

Table of Contents

Rationale:	3
Aims and Objectives:	3
Roles and Responsibilities:	4
Processes and Procedures:	5
Administration of Medication Policy and Procedure	6
Storage of Medicines: All medicines should be labeled with the following information:	7
Access to medications	8
Disposal of medication	8
Record Keeping/Consent Forms	8
Recording and keeping log of all medication and medical care provided	8
Educational Visits and Administration of medication/medical care provided	8
Individual Medical/Healthcare Plans	9
Accident, Illness and Medical Emergency Policy Guidelines	9
Accident, Reporting, Incident and Near Miss Procedures	10
Reporting or Notification of Injuries, Diseases and Dangerous Occurrences	11
Medication Error Procedures & Guidelines	11
Medication Error Severity Classification	11
Infection Control Policy Procedures & Guidelines	11
Vulnerable Children	12
First Aid Training Sessions at School	12
Appendix 1: Serious Incident Immediate Response Plan	12
Appendix 2: Medicine Approval Form	13
Appendix 3: Nurse Duties	16
Appendix 4: First Aid Training (Identifying Key Staff)	20
Appendix 5: Choking Response Plan	21
Appendix 6: Keeping children at home (Illness) and returning to school regulations for parents (copy on website).Error! Bookmark not defined.	
Individual Healthcare Plan	24
Appendix 8: Procedure of Reporting Suspected/Confirmed Contagious Illnesses 传染病报告流程	27
Appendix 9: Parent Essential Information (Medical Care)	28
Administration of Medicine	28
Procedures/Responsibilities:	29
Students are responsible for:	29
Parents are responsible for:	29
Contacting us	29
Appendix 10: Covid -19 (Emergency Management Flow Chart	Error! Bookmark not defined.

Rationale:

This policy is aimed at providing clear guidance to our school nurses, senior leadership team, facilities team and all academic staff, who all share a responsibility in providing the best medical care and attention for our students.

This policy also comprises of key NAE guidelines and procedures related to various aspects of overall medical care within a school setting. Key guidelines of this policy will be posted on our school website, which will provide related information to our whole school community. As a school, we place health and safety as the topmost priority and another way to ensure that we are providing the best care at our setting is to provide first aid training sessions to key members of staff as one of our aimed measures.

Aims and Objectives:

To provide clear instructions and guidance to key staff with regards to the following:

1. Roles & Responsibilities
2. Processes & Procedures:
 - -Administration of medicine/medical treatment
 - -Storage of medicine
 - -Access to and disposal of medicines
 - -Record Keeping (including consent forms)
 - -Recording medicines/medical log
 - -Educational Visits & Administration of medication/medical care provided
 - -Individual Medical/Healthcare Plans
3. Accident, Illness and Medical Emergency Policy Guidelines
4. Accident, Reporting, Incident and Near Miss Procedures
5. Reporting or Notification of Injuries, Diseases and Dangerous Occurrences
6. Medication Error Procedures & Guidelines
7. Infection Control Policy Procedures & Guidelines
8. First Aid Training

Appendices (Supporting Documents)

- Appendix 1: Serious Incident: Immediate Response Plan
- Appendix 2: Medicine Approval Form
- Appendix 3: Nurse Duties
- Appendix 4: First Aid Training Information
- Appendix 5: Choking Response Plan
- Appendix 6: : Keeping children at home (Illness) and returning to school regulations for parents
- Appendix 7: Individual Healthcare Plan Template
- Appendix 8: Procedure of Reporting Suspected/Confirmed Contagious Illnesses/Response to contagious illnesses (including COVID-19)
- Appendix 9: Parent Essential Information (to be on school website under Parent Essentials)

Roles and Responsibilities:

SLT/Phase Leadership Teams

To be aware of the policy guidelines and to ensure that relevant phase leadership teams are aware of their responsibilities and the procedures that are involved. To ensure that trip leaders are aware of the expectations and that all the relevant EV forms show adequate and detailed medical information for students as needed.

The Senior Leadership Team will support the Head Nurse, who will strive to ensure that as many key staff members as noted under Appendix 4 will have updated first aid training credentials at the start of every academic year. The Head Nurse will aim to provide training sessions commencing early on in Term 1 to follow-up with staff who have out of date certification and also with new staff members who join our school and who are listed below as key staff. In the event of injury or ill health, trained first aid personnel are available to provide treatment for employees, students and visitors at all reasonable times whilst the premises are in operation. If the Head Nurse is unable to provide the first aid training sessions (e.g. due to renewing certification or other reasons), the Head Nurse will still be responsible for then liaising with the Senior Team to ensure that key staff members as noted on this policy will try to receive this training from outsourced agencies.

The Principal and Senior Leadership will be available to support with any parental/student comments/suggestions and complaints. The aim is to make sure that the interests of students, parents and school staff are taken into account when handling complaints. More information can be found on the NAE School Clinic Manual regarding the Complaints Policy & Procedure.

Head Nurse

It will be the responsibility of the Head Nurse to liaise with and collaborate with all school nurses across all campuses and ensure the overall day-to-day operation in providing medical care within our setting is of the highest standard as and as outlined with the guidelines on this policy/related policies (noted below). The Head Nurse will ensure to link and comply with local health regulations (with the support of our Head of Facilities and Head of Administration), and will follow up with to ensure that all relevant professional qualifications are in date and notify SLT/HR of expiry dates. The Head Nurse will also support with following procedures:

- Reporting of preventable injuries to senior management
- Reporting of health & safety issues to senior management
- Working with senior management to promote good standards of health & safety
- Provide instruction in the use of emergency medication that maybe needed by particular students
- Review and update school guidelines / policies relating to medical issues with support of line manager
- Provide any related staff training in managing medications safely and supporting individual children, based on their specific medical needs (e.g. related to individual care plans)
- To monitor the progress of a potential pandemic e.g. "Avian Flu", COVID-19" and report to senior management any major developments.

Nurses

With the support of the school team and Head Nurse, all school nurses have a responsibility to ensure that we offer the best care and safety to our students at all times.

It is the responsibility of all school nurses to inform class teachers about any students in their class who are on any kind of medication and/or have any medical needs, including allergies. It is essential that all nurses also refer to and follow through with guidelines as noted on the school's Food Allergy Policy. All nurses must also refer to the overall Nurse Duties document for specific guidelines on overall and day to day responsibilities (see Appendix 3).

NAE guidance notes that it is essential to report food poisoning cases. At our setting, the school nurse is responsible for reporting this to senior leaders and as advised by our school's Head of Administration and Head of Facilities, to also follow-up and report this to the relevant local authorities (Educational Bureau of Guangzhou and Community Hospitals-Designated Health Officers) and senior leaders in the school.

Nurses will ensure that medical records are kept up-to-date and kept confidential. All nurses will email families of existing students at the beginning of every academic year to reconfirm that their medical information on our records is accurate and up-to-date. For new students who have any kind of medical note, including allergies, nurses will call parents only if they need any more details or have any questions. The Admissions team will be responsible for adding information for new students on iSAMS regarding any medical notes/allergies; any changes that are made during the year, it will be the responsibility of the nurses to update this on iSAMS. The Admissions team will continue to email all families to remind parents to inform the school of any health information updates (e.g. medical/allergy), and keep nurses informed every term of any changes noted. Any changes made to health records for a student or deletion of any records, must be documented on iSAMS under Medical Notes and reasons must be stated for this (e.g. parent notification, doctor's recommendation, etc.). Nurses will ensure that any individual healthcare plans are sent directly to the key staff and also notify them that the plan will be uploaded onto our student management system, iSAMS, under the medical flag notes. If it becomes apparent that a student's care plan or any kind of medical information noted is considered sensitive (e.g. with a diagnosis), the Head Nurse will discuss this with the relevant Assistant Head in that phase. The nurses must ensure to put down essential information on iSAMS that is related to the medical care the student needs at school and that allows the nurses and related staff to do their job to the highest standards (this information will be accessible to all staff on iSAMS). If parents/carers note that their child is on any kind of medication at home, the nurses should follow up and get information in terms of any side-effects that the school needs to be aware of (this information will go on iSAMS). If there is any other information that is not directly related to the overall medical care of the student and that is considered sensitive, there will be a note on iSAMS stating *"Further details of student medical records are stored under Nurse Records"*. The Head Nurse will get advice from the relevant Assistant Head and will also consider parental/student consent in terms of sharing this kind of 'other/sensitive' information with other staff. All sensitive information as such will be kept securely on the server for only nurses to access.

All staff

All staff in school hold a key responsibility in ensuring that we maintain a healthy and safe environment in our school. All staff should refer to related policies noted below. As part of our Food Allergy Policy, we recognise that to ensure that students with food allergies are kept safe in school, all staff, parents and visitors need to be aware of their respective responsibilities and must act accordingly. As part of our effort in supporting such measures, we try our best to promote a nut free environment.

For any emergency situation that may arise at school, all staff are expected to follow through with the Serious Incident Immediate Response Plan as listed below (Appendix 1). For COVID-19 measures, the school will follow local health authority guidelines and inform the community accordingly.

All staff should also be aware about the **Accident, Illness and Medical Emergency Policy** procedures noted below, including when a student may need to be taken to the hospital for treatment and related processes in place (see below).

Teachers

Class teachers need to be aware of any student in their class or form who is taking any kind of medication and/or who have a medical condition/needs. All teachers should support the nurses as needed to ensure that the appropriate medical care is being provided for the students in their class, paying particular attention to students with any kind of allergies and/or who have individual healthcare plans. The Food Allergy Policy should be referred to for further guidelines on how we manage food allergies at our setting.

