

**Tenby Schools, Tropicana Aman**  
**Whole School Policy**

<b><u>Policy</u></b>	TTA School Nurse Policy and Procedures			
<b><u>Approval Date</u></b>	<u>August 2024</u>	<b><u>Next Review</u></b>	<u>August 2025</u>	
<b><u>Review Cycle</u></b>	<u>12 months</u>			
<b><u>Scope</u></b>	<b><u>Whole Group</u></b>	<input type="checkbox"/>	<b><u>Whole School</u></b>	<input checked="" type="checkbox"/>
	<b><u>International Primary</u></b>	<input type="checkbox"/>	<b><u>International Secondary</u></b>	<input type="checkbox"/>
<b><u>Ownership</u></b>	<u>Tenby Schools, TTA</u>	<b><u>Approved by</u></b>	<u>TTA SLT</u>	
<b><u>Policy</u></b>	<u>TTA Teaching and Learning Policy</u>			

## **1. Introduction**

The school nurse is a crucial member of the educational team who attends to the health and well-being of all students and is a liaison with the family and medical care sources.

Over the past century, the role of the school nurse has expanded to include critical components, such as surveillance, chronic disease management, emergency preparedness, behavioural health assessment, ongoing health education, extensive case management, and much more. Although the position has taken on a more comprehensive approach, the core focus of keeping students healthy and in school remains unchanged. As such, this policy aims to implement best practice in order to improve efficiency and enhance student well-being.

The school nurse must be currently licensed with the Malaysian Nursing Board and must produce a valid registered nursing license to the school administration.

## **2. Objectives**

- To ensure compliance with country health authority guidelines and legislation.
- To undertake suitable and sufficient assessments for first aid needs.
- To identify and implement reasonably practical arrangements for dealing with first aid accidents, in term of competency of first aid provider, equipment, consumable and facility.
- To practise preventive management of possible injury and illness outbreak in the school.
- To enhance the school standard in personal hygiene.
- To act as consultant to the school management in terms of health related issue.

## **3. Responsibilities**

### **3.1 General Nursing Role**

- Provide care for injuries or acute illness for all students and staff and long term management of students with special health care needs
- Maintain accurate and complete nursing records of every student.
- Attend to serious injuries should a student's condition require any medical attention where the School Nurse should:
  - a. stabilise the student using first aid techniques
  - b. request emergency transportation/call ambulance
  - c. contact parents/guardian
  - d. continue nursing care until emergency medical personnel arrives
- To develop an individualised health care plan for students with chronic conditions, and when appropriate, an emergency plan is developed to manage potential emergent events in the school setting (eg, leukaemia, epilepsy)
- Keep records of injuries and sickness from outside clinic in students file.
- Communicate with parents regarding their children sickness/injuries.
- Inform Campus Principal of reported infectious diseases in school.
- Report to teaching staff, parents on any medical issues that may require further medical investigation.
- Provide health education
- Report injuries through EHS 360
  - a. injuries to students- an incident report will need to be completed and submit to Campus Principal and/or respective Heads of School.

- b. injuries resulting loss of consciousness, excessive bleeding, fractures
- c. school staff that was in charge of the students at that time of the injury is responsible for initiating the incident report and ensuring the completion and submission to school nurse. The school nurse will complete the medical portion of incident report and submit to head of school.
- Monitor trends in student and staff health complaints and absentee reports to identify potential communicable disease outbreaks or environmental concerns
- Access to 360 requested via HQs team : aduffield@ISPSCHOOLS.com

### **3.2 Support role**

- Sourcing and maintaining first aid kits for use on school trips.
- Produce information e.g. how to deal with head lice, chicken pox, and other illness for distribution to parents.
- Supporting teenagers with teenage specific medical issues such as mood swing, menstruation etc.
- Ensure that the procedures regarding the flow of health service in the medical room are followed.
- Will maintain a record of injuries and accidents to employees and pupils
- Maintain a list of staff that is currently certified in CPR and first aid.

### **3.3 Health concern and Safety issues**

- Reporting of any preventable injuries to Campus Principal.
- Reporting of health and safety issues to Campus Principal.
- Reporting any suspected child abuse case to Campus Principal.
- Working with senior leadership team to promote good standards of health and safety.
- Preparing of medical report information sheets in order to ensure teaching staff and the leaders are aware of any special medical needs of their students.
- Preparing food allergies report to canteen operator.
- Preparing detailed medical alert for children which are potentially serious medical problem such as epilepsy, severe allergies, heart problems etc. and put at the staff room board.
- Ensure the medication is always in the locked cabinet.
- To monitor the progress of potential pandemic e.g. H1N1, SARS etc. and report to Campus Principal.
- Organising vaccination programmes for the students.

