



BISHOP MACKENZIE
INTERNATIONAL SCHOOL

B M I S

CLINIC STANDARD OPERATING PROCEDURES

2024-25

Belief | Motivation | Inspiration | Success

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DAILY FIRST AID ADMINISTRATION

The Teacher shall complete the referral form indicating the Student's Name, grade, the time the student left the class, and the reason for visiting the clinic. During break time students shall visit the clinic without the form, and the Nurse shall complete the referral form.

The School Nurse evaluates and completes clinical assessments for students who visit the clinic for consultation.

Every student that attends the clinic will be listed in the daily report using the school base workbook. It includes

- Name of the Student & class they belong to.
- Date & Time In
- Main Complaint
- Intervention.
- Remarks
- Time Out

If there is a need for the student to stay in the clinic for observation, the nurse will inform the Principals and Teacher through phone and e-mail.

If the student is stabilized and qualifies to go back to class, he/she will be released back to class with a note to show the teacher and take it home.

SENDING STUDENTS HOME

After assessment by the School Nurse, if the student is not fit enough to remain in school, and needs to go back home the following are the steps to follow;

- Notification to the Teachers and respective Principals regarding the details of the student's condition.
- The students remain in the clinic.
- Parents/Guardians shall be informed by the school Nurse by phone call and email if no one picks up regarding the condition of the patient and confirms to pick up the student from the clinic.
- The school Nurse fills out the gate pass / early leave form.
- Students get discharged with a legitimate Parent/Guardian and hand over the gate pass/ early leave form to the legitimate Parent/Guardian.
- In case Parents' / Guardians' numbers are not connecting, emergency numbers or email addresses provided to the school shall be used.

REFERRAL FOR FURTHER CLINIC EVALUATION AND MANAGEMENT

The Nurse shall notify the principal and then the teacher regarding the details of the patient's condition.

Parents shall be informed by the School Nurse regarding the status of the patient and the child needs to be collected from school to other specialized healthcare facilities for further clinical management.

A referral form shall be handed over to the parents/guardians to be presented at the referred facility.

Students get discharged with legitimate Parents / Guardians and hand over the Gate pass /Early Leave form to them.

Emergency Referral

- School Nurse will do a complete assessment and document using Nurse's Notes which include but are not limited to history taking, vital signs, physical assessment, and medical interventions.
- The School Nurse confirms the need for referral to the other facilities ABC, MASM, Good Hope, Partners in Hope & KCH, and takes necessary steps.
- Immediately notify School Principals regarding the details of the injury/condition, the course of action taken, and the hospital/clinic where the student needs to be taken.
- Parents/Guardians will be immediately notified by the School Nurse regarding the details of the incident and action taken.
- Immediately arrange transport with the school, parents, or emergency medical services
- The Nurse to escort the child in the ambulance/vehicle to the hospital.
- Students will be transported with a referral form immediately to the hospital.

A Referral Form includes.

- Student's name, age, address
- Parent's/ guardian's name, address, and contact numbers.
- Any known allergies and any relevant medical history.
- An accurate account of the incident/accident details, also it must specify the patient's condition at the time of his/her encounter and accurately represent the services rendered to the patient with the date and time of service provided.
- Details of any medication and first aid administered in the school.

MEDICATION MANAGEMENT

Administration

- Any Medications shall only be administered by the School Nurse
- Before administering any medication, the school nurse must obtain Parents/Guardians' consent.
- The consent regarding any other medication must be renewed annually.
- Prescribed and non-prescribed medications required by students should be administered at home whenever possible. Parents are encouraged to set medication times outside school hours.
- Where home administration is not possible, the school nurse may administer medication following the school guidelines.
- For administration of prescribed medication, all medications must be in an original container with clear instructions on administration and dosage.
- The school nurse will keep the medication records and keep daily logs of school-dispensed medications.
- Parents or guardians must pick up all medications from the school clinic after they are discontinued/expired or at the end of the school calendar. Medication that is not picked up will be thrown away at the end of the school year.
- Non-traditional forms of medication e.g. herbal or home remedies will not be administered in the school (as dosage and action cannot be determined).
- School clinics will always maintain the confidentiality of medical records.

