## Cayman Prep & High School

### WHOLE SCHOOL

# MEDICAL POLICY

School Mission Statement:

***At Cayman Prep and High School, we aim to provide a stimulating learning environment, firmly rooted in Christian principles, in which our students become critical creative thinkers, responsible citizens and lifelong learners in an ever-changing world".***

Core Values:

| | |
|---|---|
| ***Loyalty*** | ***Forgiveness*** |
| ***Self-Discipline*** | ***Empathy*** |
| ***Integrity*** | ***Friendship*** |
| ***Excellence*** | ***Caring*** |
| ***Respect*** | ***Communication*** |

This Policy:

This Policy is an overview of all medical matters across both the Primary and High School of Cayman Prep and High School. It establishes the expectations of Medical provision and serves as guidance for effective procedures and practice for staff and as a reference point for parents. For the purpose of this policy school refers to all levels of education offered at Cayman Prep High School and student(s) refers to all children enrolled at Cayman Prep High School.

Contents:

## Principles of Medical provision at Cayman Prep and High School

Medical provision at Cayman Prep and High School:

- Presents a front line of medical cover to students, staff and visitors and will ensure that we promote the good health of all students and staff in our care as well as the wider Cayman Community.
- Is in line with Government Guidelines and up to date research and best practice.
- Is available whilst the students are on school premises and including all school trips off site.
- Supports students with special health needs who require prescription medication; need extra medical, mental health or educational services; have ongoing emotional, behavioural, or developmental problems; have activity restrictions; or use specialized therapies will have an individualized health care plan which is provided by their primary physician and is communicated to relevant staff members to help monitor their medical needs.
- Is outlined in this Policy, which sits alongside other polices, including Child Protection, Curriculum and PSHE.

First Aid, as a part of the School's Medical provision:

- Aims to save lives and prevent minor injuries becoming major one.
- Ensures adequate facilities and appropriate equipment for providing first aid in the workplace, as well as for the specific age of the child.
- Requires key staff members to be First Aid trained.

## Key Staff and their responsibilities

The Primary and High School Nurses holds appropriate medical qualifications (Registered Nurse, BSc. Midwifery and First Aid instructor) and are responsible for overseeing Medical provision at Cayman Prep and High School. Responsibilities include:

- Providing medical attention for students and staff
- Undertaking and communicating a needs assessment and highlighting at risk students with medical needs (Medical 'notable group').
- Stocking and checking all Medical resources, including First Aid containers in both HS and PS.
- Liaising with Island authorities to ensure up to date medical practice and communications.
- Reporting Communicable Diseases to School Health and Public Health to ensure and safeguard the health of the greater Cayman Community.
- Training all staff in First Aid/CPR/AED (using the (American Health and Safety Institute to train staff).

All staff:

- See Appendix 1 for trained staff list. We carefully consider, and review annually, the training needs of our school to ensure that staff are trained and experienced to carry out First Aid duties in our school.
- All Learning Assistants, Teaching, and Administration Staff have been First Aid/CPR/ AED trained.
- Training will be updated every 2 years and will not be allowed to expire before retraining has been achieved.

## Recording Medical Issues for students

- We keep a record of all accidents and injuries and First Aid treatment on SIMS. The Nurse informs parents/carers of any accident or injury on the same day, or as soon as reasonably practicable.
- An incident form should be completed by a member of staff/school nurse for all accidents/near misses, and it should be reviewed by the Principal and Business Manager.
- Parents are informed by email or phone of treatment provided and parents are always contacted beforehand if the student requires any medications.
- Any injury/knock to the head area will be immediately communicated personally to parents.
- All medical information for students is recorded into SIMS so the teachers and various staff can see if their student has a medical issue. Confidentiality is paramount and sensitive medical issues will only be shared with a select group of staff following parental consent.
- Students at Primary with more serious medical issues will be placed on PS Admin for discreet display so everyone knows of that student with that particular issue so teachers can be aware of their condition and act accordingly if an emergency should arise.
- **Recording Incidents and Near Misses:** We record any **near misses** which are an event, or where no one has actually been harmed and no First Aid was administered but have the potential to cause injury or ill health as occurrences. We record any incident that occur on the premises, and these may include a break in, burglary, theft of personal or school's property; intruder having unauthorized access to the premises, fire, flood, gas leak, electrical issues.

## Reporting Disease Outbreaks

An outbreak is defined as more cases of a particular disease or condition than expected over a given period of time OR a single unusual illness, or two or more cases of a specific illness (e.g; foodborne illness) with a suspected common exposure history. Unusual cases are reported by the School Nurse to the Public Health Department and School Health, Cayman Islands. The parents in that specific class where the outbreak is happening are also informed so they can be aware of the specific signs and symptoms to look out for. Please see attached a list of the Communicable diseases and actions required (Infection Control Guidelines and Communicable Disease Appendix 3)

## Illness Policy and isolation Procedure

**Illness**:

- If your child has a fever of 99.5 or above or is exhibiting symptoms, for example vomiting, productive cough, a known contagious illness or rash, parents must notify the School Office and Nurse immediately and keep their child away from school until they are symptom free for at least 24 hours and are no longer contagious.
- A doctor's medical certificate stating this may be required.
- If a child is sent to the Office with any suspicious rashes, illnesses or headlice, it is at the school's discretion to call the parents to collect the child from school, and to keep him/her at home until checked by a doctor.

## Maintenance of the Isolation area/Sick Bay:

- If a student presents to the Nurse's office/sick bay with a suspected communicable illness, a mask is placed on the student and School Nurse or other staff member caring for the student.
- The student is to stay isolated in the sick bay until a parent/guardian arrives to collect the student.
- After the student has left the sick bay, all hard surfaces are thoroughly cleaned using a bacterial and viralcidal agent i.e. Cavi wipes or Lysol and all bedlinens are changed and washed and area thoroughly sanitized.
- If it is a suspected COVID case, guidance from Public Health will need to be adhered to and potential isolation of people involved.
- The School Nurse will contact the parents to collect their child and parents will be advised to collect the child and report per current Cayman Islands government guidelines.
- In the event of a staff member, the staff member will be advised to go for testing per Cayman Island Government guidelines.

## Headlice:

- If your child has headlice, he/she may not return to the classroom until treatment has been given and he/she has been checked by the Nurse/ School Office (usually 24 hours after treatment) and cleared for return.
- The child always needs to report to the School Nurse for a thorough check clearance before returning to class and that class be checked at regular intervals.

**COVID-19 update:** Parents are respectfully requested to comply with protocols, including keeping children at home if they show any symptoms related to COVID-19. The school must be notified if someone is COVID-19 positive.

## Medical resources

### First Aid Bags/Boxes and Locations

The School Nurse is responsible for examining the contents of the first aid boxes. These are frequently checked and restocked as soon as possible after use. Extra stock is held within the school at the Nurses station at both locations. Items are discarded safely after the expiry date has passed. The Nurses station is also a fully stocked first aid area.

