



British School
of Bucharest

Medical and First Aid Policy

Introduction

The purpose of this medical policy is to provide clear guidelines to follow in situations relating to the medical health and safety of students both on and off the school site.

Aims and Objectives

Our aims are that the health and medical needs of students are met fully and in a timely manner.

Appointed Persons

A full-time, fully qualified medical nurse is based on the school site and is the designated person in charge of all first aid and medical issues that may arise. There are many other staff trained in first aid within the school. Staff working closely with students with diagnosed health problems are given additional training as and when necessary.

At times when the nurse is not present, such as after 4:30pm or on trips, staff may call the BGS ambulance for major problems. All staff are able to administer basic first aid.

All staff must know:

- How to contact the nurse (0731 900 860) or the office (0728 133 437) if an ambulance is required.
- The location of the nearest first aid box (Appendix 2)
- How to contact BGS ambulance service directly (021 9505).

All staff must carry:

- A basic aide memoir for dealing with first aid emergencies. These are kept in keycard pouches and should be on staff at all times.

This policy includes the following information:

- The medical procedure relating to new students joining BSB
- The storage and administering of both prescription and non-prescription medicine
- The procedure to follow when a student in the care of BSB staff feels unwell
- Minor first aid accident procedure
- Serious accident procedure
- Suspected and confirmed contagious disease procedure
- The procedure for recording all student medical information
- The "Request for the administration of medicine in school" form (parents' request for BSB staff to administer medicine to a student)
- Location and contents of First Aid Kits
- Standard letters to be sent out relating to the above

1. New students

- All parents have to present a copy of the vaccination records and a note from the doctor (Appendix 9) which states that the student is healthy and fit to enter the school and if the student has a medical condition, they have to present a medical note signed and stamped by a doctor containing the name of the illness/disease and the emergency medication needed. For conditions like Asthma or Allergies, parents are asked to complete Appendix 6 or 7. The school nurse will check the new files and send the list of the students who suffer from these conditions to the office. The office will then send parents the forms to fill in and return to the school nurse, accompanied by any emergency medication they might need. The Admissions office must inform the parents of every new student of the procedure for administering medicine in school.
- If the student has a medical condition, the office sends the medical information to the nurse and teachers and the medical vaccination records before the first day of school.
- If a student has not had all required vaccinations, the school nurse will advise parents to seek medical advice and it might be that the student is not admitted.
- The school nurse carries out a medical check of the student on the first day of school.



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- If a student is re-registered for a new school year, it is mandatory that the parents update the vaccination records. The admissions office will notify the parents to provide any information regarding new medical conditions recently discovered or new vaccinations.

2. Medication

2.1 Storage

- All medicine is to be kept in the nurse's room in a safe and lockable cupboard.
- The nurse is responsible for checking and replacing any missing items from the first aid kits.
- First aid kits are available for all staff to use for minor injuries.
- A First aid kit must be collected from the school office to take on trips off site.

2.2 Administration of medicine

- Non-prescribed medication, including creams and lotions, cannot be administered to students by any member of BSB staff other than the school nurse with parents' written consent.
- Prescribed medication can only be administered by the school nurse or teacher (if the nurse is not available) and if the parent has filled out and signed an "Request for the Administration of Medicine in School" form (Appendix 1).
- If a student informs the teacher he/she has been given medicine by their parents to take in school or the teacher finds medicine in a student's school bag and they haven't been informed about it by the parents, they must send the student and the medicine to the medical room. The school nurse will contact the parents to ask information about the medicine, administer the medication according to the doctor's instructions, fill in the "Request for the Administration of Medicine in School" form and send it home to be signed by the parents and returned to the school nurse the next day.
- Over the counter medication may be administered by the school nurse or teacher (if the nurse is not available) with parent's verbal consent if need be. If parent is unavailable, the nurse will discuss the situation with Heads of School.
- The school nurse must wear medical gloves at all times when medication is administered.
- It is the form/class/subject teacher's responsibility to ensure that the student visits the nurse's office at the correct time to administer the medication.
- Any emergency medication (ventilators, Epipen etc) must be provided by the parents and accompanied by a letter stating exactly how and when they are to be administered and include the doctor's prescription. Parents are also asked to come to school to instruct the nurse what to do in certain circumstances. Emergency medication will be labeled with the student's name and be kept in a lockable cupboard.

2.3 Student refusal to take medication

- In the case of student refusing to take the medication, the parents should be advised by phone immediately by the school nurse and confirmation in writing sent home that day.
- A signed and dated entry should be made in the accident book.

3. Illness

- If a student feels ill, a member of staff takes them to the nurse. Secondary students can go alone with the permission of their teacher or accompanied by another pupil if necessary.
- If the student is too unwell to stay in school, then the parents are contacted to collect them.
- If the parents are unable to pick up the student early, they can rest in the recuperation room.
- If a student feels ill and she/he can walk home (and has permission from parents to do so), the nurse will inform the parent that the student is sick and that she/he will go home.
- Should the illness be contagious or after 3 days of medical absence, the school will require a confirmation note from a doctor stating they are no longer contagious and can attend school (Appendix 9). The Office and the school nurse are to follow up any missing medical notes.





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4. Accidents

4.1 Small accidents (cuts and bruises)

- All small cuts and bruises should be cleaned with water or disinfectant by the teacher or teaching assistant. In most cases where bleeding is absent, cleaning with water will suffice.
- Individually wrapped sterile plasters will be used only in case of bleeding. In this case, use disinfectant on a sterile dressing to clean the wound from the centre outwards. Only apply the plaster when no more traces of dirt are visible in the wound.
- Do not apply the plaster if there is a known allergy to such products; use a wrapped sterile bandage instead.
- In the case of a head injury, a phone call will be made by the nurse (or in her absence by the form/class/subject teacher) to inform the parents and a note will be sent home. As a concussion can reveal itself later, all bumps to the head should be communicated to the parents.
- In case of small accidents, the teacher has to inform the parents by writing a note home in the student's communication book/planner.