## **4. Medical Health Form**

All parents are required to submit the form on the first day of school. Thereafter, to update the information provided on an annual basis at the start of each academic year. Outside of this, the parents should update the school with any changes in the information they provide.

This form give health information of the student such as:

- a. Any allergies
- b. Anaphylaxis/ life threatening allergies
- c. On any regular medication
- d. Medical history such as asthma, diabetes, seizures
- e. Emergency contact numbers of parents/guardian
- f. Consent for administering painkiller (Paracetamol)

## 5. Flow of Health Service

The flow of health service for students in Medical Room:

- If the older student (KS2 and Secondary) is feeling unwell during a lesson, the teacher should issue a Medical Room visiting slip to leave a class and go directly to Medical Room. However, for younger student (EY and KS1), he or she should be accompanied by teacher or assistant teacher when visiting Medical Room.
- As the student enters to Medical Room, the nurse will:
  - a) Assess and identify the nature of the condition.
  - b) Nursing intervention will be carried out according to chief complaint.
  - c) The student will remain under observation in the Medical Room subject to his or her condition. Otherwise, the student will return to his or her classroom after treatment has been carried out.
  - d) Administer medication as necessary (to contact the parents before administer medication)
  - e) To return to lesson, if the student is fits to do so.
  - f) All student who visited Medical Room will be issued a note whereby it will indicate what is the complaint(s) and what treatment has been done and for them to bring bac home.
  - g) Documented in Census book and student log sheet. If any injuries related, to enter in 360°system. All accidents where you have to do something, reported in 360.
  - h) For early medical dismissal, School Nurse will call parents and informed parents.

## 6. Injury/Illness

- Student who sustain a minor injury or feel ill should be seen by the School Nurse. The School Nurse will perform the assessment and determine the appropriate treatment.
- The School Nurse also will contact the parents/guardian or referral to medical facility. Besides that, any of the students having fever with body temperature 37.5 degree Celsius will be sent home to reduce the risk of spreading the illness among students. Students must be fever free for 24 hours without use of any medication before returning to school.
- All accidents and injuries must be reported to the medical centre and recorded by the School Nurse no matter how trivial one considers an injury to be to a member of staff, to a students or to a visitor. The accident record book kept in the Medical Centre contains the following information:
  - a. The date and time of the accident or injury
  - b. The name of the person and nature of the injury
  - c. The place where the incident took place, and
  - d. A brief description of the circumstances including identification of the activity that was being undertaken at the time.
- The School Nurse will ensure that accidents of a serious nature or those that require medical attention are reported to the Campus Principal immediately. The Campus Principal will investigate the cause of all serious accidents and injuries.

## **7. Reporting to parents**

- Bumps to the head suffered by Early Years pupils must always be reported to parents immediately who should be given the choice whether or not to collect them from school.
- If a student receives more than a minor cut or graze the accident should be reported to the parents. Staff should, therefore, report all the accidents to the student's class teacher so that parents/ guardian may be informed at pick up time.

## **8. Management of infectious diseases**

- School should ensure the school community is fully informed of the procedures to be followed relating to infectious diseases.
- In the event of any infectious ailment such as chicken pox, measles, Covid-19, Impetigo and Hand Foot Mouth Disease is identified or where concern persists without identification of the infection, immediate medical assistance will be sought and where appropriate, Campus Principal and respective Heads of School should be informed.
- Following current guideline from Tenby's policies, the Campus Principal will request that a message be sent to members of the school community as appropriate to advise them of the presence of the illness and any measures that need to be taken, liaising with Parents/Guardians as required. This will ensure that Parents/Guardians are aware of the illness, its treatment and the recommended period of time for children who have been infected need to be kept away from school to prevent the illness spreading.
- The School Nurse will seek advice from the local health district officer should there be 3 or more cases and communicate this to the Campus Principal for further action.
- Whenever confirmation is made of any infectious disease it will be the school's policy to take direction on excursion from the chart of infectious diseases, or in cases of doubt, after consulting the medical services.