### Content of our First Aid Bag

- One Multi -Trauma Dressing
- One 4x4 haemostatic Dressing
- Safety Pins
- 2x triangular bandages
- 2x instant cold packs
- Six medium sized individually wrapped sterile dressings.
- 3x conforming bandages
- 1x scissors
- 20 assorted plasters
- One x sterile eye wash
- Adhesive tape
- 6x non-adhesive dressing individually wrapped.
- Sterile gloves
- Face Shield
- 1x trauma Scissors
- 10 providone iodine prep pads

- 5 x sterile gauze pads

- Tablets are not kept in First Aid bags/ boxes. The Nurses station at both school sites stock oral calpol, paracetamol, anti-inflammatory medication, oral and topical. antihistamine creams. Spare Epi-pens and Ventolin inhalers are also stocked at both school sites. The HS PE department also have access to a spare Epi-pen and Ventolin inhaler when off site. Staff should have access to emergency medication at all times.
- **Our First Aid bags** are kept in the following locations: PE room at PS, Spare bag for trips at Nurses station in both PS and HS, PE room at HS. PE Department have access to a spare epi-pen and Ventolin inhaler for emergency use when off site.
- **Our First Aid boxes at PS** are kept in various locations around the school and stock basic first aid supplies for use in emergencies. They are located in the Infant Corridor, Junior Corridor, Year 3 &4 Corridor and Year 5 and 6 Corridor.
- **Our First Aid boxes at HS** are also kept at various locations around the school and stock basic supplies. Maintenance room with the Facilities Manager, All heads of Faculty have a First Aid Box, Science Lab /Prep room. A spare Epi-pen and Asthma inhaler (Ventolin) is located with Science Technicians in the Science Prep Room. High School students with asthma and anaphylaxis are aware of the location of these medications.

Defibrillators (AED) Heart Sine 360

- The Primary school has two defibrillators, one is located opposite the student's bathroom attached to the outside of the canteen wall. The other defibrillator is located in the Nurses Station and is primarily used for sporting trips off site.
- The High School has three defibrillators, one is located in the Science block attached to the wall next to the Science Prep room. The second one is located opposite the PE hall attached to the wall and the third one is with the PE department for off-site sporting trips.
- These defibrillators are always accessible, and staff are aware of their location. Preferably, those staff that have had specific AED training should use them and all other staff should have a basic understanding of how to use this device. The manufacturer's instructions are circulated to all staff and use promoted should the need arise. The defibrillators are checked regularly by the School Nurse. (Please see appendix 1 for our AED protocol at Cayman Prep and High School).

Administration of Medications: Prescription and Non-Prescription Medication

The School will ensure medications are administrated in a timely fashion and medication errors are communicated with parent's, the Principal and the Paediatrician immediately, to ensure the safety of the child.

Storing medications

The following guidelines will apply:

- Medication should be stored in a locked drawer or cabinet, used exclusively for medications. **
- However, always have access to and never lock away emergency medicine or devices such as Epi-pens or asthma inhalers. **
- Medications requiring refrigeration should be stored in a locked refrigerator.
- Medications should not be stored in individual classrooms.
- All medication should be stored in the original pharmacy or labelled container.

- Access to stored medication and medication cabinet keys must be limited to authorised administration staff.
- Expiration dates should be checked monthly and medication returned to parents or returned to pharmacy.
- Needles and syringes should be placed in a sharps box and sent for proper disposal (Contact Department of Environmental Health for correct disposal: 949-6696)

The School Nurse or a properly trained administrator should only administer medication if:

- The medication is in the original, properly labelled, container.
- It is a prescribed medicine.
- Over-the-counter Medication (OTC). Short term medication use (acetaminophen, antihistamine's) can be used 1-time with verbal consent. However, parents need to come to office to sign the Medication Consent Form on that same day, if not already done so. (see appendix 1). If the student is requesting regular pain-relief, the school requires a letter from their medical practitioner stating their need for regular medication and parents need to supply this medication.
- Students will also be encouraged to increase oral fluids and to eat their snack before any administration of medication for a headache or tiredness.
- The student's name, name of the drug, dosage, time of administration, and name of physician and current date are printed on the container.

*Always check that another individual has not already administered the medication for that day and time - see below*

When administering medication

1. Allergies must always be ascertained before administration of any medication.
2. A photo to identify the student is required if the student is not known to the administrator.
3. Parents must provide written consent, by completing the Medical Form, to administer medications (See appendix 4)
4. Always initial and record time, route and also record medication administration in SIMS. Return medication to locked medication cupboard.

Please follow the " FIVE RIGHTS " when administering any medications:

- The right patient
- The right drug
- The right time
- The right dose
- The right route

<u>Administration of long- term medication</u>

Long term medications are those needed to manage a student's symptoms or promote health in an extended period of time. Asthma, attention-deficit /hyperactivity disorder, seizures, heart conditions and diabetes mellitus are among the common conditions that require medications at school.

The School Nurse should administer medication and provide effective training and supervision of office administration staff who are delegated to administer medication at school.

Requests to administer nonstandard medications (e.g., doses in excess of manufacturer guidelines; alternative, homeopathic or nutritional supplements) do not have to be honoured by School Nurse. However, the School Nurse has a professional obligation to promptly record the request and resolve the conflict with the parent or the Physician (Please see Appendix 4 for medication consent form).

**For members of staff only not the students**, Aspirin tablets will be held in the Nurses Office at each school. If a member of staff should have a suspected heart attack, the Emergency Services may recommend the casualty take 1 full dose of Aspirin tablet (300g). This will be kept in a locked cupboard.

# Cayman Prep and High School

Permission to Administer Prescribed Medication at School

Date: _____

I _____ parent/guardian of _____

in class _____ hereby give my consent for him/her to receive prescribed medication

at school from the School Nurse or his/her designate.

Name of medication: _____ Dose: _____

Medication is to be given at _____ am and/or _____pm

Parent/Guardian _____ Date _____

**All prescribed medication must be submitted with a Physician prescription and in the original packaging.**

**For Official Use Only:**

☐ Written Prescription received and updated confidentially to the school medical record.

All medication administration will be documented in the students' confidential medical record.

## Health Screenings and Vaccinations

Both School Nurses in conjunction with The Health Services Authority undertake a yearly Health Screening for year 9 students. The purpose of this screening is to detect any problem or risk factors in its early stages.

The screening tests are simple and non-invasive and include the following:

- Vision & Hearing
- Weight & Height
- Heart & Lung check
- Blood pressure
- Scoliosis check
- Headlice check

Parents or Guardians will be contacted prior to the screening and must give consent for the screening and for the data collection and storage for the Health Services Authority (HSA).

There will be a dedicated area to be marked on SIMS if students are allowed to participate.

The Lions Club also do an Annual Sight Screening for year 6 & Year 1 at the beginning of every year.

The Health Services Authority offer the DTAP vaccine to year 10 students every year. They also offer the influenza vaccine to all staff at CPHS.

## Emergency Procedures for a Medical Emergency

## Appointed First Aiders to take charge of medical Emergencies if no Nurse on-site

### High School

1. Receptionist: First responder when someone is injured or becomes ill.
2. Admissions Officer: Second responder in the event that the first responder is unavailable (four days a week) or Office Manager (one day a week).
3. Bursar: Third responder in the event that the second responder is unavailable.
4. Finance Officer: Fourth responder.

### Primary School

Primary Office Staff: When someone is injured or become ill.

### Emergency Procedure for Accident of Illness by The Appointed First Aider:

1. Assess the situation.
2. Remain calm.
3. Be sure the situation is safe for you to approach. Always wear gloves when dealing with bodily fluids.
4. Calmly, call for extra help if required and ask that person to call the Nurse/ Guardian or dial 911 if situation is serious and student requires immediate transfer to hospital.
5. The responsible first responder should be in charge and stay at the scene and give the injured student help, reassurance and first aid treatment within which they have been trained.
6. Do NOT give medications unless there has been prior approval by a Parent or Guardian or it is an Emergency Medication.
7. Do not move a severely injured or ill student unless absolutely necessary. Be aware of what to do if it's a head/neck injury.
8. The student should ONLY be transported to hospital by ambulance or parent/guardian and not by a member of staff.
9. Fill out an incident report following the event and reflect on the incident to help improve steps in a medical emergency.