4.2 Serious Accidents or emergency

- In case of serious accidents, the nurse will be contacted immediately and go to the place of accident and offer first aid.
- A member of staff needs to inform the office immediately to call the ambulance, the parents to ask them to meet the ambulance at the hospital, the class teacher and HOS.
- A member of staff will stay at the hospital until the parent/guardian arrives.
- An entry in the Accident Report Book (Appendix 4) is completed as soon as possible.
- In case of a school bus accident on the way to school, the office must be informed immediately and they will inform the parents, HOS and nurse. If they do not have to go to hospital, then all students and staff must visit the school nurse on arrival at school.
- Parents will be informed by the nurse after the check-up.

Advice for serious injury and how to administer basic first aid:

Knowing what to do in an emergency is vitally important. If someone is injured, the following steps will keep them safe as possible until professional help arrives:

- Keep calm.
- If people are seriously injured call for an ambulance immediately, contact the nurse.
- Make sure that you and the injured person are not in danger.
- Assess the injured person carefully and act on your findings using the basic first aid steps below.
- Keep an eye on the injured person's condition until the nurse or emergency services arrive.

Unconsciousness

If the person is unconscious with no obvious sign of life, call for an ambulance then the nurse. If you or any bystander has the necessary skills, give them mouth-to-mouth resuscitation while you wait for the nurse.

Bleeding

Control severe bleeding by applying firm pressure to the wound using a clean, dry dressing and raise it above the level of the heart. Lay the person down, reassure them, keep them warm and loosen tight clothing.

Burns

For all burns, cool with water for at least 10 minutes. Do not apply dry dressings, keep the patient warm.

Broken bones

Try to avoid as much movement as possible.





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Allergic reaction – Anaphylaxis

- Anaphylaxis is a life-threatening allergic reaction to different triggers like food, medicine, pollen animals etc.
- If a parent knows student suffers from anaphylaxis a medical form has to be filled, see (Appendix 6) by a doctor
- Office has to inform nurse and the form/class/subject teacher about the student with a risk of anaphylaxis medical condition
- Any emergency medication (EpiPen, Ana Pen) must be provided by the parents and accompanied by a letter stating exactly how and when they are to be administered and include the doctor's prescription. Parents are also asked to come to school to instruct the nurse what to do in certain circumstances. Emergency medication will be labelled with the student name and kept in a lockable cupboard.
- Students with allergies are more at risk than others, asthma in addition to allergies may be at increased risk of having a life-threatening anaphylactic reaction.

Anaphylaxis reactions can involve more than one system of the body.

Respiratory system: itchy, watery eyes, difficulty breathing, difficulty swallowing, tightness in the throat or feeling like the throat or airways are closing, change of voice, hoarseness or trouble speaking, sneezes to the triggering of asthma with coughing and wheezing.

Cardiovascular system: lightheaded or faint (loss of consciousness), fast heartbeat or pulse, weak pulse.

Gastrointestinal system: abdominal pain, nausea, vomiting, a metallic taste in the mouth.

Skin reactions: warmth, itchy, red, bumpy rashes (hives).

What to do if a pupil has an anaphylactic reaction

Call the nurse and contact the office to call an ambulance.

Prepare to administer EpiPen

Hold the black tip near the outer thigh. Never put thumb, fingers, or hand over the black tip.

Swing and jab the black tip firmly into the OUTER BARE THIGH so that the auto-injector is perpendicular (at a 90° angle) to the thigh. You will hear a click.

Hold the EpiPen firmly in place for 10 seconds, and then remove it from the thigh.

Remove the EpiPen and massage the injection area for several seconds.

Check the black tip:

If the needle is exposed, the dose has been delivered

If the needle is not exposed, repeat the administration.

Dispose of the EpiPen in a “sharps” container.

5. Contagious health problems/diseases

In case of contagious disease, the office informs the school nurse and the HOS. The School nurse informs the maintenance team to arrange the classroom and the lunch hall disinfection.

In case of an epidemic, more that 5% of class or building, the nurse has to inform the maintenance team to organize a proper disinfection by specialized firm.

5.1 Head lice

- The nurse will check all students at the beginning of each half term for head lice.
- The nurse has to carry out class checks for head lice, starting with students in Crèche and working through to Y13. This check should be completed in the first week of term as the school nurse must send a health declaration form (Appendix 8) to DSP Bucuresti within 5 working days of school opening. If a case of head lice is found in one class and the student has siblings in school, the following classes to be checked are the ones of the siblings. The nurse will inform office of any confirmed cases of head lice.
- The nurse will inform parents of students concerned and to ask them to treat it that evening.



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- Following the phone conversation, an email will be sent home (Appendix 10).
- Where there is a case of head lice, the office sends the class an e-mail to inform them of the situation (Appendix 11).
- The office also emails the Headmaster, Heads of Primary and Secondary and class teacher to inform them that the message that is sent to parents.
- The nurse will be vigilant and check classes that have been affected to ensure the treatment has worked.

5.2 Chicken Pox (Once a confirmed diagnosis is sent by fax/e-mail by parent)

- The office informs nurse, Heads of School and teacher about confirmed cases.
- The nurse must check all students in a class where a Chicken Pox case was reported and the classes of any siblings.
- An email informing parents of affected classes that there has been a confirmed case of Chicken Pox in the school is to be sent out describing symptoms (Appendix 12).
- Students will be allowed to join the class again after they are treated and after receiving a note from the doctor stating that they are ready to return to school (Appendix 9).
- If the student does not present a note from the doctor when re-joining school (teacher must check book bag/communication book), the student needs to be sent to the nurse's room to be checked in order to stay in school. The school nurse is to inform the office and the office to inform the parents that the student needs a note from the doctor saying they are well and able to return to school.