Storage

- All medications are stored in a designated medication storage area.
- The storage area will be kept locked at all times and access given only to the School Nurse.
- If a child has a history of asthma or allergic conditions requiring the use of an inhaler, nebulizer, or Epi-Pen, it is important that a spare is kept at the school clinic. This then can be given in an emergency with prior written consent from the parent and health care provider.
- Epi-Pens are to be stored in a dark place at room temperature. Each Pen will be clearly labeled with the student's name and expiry date.
- The medication in all areas of the facility is stored under the conditions specified by the manufacturer to maintain the potency of the products. These include correct environmental conditions and packaging.
- All medications are entered on the Stock cards
- All medications are inspected and monitored on a monthly basis for expiration, damages, and FIFO.
- Containers of medicines in use (should contain a label with the opening date and expiry date) in the clinical area shall be checked by the nurse prior to medication administration.

FIRST AID KIT

- Kits are regularly checked by the school nurse and a log is maintained when used and shall replenish supplies when needed.
- Whenever there is a trip, a first aid kit must be taken to the trip together with a certified first aid staff and must be returned back in good condition.
- Inform the School Nurse of any trip through email for first aid kit preparation
- First Aid Kit in all classes.

First Aid Bag Contents

- Bandage- Conforming 75 by 4.5 and 100 by 4.5
- Plaster
- Wound Cleaner - Cetrimide
- Triangular Bandage
- Splint - Wooden
- Safety pins
- Paper Tape
- Tweezers
- Gloves
- Gauze Swabs
- Cotton Wool
- CPR Mouthpiece
- Plaster Strips
- Burn Eaz Dressing
- Box 1st aid metal medium Empty
- First Aid Dressing number 5 & 4
- Antihistamine cream
- Scissors

Note: *First Aiders are not allowed to administer drugs hence no drugs in the first aid bags.*

INFECTION PREVENTION & CONTROL

To prevent and control the spread of infection BMIS will not admit any student onto the premises who appears to be suffering from an infectious or contagious disease.

Sickness & Fever

A student who is unwell on arrival at school will be sent back home to minimize the risk of cross-infection.

Any student who has any of the following symptoms should be seen by a physician and remain at home until fully recovered:

- Diarrhea or vomiting (even once).
- Eye or ear discharge.
- Red, watery, itchy eyes. With or without discharge.
- Rash of unknown origin. Ringworm.
- Known contagious infections.

When a child has a temperature of more than 37.5 Celsius (99.5 °F) more should not be sent to school and must stay at home well-rested.

Students can return to school if they have been fever-free for at least 24 hours without taking fever-reducing medicine such as Paracetamol or Brufen.

In case the student develops a fever at school, parents will be notified immediately to come and pick up the student as soon as possible.

Feverish and distressed students will not be allowed to go home by bus.

Exclusion of The Infectious Source

Many infectious diseases are most transmissible as or just before symptoms develop. It is important therefore that students and staff who are ill when they come to school, or who develop symptoms during the school day, should be sent home.

Ill students shall be removed from the classroom while waiting to go home.

For most illnesses, students and staff may return to school once they feel well enough to do so.

Students and Staff / Teachers shall bring a Doctor's certificate after being away for consecutive 2 days.

Students' certificates are sent to the school Nurse, Teachers as well as Principals.

Good Hygiene Practice

Identification and exclusion of potentially infectious individuals will not effectively control the spread of infection in school. Standard precautions and good hand hygiene are the best practices in preventing the spread of communicable diseases.

Hand Hygiene

Hand washing is the single most effective way to prevent the spread of infection by removing and destroying germs that are picked up on the hands.