## **9. Management of head lice**

When a student is identified with a live head lice School Nurse must:

- Inform the parents to come and collect him/her from school.
- Exclude the student from school until after the treatment has commenced.
- The student will be checked by School Nurse on returning to school.

## **10. Release from infirmary**

If any particular student is determined to be sent home due to injury/illness, the nurse will contact the parents/guardian via phone numbers provided. An exeat form will be issued by the nurse and hand it to the guard on duty at the school gate before exit the school with the student. The class/ form teacher and specialist teacher for that day subject will be notified as well.

## **11. Immunisation**

The school will arrange with the health authorities to come and vaccinate the children in school. For Malaysian students there is a charge of Rm150.00 while for non-Malaysian students is Rm300.00 if they would like to be vaccinated in School.

- a. 7 years old – Diphtheria, Tetanus (Double antigen booster) and MR
- b. 13 years old (girls only) Human Papilloma Virus (HPV)
- c. 15 years old – Tetanus booster dose.

## **12. First aid and AED arrangements**

- The school has 1 medical room and is located at the main office block.
- First aid boxes in the school are located as follows:
  - a) Science lab
  - b) Welding pool
  - c) Main pool
  - d) Medical room
  - e) Library
- In addition, there are travel kits for field trips. The contents of these boxes vary according to location and are checked every term by the School Nurse who retains a log of the boxes.
- There is only 1 AED in the school and is located in the medical room.

## **13. Medication Administration Policy**

When children suffer headaches, fever, etc, the Nurse may provide a mild analgesic. However, prior consent must be given by parents for this to be administered and then confirmed in writing (email).

The following requirements must be met before administering medications:

- The medicine should be labelled clearly with student's name, indication, required dosage and frequency.
- The medicine, in the smallest practicable amount, should be brought to school by the parent, not the child (primary), and delivered personally to the School Nurse. Secondary students may deliver their medication to the Nurse in person. Medicines should not be kept by a student except when a potentially life threatening condition exists and self-administration of medications (such as asthma inhalers, Epi-pen, insulin) is necessary.
- School encourages the medication to be administered at home if possible. When medication is needed in during school hours, parents must adhere to School Nurse.

## **14. Medical Emergency Procedure**

- In the event of a casualty, injury etc. the teacher should send a sensible child to the School Nurse. Please make sure the child knows where the Medical Centre is in the first place! If the School Nurse is not there, then the child should go to Reception or the respective School office.
- The School Nurse will tend to the person. If additional help is required, the School Nurse will issue a card with a red cross on it to a child to bring to reception.
- Once receiving this card, the Reception personnel know to alert either the Campus Principal, Bursar or School Secretary who will follow the child to where the Nurse is to receive further instructions.
- Admin personnel should only call for an ambulance and alert the parents if instructed by the School Nurse, campus Principal, Key Stage Leader, Bursar or School Secretary.
- Any follow up will be by the School Nurse, Key Stage Leaders or Campus Principal with the parent.

## **15. Ambulance Transportation**

### **15.1 Guidance on when to call an ambulance**

- In a life-threatening emergency, if someone is seriously ill or injured and their life is at risk always call 999. Examples of medical emergencies include (but are not limited to):
  - a. chest pain
  - b. difficulty in breathing such as a severe asthma attack
  - c. unconsciousness
  - d. severe loss of blood
  - e. severe burns or scalds
  - f. choking
  - g. concussion
  - h. drowning or near-drowning incidents
  - i. severe allergic reactions
  - j. diabetic emergencies
  - k. fitting
- The Campus Principal and Key Stage Leader and parents/ guardian have to be informed.
- The admin personnel should only call for an ambulance and alert the parents if instructed by the School Nurse, Campus Principal, Key Stage Leader, Bursar or Secretary.
- Upon arrival of the ambulance, if parent/guardian not present, the nurse/teacher from school has to accompany the student to the hospital.
- Incident report need to be filled.

## **16. Medical condition**

### **16.1 Asthma**

- Any students with history of asthma should inform the nurse before the start of the school year. All supplies and medications needed for the students should be brought in by the first day of school.
- The nurse will assist the students in taking medication according to instructions written by attending physician. It is the parents to notify the nurse in writing of any changes to medication, dosage and time given.
- The inhaler with young children are kept in the classroom by the class teacher. All inhalers must be labelled with child's name.
- Students with asthma are encouraged to participate fully in all PE lessons. PE teacher should aware the list of students with asthma and remind the students whose asthma is triggered by exercise, to take their inhaler before the lesson.
- Middles or high school students are permitted to carry their own inhaler. A spare inhaler can be kept in the medical room for severe asthmatics.