5.3 Scarlet Fever, Rubella, Impetigo, Scabies and Hand, foot and mouth disease, Strep Throat or Pneumonia, Conjunctivitis (Once a confirmed diagnosis is sent by fax/e-mail by parent)

- Office informs nurse, Heads of School and teacher about confirmed cases.
- The nurse must check all students in a class where a confirmed case was reported and the classes of any siblings.
- An email informing parents of that there has been a confirmed case in the school is to be sent out and describing symptoms to parents of affected classes via email on the same day.
- Students will be allowed to join the class again after they are treated and after receiving a note from the doctor stating that they are ready to return to school
- If the student does not present a note from the doctor when re-joining school (teacher has to check book bag/communication book), the student needs to be sent to the nurse's room to be checked in order to stay in school. The school nurse is to inform the office and the office to inform the parents that the student needs a note from the doctor saying they are well and able to return to school.

For **Scarlet Fever and Rubella** check **Appendix 14** and **Appendix 9**.

For **Impetigo, Scabies and Hand, foot and mouth disease** check **Appendix 16/18/21** and **Appendix 9**.

For **Strep Throat or Pneumonia** check **Appendix 18/20** and **Appendix 9**.

For **Conjunctivitis** check **Appendix 21** and **Appendix 9**.

5.4 Intestinal worms

- An email informing parents of intestinal worm's case and information on symptoms (Appendix 13) is sent on the same day.

5.5 Diarrhoea, vomiting, fever in school

- If a student has diarrhoea, vomiting or a temperature higher than 37°C in school, the parents will be contacted by the school nurse and asked to collect them.
- If one isolated episode occurs, the student will be kept at home for 24 hours after the last episode.
- Students will be allowed to join the class again after they are treated and after receiving a note from the doctor stating that they are ready to return to school (Appendix 9)
- If the student does not present a note from the doctor when re-joining school (teacher has to check book bag/communication book), the student needs to be sent to the nurse's room to be checked in order to stay in school. The school nurse is to inform the office and the office to inform the parents that the student needs a note from the doctor saying they are well and able to return to school.





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6. Medical Checks

- The School nurse has to check all students on the first day of each term.
- If any student is unwell then the nurse will contact the parents to collect them early.
- If a student starts school late, the teacher will send the student to nurse, to be checked, on their first day of school

7. Medical Records

- All medical records (vaccination records, note from doctors) are to be kept with the registration file in the office, and a copy should be in the First Aid Room.
- A log is kept by the Nurse. This contains an entry with date, hour, name, class, symptoms and action taken for every student that visits the nurse. This is then inputted onto PASS.
- An Accident Report is completed, in case of a serious accident, by the adult witness of the accident.
- An e-mail is sent to the Heads of School, teacher and office in case of a serious accident or if they are leaving early.

Reviewed by Gabriela Matei, September 2017
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Appendix 1

REQUEST FOR THE ADMINISTRATION OF MEDICINE IN SCHOOL

To be completed by the parents/guardian of any student to whom drugs may be administered under the supervision of school staff.

Please complete in block letters:

Student name: _____ Form/Class: _____

Doctor Name: _____ Doctor's Tel No: _____

The Doctor has prescribed the following:

Name of Drug/Medicine to be given	When to be taken, before/after food	How much: one 5ml/one tablet
1.		
2.		
3.		

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

NB: Parents are responsible for keeping medicines up-to-date, for notifying school of any changes and removal of out of date medicines and if necessary return to dispensing pharmacy.

Please record below any special/emergency procedures to be followed or side effects known.

I request that the treatment be given in accordance with the above/attached information by a responsible member of the school staff who has/has not received any necessary training. I understand that it may be necessary for this treatment to be carried out during educational visits and other out of school activities, as well as on the school premises. I will inform you immediately of any changes in the above. I undertake to supply the school with the drugs and medicines in properly labelled containers, including a 5ml medicine spoon or oral syringe for liquid medicines. I accept that whilst my child is in the care of the School, the School staff stand in the position of the parent and that the School staff may, therefore, need to arrange any medical aid considered necessary in an emergency, but I will be informed of any such action as soon as possible. I understand that whilst school staff will use their best endeavours to carry out these arrangements, no legal liability can be accepted by the School staff or Principal in the event of any failure to do so, or of any adverse reaction by my child to the administration of the drug.

Signed: _____ (Parent) Date: _____

Note for special/emergency circumstances: (please describe precisely the circumstances and the nature and dosage of the prescribed medication or treatment).



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Appendix 2

LOCATION OF FIRST AID KIT

	Location	No of kits
NEWLANDS BUILDING	C2 - Basement - Gym	1
	C2 - Basement - Drama room	1
	C2 - Ground floor - NUPEH	1
	C2 - 1st floor - next to the stairs	1
	C2 - 2nd floor - next to the stairs	1
CRAWFORD BUILDING	C1 - Basement - Science room	1
	C1 - Ground floor - kitchen	1
	C1 - Ground floor - Drama studio	1
	C1 - Ground floor - Science room no. 1	1
	C1 - Ground floor - Science room no. 2	1
	C1 - 1st floor - next to room C104	1
	C1 - 2nd floor - next to the stairs	1
	C1 - 2nd floor - kitchen	1
	C29 - Dining room	1
	C9 - Food Technology Studio	1
	C11 - Music studio - room MR02	1
	C8 - Ground floor (Ringwood)	1
	C8 - 1st floor (Ringwood)	1
	C18 - DT room	2
	C18 - ART room	1
	Dome	1
	Trip kits	6
	C21 - Taylor building entrance	1
	C27 - Workshop	1
	C26 - Kitchen	1
	C23 - room AS-03	1
	C3 - Maintenance room - basement	1
	C3 - Community room	1
	C4 - Gate room (BGS)	1
	TOTAL	35





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Appendix 3

Ambulance contact numbers 021 9505

The BGS ambulance will take them to Euroclinic Hospital or Hospital Grigore Alexandrescu

Appendix 4

ACCIDENT REPORT

1. About the person who had the accident

Name

Address Postcode

Occupation

2. About you, the person filling in this record

If you did not have the accident write your address and occupation.

