious diseases. The school will ask for parents to supply an immunisation record when starting school and on medical certificate – "Posudek o zdravotní způsobilosti dítěte k účasti na zotavovacích akcích" that is valid for two years.

Parents need to follow the Czech immunisation schedule, and school needs to comply with Czech legislation.

Exclusion from school

Guidance on exclusion from school (the most common reasons)

<u>Diarrhoea & Vomiting Illness</u>	<u>Recommended period to be kept away from school</u>	<u>Comments</u>
Diarrhoea and/or vomiting	24 hours from last episode of diarrhoea or vomiting	Exclusion from swimming should be for 2 weeks following last episode of diarrhoea.
Shigella (Dysentery)	Exclusion may be necessary. Doctor will advise.	Exclusion (if required) applies to young children and those who may find hygiene practices difficult to adhere to. Exclusion from swimming should be for 2 weeks following last episode of diarrhoea.



<u>Respiratory Infections</u>	Recommended period to be kept away from school	Comments
'Flu' (Influenza)	Until recovered.	See vulnerable children.
Tuberculosis	Always consult with Hygienická služba hl. m. Prahy	Not usually spread from children. Requires prolonged, close contact for spread
Whooping cough (Pertussis)	5 days from commencing antibiotic treatment or 21 days from onset of illness if no antibiotic treatment. Always consult with Hygienická služba hl. m. Prahy	Preventable by vaccination. After treatment non-infectious coughing may continue for many weeks.

<u>Rashes/Skin</u>	Recommended period to be kept away from school	Comments
Rash	Until a doctor determines this do not indicate a communicable disease	
Athletes foot	None.	Athletes' foot is not a serious condition but exclusion from swimming is recommended.
Chickenpox	When all spots have crusted over. Doctor's note must be provided.	See: Vulnerable children and female staff - pregnancy
Cold sores (herpes simplex)	None.	Avoid kissing and contact with the sores. Self-limiting disease
German measles (rubella)*	6 days from onset of rash. Doctor's note must be provided.	Preventable by immunization (MMR). See: female staff - pregnancy
Impetigo	Doctor's note required	
Molluscum contagiosum	Exclusion from swimming. Doctor's note must be provided.	A self-limiting condition.
Ringworm	Not usually required.	Treatment is important – see Doctor. Ensure pets are also examined.
Roseola (infantum)	None.	None.



<u>Rashes/Skin</u>	Recommended period to be kept away from school	Comments
Scabies	Return after 1 st treatment.	2 treatments 1 week apart for cases. Contacts should have 1 treatment; include entire household and any other very close contacts.
Scarlet fever/Step throat*	Doctor's note required.	
Slapped cheek/fifth disease. Parvovirus B19	None.	See: vulnerable children and female staff – pregnancy.
Shingles	Doctor's note required.	Can cause chickenpox in those who are not immune. It is spread by very close contact and touch. See: vulnerable children and female staff – pregnancy.

<u>Other Infections</u>	Recommended period to be kept away from school	Comments
Conjunctivitis	Doctor's note required.	Defined as pink or red conjunctivitis
Fever	Doctor's note required.	Can be accompanied by behaviour changes or other signs of illness
Head lice	Parent will be notified and asked to treat child on the night of lice discovery. They may return to school after treatment. (If live lice are found child needs to be isolated – sent home.	Close contacts should be checked and treated if live lice are found. If eggs present, parents should manually remove eggs daily.
Hepatitis A	According to recommendation of Hygienická služba hl. m. Prahy.	Good personal and environmental hygiene will minimise any possible danger of spread of Hep A.
Hepatitis B and C	None.	Hep B and C are not infectious through casual contact. Good hygiene will minimise any possible danger of spread of both Hep B and C.

<u>Other Infections</u>	Recommended period to be kept away from school	Comments
Conjunctivitis	Doctor's note required.	Defined as pink or red conjunctivitis
Fever	Doctor's note required.	Can be accompanied by behaviour changes or other signs of illness
HIV/AIDS	None.	HIV is not infectious through casual contact. There have been no recorded cases of spread within a school or nursery. Good hygiene will minimise and possible danger of spread of HIV.
Meningococcal meningitis/septicaemia	Until recovered.	Meningitis C is preventable by vaccination. There is no reason to exclude siblings and other close contacts of a case. Doctor and local authority will advise.
Meningitis due to other bacteria	Until recovered.	Hib meningitis and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings and other close contacts of a case. Doctor and local authority will advise.
Meningitis viral	None.	Follow recommendations of Hygienická služba hl. m. Prahy
Mumps	Doctor's note required.	Preventable by vaccination (MMR).
Threadworm	None.	Treatment is recommended for the child and household contacts.
Tonsillitis Strep throat	Doctor's note required.	



FOOD POISONING POLICY & PROCEDURE

Purpose

The purpose of this policy is to standardise the process for the immediate reporting of food poisoning cases within the school to the relevant authority.

Statement

All cases of food poisoning must be reported to the relevant local authorities (Hygienická služba hl.m. Prahy) and NAE SLT immediately.

Timescales

- All cases within 24 hours by phone
- Delay in notification must be avoided as it may result in the destruction of evidence whether deliberate or not.

Scope

This policy applies to the medical assistant, Catering Company and Senior Leadership Team.

Target Audience

- Health and Hygiene Officer, medical assistant
- Catering Company
- Senior Leadership Team

Responsibility

The Health and Hygiene Officer is responsible for reporting all cases to the relevant local authorities and senior leaders in the school.

Procedure

The procedure is detailed within the policy statement

Standardized Acknowledgment list of Internal Policy by the Board of Directors

Standardizované prohlášení o Vnitřním předpisu „Boardem“

The member of the Board of Directors accepts and by signature acknowledges enactment of Internal Policy name: **Whole School First Aid Rooms Manual**
Number: **03.027_2**

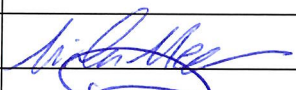
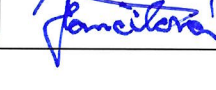
I, a member of the Board of Directors declare that I am familiar with the Internal Policy, and I will inform managers and employees in my line of management about its existence and /or update.

Členové „Boardu“ PŘIJÍMAJÍ a svým podpisem STVRZUJÍ platnost vnitřního předpisu.

Název: Whole School First Aid Rooms Manual

Číslo: 03.027_2

Zároveň PROHLAŠUJI, jako člen „Boardu“, že jsem se s vnitřním předpisem seznámil/a, a budu o jeho vzniku a/nebo aktualizaci informovat jednotlivé manažery a zaměstnance, kteří jsou v mé kompetenci a zodpovědnosti.

School / Department <i>Škola / Oddělení</i>	Name and Surname <i>Jméno a Příjmení</i>	Signature <i>Podpis</i>	Date <i>Datum</i>
Principal	Nicola Meehan		4/10/24
Head of Libuš Site	David Lawlor		4/10/24
Head of Kamýk Site	Paul Baker		4/10/24
Head of Vlastina Site	Paul Kurczij		4/10/24
Head of ČBZŠ	Petra O'Leary		4/10/24
Finance and Operations Manager	Daniel Chmura		4/10/24
Director of Admissions and Marketing	Eva Svitáková		4/10/24
Senior HR Manager	Kateřina Hančilová		4/10/24