Students

Older students may take an active part in managing their medication. This must be supported by the class teacher, and a discussion and agreement must be made with the parents/guardians which must be documented.

Student Responsibilities/Guidelines:

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 School Nurse and follow the instructions given to you by the School Nurse, if you do not understand you have the right to ask for more explanations and support, including asking for a translator.*
3. *Always be honest with the nurse and provide as much information as you can to support in the diagnosis and medical treatment provided.*

Parents

To provide consent for administration of medication at school via the Medical Consent Form (including information on how best to store the medicine), and to continue to provide school with all up-to-date medical information about their child. Parents are responsible for ensuring their child is up-to-date with all vaccinations recommended for their age group, plus additional recommended vaccines for the country.

It is the parents' responsibility to provide the school with prescribed medications, provide labelled containers, keep medications current, supply medical devices (e.g. Nebulisers) and help maintain these devices. Parents should follow guidelines relating to having their child being picked up from school if they are unwell and keeping their child at home due to illnesses (see Appendix 6). Parents will immediately be notified if their child shows any symptoms related to contagious illnesses and will be requested to support with next steps as per the advice of our school nurse.

Processes and Procedures:

Protocol for contacting parents

For unwell / minor injured student:

Every injury that presents to the clinic must be assessed by the nurse or 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 school nurse depending on the severity of the injury/illness. Notes from the Nurse 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 e.g. I am [Name], School Nurse, calling from the NAISGZ.
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 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.

If you are unsure of a symptom, diagnosis or medication etc. when with a student, do not tell them that you don't know and must look it up on the internet. Just ask them to take a seat and quietly look it up yourself – they do not need to be told that you are looking something up.

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

For seriously ill / injured student:

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
e.g. I am [your name], School Nurse, calling from the [School]. Your son/daughter, [student's name] has injured himself/herself while playing [basketball]. He/she felt awkwardly and have hurt their [wrist]. The [wrist] has swollen severely, there is some deformity and he/she is in a lot of pain. I suggest they go to hospital immediately. Are you close to school to pick him/her up or would you like me to take him/her and meet you at the hospital? Which hospital would you prefer to use? I will take [transport] now and meet you in the emergency room. My mobile number is [number]. We should arrive in approximately 30 minutes.

Note: also refer to Appendix 1 (Serious Incident Response Plan)

Administration of Medication Policy and Procedure

This policy is intended to ensure that students receive a safe standard of treatment, where standards are set out for the administration of medication in school, including the recording of data in accordance with the local health regulations and procedures. NAE schools allow the school nurse to administer medication, as per NAE policy, to students whose parents have given consent as required due to medical illness or emergency.

The School Nurse should only administer medications to students as per parental consent and internationally accepted best practice and standards. The School Nurse must track and record all medication administered in accordance with local health authority policies and standards.

Nurses are *only* to administer OTC *topical ointments/lotions* to students and staff; any other medication that is administered at school for our students must *only* be done through parental consent and a doctor's note (see Medicine Approval Form, Appendix 2). 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.)

This standard applies by school nurse licensed by local health authorities within the residence country. This standard refers to the administration of the following medication in school which can only be administered if parents provide the medication/medical devices and provide consent for nurses to administer at school. Unless otherwise specified, the medication should be administered in school by a school nurse in line with their scope of service, and records.

Emergency medication (parents to provide medication and consent to administer at school):

- Emergency pain relief, i.e. Calpol
- 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

Parents have given permission for our school staff and nurses to undertake minor medical treatment as part of the admissions procedure as outlined on our school's Conditions and Declaration form.

This policy includes the administration of the emergency medication, prescribed medication and medication needed that is not prescribed in severe medical emergencies only.

1. Administration of emergency medication:

Emergency medication will be given orally, inhaler or epi-pen (with instructions and parental consent only in emergency service and parents are to provide the medication appropriately).

Individual care plans should be in place for students and staff members whose health conditions may cause them to experience emergencies (e.g. Known food or insect anaphylaxis, asthma, diabetes, haemophilia etc.).

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. Parent/guardians must provide consent and further information as requested on our Medicine Approval Form (Appendix 2/Section 3) for school nurses/staff to be able to administer an EpiPen.
- Expiry dates and discoloration of contents should be checked by the school nurse monthly. The epi-pen should be replaced by the parents at the request of the school nurse in school. The use of the epinephrine must be recorded on the student's medication administration record, with time, date and full signature of the person who administered the epinephrine.

- Once the epinephrine is administered, an ambulance / emergency room 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 nurse provided a Medication Consent form is filled and signed by the physician and 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, staff should make sure that it is stored in a safe, but accessible place, and clearly marked with the child's name. For any parent that requests for their child to carry their own inhaler, they will need to provide written consent and confirmation to the school nurse.
- For children with asthma, the child's pediatrician / health care professional must prescribe a spare inhaler to be kept in school, this will be the responsibility of the parent to provide this.
- When the child has an asthma attack they should be treated according to their individual medical needs or health care plan as agreed. An ambulance should be called if any warning signs are identified.
- Expiry date of the inhalers should be checked by the school nurses monthly. The spacer device needs to be cleaned at least once a month.

2. Administration of medication that is not prescribed:

The local regulation should be followed at all times. At our school, only OTC *topical* medication can be administered. Any other medication must be provided by the parents/guardians and consent must be sought (via the Medicine Approval Form). Before administering the medication, the School Nurse should check in the student medical record that there are no contraindications, and this must be kept in student school medical record. All medication must be appropriate for the age group and be given in line with product specifications.

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 School Nurse should keep prescribed medication in a locked non-portable container and only the School Nurse has access. A record should be kept for audit and safety purposes. School nurses should ensure that the following are complete before administering the medication:
Prior to the administration of prescribed medication: Signed medication consent form by parent / guardian. This should be renewed on an annual basis or when there is a change to the prescription.

Copy of the prescription form: Medications should be provided by parents in the original container and include the prescriber's instructions for administrations and dosage.

School nurses should 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 a request to come and pick up the medication
- Medication returned to parents must be documented on the student medical record, including name of medication and return date (this will be documented on the Medicine Approval form)
- Nurses will try to obtain the signature or confirmation via email from parents / guardian receiving the medication as well as the school nurse returning the medication (this can be communicated via email)

Storage of Medicines: All medicines should be labeled with the following information:

- Student details
- Date received
- Expiry date
- Dosage

School nurses should only store, supervise and administer medications that are registered with the Ministry of Health. All school medicines are Over the Counter (OTC) and can be used for staff and students (see guidelines above for student medicine administration).

- All medication must be stored in the designated medication storage area (cupboard or fridge that is only to be used for medicinal purposes in the nurse room).

Access to medications

- The medications are only accessible by the nurse. Storage areas (i.e. medicine cabinets) must be kept locked at all times. Each school nurse will keep the key safely and this remains their responsibility. However, when not in school, the nurse will ensure to share the key with another designated school nurse on site, who will be able to access special medical arrangements.
- All emergency medications should be readily available for the children and should *not* be locked away, but kept in a safe, secure, accessible place. All nurse rooms in school have a place for emergency medication that is kept safely and securely (not locked but accessible when needed) and with a sign labelled 'EMERGENCY MEDICATION'.
- Medications should be stored strictly in accordance with the product instructions (paying particular note to temperature) and in the original container in which dispensed. Large volumes of medications should not be stored.

Disposal of medication

- Any medications provided by parents must be picked up by the last day of school. Due to Health and Safety regulations, medications will not be stored at school over the summer, and any medications that are not picked up will be disposed of.
- School nurses should follow the medication disposal guideline from the local health authority. That is, all medicines will be disposed of using the hazardous waste bins, which are located in all nurse rooms.
- Records should include the name of the medication and the date it is being disposed of and also a signature of the person disposing the medication (noting down method of disposal); this applies for all medication being used for students. This can be noted on the original Medicine Approval form with the signature of the nurse who disposed of the medicine.

Record Keeping/Consent Forms

As part of our school's admission procedures, permission is sought from parents/guardian for minor medical treatment. If in doubt, the nurse should check with the Head Nurse/Head of Phase to get any additional consent by contacting the parent/guardian. The well-being of the child should always be put first.

The consent forms (Medicine Approval Form, Appendix 2) needed to administer medication must be completed and signed by parents/guardians annually. Parents are requested via the consent form to also provide a doctor's note. A record of any kind of administration of medication is also recorded on Spherocloud.

All medicine approval forms will be on file for a total of 3 years, according to local regulation data retention period, and will then be destroyed.

Based on our understanding of local regulations, all other medical documents relating to students (including doctor's notes, COVID tests, related medical information/notes) will be retained for 3 years and will then be destroyed

All forms will be kept in the student's medical file in the nurse's office:

- 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

Recording and keeping log of all medication and medical care provided

The nurses should keep a signed and dated log of all stored medicines. This includes signed copies of parent/guardian medicine approval forms for student medication and keeping a log of all these medicines that are being stored at school. Nurses will keep a log of all school medicines (OTC) and this will be indicated on a list that will be placed on the medicine cabinet in each nurse room.

The nurse must use the Health & Safety Reporting System (Spherocloud) to document treatments/care provided that are considered as minor, major or severe medical incidents. For a very minor injury (that does not fall within the category on Spherocloud for *minor, major or severe*, this must also be documented elsewhere (i.e. excel spreadsheet that notes specific details, including student name, date of incident, medical care provided by the nurse/any other relevant information).