Name

Address Postcode

Occupation

3. About the accident Continue on the back of this form if you need to

Say when it happened. Date / / Time

.....
Say where it happened. State which room or place.

.....
Say how the accident happened .Give the cause if you can.

.....
If the person who had the accident suffered an injury, say what it was.

.....
Please sign the record and date it.

Signature Date / /

.....



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Appendix 5

FIRST AID KIT CONTENT LIST

Blunt scissors	1 pc
Artificial Respiration Device	1 pc
Guedel Pipe size 4	1 pc
Guedel Pipe size 10	1 pc
Mouth opener device	1 pc
Elastic tourniquet 50 cm	1 pc
Plastic splints	2 pc
Adhesive plaster 5 cm / 3 m	1 role
Adhesive plaster 2.5 cm / 2.5 m	1 role
Individual emergency bandage 2/6 cm	10 pc
Bandage with Rivanol (disinfectant solution) 6/10 cm	5 pc
Patch 6/50 cm	1 pc
Gauze roll / bandage 5 cm / 4 m	5 pc
Gauze roll / bandage 10 cm / 4 m	3 pc
Triangular bandage l=80 mm	2 pc
Sterile hydrophilic wadding 50 g	2 packs
Examination gloves	4 pairs
Sterile compresses 10/8 cm x 10 p	10 packs
Sanitary alcohol	200 ml
Iodated alcohol	200 ml
Rivanol solution 1%	200 ml
Perogen	1 bottle
Paper handkerchiefs with disinfectant solution	10 pc
Safety pins	12 pc
Plastic cups	5 pc
50 pages Notebook	1 pc
Pen / Pencil	1 pc
First aid instructions brochure	1 pc





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Appendix 6


ASTHMA ACTION PLAN

(To be completed by Doctor)

Name	Birth Date	Effective Date
School	Parent/Guardian	Parent's Phone
Doctor Name	Doctor Office Phone	
Emergency Contact After Parent	Contact Phone	

Asthma Severity: Mild Intermittent Mild Persistent Moderate Persistent Severe Persistent


Asthma Triggers: Colds Exercise Animals Dust Smoke Food Weather Other:

I FEEL GOOD	TAKE THESE		
Child feels good: <ul style="list-style-type: none"> Breathing is good No cough or wheeze Can work/play Sleeps all night 	MEDICINE:	HOW MUCH:	WHEN TO TAKE IT:
	5 to 60 MINUTES BEFORE EXERCISE USE THIS MEDICINE:		

Green

Peak flow in this area:

_____ to _____

IF NOT FEELING WELL	TAKE EVERYDAY MEDICINES (AND) ADD THESE		
Child has <u>any</u> of these: <ul style="list-style-type: none"> Cough Wheeze Tight Chest 	MEDICINE:	HOW MUCH:	WHEN TO TAKE IT:

Yellow

Peak flow in this area:

_____ to _____

Call nurse's office if the symptoms don't improve .After student go back to GREEN ZONE - take everyday medications as instructed



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IF FEELING VERY SICK CALL THE DOCTOR OR NURSE

TAKE THESE MEDICINES

Child has ***any*** of these:

- Medicine not helping
- Breathing is hard and fast
- Lips and fingernails are blue
- Can't walk or talk well



MEDICINE:	HOW MUCH:	WHEN TO TAKE IT:

Red

Peak flow below:

IF you are in the red zone:

Call 021 95 05 or go to the nearest emergency room and bring this form with you!

Parent/Guardian Signature _____

Date _____



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Appendix 7

FOOD ALLERGY ACTION PLAN

Student's Name: _____ D.O.B: _____ Teacher: _____

ALLERGIC TO: _____

Asthmatic Yes No *Higher risk for severe reaction

STEP 1: TREATMENT

Symptoms:

Give Checked Medication**:

** (To be determined by physician authorizing treatment)

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

The severity of symptoms can quickly change. All above symptoms can potentially progress to a life-threatening situation.

DOSAGE

Epinephrine: inject intramuscularly (circle one) EpiPen® , EpiPen® Jr., Twinject™ 0.3 mg, Twinject™ 0.15 mg (see reverse side for instructions)

Antihistamine: give _____ medication/dose/route

Other: give _____ medication/dose/route

IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

STEP 2: EMERGENCY CALLS

1. **Call 0219505.** State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Dr. _____ Phone Number: _____ at _____

3. Parents _____ Phone Number(s) _____

4. Emergency contacts: Name/Relationship Phone Number(s)

1. _____ 2. _____ 3. _____

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE STUDENT TO HOSPITAL

Parent/Guardian Signature _____ Date _____

Doctor's Signature _____ Date _____

(Required)