**Please do NOT hesitate to call 911 even if you are not sure if the situation is an Emergency.**

### Reasons for transfer to hospital by ambulance:

- Loss of consciousness
- An altered confused state
- Severe Bleeding
- Suspected heart attack
- Suspected stroke
- Amputation
- Severe head/back injury
- Breathing difficulties
- Severe allergic reaction after administration of an Epi-pen
- Severe burns or scalds
- Diabetic coma

- Seizure
- Coughing or vomiting up blood
- Severe abdominal pain
- Severe pain from a fracture
- Remember! It's always better to call an ambulance even if you are unsure.

## Related Policies

This Medical Policy should be read in conjunction with the:

- Whole School Child Protection Policy
- Primary School Curriculum Policy
- Primary School PSHE Policy
- Primary School Teaching and Learning Policy
- Primary School Assessment Policy
- Primary School SEN/ Notable Group Policy
- Primary School Character Education Policy
- Whole School Student Mental Health and Well Being Policy

## Appendices:

1. First Aid Trained Staff
2. Specific Medical Emergencies or Conditions (in alphabetical order)
    1. Abdominal pain
    2. Anaphylaxis
    3. Asthma Attack
    4. Back and Neck Injury
    5. Breathing Difficulties
    6. Burns
    7. Cardiac Arrest/Respiratory Arrest
    8. Choking
    9. Dehydration
    10. Dental Emergencies
    11. Diabetic Emergency
    12. Eye Trauma
    13. Head Injury
    14. Heart Attack
    15. Hypoxemia
    16. Seizures (Convulsions)
    17. Sprain of Ankle/Knee
    18. Stings
    19. Stroke
    20. Sunburn
3. Whole School Infection Control and Communicable Diseases Policy
4. Whole School AED Policy
5. Whole School Anaphylaxis and Epi-pen Policy
6. Whole School Asthma Policy
7. Whole School Sun Safety Policy
8. High School Lift Key policy

## Appendix 1

### First Aid/CPR Trained Staff

| | |
|---|---|
| School Nurses/ First Aid Co-Ordinators/ Health &Safety Officer**s**. Responsible for looking after the medical provision at CPHS. First Aid /CPR/AED Instructors (ASHI) | Emily Harrison RN BSc midwifery. **(Primary)**<br>Darcy Connors RN BSN **(High)** |

**Whole School:**

**All administration staff and staff who work with students are First Aid CPR/AED trained and have their certification logged with HR and in the Medical Office.**

## Appendix 2

## Specific Medical Emergencies or Conditions (in alphabetical order)

### Abdominal pain

Abdominal pain can be many causes. It may be due to food poisoning, an intestinal or gall bladder obstruction, an infection, inflammation or appendicitis. In female staff members, abdominal pain can result from ectopic pregnancy, an ovarian cyst, pelvis inflammatory disease or other female organ disorder.

Acute, sudden, severe or prolonged abdominal pain should require immediate referral to a medical facility for further assessment. Please call parent of guardian or 911 if student appears severely distressed or you are unsure of the seriousness of his/her condition.

## Controlling External Bleeding

After checking the scene and the injured person:

Check: Check the scene for hazards.

Call calmly for extra help.

Check the student and extent of laceration.

Call 911 if unsure of the extent of bleeding.

### Care

- Cover wound with clean, sterile dressing.
- Apply pressure until the bleeding stops.
- For embedded objects, place the dressing around the object and apply pressure around it. NEVER REMOVE THE OBJECT.
- Cover the dressing with a clean bandage and wait transfer to hospital.

If bleeding does not stop:

1. Apply more dressings and bandages on top of previous dressing.
2. Continue to apply additional pressure.
3. Keep student warm to help minimize shock. Remain calm and give reassurance.
4. Await emergency services.

Tip:

Always wear non-latex gloves and wash hands afterwards.

### Anaphylaxis

**Definition:**

A rare, extremely serious form of allergy. Onset is rapid, may be sudden, and requires instant action to prevent fatality. This is different to a mild / moderate allergic reaction and needs immediate attention and action with the administration of an autoinjector.

**The Primary School is a nut free school.**

**The High School is *not* A Nut Free Zone**

**Causes:**

Extreme sensitivity to one or more of the following:

1. Foods most commonly include peanut, tree nut, egg, dairy, wheat, soy, shellfish, fish, food dyes.
2. Insect sting, usually bee or wasp.
3. Medication or immunization, usually by injection,
4. Pollen.
5. Industrial or office chemicals or their vapours. (spirit duplicator liquid, carbonless copy paper, etc.)

**Physical Findings:**

1. Sudden onset
2. Feeling of apprehension, sweating, weakness.
3. Shallow respirations.
4. Tingling sensation around mouth or face, nasal congestion, itching, wheezing,
5. Low blood pressure with weak, rapid pulse.
6. Loss of consciousness, shock, coma.
7. May be accompanied by hives and/or laryngeal edema.

Laryngospasm (closing of air passage from swelling) can occur as part of anaphylaxis or by itself. It requires the same management as anaphylaxis and, in addition, requires establishment of an airway. Facilities are rarely available at school.

**Management:**

1. Immediate intramuscular injection of epinephrine 0.3mg (1:1000) for patients weighing >66 lbs. 0.15mg (1:2000) for patients weighing <66 lbs.
2. Immediate call to 911 or evacuation to nearest medical facility.
3. Monitor the student's airway and breathing.
4. If breathing stops begin CPR (See Appendix 3 for Anaphylaxis policy for HS and Appendix 4 for PS)

## Asthma Attack

Ensure staff are familiar with the 5-step rule and know agreed school procedure in the event of an Asthma attack.

These 5 steps need to be displayed in every classroom.

1. Take 2 puffs of reliever inhaler (usually blue) 1 puff at a time (Use spacer, 1 puff followed by 6 normal breaths then a second puff).

2. Sit up and stay calm.

3. Take slow deep breaths.

4. If there is no improvement, take 1 puff of reliever inhaler every minute (30-60 seconds)
   Adults and children **over 6 years old** can take up to 10 puffs in 10 minutes.
   Children **under 6 years old** can take up to 6 puffs in 10 mins.

5. Call 911 if symptoms do not improve or you are worried. Repeat step 4 if an ambulance does not arrive within 10 minutes.

## Back and Neck Injury

## Physical Findings

1. Pain, made worse by pressure or movement (do not move).
2. Pain may radiate into arm or leg.
3. Nerve involvement: weakness, tingling, numbness, or inability to move arm or leg.

## MANAGEMENT:

1. Do not move, bend, or rotate neck of student.
2. Assess student's ability to move extremities slowly, and only a small amount. Test response to stimuli such as a finger touch or pin prick.
3. If sensation is intact, pain is minimal to absent, and student is able to move all extremities normally; allow student to slowly sit up and then walk.
4. If pain, sensory impairment, or weakness persist, have student remain lying down; call 911 immediately.
5. If all neurologic signs are normal and patient is able to move all extremities freely, ice may be applied to relieve pain.

## Breathing Difficulties

Difficult breathing may be caused by a number of medical problems including asthma attack or an allergic reaction. Moderate to severe difficulty breathing is considered an emergency and requires the immediate activation of the emergency services.

Assist the student with the following actions.