More specific information on overall communication with school and parents with regards to the medical care provided by nurses should be followed through as outlined on the Nurse Duties document (Appendix 3) as this will also depend on what phase the nurses are supporting within.

Educational Visits and Administration of medication/medical care provided

As part of the EV5 Medical and Consent form any medication that a student needs to take must be identified and consent must be given prior to the trip's departure. Parents must also provide details of any medical information, including allergies, illnesses and recent medical history, relevant to the trip. At this stage, parents also provide consent for medical attention to take place during the trip if an incident occurs and any issues, e.g. such as an allergy to penicillin, should also be noted.

It is the parents' responsibility to provide all information about the required medical attention prior to departure including:

- Storage of medicine (if special conditions apply, such as needing it to be kept cool)
- Dosage and any additional information on administering the treatment.

The trip leader must identify the person responsible for administering the medicine, who must then agree to take on this responsibility.

In the case of hospitalisation, every effort must be made to contact the parents to keep them informed and also to seek consent for any procedure that

takes place, even if blanket consent has been given beforehand. This will typically be done by the trip emergency contact person, so as to allow the staff onsite to manage the incident.

Any excess medicine, in this instance, should be returned to the parent on return of the trip.

Individual Medical/Healthcare Plans

In order to set out what support each pupil needs and how this will be provided, individual healthcare plans will be developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on the child's case. The aim is to ensure that we know how to support students effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. The school, with guidance from our school nurse, will need to decide if a child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed. **If a child has a severe or complex medical problem or needs specialist care, a healthcare plan is likely to be essential**, but for less complicated conditions, it may not be necessary. Common conditions that might require an individual healthcare plan include asthma, epilepsy, diabetes, allergies and continence issues, although there are many other circumstances in which a child will need a healthcare plan. The school team with parents will agree on how often the healthcare plan will be reviewed. General advice is that this happens at least once a year, but it may need to happen more frequently if the child's condition is unstable or their medication changes, for example.

A template of an individual healthcare plan is noted on Appendix 7.

Accident, Illness and Medical Emergency Policy Guidelines

The following guidance is provided to ensure that there is an understanding for all members of staff and students regarding accidents, illness and medical emergencies. Parents should be asked to specify their hospital preference. If the parents are not contactable, the student should be taken to the nearest authorized hospital from the school. 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 member of the senior leadership team should be informed in this instance as a matter of urgency. The school nurse/relevant school staff member will ensure that they contact parents and keep them informed of the incident and ask them to come to the hospital as soon as possible. If parents are unreachable, school should refer to the student's emergency contact noted on iSAMS.

Responsibility

- The school will have at least one nurse present from 7:30am to 4:30 pm on campus.
- In the absence of the school nurse, one of the qualified first aiders will administer first aid. Updated first aid registers will be placed at the reception area and in the staff room.
- In the event of an accident or serious illness during the school day, the school nurse must be alerted immediately.
- The school nurse will carry a mobile phone at all times. She/he will inform the school receptionist if going off campus for any reason.
- The school nurse will assess and treat within her/his 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 by an appropriate member of staff. If appropriate, for a non-emergent injury or illness, the nurse may consider alternative modes of transportation such as school bus or private car.
- During the school day, viable transport must be available for transportation from school to hospital. Receptionists or Facilities team can be contacted to support with transport.
- An injured/ill person should, in normal circumstances, be taken to the hospital accompanied by the school nurse.
- The injured/ill student's parents must be informed immediately by the nurse/accompanied with a member of the senior leadership team (SLT).
- The Serious Incident Immediate Response Plan is in place and applies.
- A separate COVID-19 emergency plan is in place and applies.

The team should ideally consist of the school nurse and at least one member of SLT, two first aiders, two native speakers, and support staff. The team will complete an emergency practice scenario at the beginning of each school year.

Each campus will store emergency equipment in the clinic in well labelled, clean and in an accessible area. Some of this equipment should include a large first aid kit, oxygen machine, tubing, surgical mask, any other medicine that has been provided consent for from the students' parents (e.g. antihistamine, Ventolin, EpiPens etc.)

Procedures for Medical Emergencies

- All serious and major incidents must be reported to 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 nurse. This information will be entered into the Health and Safety reporting system by the nurse within twenty-four hours (Spherocloud).
- All members of staff should know where First Aid boxes are located. All First Aid kits should be checked after each use by the nurse. Members of staff who use a specific item from a First Aid box should notify the school nurse who will replenish. High usage kits should be stocked and checked as necessary.
- 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 school nurse, together with emergency supplies that are needed for specific students who have these as part of their medical conditions with consent forms in place, e.g. inhalers, diabetic supplies, EpiPens 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 and/or INSET will be provided as appropriate by the school nurse.

- In the event that a member of staff is injured or becomes acutely unwell, next of kin (NOK) or emergency contact details for that person will be gathered from HR. Every attempt will be made to contact the NOK or emergency contact for hospital preference, treatment requests etc. However, in the event that the NOK or 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. The nurse and SLT will assist in hospital choice.

Procedures for Minor Illness or Minor Injury:

- During a normal school day, if a student is feeling unwell, they should be sent to the school nurse, accompanied by a teaching assistant. The nurse will assess and ascertain if the student should go home, at which time the parents will be contacted to support with next steps (e.g. collecting their child). Students must not be given any medication without prior approval from a parent/guardian. The nurse must inform the class teacher and receptionist immediately if a student is sent home.
- With regards to communicating with relevant school staff and parents, see Appendix 3 (Nurse Duties) which provides guidelines and steps that are outlined for each specific phase.

After School Hours Related Incidents

- A first aid kit should be taken to all after school activities if there is no nurse or first aid coverage provided at the event. Staff must inform nurses, who can provide first aid kits as needed and ensure all supplies are fully stocked. At least one week notice should be given in advance.
- If an incident occurs that requires urgent treatment, the senior leadership team and the parents should be notified. Parents should be asked to specify their hospital preference. If the parents are not contactable, the student should be taken to the nearest authorized hospital from the school. 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.
- In the event of an obvious medical emergency, an ambulance should be called immediately if no nurse is present. The teacher or a responsible adult should go with the student to hospital. The parents should be informed and instructed to go to the hospital.
- If a private car is used to take a seriously ill or injured person to hospital, the teacher or another responsible adult should accompany the driver.
- Staff accompanying a student to hospital should not normally be asked to give their consent to medical treatment. In an emergency situation, however, consent should be given on the advice of a senior hospital doctor, provided that reasonable steps have been made to contact the parent(s) or guardian.
- If the accident is minor, give basic first aid treatment (a first aid kit is available in the nurse's office for extra-curricular activities / after school activities). Best judgement should be made with regards to contacting parents, dependent on the student's age and situation.
- Head Nurse to follow up with the after-school curriculum director with key messages to ensure communication is kept ongoing.
- Any incident should be reported to the school nurse who will support to then document notes as part of Spherocloud or on the online incident medical excel sheet.

Accident, Reporting, Incident and Near Miss Procedures

The following guidance is provided to ensure that there is an understanding for all members of staff and students regarding related accidents, incidents and near misses. These guidelines have been put in place to detail the processes involved when handling an accident, incident or near miss and the reporting of these by the School Nurse and management staff.

When an accident or injury occurs at school, it is good practice to record the incident.

NAE defines an accident as:

“Any unplanned or unexpected event that has the potential to cause injury or property damage”.

It is recognised the “that injury or damage does not have to occur for an event to be classified as an accident. The Accident Reporting and First Aid Procedures will help in reducing incidents in the school and reduce the risk of repetition.

Types of Incidents-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

The school will ensure that processes are in place to support the effective reporting and management of all incidents, accidents and near misses. With support of the school nurse, the school will comply as required with any related local regulations in this context.

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 nurse must be called to support; a first aider 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 first aider.

Once first aid treatment has been provided, school nurse must enter the relevant details into the accident book/excel log (if applicable) and onto the online system (Spherocloud). The following information must be recorded:

- full name and occupation/status
- date, time and place of accident
- cause and nature of injury

Once the entry has been made, any related paper records must be kept as instructed under the law of the resident country and kept in a secure and confidential place for data protection purposes. At our school, records will be kept for 3 years as defined by local regulations.

Where necessary, the relevant parent will be notified as soon as possible (Parent Communication is noted on Appendix 3, Nurse Duties).

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

Subject to local legislation, in certain situations it may be necessary to report an incident or accident to the local Enforcing Authority (Educational Bureau of Guangzhou and Local Community Hospital-Designated Health Officers). The Head Nurse will firstly liaise with Head of Facilities/Administration and SLT as part of any follow-up relating to reporting to local authorities.

Medication Error Procedures & Guidelines

NAE guidance identifies that specific measures should be adopted by the school nurses promoting the development and use of a continuous quality improvement (CQI) system to detect and document, evaluate, report and prevent medical errors.

School nurses should ensure to follow procedures for tracking, identifying, documenting and reporting medication errors to the senior leadership team and if required will also report this to the relevant health authorities. (with the approval of SLT and in consultation with the Head of Facilities/Administration).

Medication errors originating in all stages of the medication use, process should be reported, especially when they are administering medication to the student (Oral/Inhaler/EpiPen). It is recommended that nurses should adopt the standard 'Medication Error Severity' categorization as detailed to document medication error severity in order to facilitate better management of follow up activities of the medication error.