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Appendix 8

SITUATIA TRIAJULUI EPIDEMIOLOGIC EFECTUAT IN PERIOADA _____

	Crese			Centre plasament			Gradinite			Scoli generale			Licee			Scoli profesionale			Unitati speciale									Total general								
	U	R	T	U	R	T	U	R	T	U	R	T	U	R	T	U	R	T	Gradinite			Scoli gen.			Licee si sc. prof											
U	U	R	T	U	R	T	U	R	T	U	R	T	U	R	T	U	R	T	U	R	T	U	R	T	U	R	T	U	R	T	U	R	T	U	R	T
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Meningita																																				
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Angina																																				
Anginecu SH																																				
Scabie																																				
Pediculaza																																				
Recontrol Scabie																																				
Micoze																																				
Alte boli																																				

Unitatea de invatamant:

Intocmit de:



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Appendix 9

Nr. fișa/carnet sănătate

Localitatea

Unitatea sanitară

ADEVERINȚĂ MEDICALĂ

Se adeverește că Sex M/F

Născut în anul luna ziua

cu domiciliul în: Județul

localitatea

str nr

având ocupația de la

Este suferind de

Se recomandă

S-a eliberat prezenta spre a-i servi la:

Apt pentru:

Data eliberării

Semnătura și parafa medicului

20..... luna ziua





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Appendix 10

HEAD LICE INFORMATION

Dear XXXX,

A case of head lice has been reported in XXXX. After the school nurse checked all pupils concerned, it has been confirmed to the office that your child has head lice.

It is school procedure that any child affected with head lice must be quarantined until a treatment has been given. After a course of treatment, the school nurse will conduct a check up on your child's return to the school. Once treated your child may return to school. The nurse will check their hair on return to school and should they find live lice or eggs, you will be asked to collect your child for further treatment.

We have enclosed a leaflet which will help you to find out more about head lice and treatment.

Thank you in advance for your cooperation and please do not hesitate to contact us if we can be of further assistance in helping you with this situation.

If you have any other questions, please do not hesitate to contact the office.

Kind Regards,

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Appendix 11

HEAD LICE INFORMATION

Dear Parent,

Please note that we have confirmed the presence of head lice XXXXX. We strongly recommend that you check your children's hair and treat even if there is no apparent infestation.

Here is some information you may find helpful in identifying and treating head lice:

What do they look like?

Head lice are little tiny insects, slightly smaller than the head of a match. They can be brown or greyish-white in colour. They do not fly or jump but pass from head to head through close contact with an individual who has live lice.

Their eggs are cream coloured and they are about the size of a grain of sugar. These eggs stick firmly to the hair close to the head. When they hatch the egg shells turn white. These will then be found further away from the head but will still be attached to the hair.

Treatment

Hair should be checked at least once a week. If live head lice or eggs are present you need to obtain the right treatment from your chemist or doctor as soon as possible. Everyone who lives in the house and any friends or family that have recently been in contact with the child should have their hair checked and if necessary treated. After treatment the lice will be killed but the dead eggs may remain attached to the hair.

In Romania there are a variety of products available (spray, shampoo, hair lotion). One such example is Parasidose.

We trust that all children in school will receive proper treatment immediately after receiving this letter.

Thank you for your support in this matter, while we acknowledge it is not an unusual occurrence in schools; nevertheless it is still stressful for children, parents and teachers alike. We are very grateful for all of you who are taking action to eradicate this latest outbreak, and hope that in the future everyone will remain vigilant about checking for head lice. Screenings are most easily done as part of the child's normal routine – after bathing or showering when their hair would be combed anyway. If you find them you should begin treatment immediately. After treatment children can attend school as normal.

Helpful website: <http://www.headlice.org/>

If you have any other questions, please do not hesitate to contact the office.

Kind Regards,

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Appendix 12

CHICKEN POX INFORMATION

Dear Parent,

Please note that we have a confirmed case of Chicken Pox in XXXXX. The child with this infection will remain at home until fully recovered. The school nurse has checked the children in class today and will continue to check the classes over the next few days and will inform any parents if there are any signs of the infection. Currently no symptoms are being displayed however our advice to remain vigilant stands.

Here is some information you may find helpful in identifying and treating Chicken Pox.

Chicken Pox (medically known as varicella) is caused by a virus called the varicella-zoster virus. It's spread quickly and easily through the coughs and sneezes of someone who is infected.

Symptoms of Chicken Pox

Chickenpox often starts with a fever, headache, sore throat, or stomach ache. These symptoms may last for a few days, with fever in the 101°-102°F (38.3°-38.8°C) range.

Chickenpox causes a red, itchy skin rash that usually appears first on the abdomen or back and face, and then spreads to almost everywhere else on the body, including the scalp, mouth, arms, legs, and genitals.

The rash begins as multiple small red bumps that look like pimples or insect bites, usually less than a quarter of an inch wide. They appear in crops over 2 to 4 days and develop into thin-walled blisters filled with fluid. The blister walls break, leaving open sores, which finally crust over to become dry, brown scabs. The rash is very itchy, and cool baths or calamine lotion may help to manage the itching.

Children and adults can be carriers without developing the infection and they can also have a mild bout of Chicken Pox even after having had it previously. Please avoid contact where possible.

When to Call Your Child's Doctor

Call the doctor if your child develops a fever of 102° F (38.9° C) or above or if your child appears to be getting sicker than the mild course of symptoms described above

If your child has Chicken Pox, they will be required to have a clearance letter from the doctor to return to school.

If you have any other questions, please do not hesitate to contact the office.

Kind Regards,

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Appendix 13

INTESTINAL WORMS INFORMATION

Dear Parent,

Please note that we have confirmed case of intestinal worms in XXXXX.

Here is some information you may find helpful in identifying and treating it.

What is a pinworm?

A pinworm (“threadworm”) is a small, thin, white roundworm (nematode) called *Enterobius vermicularis* that sometimes lives in the colon and rectum of humans. Pinworms are about the length of a staple.