- Students of all ages should be encouraged to wash their hands and school staff should avail of every opportunity to emphasize the importance of clean hands to students in the prevention of the spread of infection. School staff should 'lead by example'.
- Bishop Mackenzie International School provides adequate hand-washing facilities on the premises.
- Hand washing facilities are well maintained with wash hand basins, fresh running water, liquid soap dispensers, paper towels, and foot-operated pedal bins.

When to Wash Hands

1.) Before

- Handling or preparing food
- Providing first aid or medication

2.) After

- Providing first aid or medication
- Touching blood or body fluids
- Using the toilet
- Coughing, sneezing, or wiping one's nose
- Touching animals
- Removing protective gloves

How to wash hands

- Wet hands under warm running water to wrist level.
- Apply liquid soap. Lather it evenly covering all areas of the hands for at least 10 seconds. Include the thumbs, fingertips, palms, and in between the fingers, rubbing backward and forwards at every stroke (see Posters on hand washing technique in the Appendices).
- Rinse hands off thoroughly under warm running water.
- Dry with a paper towel using a patting motion to reduce friction.
- Use the disposable paper towel that has been used to dry the hands to turn off the taps.
- Dispose of the disposable paper towel in a waste bin using the foot pedal to avoid contaminating hands that have just been washed.

Alcohol based hand rubs/gels

- Alcohol-based hand rubs/gels are not a substitute for hand washing with soap and running water and are not generally recommended for routine use in educational settings because of concerns over safety, and the fact that the rubs/gels are not effective when used on hands that are visibly dirty.
- Alcohol-based hand rubs and gels are a good alternative when soap and running water are not available, (e.g. on a field trip or excursion) as long as hands are not visibly dirty. If hands are visibly dirty, liquid soap and water must be used.

How to Hand Rub

- Apply the required volume of the product to the palm of one hand and rub the hands together. The amount of gel used should be enough to keep the hands wet for at least 15 seconds.
- Ensure all surfaces of the hands and fingers are covered with the gel and keep rubbing until the hands are dry.

Respiratory Hygiene and Cough Etiquette

Respiratory hygiene and cough etiquette are effective ways to reduce the spread of germs when coughing and sneezing.

Everyone should be encouraged to turn away when sneezing or coughing.

Everyone should cover their mouth with a tissue (or their sleeve if there are no tissues available) when they cough or sneeze and wash their hands afterward.

Everyone should put their used tissues in a bin and wash their hands after contact with respiratory secretions.

Alternatively, cough inside of the elbow joint.

In addition:

- Older children should be encouraged to keep a box of disposable paper tissues in their school bags for use as needed.
- For younger children, a plentiful supply of disposable paper tissues should be available in classrooms, especially during the 'flu season'.
- Foot-operated pedal bins that are lined with a plastic bag should be provided for the disposal of used/soiled tissues

Environmental Hygiene

Cleaning and disinfection are essential and a vital part of good infection prevention and control.

Cleaning

Normal cleaning methods, using household detergents and warm water are considered to be sufficient in reducing the number of germs in the environment to a safe level.

- All areas should be cleaned regularly on a daily basis.
- Cleaning shall be monitored to ensure that they are adequate with the use of a written cleaning schedule and checklist.
- Use warm water and general-purpose detergent as a basic cleaning agent.

General Principles

- Always start cleaning the least dirty items and surfaces (e.g. countertops before floors, sinks before toilets), so as high surfaces then low surfaces.
- Water should be changed when it looks dirty, after cleaning pantries, and after cleaning the bathroom.
- Separate cleaning mops should be used for classrooms and toilets.
- Reusable cleaning cloths and mop heads should be washed daily after use in hot water.
- Empty buckets after use, wash with detergent and warm water, and store dry.
- No mop heads should be left soaking in dirty water.

MANAGEMENT OF CUTS, NOSE BLEEDING

When dealing with cuts and nose bleeds school staff should follow the school's first aid procedure. First aid kits should be readily accessible at all times.