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

All reporting should be made in either a medical error reporting form (this is currently on iSAMs). It is the responsibility of the school nurse to ensure the accessibility of all the required forms and also entering the incident into the Spherocloud system.

Types of medication errors include the following, omission error, wrong time error, unauthorized drug error, improper dose error, wrong dosage form error, wrong drug preparation error, deteriorated drug error and other medication error.

More information can be found on the NAE School Clinic Manual which should be referred to as part of these guidelines, including detailed information on the types of medication errors.

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 Procedures & Guidelines

NAE guidelines specify that infection control is a practice that aims to reduce the transmission of infectious diseases with a specific setting and that basic principles should be applied on a daily basis by all members of staff and students. The school nurse, with relevant key staff including SLT and Facilities Team, should be responsible for implementing and monitoring infection control practices in our school setting. The school nurse must report

any infectious diseases in the Nord Anglia Health & Safety system (Spherocloud) and also comply with related local health regulations for reporting upon guidance from SLT and Head of Facilities. The school nurse should follow exclusion recommendations of the local health authority (NAE School Clinic Manual Exclusion Guidelines if needed) and discuss these with the Senior Leadership Team.

Detailed information on infection control/guidelines are outlined and should be referred to on the NAE School Clinic Manual (e.g. Hand washing, Coughing & Spitting, Cleaning/Cleaning blood and body fluid spillages, Clinical Waste).

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. Additional information can further be found within the NAE School Clinic Manual.

First Aid Training Sessions at School

The Head Nurse, with the support of SLT, will also address first aid training needs at our school. She will keep a running record of all staff who are trained at school and will ensure that staff training needs are updated in a timely manner, every two years or as required by local health regulations. It is an expectation that all school nurses also update their training every two years. The Head Nurse will aim to provide first aid training sessions in-house or will link with external clinics if needed to ensure that all key staff members at school hold up-to-date training credentials (see Appendix 4). All certification gained will be sought from the Heartsaver, American Heart Association.

The Head Nurse will hold First Aid Training Tutor Qualification (Heartsaver, American Heart Association), where she will be able to carry out half-day and full day training sessions for our staff. To ensure that the Head School Nurse keeps up-to-date with her own training credentials as a tutor, she will be required to provide at least 4 courses within a two-year period. In our school, the Head Nurse will aim to provide at least 6 half-day and 5 full day training sessions throughout the academic year. The ratio of tutor to participants for both courses is 1:6.

First Aid Training Courses

1. Half-Day Basic First Aid Training (Heartsaver First Aid): The course covers first aid basics, consisting of the most common life-threatening emergencies, how to recognise them, how to call for help and how to perform lifesaving skills. This course will also cover some basic information about choking (not as part of certification). Duration of course is 4 hours.

2. Half-Day CPR+AED Training (Heartsaver CPR AED): This course teaches how to recognise cardiac arrest, get emergency care on the way quickly, and help a person until more advanced care arrives to take over. This course also covers adult choking. Duration of course is 4 hours.

Note: Participants can attend Half Day CPR+AED Training without having completed Basic First Aid Training.

3. Full Day First Aid Training with CPR and AED (Heartsaver First Aid CPR & AED): This course provides the Basic First Aid course content and will also teach staff how to recognise cardiac arrest, get emergency care on the way quickly, and help a person until more advanced care arrives to take over. The course also covers adult choking. The course is aimed for staff to then provide these skills for adults, children and infants. The duration of this course is for 8 hours.

Appendices

Appendix 1: Serious Incident Immediate Response Plan

(this document must be printed off and attached on all Health and Safety Noticeboards on all school campuses and a copy should also be placed at all main reception desks)

Serious Incident Immediate Response Plan

1. The 'First Responder' should be used as a 'Runner'. They should make sure the school nurse is informed of the incident immediately and is with the child as soon as possible.
2. If the Nurse is the 'First Responded', the Nurse should immediately enlist the help of one member of staff to act as a 'Runner'.
3. The Nurse's priority is to assess the seriousness of the injury and to be with the child at all times as the incident is dealt with.
4. Once the Nurse is with the child, the 'Runner' should immediately inform the most senior member of staff within the Primary School present on campus.
5. The senior member of staff is the delegated 'Incident Commander' and is responsible for ensuring appropriate communication with the family and for making decisions in communication with the Principal.
6. Priority decisions:
 - i. Is hospital treatment needed?
 - ii. Which hospital should be used? (5th Affiliated Hospital of GZMU for NAISGZ) if immediate attention is needed or United Family/Euram if an expat friendly clinic is appropriate)
 - iii. What transport should be used to transport the child (ambulance, school car or wait for parent)?
 - iv. Who should accompany the child to hospital (school nurse as default but parent(s) or other staff members may be involved)?

7. The senior member of staff also decides who is the best person to communicate with the parent(s), making sure appropriate support and information is given to the family as the incident unfolds.
8. Once the Nurse has handed over care of the child to the parent or a Clinic/Hospital, they should ensure:
 - i. Principal/SLT has been informed.
 - ii. An accurate report of the incident is recorded as part of the school incident log (Spherocloud) as soon as possible.
9. Principal/SLT will then liaise with the Nurse, senior staff member and 'First Responder/Runner' to ensure appropriate action has been taken and assess if an investigation or further follow up is required.

Appendix 2: Medicine Approval Form

Dear Parent/Guardian 尊敬的家长/监护人,

Whenever possible medication should be administered at home. However, if you would like any member of the school's staff or nurses to administer medicine to your child, please complete this form and return it to school **with a doctor's note** and the required medicine with clear instructions for its use. Medication can only be administered in amounts according to label instructions as prescribed by the doctor and should be in original containers displaying the dosage amount, labeled with the child's name and with directions to administer the medication. Please note that we will not be allowed to administer any medication that is in a container that displays an expired date. Due to Health & Safety regulations all medicine left in school past the last day of the academic year (usually 30th June) or it's expiry date will be disposed of immediately by our staff without consultation with you.

您应尽可能在家中给药，但是，如果您希望学校的任何工作人员或护士为您的孩子给药，请填写此表格并将其与医生证明和所需药物以及明确的使用说明一起返回学校。药物只能根据医生规定的标签说明按剂量给药，并且应装在显示剂量的原始容器中，标有孩子的名字和给药说明。请注意，我们将不被允许使用显示过期日期的容器中的任何药物。由于健康与安全规定，所有在学年最后一天（通常是6月30日）之后留在学校的药品或过期日期，将由我们的工作人员立即处理，无需与您再次协商。

Note: Should your child have any allergies that might require administration of epinephrine by auto-injection (EpiPen), please see Section 3 of this form that also must be completed by parent/guardians. Please ensure to fill in the information below also as relevant.

请注意：如果您的孩子有任何可能需要通过自动注射（EpiPen）注射肾上腺素的过敏症，请参阅本表格的第3部分，该部分也必须由家长/监护人填写。请确保填写以下相关信息。

Student Information (学生信息)

Student Name (姓名)	Class (班级)	Age (年龄)
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Diagnosis/Symptoms (诊断/主要症状):		

Administration Instructions (药物用法说明)

Name of Medicine (药名)	How to Administer (Oral/Topical, etc.) (用法:口服/ 外用.....)	Dosage (用量)	Time of Administration (服用时间)	Duration of Administration (Dates)(用药天 数)
Date of medication returned to parents: 药物返回日期:				
Nurses to make a note if parents did not collect medication and note down date of disposal (end of school year or if medicine has expired): 如果父母没有领取药物, 护士应做记录并记下处置药物的日期 (学年结束或药物已过期):				

By signing below, I agree to the above terms and release the school's employees from all liability from reactions which my child may suffer from this medication. Furthermore, I take full responsibility for any and all outcomes deriving this request.

通过下面的签名, 我同意上述条款并免除学校员工对我的孩子可能因这种药物而产生的反应的所有责任。此外, 我对由此产生的任何和所有结果承担全部责任。

Parent/Guardian Signature (家长/监护人签名)

Today's Date (签名日期)/...../..... Review/End Date (复核/结束日期)...../...../.....

Please attach a full doctor's note or complete Section 2 below.
请随信附上完整的医生诊断说明 (病历) 或填写以下『章节 2』之内容

Section 2 章节 2

In the absence of a full doctor's note, this section must be completed by the child's parent or guardian before any medicine can be administered by school staff.

若未能提供完整的医生诊断说明 (病历), 或出于各方面原因考虑, 若我校员工或相关人员提出要求, 以下内容必须由学生家长或监护人填写并交回学校后, 学生方可在我校员工协助及监督下服用自带药物。

Name of Prescribing Doctor/Hospital (主治医生姓名及医院名称)

.....

I, **INSERT YOUR NAME**, acknowledge that I have been asked by NAIS GZ to provide a doctor's note for the administration of the medicine listed above but am unable to do so. This statement clearly acknowledges that I have requested and give consent for my child, **INSERT CHILD'S NAME**, to receive this medicine from school staff/nurses as noted above. Furthermore, I take full responsibility for any and all outcomes deriving this request.

中文翻译: 本人_____ (您的姓名), 知悉依广州英国学校之要求需提供医生诊断说明 (病历) 以说明上述药物的使用方法及注意事项, 但本人未能按要求提供。特此声明本人明确并承认: 本人要求并同意由广州英国学校员工/护士协助我的孩子_____ (孩子全名) 服用以上表格所提及的自带药物。与此同时, 本人对由此要求所带来的一切结果承担全部责任。)

By signing below, I agree to the above terms and release the school's employees from all liability from reactions which my child may suffer from this medication.