1. Stay with the student.
2. Calmly call for help and ask them to call 911and inform parents.
3. Get the students reliever inhaler (Follow asthma attack action plan steps and policy appendix 5)
4. Assist the student in administering the inhaler.
5. With any breathing emergency, help by sitting the student in an upright position or in a position they are most comfortable until help arrives.

## Burns

### Burns caused by heat:

Immediately cool the burn in cold, running water an continue for least 10-15 minutes. Call 911 or seek further medical attention if necessary. Always call 911 for burns of a large area, or for burns affecting the face, hands or genitals.

### Burns caused by electricity:

Electrical burns are usually internal, and only a small outside burn may mask a large area of damage inside the victim.

### Actions for electrical burns:

1. Call 911
2. Consider your own safety first! Do not approach victim until power has been switched off.
3. Once the power is off, assess the victim, who may need CPR.

### Chemical Burn:

1. Call 911

2. Brush powdered chemicals off the skin with a gloved hand a piece of cloth.
3. Remove contaminated clothing, being careful not to contaminate yourself in the process.
4. Inform EMS on type of chemical that caused the burn.

**Heat burns do's & do nots:**

1. DO NOT use ice, as this may freeze the skin and cause more damage.
2. DO NOT pop burn blisters.
3. DO loosely cover blisters with a sterile dressing.

## Cardiac Arrest/Respiratory Arrest

### Physical Findings:

Person found unresponsive.

### Management:

1. Assess for airway, breathing and circulation.
2. Call office, state your emergency-"Code Blue"- and location.
3. CODE BLUE procedure put into effect.
4. Ask for Automated External Defibrillator (AED) to be brought to location if it is not at the site.
5. Ask for 911 to be called immediately for further medical assistance.
6. Notify parents/guardians.
7. Trained personnel attach AED and continue CPR. Follow AED instructions until the ambulance arrives.
8. Ambulance staff will assume care upon arrival.
9. An Incident Report is completed once the student has been transferred to hospital.

## Choking

### If someone is Choking:

- Determine if the airway block is mild or severe.
- Mild airway block- The person can talk or make sound and/or can cough loudly.
- Severe airway block-The person cannot that has no sounds or makes the choking sign.
- The universal sign for choke is hands clutched to the throat.

### To help with mild choking in an adult or child over 1 year old:

- Encourage the person to keep coughing to try and clear the blockage.
- Ask the person to try and spit out the object if it's in their mouth.
- Don't put your fingers in their mouth to help them as they may bite you accidentally.
- Give abdominal thrusts:
    1. Stand behind the person who is choking.
    2. Place your arms around their waist and bend them forward.
    3. Clench one fist and place it right above their belly button.
    4. Put the other hand on top of your fist and pull sharply inwards and upwards.
    5. Repeat this movement up to five times.

Call 911 if abdominal thrusts are not removing the object. Continue cycle of abdominal thrusts

until help arrives.

**If the person is obese or pregnant, do high abdominal thrusts:**

Choking conscious Infants require five back blows followed by five abdominal thrusts. Call 911 if the object does not dislodge.

## Dehydration

The only effective treatment for dehydration is to replace lost fluids and electrolytes.

### Symptoms of Severe Dehydration:

- Increased or constant vomiting for more than a day.
- Diarrhoea
- Weight loss
- Decreased Urine production
- Confusion
- Weakness/sluggishness
- Fever higher than 103F
- Headache
- Seizures
- Difficulty breathing
- Chest or abdominal pains
- Fainting

Seek immediate medical attention or call 911 if you suspect someone is severely dehydrated.

## Dental Emergencies

### RED, SWOLLEN, OR SORE GUMS:

1. Have student rinse mouth thoroughly with a warm salt water solution (1/4 tsp. table salt in a 4 oz. glass of water).

2. Instruct student to repeat rinse every two hours, and after eating or toothbrushing, and before retiring.

3. If no improvement in 1-2 days, refer to doctor or dentist.

### TOOTHACHE:

1. Have student rinse mouth vigorously with plain warm water. Floss gently for trapped debris.

2. If swelling of the gum, jaw, or face occurs, apply a cold compress to the cheek.

3. Refer to Dentist.

### BLEEDING:

Prolonged or recurrent, after extraction of a tooth:

1. Place a sterile gauze pad on the extraction site and have the student gently bite on it for 30 minutes.

2. Replace soaked gauze pads as necessary.

3. Refer to parent if bleeding persists over one hour, or sooner if bleeding appears excessive.

### ORAL INJURIES:

1. *Knocked-out tooth*:

a. Have the student rinse mouth gently with warm salt water.

b. Find the tooth. Handle only by top, not root portion. Place the tooth in a cup of milk or in the patient's buccal sulcus or a specialized tooth transport container to the physician's or dentist's office. DO NOT attempt to clean the tooth, as this may destroy the reimplantation process.

c. Teeth replaced within one hour have a good prognosis.

d. Refer to parent immediately.

2. *Chipped tooth*:

a. Clean any dirt, blood, debris from the injured area with a sterile gauze pad and warm water.

b. Prevent tongue or cheek laceration by covering any sharp edges of the broken tooth with gauze and have student hold gauze in place by keeping mouth closed. Take large fragments to dentist.

c. Apply cold compress on the face next to the injured tooth to minimize swelling.

d. Refer to parent.

## Diabetic Emergency

Diabetic emergencies happen when a student has a dangerously low or high blood sugar levels. Although this kind of an emergency can happen to anyone, it is more common for students who are known diabetics.

### Symptoms of a diabetic emergency include:

- **Confusion**
- **Altered behaviour.**
- **Difficulty speaking or walking.**
- **Slow responsiveness**

1. If the student has a low blood sugar assist him/her with their juices/sugar tablets. All diabetic students at CPHS have an action plan to follow should a Hypoglycaemic incident occur.
2. Never give insulin if the student has a low BS.
3. Do not give the student anything to eat or drink if they are unable to swallow or have slow responses. Call 911 immediately.

## Eye Trauma

### PHYSICAL FINDINGS:

1. History of blow or other trauma to eye.

2. Pain in eye.

3. Redness of conjunctiva.

4. Eye held closed.

### DIAGNOSIS:

1. If student is unable to open eye, do not force.

2. Check for visible lacerations on lids or eyeball. A small cut may be the only external evidence of a penetrating injury.

3. Check for fluid or blood in anterior chamber (between iris and cornea). May be accompanied by drowsiness.

4. Check for diplopia.

5. Check extraocular movements.

6. Check for unequal or irregular students.

7. Check vision one eye at a time, using the Snellen Chart.

**MANAGEMENT:**

1. Refer to parent for medical attention if there is laceration on lid or other visible trauma to lid or eyeball, or if vision is impaired in any way.

2. Patch both eyes with 4x4 gauze pads prior to referral to physician (this minimizes eye movement).

3. Ice packs may be used if physician referral is not necessary.

4. Reminder to monitor for concussion symptoms.

## Head Injury

**CLASSIFICATION:**

1. Trauma to scalp: laceration, bruise, abrasion.

2. Trauma to bony skull: fracture.

3. Trauma to brain: concussion.

**PHYSICAL FINDINGS:**

1. *Scalp Injury*:

a. Abrasion (see protocol).

b. Laceration: more bleeding than similar cut on other parts of body because skin over the scalp has a larger blood supply.

c. Bruise: causes mildly painful swelling (synonyms: pump-knot, goose-egg). Edges may

feel depressed, but it is not to be mistaken for the depressed skull fracture described below.

d. In all these conditions there is no disturbance of consciousness unless there is accompanying injury to brain.