Nose bleeding

Nosebleeds are very common in children. Most stop within a few minutes, however, some can be quite severe.

- Put on gloves before giving direct assistance.
- Get the student or staff member to lean forward (so that the blood doesn't run down the back of his/her throat making them cough or splutter).
- Apply pressure to the nose by placing the fingers at the side of the bleeding nostril with the thumb against the opposite cheek and compress gently.
- If the bleeding persists despite 10–15 minutes of pressure applied in this way, the pupil/staff member should be referred for medical treatment.
- Once bleeding has stopped any areas contaminated by blood should be cleaned. It is not unusual for children to cough or vomit swallowed blood after they have had a severe nosebleed.
- Hands should be washed immediately with soap and water after gloves are removed.

Cuts or Lacerations

- Determine the cause of injury.
- Put on disposable gloves.
- Stop the bleeding by applying pressure to the wound with a dry clean absorbent dressing.
- Place a clean dressing on the wound and refer for medical treatment if needed e.g. stitches required or bleeding that cannot be controlled.
- Cuts, abrasions, or sores should be covered with a waterproof dressing.
- Once bleeding has stopped, dispose of the gloves in a hazardous waste bag.
- Hands should be washed immediately with soap and water after gloves are removed.

ALLERGY MANAGEMENT

BMIS aims to provide a safe and supportive environment to students with allergies and at risk of anaphylaxis to be able to participate fully in all school activities or any school events.

Allergies or allergic reactions happen when the immune system overreacts to substances called allergens. Common allergens include pollen, pet dander, bee venom, and allergy to certain foods and medications.

Anaphylaxis is the most severe case of allergic, rapidly progressive reaction that affects the entire body and is potentially life-threatening, particularly amongst children and young adults.

Roles and Responsibilities

- Parents are responsible for providing, in writing, ongoing accurate and current medical information to the school. The school will seek updated information via medical form during admission and at the commencement of each calendar year. Any change in a child's medical condition during the year must be reported to the school through the Indemnity form.
- A list of students with allergies will be given to the teaching staff at the beginning of each semester. It will include the name of the student and specific information about their allergy, symptoms, and if an Epi-Pen is required.
- For students with an allergic condition, the School requires parents/guardians to provide written advice from a doctor, which explains the condition and defines the allergy triggers and any required medication.
- Teachers and Teacher Assistants of those students and key staff are required to review and familiarise themselves with the medical information.
- Regular checking and monitoring of school grounds for insect infestations and regular pest control.

Safe Classroom Management for Children with Allergies

- Students with allergies must only eat the food they bring from home.
- Sharing food is not permitted.
- Desk and other eating surfaces were kept clean after food.
- Hand washing before and after eating.
- Information regarding the student's allergy must be reviewed and filed.
- "No Nuts" or any form of nuts is restricted in school.

HEAD LICE

Head Lice is a common problem amongst school children and is easily treated and prevented. Whilst parents have the primary responsibility for the detection and treatment of head lice, the school works in a cooperative and collaborative manner to assist in managing head lice effectively.

- Routine head lice checks are generally not needed but can be done upon request from the School Principals.
- In case of suspected head lice being reported, a head inspection check is carried out by the school nurse.
- In the case of live head lice, parents will be called to pick up the child at the earliest possible. Re-check students upon return to school.
- In the case of Nits, the school nurse shall notify parents and provide advice on treatment. Re-check students after 1 week; Students will be allowed to resume the classes.

- A letter will be sent to parents of all class students that confirms head lice has been detected and will be asked to do a thorough head check using the recommended guidelines.
- Screening of the rest of the students in the class of the affected child will be performed so that early detection and interventions are done to prevent a pediculosis outbreak. A notification letter shall be sent by the Principal to parents informing them about the lice in the grade.

FIRST AID PREPARATION FOR INTER SCHOOL ACTIVITIES

Ensure the availability of all emergency drugs and equipment.

