Tenby International School Setia Ecohill

Medical Needs and First Aid Policy.

Policy	Medical Needs and First Aid Policy (SEH)			
Approval Date:	12/3/25		Next review:	12/3/26
Review Cycle:	12 months			
Scope	Whole Group	☐	Whole School	✓
	International Primary	☐	National Primary	☐
	International Secondary	☐	National Secondary	☐
Ownership:	SLT		Approved by:	SLT

1. Objectives

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

2. Medical Health Form

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

This form give health information of the student such as:

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

3. Injury/Illness

- Student who sustain a minor injury or feel ill should be seen by the school nurse. They will perform the assessment and determine the appropriate treatment.
- The school nurse will also contact parents / guardian and advise them to bring student to medical facility (if needed). Students with temperature of 37.5 degree Celcius will be sent home.

- All accidents and injuries must be reported to the school nurse and recorded by the school nurse no matter how trivial one considers an injury to be to a member of staff, to a student or to a visitor.
- The accident record book kept in the medical room and contain the following information:
    a. The date and time of the accident or injury
    b. The name of the person and nature of the injury
    c. The place where the incident took place will be entered into the school's 360 system
    d. A brief description of the circumstances including identification of the activity that was being undertaken at the time.

  The school nurse will ensure that any accidents of a serious nature, or those requiring medical attention, are reported to the Campus Principal immediately. The Campus Principal will investigate the cause of all serious accidents and injuries. These incidents are documented in the student log sheet. Any injuries and/ or incidents requiring action are reported in the 360° system.

4. Use of Medical room

- A student can only use the medical room when supported by a trained first aider, who will:
    a) Assess and identify the nature of the condition.
    b) Remain with the student under observation in the Medical Room subjected to his or her condition. Otherwise, the student will return to his or her classroom after treatment has been carried out.
    c) Administer medication as necessary to students whose parents have given consent on the health form. If parents have not given consent, the school nurse will phone parents before administering medication.
    d) To return to lesson, if the student is fit to do so.
    e) All students who visited Medical Room will have a photo taken of their injury which is sent to parents via Whatsapp by the school nurse. Students who are ill will receive a phone call home to parents.
    f) Documented in the accidents book. If any injuries related, to enter in 360°system. All accidents where you have to do something, reported in 360.
    g) For early medical dismissal, the school nurse will call parents and inform parents.

5. Reporting to parents

If a student receives more than a minor cut or graze the accident should be reported to the parents. A photo is taken of their injury which is sent to parents via Whatsapp by the school nurse. Students who are ill will receive a phone call home to parents.

6. Management of infectious diseases

- School should ensure the school community is fully informed of the procedures to be followed relating to infectious diseases.
- In the event of any infectious ailment such as chicken pox, measles, Impetigo and Hand Foot Mouth Disease is identified or where concern persists without identification of the infection,

immediate medical assistance will be sought and where appropriate, Campus Principal and the school nurse should be informed.

- Whenever confirmation is made of any infectious disease it will be the school's policy to take direction on excursion from the chart of infectious diseases, or in cases of doubt, after consulting the medical services.

7. First aid and AED arrangements

- The school has 2 medical rooms the main one is located at the main admin block. The second one is in Primary Block A.
- First aid boxes in the school are located on every floor of Blocks A to F, both swimming pools, The Atrium and The Colloseum.
- In addition, there are travel kits for field trips. The contents of these boxes vary according to location and are checked every term by the school nurse who retains a log of the boxes.
- A child's AED is located in the Admin Lobby, an Adult AED is located at the sports hall (facing the field)

8. Medication Administration Policy

The following requirements must be met before administering medications:

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

9. Medical Emergency Procedure

- In the event of a casualty, injury etc. the teacher should call the school nurse. And a first aider if the school nurse is not nearby.
- The school nurse will tend to the person. If additional help is required then dial 911.

10. Medical conditions

10.1 Asthma

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

10.2 Allergy

10.2.1 Anaphylaxis

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

- Drug allergies
- Food allergies
- Insect bites/stings

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

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

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

Actions to be taken:

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

Appendix 1

List of signs and symptoms of some communicable diseases

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

Appendix 2

Recommendation on sick leave duration for common infections.

Disease	Sick leave duration
Acute Conjunctivitis	Until no abnormal secretion from the eyes
Chicken Pox	About one week or until all vesicles have dried up
Cholera/Diptheria	Until non-infection is confirmed by negative result on sample culture test (test is to be done on two nasopharyngeal swabs collected at least 24 hours apart following 24hours after completion of the antibiotic course)

Hand, foot and mouth disease	Until all vesicles dry up or advised by the doctor.
Measles	4 days after the day of appearance of rash
Mumps	5 days after the day of appearance of gland swelling
Rubella	7 days after the of appearance of rash
Scarlett fever	Until fever down and 24 hours after starting of appropriate antibiotic
Tuberculosis	As advised by doctor
Typhoid Fever	Until at least three consecutive stool samples collected no less than 24 hours apart are tested negative for such bacteria (the first stool has to be collected 48 hours after completion of the antibiotic course
Viral gastroenteritis	Until 48 hours after the last episode of diarrhoea and vomiting
Whooping cough	5 days from starting the antibiotic course or as advised by doctor
Impetigo	Until the sores have crusted and healed or 48 hours after antibiotic treatment started or as advised by doctor

Note

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