通过在下面签名，我同意上述条款并免除学校员工对我的孩子可能因这种药物而产生的反应的所有责任。此外，我对由此请求产生的任何和所有结果承担全部责任。

Parent/Guardian Signature (家长/监护人签名)

Today's Date (签名日期)/...../.....

Review/End Date (复核/结束日期)...../...../.....

Section 3: Parent/Guardian Consent form for the use of emergency administration of epinephrine (EpiPen).

章节 3：使用紧急肾上腺素 (EpiPen) 的家长/监护人同意书

For a child showing symptoms of anaphylaxis

I confirm that my child, INSERT CHILD'S NAME, has been diagnosed with an allergy which could cause anaphylaxis and has been prescribed an adrenaline auto-injector (EpiPen). My child has a working, in-date adrenaline auto-injector (EpiPen), clearly labelled with their name.

Please note that it will be the responsibility of the parent/guardian to provide the school with appropriate devices/medication, including an EpiPen.

Note: With consultation with our school/nurse team (and dependent on the age of the child), it will be decided if the child will be able to carry their own EpiPen at school or if it is advisable for school staff to keep this device as part of our emergency medication and ensure it is available to the student throughout their day, including on the school bus. This will need to be discussed with the school nurse team to make suitable arrangements.

I give permission to allow the administration of epinephrine by auto-injection (EpiPen) by the school nurse or, in the absence of the school nurse, by an unlicensed member of the school staff who has been provided instructions on the use of the EpiPen and delegated by the school nurse. I also allow the school nurse to share appropriate information about the student's medical condition with relevant staff.

对于出现过敏反应症状的儿童

我确认我的孩子，_____，已被诊断出患有可能导致过敏反应的过敏症，并已开具肾上腺素自动注射器 (EpiPen)。我的孩子有一个正常工作的、最新的肾上腺素自动注射器 (EpiPen)，清楚地标有他们的名字。

请注意，家长/监护人有责任向学校提供适当的设备/药物，包括 EpiPen。

注意：与我们的学校/护士团队协商（并取决于孩子的年龄），将决定孩子是否能够在学校携带自己的 EpiPen 或者是否建议学校工作人员保留此设备作为我们紧急药物的一部分，并确保学生全天都可以使用，包括在校车上。这将需要与学校护士团队讨论，以做出适当的安排。

我同意允许学校护士通过自动注射 (EpiPen) 注射肾上腺素，或者在学校护士不在的情况下，在学校护士委派的情况下由已获得使用 EpiPen 说明的无执照学校工作人员注射肾上腺素，我还允许学校护士与相关工作人员分享有关学生健康状况的适当信息。

By signing below, I agree to release the school's employees from all liability from reactions which my child may suffer from this medication. Furthermore, I take full responsibility for any and all outcomes deriving this request.

通过在下面签名，我同意上述条款并免除学校员工对我的孩子可能因这种药物而产生的反应的所有责任。此外，我对由此请求产生的任何和所有结果承担全部责任。

Parent/Guardian Signature (家长/监护人签名)

Today's Date (签名日期)/...../..... Review/End Date (复核/结束日期)...../...../.....

Appendix 3: Nurse Duties

Nurses-Main Duties

- To deal with all injuries and sickness and ensure proper treatment is administered and/or related medical follow-up is advised, this includes attending to minor and major medical issues.
- Being able to attend to more serious injuries and ensuring a safe and comfortable transfer to the hospital if needed.
- Ensure appropriate and sufficient supplies of first aid materials are available for the treatment of students.
- Managing the safe storage and administration of prescribed medication.
- Maintaining the clinical area and ensuring medication is clearly labelled and in date.
- To ensure sufficient supplies and medicines are available (only OTC topical ointments) amongst the staff/provide some medical guidance to staff as appropriate. To ensure that all supplies are within expiry dates.
- Ensure any medicines are kept safe from children in a locked cupboard and that the sick bay is locked whenever you are not there.
- To be responsible for the upkeep of first aid boxes for any school visits or residential trips.
- Contact parents of children that may require medical care at school to get details and define severity. Check with Principal/SLT and refer to relevant phase specific guidelines/policies in terms of communicating with parents for injuries, especially for 'head/ear/eye/face injuries'.
- Immediately notify the Principal/SLT when a student needs to see the doctor or go to hospital.
- Producing and completing relevant paper work. Maintain an accident report log for all injuries and sickness as per the Spherocloud guidelines (all non-Spherocloud incidents to be recorded in a daily accident log noted under a phase specific excel sheet). Phases might request for additional information, this will be communicated to the nurses in these instances.
- The Head Nurse will oversee that the following is being carried out:
 - observation room supervision
 - supporting other phases to record medical incidents onto Spherocloud
 - send AQI readings to Primary receptionist (at 9:20, 11:20, 13:20)
 - prepare first aid kits for educational visits
- Keep records of injuries and sickness as part of the management system in place.

- Contact parents on the phone if they need to collect a sick child or in the event of a more serious head injury or any other serious injury/accident.
- Nurses to communicate with parents on minor injuries as outlined within each phase:
 - **Primary:** email to be sent as per outlined below:
Communication for Primary
Early Years to Y1: Nurses to email parents (class teacher to be copied in) on all nurse visits, providing them with some information about the injury and/or medical condition/care provided. Any injury above the neck, nurses will call parents to follow-up/provide information about the medical condition/care provided. Any injury that concerns the nurse, Year Leader will also be copied in. For all serious injuries, parents will be contacted (refer to Appendix 1), and relevant members of staff will also be alerted to support with next steps.
Year 2-Year 6, only head/eye/ear injuries and/or any other injury that concerns the nurse, will be followed up with the nurse emailing the parents, providing them with some information about the kind of injury and medical condition/care provided (Class Teacher to be copied in; Year Leader to only be copied in for any injury that concerns the nurse). For all serious injuries, parents will be contacted (refer to Appendix 1), and relevant members of staff will also be alerted to support with next steps.

If there is a serious injury, the Serious Incident Immediate Response Plan should be actioned. For any serious injury and when a student has to leave the school premises, it is the responsibility of the teacher to make sure to inform the relevant front desk receptionist about the student going off-campus during school hours.

Should there be a need for a body check, the nurses should follow procedures outlined on the Intimate Care Policy, and complete record keeping details on Sphera or the Nurse Log. Body checks will only be carried out by the school nurses, and when absolutely necessary and dependent on the medical condition of the student and should be in alignment with ensuring student consent (dependent on age and level of understanding) and also ensuring that nurses are to keep another relevant senior member of staff within that phase informed **before** any kind of a body check is carried out

- As part of student referrals from School to other medical facilities, the school nurse will:
 - Make every effort to administer timely and proper initial management especially in emergency cases
 - Stabilise the medical condition before transfer
 - If the student is unstable the nurse will ensure that a competent person accompanies the student to the receiving facility so that the correct level of medical care is given during the referral
 - Avoid any delay in referring
 - Practice best judgement in when and where to refer
 - Ensure the appropriate signed referral form is sent with the student
 - Inform parents of referral
 - Adhere to parents' wishes during and after referral
 - Update students medical file

Emergency Referrals

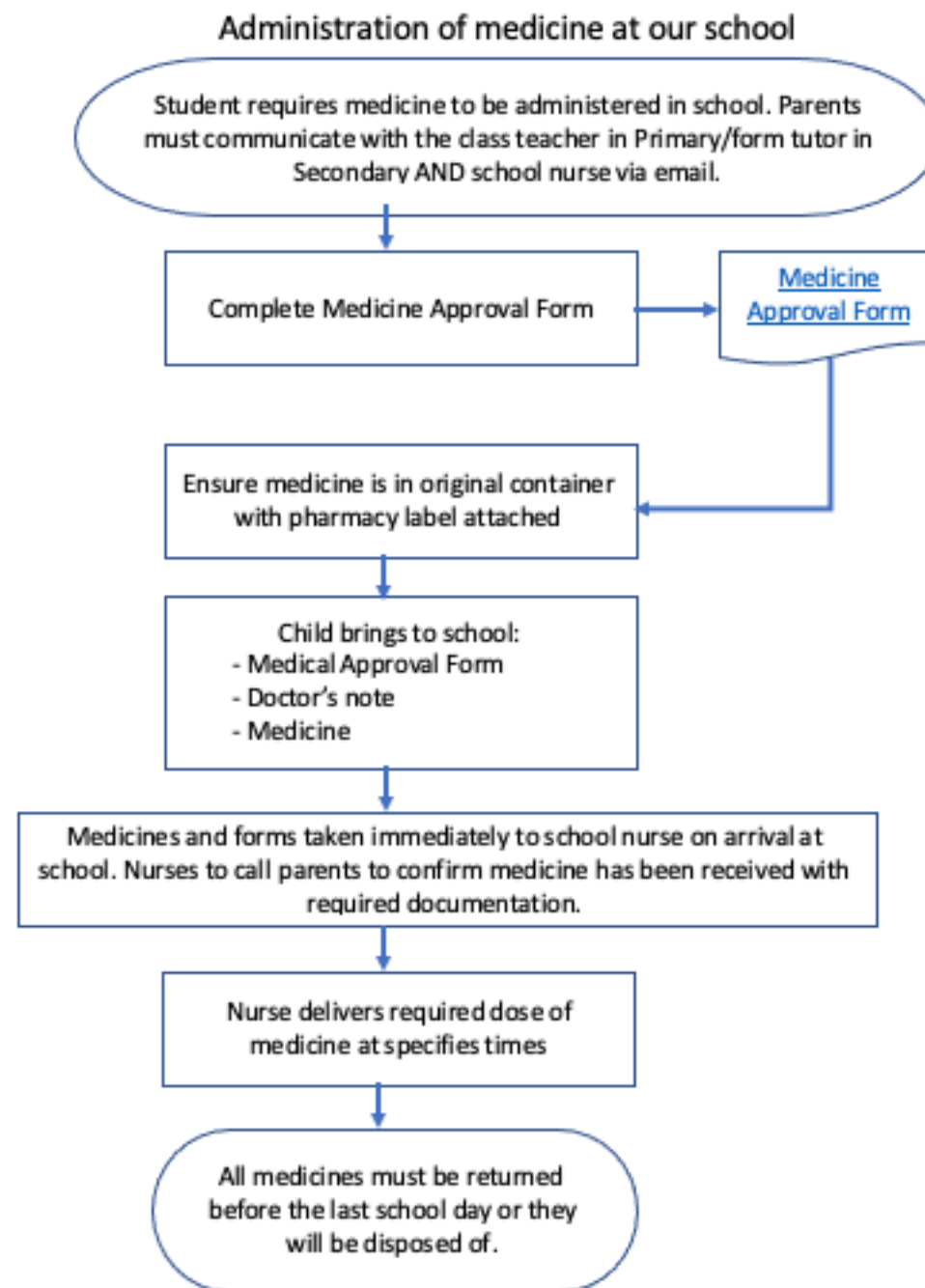
The Nurse will:

- Inform parents of referral and obtain any necessary consents
- Identify the facility that the student is to be sent
- Contact the receiving facility to advise on the condition of the student
- Inform parent where the student is being sent
- Complete appropriate forms
- Determine and request level of competency for the transfer
- Update students medical file

Note: nurses should always keep Head of Phase/SLT Member informed of any referrals to other medical facilities.

- Gain and file written permission from parents when asked to administer any medication by parents and also get a doctor's note. Nurses should be checking for expiry dates of these medicines and need to inform families at least one month before the expiry date (else this will be disposed); this only applies to when the medicine needs to be continued to be administered. See flowchart below for guidance on administration of medicine at our school.
- Nurses must follow infection control measures as per guidelines from the local health authority and the cleaning procedures from school. Supervise and advise on cleaning staff disinfection work and liaise with the Facilities Manager to ensure good practices are in place.
- Work with the Head Nurse as needed to support in establishing and maintaining a network of connections with Guangzhou International clinics and other school nurses.
- Work with the Head Nurse and support as needed to help organise First Aid Training and any other related training.
- Assist the personnel manager to arrange the physical examination for the new teachers/dependents.
- Accompany teachers/dependents for physical examination if needed.
- Communicating with relevant government authorities when there are any infectious diseases within Guangzhou (ensure this is communicated with Head Nurse, SLT and Head of Facilities).
- With support of the Head Nurse and as needed, to keep the School Principal and Head of Administration informed and up-to-date with current medical information that may affect the school and students.
- If any cases of contagious disease are noted, inform the Principal/SLT as soon as possible. Principal/SLT will advise if standardised letter is needed (e.g. fact sheets e.g. how to deal with head lice, chicken pox and other children's illnesses suitable for distribution to staff and parents). Standard policy (good practice) is that nurses to advise that letter should be sent to parents even if only 1 case is confirmed.
- Provide Principal/SLT with a standardised letter informing them of any infectious diseases within the Guangzhou area.
- Reporting to teaching staff, parents any developmental or medical issues that may require further medical investigation (always keeping Head of Phase/SLT/Head of Facilities as part of this process and seeking SLT approval before any messages are sent to the community).
- Be responsible for keeping an up to date log and visual display of all children with specific health concerns, e.g. asthma or allergic reactions.
- Update a staffroom display to ensure staff are fully informed of all children with specific health issues, e.g. asthma or allergic reactions.
- Preparing of "Medical Alert" information sheets or upload to iSAMS, ensuring teaching staff are aware of any special medical needs of the children they teach.

- Prepare detailed care plans for children with potentially serious medical conditions e.g. epilepsy, hydrocephalus, severe allergies, heart conditions, etc.
- All children will be treated with respect and dignity.
- Keep in line with Safeguarding and Child Protection Policy and Procedures.



Guidelines for treatment of Children by School Nurses

- Wash hands thoroughly before and after treatment.
- Explain in terms that the child can understand what the treatment is for.
- Give adequate explanation to parents if a letter needs to be sent to them.
- Approach the child confidently and in a friendly manner maintaining this manner during and after the treatment.
- Abide by sterile techniques when treating all injuries.
- School nurses are not allowed to give any oral medication or administer any invasive procedure unless authorised by the parents.
- When giving medication to children under parents' authorisation, be sure to get the letter of consent that includes the children's name, the name of the medication, the right dose, the right time and the right route (also with doctor's note).
- Record all relevant information on the daily accident log and/or on Spherocloud.

Children need to be sent home from school may include

- The student who has a fever of 37.5 degrees or above (during the period of Covid-19, anyone with a temperature of 37.3 or over).
- The student who has a persistent cough with constant nasal drainage or fever may need to be evaluated by the child's physician. Minor cold symptoms are common and usually don't interfere with the child's performance and can stay at school.
- The student who has a rash with excessive itching, accompanied by a fever and /or spreading should be picked up home by the parents. If the student has a rash that is draining or has open areas and /or is accompanied by a fever, sore throat, irritability, vomiting, s/he should stay at home. If the student is diagnosed with chicken pox, the child is recommended to stay at home for 2 weeks from the onset of pox or until the pox become dry and crusty. If a child comes to school before 2 weeks, nurses can request for a doctor's note. Nurses to follow up with teachers to ensure that they communicate when children return to school.

- The student who has any redness, itching, pain, and/or drainage from the eyes. Green or yellow drainage from the eyes is considered bacterial pink eye and therefore requires medication. The student has to be sent home and stay at home for 24 hours after starting medication.
- The student who is suspected with head lice.
- The student who has experienced vomiting or diarrhoea at school. It is recommended that even if there is an episode of either vomiting or diarrhoea, the student should be sent home even if they appear to feel better. In very occasional circumstances at school, the nurses will use their professional judgment to decide if there could be other causes for vomiting (e.g. car sickness, etc.) and will monitor the student closely for a short period of time before advising on next steps. Upon monitoring, the nurse will then follow up with the parents and class teacher to consider if the student can remain at school or if they should be collected.
- Any other situation when the school nurse has evaluated the child and determines the need for him/her to go home.
- If it is decided that a student should be sent home, the school nurse will firstly contact the student's parents by phone. The Class Teacher/Form tutor, Head of Year/Year Leader, Receptionist and relevant AH should also be notified at the same time. The sick student should be looked after by the school nurse while waiting for their parents to arrive.
- Students that need to be sent to hospital.
- Suspected with bone fracture;
- Nose bleeding cannot be stopped after first-aid treatment;
- Serious allergy symptoms;
- Any other major accidents or illnesses which need to be treated by the specialist immediately.

Hospitalisation Cases

- Suspected with bone fracture;
- Nose bleeding cannot be stopped after first-aid treatment;
- Serious allergy symptoms;
- Any other major accidents or illnesses which need to be treated by the specialist immediately.

Hospital Procedure

(Please refer to the Serious Incident Immediate Response Plan)

1. The class teacher, SLT and the School Principal will all be notified by the school nurse or support staff.
2. School nurse/support staff or teacher contacts the student's parents by phone.
3. School nurse will escort the sick student to the nearest hospital or the hospital designated by the parents using the school drivers.
4. The school nurse will meet with the parents and talk with them at the hospital to explain details.
5. Any expense incurred at the hospital would be paid in advance by the school and the invoice will be sent to the parents by the school nurse.

Appendix 4: First Aid Training (Identifying Key Staff)

The Head Nurse will liaise with the SLT to decide whether staff will attend either the half or full day training session; this will depend on the specific rationale and context of their role. Any staff who are involved with school residential trips or involved with activities to support students out of school (e.g. sporting fixtures, music events, etc.), will be recommended to partake in the full day training course versus staff who are on site, who will be signed up for the half-day Basic First Aid training session.

In addition, the nurses will provide a brief session for all bus monitors to receive some basic information on first aid, highlighting key points.

If SLT would like for any other staff members who are not listed above and who are within their teams to gain first aid training due to their roles in school or if especially if there is any involvement with staff attending school trips (i.e. residential trips), this request can be submitted to the Head Nurse who will consider this and seek approval from SLT/Line Manager.

Senior Leadership Team: all

Assistant Head (AH)/Deputy Head (DH): at least 1 AH/DH/Senior Member per phase and per campus

Heads of Year across all Year Groups

Heads of Department: EAL, MFL, SEN and Performing Arts.

Cross-Phase Specialists (at least 1 representative from all departments) per campus: MFL, EAL, SEN and Performing Arts

PE and Music Team: It will be mandatory for all PE staff to complete the full day training and for the Music Team to complete the half-day training.