Ensure the maintenance department is aware of the event and that the First Aid tent is mounted the day before the event.

Be at the event ground 30 minutes before the indicated starting time.

Maintenance team to assist in removing things from the clinic to the tent at the field.

Meet with the visiting team Teacher to find out if there are students with known medical conditions.

If not sure about something, ask the parent doctor's for assistance.

Ensure the following items are available at the First Aid tent.

- Stretcher
- Spine board and C spine
- Cooler box with ice
- First Aid bag
- Splinter

After the event ensure that everything has been taken back to the clinic.

If there is football down the field and basketball or netball on the tennis court the Nurse stays in the clinic for easy access.

If there is one activity the First Aid site will depend on the field used.

COMMUNICATIONS AND UPDATES FROM THE SCHOOL CLINIC:

As and when it is appropriate, parents or guardians may receive the following notifications from the School Nurse:

- Notification of Head Lice
- Notification of communicable Diseases like; Mumps, Chickenpox
- Other general illness or injury notifications

NOTIFICATION LETTERS AND CLINIC FORMS

1. Forms

NURSES REFERRAL	STUDENT		GRADE	DATE
	TIME LEFT CLASS		TIME AT THE CLINIC	
	TEACHER		NURSES SIGNATURE	
REASONS FOR REFERRAL <input type="checkbox"/> Breathing difficulty <input type="checkbox"/> Cold symptoms/cough <input type="checkbox"/> Clamps <input type="checkbox"/> Cut/scrape <input type="checkbox"/> Dental <input type="checkbox"/> Ear ache <input type="checkbox"/> Eye injury/irritation <input type="checkbox"/> Fever	<input type="checkbox"/> Pain <input type="checkbox"/> Rash <input type="checkbox"/> Sore throat <input type="checkbox"/> Stomachache <input type="checkbox"/> Vomiting <input type="checkbox"/> Headache <input type="checkbox"/> Head injury <input type="checkbox"/> Insect bite <input type="checkbox"/> Nose bleeding		<input type="checkbox"/> Routine treatment <input type="checkbox"/> Other	
NURSES REPORT AND ACTION <input type="checkbox"/> EMS <input type="checkbox"/> First Aid <input type="checkbox"/> Ice applied <input type="checkbox"/> Warm compress <input type="checkbox"/> Medication given <input type="checkbox"/> Observation/Rest <input type="checkbox"/> Temperature.....	<input type="checkbox"/> Return to class <input type="checkbox"/> Excused from PE <input type="checkbox"/> To go home <input type="checkbox"/> Time parent notified..... <input type="checkbox"/> Unable to contact parent <input type="checkbox"/> Time taken home..... <input type="checkbox"/> Referral to..... ...		REMARKS	

REFERRAL LETTER/FORM

PERSONAL INFORMATION

Student Full Name :
(PLEASE USE CAPITAL)

Place Of Birth : _____ / _____ / _____

Address : _____

Phone Number : _____ **E-Mail** : _____

EMERGENCY CONTACT DETAILS

Parents/Guardians :
(PLEASE USE CAPITAL)

Phone Number : _____ **E-Mail** : _____

Reason for referral : _____

Past Medical History & Allergies : _____

Present History : _____

Treatment : _____

Referred by: School Nurse

Name : _____

Signature: _____

Nurse's Note to Home

Your child was seen in the Nurse's Office today

Date : _____

Student Name : _____

Reason for Visit : _____

Action taken : _____

Nurse's Comment : _____

*Please feel free to call the Nurse's office with any questions or concerns on
0999364478 / 0881131094*

STUDENT GATE PASS

Time : _____ **Date** : _____ **Name** : _____

Reason : _____

Authorised by NURSE : _____

NOTIFICATION LETTERS

Date:

Dear Parents/ Guardians

CHICKEN POX OUTBREAK NOTIFICATION LETTER

This letter is written to notify you that we have cases of Chickenpox at the school.