What are the symptoms of a pinworm infection?

Pinworm infection (called enterobiasis or oxyuriasis) causes itching around the anus which can lead to difficulty sleeping and restlessness. Symptoms of pinworm infection usually are mild and some infected people have no symptoms.

Who is at risk for pinworm infection?

Pinworm infection occurs worldwide and affects persons of all ages and socioeconomic levels. It is the most common worm infection. Pinworm infection occurs most commonly among school-aged and preschool-aged children,

How is pinworm infection treated?

Pinworm can be treated with either prescription or over-the-counter medications (for example, Wormex, a syrup for children).

Please be aware the toilets and classrooms are kept clean and children are asked to wash their hands regularly, especially after using the bathroom and before eating.

Whilst it is contagious, it is not believed to be necessary to quarantine a child with worms, so your child does not need to be absent from school if they have this condition.

If you have any other questions, please do not hesitate to contact the office.

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Appendix 14

CONFIRMED CASE OF SCARLET FEVER

Dear Parent,

Please note that we have a confirmed case of Scarlet Fever in XXXX. The child with this infection will remain at home until fully recovered. The school nurse has checked the children in class today and will continue to check the classes over the next few days and will inform any parents if there are any signs of the infection. Currently no symptoms are being displayed however our advice to remain vigilant stands.

Here is some information you may find helpful in identifying and treating it.

Scarlet fever is caused by an infection with group A streptococcus bacteria. The bacteria produces a toxin (poison) that can cause the scarlet-colored rash from which this illness gets its name.

Not all streptococci bacteria make this toxin and not all kids are sensitive to it. Two kids in the same family may both have strep infections, but one child (who is sensitive to the toxin) may develop the rash of scarlet fever while the other may not. Usually, if a child has this scarlet rash and other symptoms of strep throat, it can be treated with antibiotics. So if your child has these symptoms, it's important to call your doctor.

Symptoms of Scarlet Fever

The rash is the most striking sign of scarlet fever. It usually begins looking like a bad sunburn with tiny bumps and it may itch. The rash usually appears first on the neck and face, often leaving a clear unaffected area around the mouth. It spreads to the chest and back, then to the rest of the body. In body creases, especially around the underarms and elbows, the rash forms classic red streaks. Areas of rash usually turn white when you press on them. By the sixth day of the infection the rash usually fades, but the affected skin may begin to peel.

Aside from the rash, there are usually other symptoms that help to confirm a diagnosis of scarlet fever, including a reddened sore throat, a fever above 38 degrees Celsius, and swollen glands in the neck. The tonsils and back of the throat may be covered with a whitish coating, or appear red, swollen, and dotted with whitish or yellowish specks of pus. Early in the infection, the tongue may have a whitish or yellowish coating. A child with scarlet fever also may have chills, body aches, nausea, vomiting, and loss of appetite.

When scarlet fever occurs because of a throat infection, the fever typically stops within 3 to 5 days, and the sore throat passes soon afterward. The scarlet fever rash usually fades on the sixth day after sore throat symptoms began, but skin that was covered by rash may begin to peel. This peeling may last 10 days. With antibiotic treatment, the infection itself is usually cured with a 10-day course of antibiotics, but it may take a few weeks for tonsils and swollen glands to return to normal. In rare cases, scarlet fever may develop from a streptococcal skin infection like impetigo. In these cases, the child may not get a sore throat.

Preventing Scarlet Fever

The bacterial infection that causes scarlet fever is contagious. A child who has scarlet fever can spread the bacteria to others through nasal and throat fluids by sneezing and coughing. If a child has a skin infection caused by strep bacteria, like impetigo, it can be passed through contact with the skin.

In everyday life, there is no perfect way to avoid the infections that cause scarlet fever. When a child is sick at home, it's always safest to keep that child's drinking glasses and eating utensils separate from those of other family members, and to wash these items thoroughly in hot soapy water. Wash your own hands frequently as you care for a child with a strep infection.

Treating Scarlet Fever

If your child has a rash and the doctor suspects scarlet fever, he or she will usually take a throat culture (a painless swab of throat secretions) to see if the bacteria grow in the laboratory. Once a strep infection is confirmed, the doctor will likely prescribe an antibiotic for your child to be taken for about 10 days.



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Caring for Your Child with Scarlet Fever

A child with severe strep throat may find that eating is painful, so providing soft foods or a liquid diet may be necessary. Include soothing teas and warm nutritious soups, or cool soft drinks, milkshakes, and ice cream. Make sure that the child drinks plenty of fluids.

Use a cool-mist humidifier to add moisture to the air, since this will help soothe the sore throat. A moist warm towel may help to soothe swollen glands around your child's neck.

If the rash itches, make sure that your child's fingernails are trimmed short so that he or she doesn't damage the skin through scratching.

When to Call Your Doctor

Call the doctor whenever your child suddenly develops a rash, especially if it is accompanied by a fever, sore throat, or swollen glands. This is especially important if your child has any of the symptoms of strep throat, or if someone in your family or in your child's school has recently had a strep infection.

If you have any other questions, please do not hesitate to contact the office.

Kind Regards,

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Appendix 15

CONFIRMED CASE OF RUBELLA

Dear Parent,

Please note that we have a confirmed case of Rubella in XXXX. The child with this infection will remain at home until fully recovered. The school nurse has checked the children in class today and will continue to check the classes over the next few days and will inform any parents if there are any signs of the infection. Currently no symptoms are being displayed however our advice is to remain vigilant for symptoms and to consult your doctor if you are not sure.

Here is some information you may find helpful in identifying and treating it.