2. *Skull Fracture*:

a. Nondisplaced linear fracture: no symptoms except pain unless base (bottom) of skull is fractured. X-ray required for diagnosis. Basal skull fracture usually associated with severe injury which almost always produces disturbance of consciousness or leak of blood or spinal fluid from mouth, nose, or ear.

b. Depressed skull fracture: due to a fragment or larger piece of bone pressing down on brain as a result of trauma. Usually, cannot be felt by palpation and requires X-ray for diagnosis.

c. More severe brain injury (contusion, laceration, subdural or epidural hematoma):

I. Usually accompanied by moderate to severe loss of consciousness.

II. Watch for a delayed or second episode of unconsciousness after apparently awakening from first. May be seen in subdural or epidural hematoma.

3. *Brain Injury - Mild Traumatic Brain Injury (Suspected Concussion):*

(No longer classified as mild, moderate, or severe)

May be caused by any jolt or blow to head including twisting or whiplash movements.

a. Observe student for signs and symptoms of concussion for a minimum of 30 minutes in a quiet environment.
b. Conduct a physical examination to identify findings that:
    i. Suggest more severe TBI (e.g., hemotympanum, pupillary asymmetry).
        1. Ask for 911 to be called immediately for further medical assistance.
        2. Notify parents/guardians.
    ii. May impact management of mTBI (e.g., concurrent injuries or baseline deficits, oculomotor dysfunction).
    iii. Suggest other contributions to symptoms (e.g., dehydration, cervical tenderness, scalp hematoma).
c. Complete the Concussion Signs and Symptoms Checklist (SCAT 3 attached) and monitor students consistently during the observation period. The form includes an easy-to-use checklist of signs and symptoms that you can look for when the student first arrives at your office, fifteen minutes later, and at the end of 30 minutes, to determine whether any concussion symptoms appear or change.
d. Notify student's parent(s) or guardian(s) that child had a suspected injury to the head.

If signs or symptoms **are present:**

- refer the student right away to a healthcare professional with experience in evaluating for concussion.
- Send a copy of the Concussion Signs and Symptoms Checklist with the student for the health care professional to review.
- Students should follow their health care professional's guidance about when they can return to school and to physical activity.

If signs or symptoms **are not present**:

- The student may return to class but should not return to sports or recreation activities on the day of the injury.
- Send a copy of the Concussion Signs and Symptoms Checklist (SCAT 3) with the student for their parent(s) or guardian(s) to review and ask them to continue to observe the student at home for any changes.
- Explain to parents that signs and symptoms of concussion can take time to appear.
- Avoid NSAID's or other blood thinning medications.
- Note that if signs or symptoms appear, the student should be seen right away by a health care professional with experience in evaluating for concussion.

Advise caregivers to look for:

1. A headache that gets worse and does not go away.
2. Significant nausea or repeated vomiting
3. Increased confusion, restlessness, or agitation
4. Slurred speech, drowsiness, or inability to wake up.
5. Weakness, numbness, or decreased coordination

6. Loss of consciousness, convulsions, or seizures

## MANAGEMENT:

1. *Scalp Injury:*

a. Abrasion: wash with plain soap. Pressure with 4x4 gauze or other clean cloth until bleeding stops. Dressing is usually not necessary.

b. Laceration: same as abrasion but apply pressure longer to make sure bleeding stops. (See Laceration protocol.)

c. Bruise: ice to relieve pain. DO NOT apply pressure. Prognosis excellent if no sign of brain injury.

2. *Skull Fracture*:

a. Linear: Limitation of activity as directed by physician.

b. Basal: Refer to medical facility.

c. Depressed: if fragment is significantly depressed with encroachment on brain, surgery may be required to elevate bony segment.

3. *Mild traumatic brain injury or Suspected Concussion*:

a. Prepare a concussion action plan to help students ease back into school life (learning, social activity, etc.) and information on when students can safely return to physical activity following a concussion.

b. If a student already had a medical condition at the time of the concussion (such as chronic headaches, anxiety and or depression), it may take longer to recover.

c. Watch for students who show increased problems paying attention, problems remembering or learning new information, inappropriate or impulsive behaviour during class, greater irritability, less ability to cope with stress, or difficulty organizing tasks.

Students who return to school after a concussion may need to:

- Take rest breaks as needed (ex. quiet lunches)
- Spend fewer hours at school.
- Be given more time to take tests or complete assignments.
- Receive help with schoolwork.
- Reduce time spent on the computer, reading, or writing.

It is normal for a student to feel frustrated, sad, and even angry because he or she cannot return to recreation or sports right away or cannot keep up with schoolwork. A student may also feel isolated from peers and social networks. Talk with the student about these issues and offer support and encouragement.

## FOLLOW-UP

1. *Scalp Injury*:

a. Check site of injury for 1-2 days if necessary.

b. "Goose-egg" needs no treatment; it disappears in 3-7 days.

2. *Skull Fracture*: if follow-up required nurse should follow physician instructions if any

3. *Head Injury*:

a. Check child at the end of school day to monitor progression of symptoms.

b. Notify parents by phone or in writing (see following form) of what happened and what to watch for and what medications to avoid.

The school nurse should suggest that parents get follow-up instructions from a physician skilled

in concussion management.

## Heart Attack

A heart attack is normally characterized as a severe chest pain, but may be indicated by a number of other, subtler signs. Heart attacks affect men and women of all ages. Learn to recognize the signs, and immediately call 911 if you suspect someone may be suffering from a heart attack.

### The signs of a heart attack might include:

- Chest discomfort- most heart attacks involve discomfort in the center of the chest that lasts more than a few minutes, or that goes away and comes back. It feels like an uncomfortable pressure, squeezing, fullness or pain.
- Discomfort in other areas of the upper body such as one or both arms, the back, neck, jaw or stomach.
- Shortness of breath.
- Other signs may include breaking out in a cold sweat, nausea, vomiting or light-headedness.

### If you suspect someone is having a heart attack:

- Call 911
- Allow the person to sit up, or in the position that is most comfortable.
- The School Nurse to administer aspirin 300mg only to an adult with no known allergies to aspirin. (Given only to adults)
- Monitor the victim and perform CPR if the person becomes unresponsive or lacks normal breathing.

## Hypoxemia

Hypoxemia is a common complication in acute lower respiratory tract infections in children. The normal range of SpO2 at sea level is 94–100%.

Use pulse oximetry whenever possible for the detection of hypoxemia in children with severe lower respiratory tract infections or acute asthmatic flares.

If oximetry **is not** available see below:

### Physical Findings:

- central cyanosis
- nasal flaring
- inability to drink or feed (when due to respiratory distress)
- grunting with every breath
- depressed mental state (i.e. drowsy, lethargic)
- severe lower chest wall indrawing
- respiratory rate ≥ 70/min
- head nodding

## Seizures (Convulsions)

The objectives of providing aid during a seizure are to prevent further injury and to help maintain an open airway. Most seizures will stop on their own after a few minutes, but not all will.

If the seizure is prolonged, remain calm, and:

- Call 911
- Do not restrain the student during the seizure.
- Move furniture away to protect the head.
- Do not place anything in the victim's mouth.
- Tongue biting and bleeding from the mouth can be normal side effects of a seizure.
- After a seizure the student may be unconscious, confused or lethargic.
- Place the student in the recovery position until help arrives.

## Sprain of Ankle/Knee

### PHYSICAL CHARACTERISTICS:

1. History of trauma, "twist" or "snap".
2. History of previous injury to same joint.
3. Pain.
4. Swelling.
5. Redness: May or may not be present; compare side-by-side with opposite extremity.