Chicken Pox is a condition caused by a virus and is spread from person to person through direct contact with the chicken pox rash of an infected person, or by respiratory droplets expelled when an infected person breathes, coughs, or sneezes. It may take 10 to 21 days after exposure to develop signs and symptoms. A person with Chicken Pox is considered contagious for 1 to 2 days prior to the onset of the rash and for about 5 days after the rash appears.

The following are the symptoms of Chickenpox: Fever, Malaise, General body pains, headache, cold-like symptoms, and intensely itchy skin rash which appears as small blisters surrounded by irregularly-shaped patches of inflamed skin. The blisters first form on the body and later on the head and limbs. A few days before the appearance of the rash, the person may feel feverish and have a sore throat and headache. The treatment for Chickenpox consists of measures to make the victim comfortable such as avoiding overheating and sweating, use of cold compresses or tepid baths to reduce the itching, or calamine lotion and painkillers when necessary.

Avoid giving your child aspirin. Isolation of an infected person is very important to prevent the spreading of the disease.

When your children present with the above-mentioned symptoms please don't send them to school for a day. If they develop itchy skin rash blisters confirming Chicken Pox you have to keep them home isolated until all lesions are crusted over and dry which can take 5-7 days. If Chicken pox is ruled out after medical consultation, you may send them to school.

Thank You
School Nurse

Date:

Dear Parents/ Guardians

MUMPS OUTBREAK

This letter serves as a notification that there is a Mumps outbreak at school.

Mumps is a contagious infection that is caused by a virus. It mainly affects the Salivary Glands that are located near the ears. The infection can cause the swelling of both or one gland.

The primary sign of Mumps is the swelling of Salivary Glands which causes the puffiness of the cheeks. Other signs include; Painful swollen Salivary Glands, Pain when chewing and swallowing, Fever, Headache, Fatigue and weakness, Loss of appetite, and Muscle Ache. Note that some people may have mild symptoms or may not show signs at all. Usually, the recovery is within 1 to 2 weeks.

The transmission of Mumps is the same as of cough and flu through direct contact with the saliva of an infected person or through respiratory droplets. 2 days before to 5 days after the onset of Mumps are considered as infectious periods. During this period avoid going to school/work, be in isolation, wash hands with soap frequently, and dispose of all the tissues used when sneezing.

Currently, there is no treatment for Mumps. To relieve the symptoms, the following are advised: Taking enough fluid, having enough time to rest, applying a cool or warm compress to the swollen glands to relieve pain, and giving painkillers / Antipyretics when necessary.

Vaccination is the only way to protect your child from Mumps. Vaccine which is a combination of Measles, Mumps, and Rubella (MMR) is given to a child at the age of 9 months. Should you observe signs and symptoms suggestive of Mumps, consult your family physician.

Thank You

School Nurse

Date:

Dear Parents/ Guardians

HEAD LICE INSPECTION RESULTS

On the school had an inspection of head lice to students as one of its policies and your child..... Is one of those students showing signs of Lice and Nits (egg).

Please take note of the following so that the cycle of Lice & Nits is broken. Head Lice are common in school-age children. Having Lice is not the result of poor personal hygiene, anyone can get them. These tiny insects are not infectious and cannot affect the health of a person.

Transmission is through direct contact or by sharing clothes with lice on them. Itchiness is the commonest symptom of lice mainly on the scalp, neck, and ears. Other signs include; the presence of Lice on the scalp, Lice eggs (Nits), and sores on the scalp.

To break the cycle there are many effective creams and shampoos available over the counter or by prescription from your Doctor. A fine Nit comb is also needed to remove the dead eggs and lice a few days after treatment. Also ironing clothes to kill the nits and lice.

The school policy states that any child with Nits and Lice is not allowed to attend school until they are treated. After treatment, the child will undergo re-inspection and if she/he is free from Lice & Nits she/he will be allowed back in school.

Thank You
School Nurse