Rubella — commonly known as German measles or 3-day measles — is an infection that primarily affects the skin and lymph nodes. It is caused by the rubella virus

Symptoms of Rubella

Rubella infection may begin with 1-2 days of mild fever (99-100° F/37.2-37.8° C) and swollen, tender lymph nodes, usually in the back of the neck or behind the ears. A rash then begins on the face and spreads downward. As it spreads, it usually clears on the face. This rash is often the first sign of illness that a parent notices.

The rubella rash can look like many other viral rashes. It appears as either pink or light red spots, which may merge to form evenly colored patches. The rash can itch and lasts up to 3 days. As the rash clears, the affected skin occasionally sheds in very fine flakes.

Other symptoms of rubella (these are more common in teens and adults) can include headache, loss of appetite, mild conjunctivitis (inflammation of the lining of the eyelids and eyeballs), a stuffy or runny nose, swollen lymph nodes in other parts of the body, and pain and swelling in the joints (especially in young women). Many people with rubella have few or no symptoms.

When to Call Your Doctor

Call the doctor if your child develops a fever of 102° F (38.9° C) or above (in a child younger than 6 months, call for a fever above 100.4° F, or 38° C), or if your child appears to be getting sicker than the mild course of symptoms described above

If you have any other questions, please do not hesitate to contact the office.

Kind Regards,

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Appendix 16

CONFIRMED CASE OF IMPETIGO

Dear Parent,

Please note that we have a confirmed case of impetigo in XXXXX. The school nurse has checked the children in class today and will continue to check the classes over the next few days and will inform any parents if there are any signs of the infection. Currently no symptoms are being displayed however our advice is to remain vigilant for symptoms and to consult your doctor if you are not sure.

Here is some information you may find helpful in identifying and treating it.

Impetigo usually can affect the skin anywhere but commonly produces blisters or sores on the face, neck and hands.

Impetigo is contagious and can spread to anyone who comes into contact with infected skin or other items, such as clothing and towels that have been touched by infected skin. Doctors can usually diagnose impetigo based on the appearance of the rash. It is typically treated with either an antibiotic ointment or medication taken by mouth.

The school has disinfected the area including toys and soft furnishings. Please keep your child at home if you suspect they have this illness and seek medical attention.

If you have any other questions, please do not hesitate to contact the office.

Kind Regards,

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Appendix 17

CONFIRMED CASE OF SCABIES

Dear Parent,

Please note that a child in XXXX has a confirmed case of scabies. The school nurse has checked the children in class and will continue to check the class over the next weeks and will inform any parents if there are any signs of the infestation.

Scabies is an itchy, highly contagious skin disease caused by an infestation by the mite *Sarcoptes scabiei*. The mite is a tiny, and usually not directly visible, parasite which burrows under the host's skin, which in most people causes an intense itching sensation caused by an allergic response.

Here is some information you may find helpful in identifying and treating it.

Scabies Symptoms and Signs

Symptoms occur from two to six weeks to appear after exposure.

Symptoms include severe and continuous itching, especially at night. The skin may show signs of small insect-type bites, or the lesions may look like pimples. The skin may also be red or have sores due to scratching of the area.

Open scabs or sores are susceptible to infection with bacteria. A burrow (a short S-shaped track that indicates the mite's movement under the skin) may also be visible. Thus, scabies also should be considered whenever there is intense itching without an obvious rash, bite, or burrow.

Scabies frequently occur in: - crevasses of the body such as between the fingers and toes, the buttocks, the elbows, the waist area, the genital area, and under the breasts in women. The face, neck, palms, soles and lips are usually not affected, except in infants or very young children.

All household members, anyone who has had skin-to-skin contact within the past month should be treated at the same time regardless of whether or not they have symptoms. Although you cannot cure a case of scabies without prescription medication from a doctor, there are certain things you can do at home to keep from reinfesting yourself or your family.

Wash all clothing, towels, and bed linens that you have used in the last three days.

Use hot water. You should use the dryer at high heat rather than air drying.

Since the mites can survive on non-living objects for several days, place the objects that are not machine washable (such as coats and stuffed toys) into a bag and store for a week

Thoroughly vacuum your rugs, furniture, bedding, and car interior and throw the vacuum-cleaner bag away when finished.

Cut your nails, and clean under them thoroughly to remove any mites or eggs that may be present.

Try to avoid scratching. Keep any open sores clean.

Please note that many other skin rashes may look like scabies including allergic drug reactions, contact dermatitis, and viral rashes such as shingles.

When to Call Your Doctor

Call the doctor whenever your child suddenly develops a rash /continuous itching.

If you have any other questions, please do not hesitate to contact the office.

Kind Regards,

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Appendix 18

CONFIRMED CASE OF STREP THROAT

Dear Parent,

Please note that a child in XXXX has a confirmed case of strep throat.

The school nurse has checked the children in class and will continue to check the class over the next few days and will inform any parents if there are any signs of the infection.

Symptoms of strep throat, which is very common among kids and teens, include fever, stomach pain, and red, swollen tonsils.

Strep throat usually requires treatment with antibiotics. With the proper medical care and plenty of rest and fluids, a child should be back to school within a few days.

Here is some information you may find helpful in identifying and treating it.

How Strep Throat Spreads

Anybody can get strep throat, but it's most common in school-age kids and teens. These infections occur most often during the school year when big groups of children are in close quarters.

The bacteria that cause strep throat (group A streptococcus) tend to hang out in the nose and throat, so normal activities like sneezing, coughing, or shaking hands can easily spread infection from one person to another.

Strep Throat vs. Sore Throat

Not all sore throats are strep throats. Most episodes of sore throat — which can be accompanied by a runny nose, cough, hoarseness, and red eyes — are caused by viruses and usually clear up on their own without medical treatment.