Administration Team: Community and Events Officer, at least 1 school receptionist and 1 member from the Facilities Team

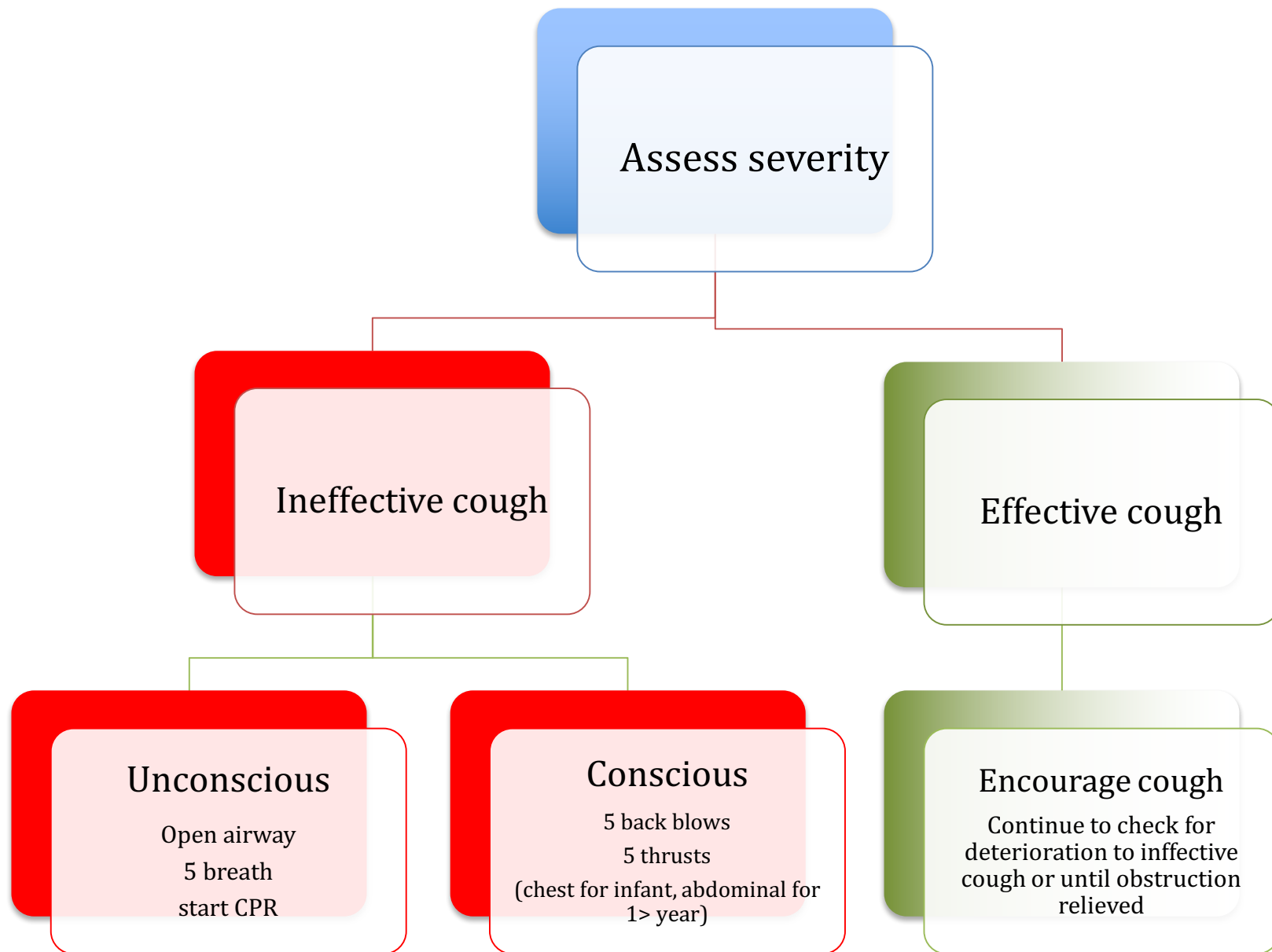
Bus Monitors (School Staff)

If SLT Heads of Department would like for any other staff members who are not listed above and who are within their teams to gain first aid training due to their roles in school or if especially if there is any involvement with staff attending school trips (i.e. residential trips), this request can be submitted to the Head Nurse who will consider this and seek approval from SLT/Line Manager.

Appendix 5: Choking Response Plan

(this document must be printed off and attached on all Health and Safety Noticeboards on all school campuses and a copy should also be placed at all main reception desks)

IN CASE OF A CHOKING EMERGENCY:



Appendix 6: Keeping children at home (Illness) and returning to school regulations for parents (copy on website).

<https://www.nordangliaeducation.com/our-schools/guangzhou/parent-essentials/school-policies>

In order to ensure that our school is maintaining high standards of health and safety regulations, we would like to provide guidelines for parents to take note of with regards to keeping your child at home from school due to illness.

High temperature

If your child has a raised temperature – anything over 37.5°C – they should stay off school. During the period of Covid-19, anyone with a temperature of 37.3 or over, should stay off school.

When can they go back to school?

When the temperature returns to normal for 48 hours, then it's fine for your child to go back to school as long as they don't have any other symptoms. During the period of Covid-19, a negative test result must be submitted to the school nurse after your child has recovered; the report must be sent to school **prior** to the student returning back on campus. Please note that the school will have to comply with regulations should there be any further changes, and we ask that parents support within these measures.

Headache

Lots of things can cause mild headaches, from tiredness to eye-strain. If your child has a headache that persists or is severe though, you should always consult your GP.

When can they go back to school?

Your child doesn't need to miss school because of a mild headache. If it's a recurring problem or is accompanied by other symptoms, you should consult your GP.

Vomiting and Diarrhoea

If your child is feeling queasy or has tummy ache, but this passes, you can send them to school. You should, however, flag up any concerns with the teacher and make sure the school has your contact details.

If your child actually vomits, you'll need to keep them off school for at least 48 hours, even if they appear to feel better. The same is true for an episode of diarrhoea.

Most cases of vomiting or diarrhoea pass with rest and rehydration, but if your child seems very unwell, contact your GP.

When can they go back to school?

Your child cannot return to school until 48 hours have passed without any vomiting or diarrhoea.

Cough, minor cold or sore throat

If your child has a cough or a sore throat but no other symptoms, then they are probably fine to go to school. However, if they have a raised temperature, are drowsy or get the shivers, keep them off school.

When can they go back to school?

Give your child 24 hours after symptoms subside before sending them back to school.

Rashes

Children can get rashes for all sorts of innocent reasons, from heat rash to a change of washing powder, but they can also be a symptom of a more serious problem like measles or chicken pox.

If you are in any doubt, or the rash is accompanied by your child feeling rundown, hot or nauseous, keep them off school and see your GP.

When can they go back to school?

It's best to get your GP's guidance here.

With chickenpox, the spots may take a couple of weeks to disappear, but your child is fine to go back to school once the spots have crusted over and dried up completely. This tends to be around 14 days after the first spots appear, but it can vary.

Infective Conjunctivitis

Conjunctivitis, or "pink eye" happens when the conjunctiva of the eye becomes inflamed. The eye can become red or pink, swollen, and irritated, and there may be mucus. Infective conjunctivitis can be highly contagious. Children with conjunctivitis should not go to school or day care until their eyes are better.

When can they go back to school?

It's best to return to school if the obvious symptoms of pink eye no longer are present — usually after 7 days.

Mumps

Mumps is a contagious disease caused by a virus. It typically starts with a few days of fever, headache, muscle aches, tiredness, and loss of appetite, followed by swollen salivary glands.

When can they go back to school?

Children with Mumps should stay at home for 14 days after onset of swelling.

Keep in touch with your child's school

If your child needs to stay at home, call the school's receptionists or email your child's class teacher as early as you can that day. Please hand in a doctor's note once your child is back at school, if your child is very ill or diagnosed with contagious disease or off for some time.

Hand, foot and mouth disease

Hand foot and mouth is a common illness that affects a lot of young children during different seasons and can be picked up from a number of places such as restaurants, play areas and of course school. When we are informed of a confirmed case of HFM, we will notify all parents from the class and the classroom will be given a deep clean and UV treatment to ensure all viruses are eliminated. We ask that you keep your child at home for 14 days to ensure the contagious virus is not shared with peers.

Covid-19

Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus. Most common symptoms include: fever, dry cough and tiredness.

When can they go back to school?

According to the current regulations in China, if anyone is confirmed with COVID-19, they will be treated and will have to stay in a designated hospital until they have fully recovered. It will be required that school receives the original release declaration form *before* the student is able to return to school. **Once this document is received, the school will contact the family to confirm accordingly if the student is then able to return on campus.**

Procedures for students returning to school after any contagious/infectious disease

According to the current regulations from the Local Health Department, parents are required to provide relevant documents to the school nurse when their child is fully recovered from any kind of contagious disease. **Please note that all documents must be sent to the school nurse before the student returns to school.**

Should there be any changes with the above information due to updated health regulations, the school nurse will accordingly communicate with families, requesting them to kindly submit the required documentation and support within these measures.

Appendix 7: Individual Healthcare Plan template

Individual Healthcare Plan

Name of Student:

Name of school	
Child's name	
Group/class/form	
Date of birth	
Medical diagnosis or condition	
Date (Implementation of Plan)	
Review (to be discussed between school nurse and parent/guardian)	

Family/Guardian Contact Information

Name (Contact 1)	
Phone no. (work)	
(home)	
(mobile)	
Relationship to child	
Name (Contact 2)	
Phone no. (work)	

(home)	
(mobile)	
Relationship to child	

Clinic/Hospital/ GP Contact

Name	
Phone no.	
G.P.	
Name	
Phone no.	