### **16.2 Allergy**

#### **16.2.1 Anaphylaxis**

Anaphylaxis is a life threatening type of allergic reaction. It is a severe whole-body allergic reaction to a chemical that has become an allergen. An allergen is a substance that can cause an allergic reaction. Anaphylaxis happens quickly after the exposure. Common causes include:

- Drug allergies
- Food allergies
- Insect bites/stings

**Symptoms** develop quickly, often within minutes. They may include any of the following:

- Abdominal pain
- Feeling anxious
- Chest discomfort or tightness
- Difficulty breathing, coughing, wheezing, or high-pitched breathing sounds
- Difficulty swallowing
- Dizziness
- Hives, itchiness, redness of the skin
- Nasal congestion
- Nausea or vomiting
- Palpitations
- Slurred speech
- Swelling of the face, eyes, lips or tongue

Once the symptom begins to develop, immediate treatment must be carried out.

Actions to be taken:

1. Administer intramuscular (IM) with Epi-pen that contains adrenaline (also epinephrine, concentration 1mg per ml) that should be kept handy by the school. The dosage is 0.5ml, 500mg for adults and for children is 0.4ml (400mg) for 8-11 years, 0.3 ml (300mg) for 4-7 years, 0.2ml (200mg) for 2-3 years and 0.1 ml (100mg) for 1-year-old. Repeat injection of adrenaline after 20 minutes if necessary **(provided the student is on Epi-pen)**
2. Rush to the nearest hospital for emergency treatment. The patient should be monitor for at least 24 hours for possible late phase reaction before discharge from the hospital. Continue steroids and anti-histamine medicine as doctor's order.
3. Inform the parents/guardian of the incident.
4. Identify the trigger factor by allergy test.



## Appendix 1

### List of signs and symptoms of some communicable diseases

Diseases	Signs/Symptoms
Acute conjunctivitis	Redness of eye, itching eyes, excessive tears, abnormal secretion
Chicken Pox	Fever, fatigue, vesicles on head and body
Dengue Fever	Fever, headache, muscle pain, impaired mental state
Gastroenteritis	Abdominal pain, vomiting, diarrhoea, poor appetite, fatigue, fever
Hand, foot and mouth disease	Fever, poor appetite, malaise, sore throat, painful sores in the mouth, rash on palms of the hands and soles of the feet.
Influenza	Fever, cough, sneeze, runny nose, sore throat, muscle ache, fatigue
Severe Acute Respiratory Syndrome (SARS)	Fever, fatigue, headache, chills, cough, shortness of breath, diarrhoea
Tuberculosis	Persistent fever, cough, sputum with blood, fatigue, weight loss, night sweating
Scabies	Itchiness, localised rash, swelling, scales, etc.
Pneumonia	

	Fever, fatigue, cough, thick sputum, sputum with blood, difficulty in breathing
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## Appendix 2

### Recommendation on sick leave duration for common infections.

Disease	Sick leave duration
Acute Conjunctivitis	Until no abnormal secretion from the eyes
Chicken Pox	About one week or until all vesicles have dried up
Cholera/Diphtheria	Until non-infection is confirmed by negative result on sample culture test (test is to be done on two nasopharyngeal swabs collected at least 24 hours apart following 24hours after completion of the antibiotic course)
Hand, foot and mouth disease	Until all vesicles dry up or advised by the doctor.
Measles	4 days after the day of appearance of rash
Mumps	5 days after the day of appearance of gland swelling
Rubella	7 days after the of appearance of rash
Scarlett fever	Until fever down and 24 hours after starting of appropriate antibiotic
Tuberculosis	As advised by doctor
Typhoid Fever	Until at least three consecutive stool samples collected no less than 24 hours apart are tested negative for such bacteria ( the first stool has to be collected 48 hours after completion of the antibiotic course
Viral gastroenteritis	Until 48 hours after the last episode of diarrhoea and vomiting

Whooping cough	5 days from starting the antibiotic course or as advised by doctor
Impetigo	Until the sores have crusted and healed or 48 hours after antibiotic treatment started or as advised by doctor

**Note**

1. The recommendation made above is based on the general infection period only. Others factors, such as the clinical conditions of the sick child, have to be considered as well. The attending doctor should exercise his/ her professional judgement when making the final decision on the length of sick leave.

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