### TREATMENT:

1. REST.
2. ICE.

Ice pack: ice cubes can be packed in a plastic bag, wrapped in a towel, and applied to the painful area. Remove compression bandage while using ice. Apply no more than 20 minutes at a time. It is important to avoid heat during the first 24-72 hours when swelling is still increasing. Heat will cause more swelling and prolonged inactivity.

**C**ompression: A pressure bandage reduces swelling; it is important to use a compression bandage, especially when the ankle is not elevated. A 3" elastic ACE wrap is generally used. Nurses may apply an ACE wrap to minimize swelling.

Elevate extremity. Keep the foot higher than the hip, especially 72 hours following injury.

3. Consult athletic trainer when necessary.

4. For severe pain, point tenderness, inability to weight bear, refer to parent for medical follow-up.

## Stings

Most insect stings, for someone who is not allergic, need no more than simple first aid.

- Remove any stingers immediately.
- Apply ice to area for 15-20 minutes.
- Wash the area with soap and wash. Gain consent to place an antihistamine cream to the area.
- Monitor for discoloration, swelling over next couple of hrs. Give further pain-relief if required or an oral antihistamine.

If a student/staff member has a severe allergic reaction (See appendix 3)

## Stroke

Signs of a stroke. Someone may be suffering from a stroke.
Remember FAST:
Facial Weakness- Can the person smile? Is there drooping of the mouth or one or both eyes?
Arm weakness- Can the person raise both arms?
Speech problems-Can the person speak clearly and understand what you say?
Time is critical- Call 911 immediately.
Make a note of the time the symptoms started, or the student/ staff was seen to be normal.

## Sunburn

In the event of a sunburn, get indoors or to shade as soon as possible.

To relieve mild sunburn:

- Sponge with cold water
- Soothe and moisturize skin with lotions containing aloe vera.
- Prevent dehydration by drinking plenty of fluids.
- If experiencing significant pain, swelling, redness and discomfort, take simple pain-relieving analgesia.
- Avoid sunlight and cover affected areas until fully healed.
- If blisters form do not pop them. Allow to heal.

More serious cases:

- Blistering or swelling of the skin
- Chills
- A temperature of 100.4F or above
- Symptoms of heat exhaustion: dizziness, headaches and feeling sick, seek further medical assistance.

## Blisters

Blisters can be caused by burns, including sunburn. They should heal by themselves within a week. To aid in healing and reduce discomfort use an ice pack on blister for about 5 to 10 minutes.

## To protect the blister and help prevent infection:

- Cover blisters that are likely to burst with a dressing.
- Use a non-adhesive dressing.
- Always wash hands before touching a blister and after treatment.
- If the blister has burst, allow the fluids to drain before covering it with a plaster or dressing.

CAYMAN ISLANDS

# Childhood Immunisation Schedule - 2024

| AGE → VACCINE ↓ | At birth | 6 wks | 2 mths | 4 mths | 6 mths | 9 mths | 12 mths | 15 mths | 18 mths | 3-4 yrs | 10-12 yrs | 14-16 yrs |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Hepatitis B | Hep B | Hep B | | | | Hep B | | | | | | |
| Bacillus Calmette-Guerin (BCG) for tuberculosis (TB) | | BCG | | | | | | | | | | |
| Diphtheria, Tetanus, Acellular Pertussis | | | DTaP | DTaP | DTaP | | | DTaP Booster 1 | | DTaP Booster 2 (4 yrs) | | Td/Tdap |
| Inactivated | | | IPV | IPV | IPV | | | | | IPV (4 yrs) | | |
| Haemophilus | | | Hib | Hib | Hib | | | Hib | | | | |
| Rotavirus | | | RV | RV | | | | | | | | |
| Pneumococcal Conjugate Vaccine | | | PCV | PCV | PCV | | PCV | | | | | |
| Influenza-Yearly (2 doses for some) | | | | | 6 mths & older | | | | | | | |
| Measles, Mumps & Rubella (MMR) [a] | | | | | | | | MMR | 18 mths MMR | | | |
| Varicella [b] (Chickenpox) | | | | | | | Varicella | | | Varicella (4-yrs) | | |
| Human Papillomavirus [c] | | | | | | | | | | | 1 dose | |

HSA
Public Health
Health Services Authority

- Rotavirus Vaccine is given orally (by mouth). All other vaccines are given by injection.
- DTaP, IPV and HIB Vaccines are given in one injection. Booster 2 minimum age 4 years.
- a-MMR Vaccine - Minimum age for 1st dose: 12 months. Minimum interval from dose 1 to dose 2 is 4 weeks.
- b-Varicella Vaccine - Minimum age for 1st doese: 12 month, the 2nd dose may be administered before age 4 provided at least 3 months have elapsed since the first dose.
- c-HPV Vaccine Males and Females in year 7. One dose schedule.
- Males and females year 8-12. One dose schedule.

For more information please call (345) 244-2648

April 2024

## Appendix 3

## Whole School Infection Control and Communicable Diseases Policy.



### 1. Introduction

This document provides guidance for Cayman Prep on infection control issues.

Its purpose is to prevent the spread of infections by ensuring:

- Routine immunisation
- High standards of personal hygiene and practice, particularly handwashing
- Maintaining a clean environment.

### 2. Rashes and skin infections

Children with rashes should be considered infectious and assessed by their doctor.

| **Infection or complaint** | **Recommended period to be kept from school** | **Comments** |
|---|---|---|
| Athlete's foot | None | Athlete's foot is not a serious condition. Treatment is recommended. |
| Chickenpox | Until all vesicles have crusted over | See: *Vulnerable Children and Female Staff- Pregnancy* |
| Cold Sores. (Herpes simplex) | None | Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting. |
| German measles (Rubella) | Four days from onset of rash | Preventable by immunisation (MMRX2). *See Female staff pregnancy.* |

| | | |
|---|---|---|
| Hand, foot and mouth | Until fever has gone | Contact Health authority if large number of children are affected. |
| Impetigo | Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment. | Antibiotic treatment speeds healing and reduces the infectious period. |
| Measles | Four days from onset of rash | Preventable by vaccination (MMRX2). See: *Vulnerable children and female staff-pregnancy*. |
| Molluscum contagiosum | None | A self-limiting condition |
| Ringworm | Until treatment commenced. | Treatment needs to be commenced |
| Roseola (infantum) | None | None |
| Scabies | Child can return after first treatment | Household and close contacts require treatment. |
| Scarlet fever | 5 days after commencing antibiotics. | Antibiotic treatment is recommended for the affected child |
| Slapped cheek/fifth disease. Parvovirus B19 | None (Once rash has developed) | See: *Vulnerable Children and female staff-pregnancy* |
| Shingles | Exclude only if rash is weeping and cannot be covered | Can cause chickenpox in those who are not immune, i.e., have not had chickenpox. It is spread by very close contact and touch. See: *Vulnerable children and female staff-pregnancy* |
| Warts and verrucae | None | Verrucae should be covered in swimming pools, gymnasiums and changing rooms. |

## 3. Diarrhoea and vomiting illness

| **Infection or complaint** | **Recommended period to be kept away from school.** | **Comments** |
|---|---|---|
| Diarrhoea and /or vomiting | 48 hrs from last episode of diarrhoea or vomiting. | |
| E.coli. Typhoid and paratyphoid. | 48 Hrs from last episode of diarrhoea or vomiting. | Further exclusion is required for children aged five years or younger and those who have difficulty adhering to hygiene practices. Please consult Health Services Authority for further advice. |
| Cryptosporidiosis | Exclude for 48 Hrs from last episode of diarrhoea. | Exclusion from swimming is advisable for two weeks after diarrhoea has settled. |