A child with strep throat will start to develop other symptoms within about 3 days, such as: red and white patches in the throat, difficulty swallowing, tender or swollen glands (lymph nodes) in the neck, red and enlarged tonsils, headache, lower stomach pain, fever, general discomfort, uneasiness, or ill feeling, loss of appetite and nausea, rash.

Prevention of infections is possible by attention to good hygiene such as hand washing and avoiding eating or drinking from the same containers used by others.

When to Call Your Doctor

Call the doctor whenever your child suddenly develops rash, fever, sore throat, swollen glands. This is especially important if your child has any of the symptoms of strep throat, or if someone in your family or in your child's school has recently had a strep infection.

If you have any other questions, please do not hesitate to contact the office.

Kind Regards,

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Appendix 19

CONFIRMED CASE OF PNEUMONIA

Dear Parent,

Please note that a child in XXXX has a confirmed case of pneumonia. The child with this infection will remain at home until fully recovered. The school nurse has checked the children in class today and will continue to check the classes over the next few days and will inform any parents if there are any signs of the infection. Currently no symptoms are being displayed however our advice is to remain vigilant for symptoms and to consult your doctor if you are not sure.

Pneumonia: is an inflammation of the lung It is usually caused by infection with virus or bacteria.

Symptoms of Pneumonia

Symptoms of pneumonia caused by bacteria usually come on more quickly than pneumonia caused by virus. Elderly persons and small children may actually have fewer or more mild symptoms than expected for such high risk groups. Most people with pneumonia begin with cold and flu symptoms and then develop a high fever, chills, and cough with sputum.

When to Call Your Doctor

Call the doctor if your child develops a fever of 102° F (38.5° C) or above (in a child younger than 6 months, call for a fever above 100.4° F, or 38° C), or if your child appears to be getting sicker than the mild course of symptoms described above.

If you have any other questions, please contact the school office directly.

Kind Regards,

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Appendix 20

CONFIRMED CASE OF HAND, FOOT AND MOUTH DISEASE

Dear Parent,

Please note that a child in XXXX has a confirmed case of hand, foot and mouth disease.

The school nurse has checked the children in class and will continue to check the class over the next few days and will inform any parents if there are any signs of the infection.

Please find below useful information on hand, foot and mouth disease.

Hand, foot and mouth disease is a viral infection caused by a strain of Coxsackie virus. It causes a blister-like rash that, as the name implies, involves the hands, feet and mouth. (Hand, foot and mouth disease is different than foot-and-mouth disease, which is an infection of cattle, pigs, sheep, goats and deer and is caused by a different virus.)

The infection usually occurs in children under 10 years of age, but occasionally can occur in young adults.

How is it spread?

The virus is spread by direct contact with nose and throat discharges, blisters and faeces of infected people.

A person is contagious when the first symptoms appear and may continue until the blister-like skin lesions disappear. The virus has been known to be shed in the stool for up to several weeks.

Symptoms of HFMD

Common signs and symptoms of the HFMD include fever, feeling tired, generalized discomfort, loss of appetite, and irritability in infants and toddlers. Skin lesions frequently develop in the form of a rash of flat discoloured spots and bumps followed by vesicular sores with blisters on palms of the hands, soles of the feet, buttocks, and sometimes on the lips. The rash is rarely itchy for children, but can be extremely itchy for adults. Painful facial ulcers, blisters, or lesions may also develop in or around the nose or mouth. HFMD usually resolves on its own after 7–10 days.

When to Call Your Doctor

Call the doctor whenever your child suddenly develops rash, fever, poor appetite and sore throat.

If you have any other questions, please contact the school office directly.

Kind Regards,

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British School of Bucharest Nursery / Primary / Secondary
The School is operated by Crawford House Foundation
Registered 3/25.01.2016. Fiscal Code 24879960

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British School
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Appendix 21

CONFIRMED CASE OF CONJUNCTIVITIS

Dear Parent,

Please note that the office has received notification that a child in has Conjunctivitis today. The child with this infection will remain at home until fully recovered. The school nurse has checked the children in class today and will continue to check the classes over the next few days and will inform any parents if there are any signs of the infection. Currently no symptoms are being displayed however our advice to remain vigilant stands.

Please find below some useful information on this disease.

Conjunctivitis, also known as pinkeye, is an inflammation of the conjunctiva. The conjunctiva is the thin clear tissue that lies over the white part of the eye and lines the inside of the eyelid. Pinkeye caused by some bacteria and viruses can spread easily from person to person, but is not a serious health risk if diagnosed promptly.

What Are the Symptoms of Pinkeye?

The symptoms of pinkeye differ based on the cause of the inflammation, but may include:

- Redness in the white of the eye or inner eyelid
- Increased amount of tears
- Thick yellow discharge that crusts over the eyelashes, especially after sleep
- Green or white discharge from the eye
- Itchy eyes
- Burning eyes
- Blurred vision
- Increased sensitivity to light

How is Conjunctivitis treated?

Bacterial pinkeye is treated with antibiotic eye drops, ointment, or pills to clear the infection. Most viral pinkeye cases have no specific treatment -- you just have to let the virus run its course, which is usually four to seven days. Allergic pinkeye symptoms should improve once the allergen source is removed and the allergy itself is treated. Chemical pinkeye requires prompt washing of the affected eye(s) for five minutes and an immediate call to the doctor. With bacterial pinkeye, you can usually return to work or school 24 hours after antibiotics have been started, as long as symptoms have improved. With viral pinkeye, you are contagious as long as the symptoms last. Check with your doctor to be certain. For more information please refer to your doctor.

If your child contracts Conjunctivitis he/she will be required to have a clearance letter from the doctor to return to school.

If you have any other questions, please contact the school office directly.

Kind Regards,

British School of Bucharest Office



Independent
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