Who is responsible for providing support in school

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision.

Daily care requirements

Specific support for the pupil's educational, social and emotional needs.

Arrangements for school visits/trips, etc.

Other information

Describe what constitutes an emergency, and the action to take if this occurs.

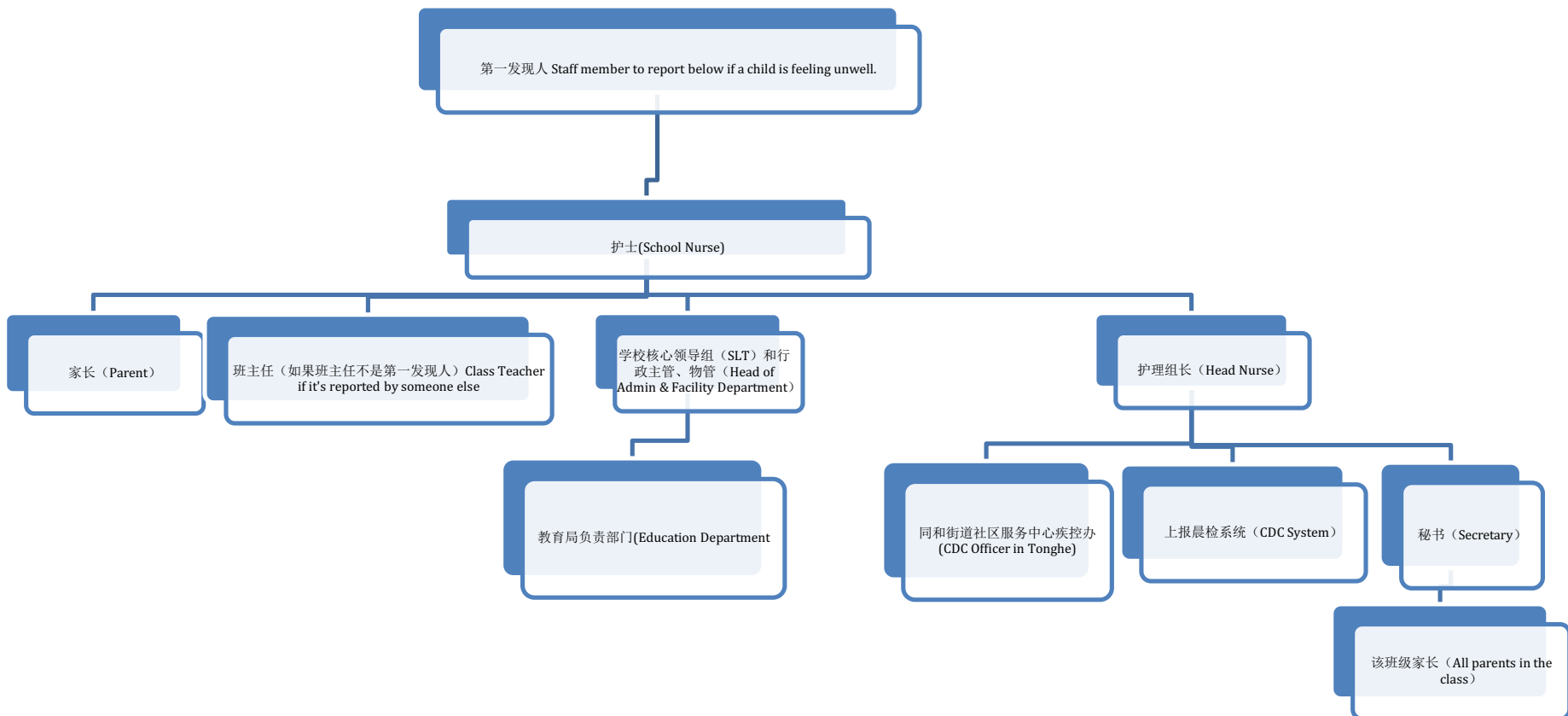
Who is responsible in an emergency (*state if different for off-site activities*).

Plan developed with

Staff training needed/undertaken – who, what, when

Form Shared With

Appendix 8: Procedure of Reporting Suspected/Confirmed Contagious Illnesses 传染病报告流程



Appendix 9: Parent Essential Information (Medical Care)

Nurses deal with minor medical issues such as cuts and bruises, as well as those children who feel unwell whilst at school. In the most unlikely event of a more serious incident occurring at school, parents will immediately be contacted by telephone to inform them of the accident.

Communicating with Parents

Nurses will contact parents on the phone if they need to collect a sick child or in the event of a more serious head injury or any other serious injury/accident.

Nurses to communicate with parents on minor injuries as outlined within each phase

Early Years & Y1: An email will be sent by the school nurses for all nurse visits and for any other injury that concerns the nurse. This message will provide families with some key information about the injury, including the medical care provided. Any injury above the neck, nurses will call parents to follow-up/provide information about the medical condition/care provided.

Y2-Y6: An email will be sent by the school nurses for any injuries relating to head/eye/ear injuries (not serious) or any other injury that concerns the nurse. This message will provide families with some key information about the injury and the medical condition/care provided.

Note: If there is a more serious injury, we will call the parents immediately and follow our procedure for ensuring the student gets the immediate and appropriate medical help they need.

Collecting children from school if unwell:

Sending a student home for medical reasons, typically include some of the following situations:

- Fever (37.5 degrees or above). During the period of COVID-19 measures, a student will be sent home if they have a temperature of 37.3 or higher.
- Any suspected contagious disease (e.g. Chicken pox, Hand foot mouth disease etc.).
- Vomiting or diarrhoea
- Head lice

The student will be cared for by the school nurse in the nurse's office until they collected. They will be kept in isolation from other students if necessary to prevent potential spread of infection.

- School nurse will contact the student's parents by telephone.
- Parents are expected to collect their children as soon as possible as they might need further medical examination by their doctor, and might be in pain or discomfort. A sick student cannot remain at school as we do everything possible to avoid the further spread of infection.
- All parents are reminded to keep their contact and emergency contact information updated with school.
- According to the current regulations from the Local Health Department, parents are required to provide relevant documents to the school nurse when their child is fully recovered from any kind of contagious disease.

Keeping your child at home

In order to ensure that our school is maintaining high standards of health and safety regulations, we would like to provide guidelines for parents to take note of with regards to keeping your child at home from school due to illness.

Details could be found on the link below:

<https://www.nordangliaeducation.com/our-schools/guangzhou/parent-essentials/school-policies>

Administration of Medicine

All medication brought into school for students' usage should be brought into the Nurse's Office and should be left with the nurses for them to then be able to administer at the specified times and dosage. If you would like any member of the school's staff to administer medicine to your child, please complete Medicine Approval Form and return it to school with a doctor's note and the required medicine. Prescription medications must be sent in the original container, with pharmacy label attached. Some hospitals will label the medication box with the prescription information. This is also acceptable as long as the label contains all the requested information. Over the counter medications must be sent in the original bottle and a medicine approval sign must also be signed. Any medications at school must be picked up by the last day of school. Due to Health and Safety regulations, medications will not be stored at school over the summer, and any medications that are not picked up will be disposed of.

If the Nurse does not receive the consent form, we will be unable to administer the medication. <https://www.nordangliaeducation.com/our-schools/guangzhou/parent-essentials/school-policies>

For any parent that requests for their child to carry their own inhaler/any other medication, they will need to provide written consent and confirmation to the school nurse. Dependent on the age of the child, the nurse will advise appropriately any other information with regards to students partaking within their medical needs management.

Food Allergy

Principles:

The school is concerned for the Health and Safety of all employees, students and others who use the school premises. We recognise that to ensure that students with food allergies are kept safe in school, all staff, parents and visitors need to be aware of their respective responsibilities and must act accordingly. As part of our effort in supporting such measures, we try our best to promote a nut free environment. Students of the school are expected to behave in a way that ensures their own, and other's Health and Safety; all staff are expected to provide guidance to students towards safe behaviour in this respect.

Procedures/Responsibilities:

During pre-entry assessments, parents will be required to complete a form which will give information regarding any allergies (including food allergies) and/or health concerns.

Students are responsible for:

- Ensuring that they only bring nut-free snacks into school.
- Checking with teachers if they are unsure of any snack.
- Following rules regarding eating on the buses.
- Ensuring that they do not accept treats or snacks if they have a food allergy.

Parents are responsible for:

- Ensuring they make the appropriate staff fully aware of any food allergies their child has.
- Providing the school with appropriate devices/medication to treat any reactions, including an EpiPen should one be required. Parents will take full responsibility as part of this request, and will need to complete and sign on the school's medicine approval form.
- Supporting the school with an overall nut-free environment.
- Being prepared to provide alternative treats for their child with any severe food allergy if requested by the class teacher.

Contacting us

In order for us to ensure the health and safety of your child(ren), please advise us of any medical problems such as an allergy to food or materials, epilepsy, asthma, or anything that you think is important for the school to know. Any updates are sent to admissions@naisgz.com.

Student Responsibilities/Guidelines:

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 School Nurse and follow the instructions given to you by the School Nurse, if you do not understand you have the right to ask for more explanations and support, including asking for a translator.*
3. *Always be honest with the nurse and provide as much information as you can to support in the diagnosis and medical treatment provided.*