## 4. Respiratory infections

| Infection or complaint | Recommended period to be kept away from school. | Comments |
|---|---|---|
| Flu | Until recovered | See: Vulnerable children |
| Tuberculosis | Consult Health Services Authority | Requires prolonged close contact for spread. |
| Whooping cough | Five days from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment. | Preventable by vaccination. |

## 5. Other infections

| Infection or complaint | Recommenced period to be kept away from school. | Comments |
|---|---|---|
| Conjunctivitis | a. Bacterial- child should remain home from the time his/her eyes become red and draining until 25 hrs after commencing antibiotics.<br>b. Viral- Contagious for 5-7 days. | If an outbreak/cluster occurs, consult Health Services Authority. |
| Diphtheria | Exclusion is essential. Always consult Health Services Authority. | Family contacts must be excluded until cleared by Health Services Authority. Preventable by vaccination. |
| Glandular fever | None | |
| Head lice | Excluded until no Live louse or nits seen | Need to be checked by School Nurse on return to School. Report to Health services if outbreaks occur. |
| Hepatitis A | Exclude until seven days after onset of jaundice. | In an outbreak of hepatitis A, the Health Services Authority will give advice on control measures. |
| Hepatitis B,C,HIV/AIDS | None | Not infectious through casual contact. For cleaning of body fluid spills see: Good hygiene measures. |
| Meningococcal/Meningitis/ Septicaemia | Until recovered | The Heath Services Authority will advise on any action needed. |
| Meningitis due to other bacteria | Until recovered | Hib and pneumococcal meningitis are preventable by vaccination. Contact Health Services Authority for advice. |

| | | |
|---|---|---|
| Meningitis Viral | None | Milder illness. No need to exclude siblings. Contact tracing not required. |
| MRSA | None | Good hygiene practices. Contact Health Services Authority for advice. |
| Mumps | Exclude child for five days after onset of swelling | Preventable by vaccination (MMRX2 doses) |
| Threadworms | None | Treatment is recommended for the child and household contacts. |
| Tonsillitis | None | There are many causes, but most cases are due to viruses and do not need antibiotics. |

The disease's highlighted in yellow denotes a notifiable illness. It is a statutory requirement that The School Nurse report a notifiable disease to the Health Services Authority at Georgetown Hospital.

Outbreaks: If an outbreak of infectious disease is suspected, please contact the Heath Services Authority at George Town Hospital and Nurse Suzette (School Health).

## 6. Good hygiene practice

Handwashing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting, and respiratory disease. The recommended method is the use of liquid soap, warm water and paper towels. Always wash hands after using the toilet, before eating or handling food, and after handling animals. Over all cuts and abrasions with waterproof dressings.

Coughing and sneezing: Coughing and sneezing easily spreads infections. Children and adults should be encouraged to cover their mouth and nose with a tissue. Wash hands after using or disposing of tissues. Spitting should be discouraged.

Personal Protective equipment (PPE): Disposable non-powered vinyl or latex free gloves and disposable plastic aprons must be worn where there is a risk of splashing or contamination with blood/body fluids. Correct PPE should be used when handling cleaning chemicals.

Cleaning of the environment: Cleaning of the environment, including toys and equipment, should be frequent, thorough and follow guidelines. The School Nurse and Tracey are responsible for monitoring cleaning contracts to ensure cleaners are appropriately trained with access to PPE. Regular training sessions will be done to ensure personal are clear about what to do.

### Cleaning of blood and body spillages

All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately (always wear PPE). Spillage kits are available and cleaning staff are trained and aware how to use appropriately. The staff are aware that mops should NEVER be used to clean up blood or body fluid spillages- use disposable paper towels and discard clinical waste as described below.

### Laundry

Laundry should be dealt with in a separate facility. Soiled linen should be washed separately at the hottest the fabric will tolerate. Wear PPE when handling soiled linen. Students soiled clothing should be double bagged to go home, never rinsed by hand.

### Clinical waste

Clinical waste should be segregated and double bagged in RED bags using foot-operated bins. All clinical waste bags should be less than two-thirds full.

### Sharps injuries and bites

If skin is broken, encourage the wound to bleed/ wash thoroughly using soap and water. Contact occupational health or send to A&E immediately. Contact Health Services Authority for advice if unsure.

### Animals

Animals may carry infections, so hands must be washed after handling any animals. Health and safety guidelines must be adhered to for protecting the health and safety of students on School trips. Please contact the environmental health department, which will provide you with help and advice when you are planning a visit to a farm or similar establishment.

### Vulnerable children

Some children at Cayman Prep have medical conditions that make them vulnerable to infections that would rarely be serious in most children, these children include those being treated for leukaemia or other cancers, on high doses of steroids and with conditions that seriously reduce immunity. These children are vulnerable to chickenpox, measles or parvovirus and if exposed to either of these, parent should be informed promptly, and further medical advice sought. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza.

### Female Staff- Pregnancy

If a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash, this should be investigated by their GP. The greatest risk to pregnant women from such infections comes from their own children, rather than the workplace. Some specific risks are:

- Chickenpox can affect the pregnancy if a woman has not already had the infection. Report exposure to midwife or GP at any stage. The GP and antenatal carer will arrange a blood test to check immunity. Shingles is caused by same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles.
- German measles (rubella). If a pregnant woman comes into contact with German measles she should inform her GP and antenatal carer immediately to ensure investigation. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy.
- Slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly.
- Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed, she should immediately inform whoever is giving antenatal care to ensure investigation.
  This advice also applies to pregnant students.

## Appendix 4

## Whole School AED Policy

1. Introduction

The aim of the (Automated External Defibrillator) is to increase the rate of survival of people who have sudden cardiac arrests (SCA).

- **Cardiac arrest** is when the heart stops pumping blood around the body. Sudden Cardiac Arrest (SCA) occurs when the electrical impulses of the human heart malfunction causing a disturbance in the heart's electrical rhythm. This erratic and ineffective electrical heart rhythm causes complete cessation of the heart's normal function of pumping blood around the body. Oxygen will not be able to reach the brain and other vital organs. When a cardiac arrest occurs, the individual will lose consciousness and their breathing will become abnormal or stop. When a cardiac arrest occurs, **CPR** can help circulate oxygen to the body's vital organs. This will prevent further deterioration so that **defibrillation** can be administered. The use of an AED can increase the survival rate from 5% up to 75% if used within the first few minutes of the SCA
- An AED is a computerised life-saving medical machine used to treat victims who experience SCA. It is only to be applied to victims who are **unconscious**, **pulseless** and **not breathing**. The AED will analyse the heart rhythm and advise the operator if a shockable rhythm is detected. If a shockable rhythm is detected, the AED will charge to the appropriate energy level and the shock will be delivered automatically by the Heart Sine 360 AED.

2. Aim of the Policy

- To provide guidance on the use of the Automated External Defibrillator.
- To ensure training, checking of equipment and all documentation is correct.

3. Equipment: AED Heart Sine 360

The Heart Sine 360 fully automatic defibrillator designed to analyse heart rhythm and automatically deliver a life-saving electrical shock (if needed). The Heart sine 360 also includes a motion detection feature to warn of excessive or unexpected patient movement. (Please see appendix 1).

4. Chain of Survival

Defibrillation can save lives, but to be effective, it should be delivered as part of the chain of survival.

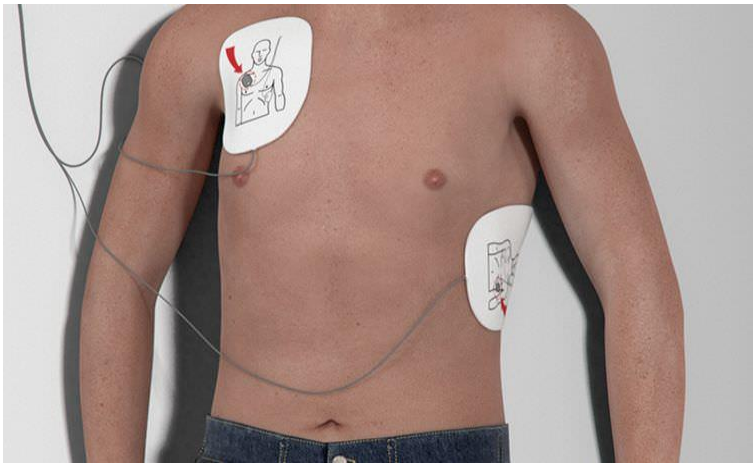

There are four stages and they should happen in order. When carried out quickly, they can drastically increase likelihood of a person surviving a cardiac arrest. Survival rates as high as 75% have been reported where CPR and defibrillation are delivered promptly.

1. **Early recognition** and call for help. Unconscious and not breathing. Dial 911 IMMEDIATELY.
2. **Early CPR**- to create an artificial circulation. Chest compressions push blood to the brain and vital organs. Ratio 30- 2 rescue breaths. CPR must only be interrupted when it is necessary for the AED to analyse the rhythm and deliver the shock. If a shock is indicated ensure nobody touches the patient whilst the AED automatically delivers the shock.
3. **Early defibrillation**- to attempt to restore a normal rhythm and hence blood and oxygen circulation around the body. Attach electrodes to the casualty's bare dry chest. Ensure that nobody touches casualty while AED is analysing the heart's rhythm. The HeartSine 360 AED will automatically shock the patient. Continue to follow the AED prompts until qualified help arrives.
4. **Early post**- resuscitation care -to stabilise the patient.

The chain as a whole is only as strong as its weakest link. Defibrillation is a vital link in the chain and, the sooner it can be administered, the greater the chance of survival.

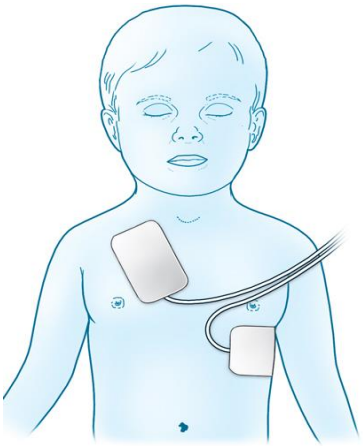
<u>Placement of adult AED pads</u>

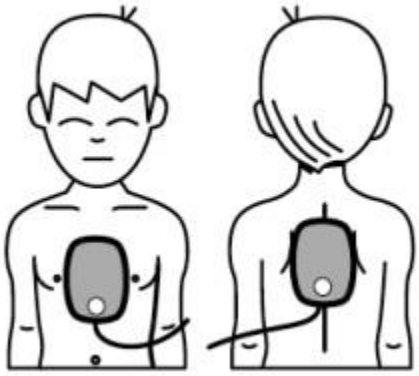
- Place one AED pad to the right of the sternum (breastbone), below the clavicle and the other pad in the left mid-axillary line.
- A picture of their correct placement is shown on the pads themselves- you must ensure though that one pad is lower than the other.
- The casualty's chest must be sufficiently exposed to enable correct pad placement- it may be necessary to shave a person's chest if excessively hairy. This will ensure the shock delivered is effective. Razors can be found in pack with AED.



Children: The High School AED does not have a Paediatric- pak included ONLY primary school

- Standard AED pads are suitable for use in children over the age of 8.
- A special paediatric -pad called a 'pediatric-pak' should be used in children between the age of 1 and 8.
- The use of an AED is NOT recommended in children aged less than 1 year.
- There are two options for electrode placement: anterior-posterior and anterior-lateral.
- A picture of their correct placement is shown on the pads themselves.





Source: Goodman DM, Green TP, Unti SM, Powell EC: *Current Procedures: Pediatrics*: www.accesspediatrics.com


5. Employee and Manufacturers Liability

- Employee Liability Insurance will cover any member of staff, visitor or member of public who, in the line of duty acts reasonably to resuscitate a casualty. It is primarily to be used by approved CPR/AED trained persons.

6. Location of AED at Cayman Prep Primary School site

- The AED is located opposite the student toilets in a central location. The Device is easily seen with signs, accessible to all staff. The location allows staff members to retrieve the device outside of normal school hours (ASC). All staff members aware of the device location.

7. Location of AED at Cayman Prep High School site

- The High School has 4 AEDs. One is located in the external corridor between the admin building and hall, the second floor of the library building in the Science corridor and one in each PE RED back pack that travels off site.

8. Authorized AED users

- The AED may be used by staff who have completed an approved CPR/AED training course (Please see Appendix 2 for list of trained personnel).

9. Accessories and consumables

Our AED will be kept with a number of accessories/consumables to ensure that it is always ready for us in the back pouch.

- Electrode pads: Both adult/paediatric
- Scissors: These will enable rescuers to cut away a casualty's clothing if required.
- Protective gloves: To guard against infection.
- Towel: If casualty is wet to aid good contact with pads.
- Safety razor: In case of excessive chest hair.
- Pocket mask: Rescuers to use a pocket mask or face shield to guard against infection when administering mouth-to-mouth resuscitation.

10. School Nurses responsibility

- Policy and guidelines for use.
- Training records and list of CPR and AED trained staff members.
- Inspection records of AED (see Appendix 3).
- Annual awareness training and with new staff upon their induction

# samaritan® PAD 360P

## Fully Automatic Public Access Defibrillator


### Compact, Easy-to-Use, Lifesaving Technology

Sudden Cardiac Arrest (SCA) is a leading cause of death globally. As response time is critical for survival, the use of an AED can increase the survival rate from 5% to up to 70%, if used within the first few minutes of the SCA.

The samaritan® PAD family of public access defibrillators is designed especially for use in public areas by providing a sophisticated defibrillator for adult or pediatric use, inside a lightweight and easy-to-operate system. Offering all the key features of the samaritan PAD products, the samaritan PAD 360P is a fully automatic defibrillator designed to analyse heart rhythm and automatically deliver a life-saving electrical shock (if needed). The SAM 360P also includes a motion detection feature to warn users of excessive or unexpected patient movement.

### Compact in Size, Long on Ability

**Portable and lightweight.** The samaritan PAD 360P is lighter (1.1 kg/2.4 lbs) and smaller than other defibrillators.

**Durable.** The samaritan PAD 360P resists shock and vibration and carries an IP56 Rating, the industry's highest rating against dust and water ingress. It also carries a ten year unit warranty.

**Advanced technology.** The samaritan PAD 360P utilizes proprietary electrode technology, advanced and stable firmware, and proprietary SCOPE™* biphasic technology (an escalating and low-energy waveform that automatically adjusts for patient impedance differences) to assess rhythm and defibrillate if necessary.


Advanced technology balanced against the demands of real world use. At HeartSine®, our innovation changes lives. And saves lives.

* Self-Compensating Output Pulse Envelope (SCOPE™) technology automatically compensates energy, slope and pulse envelope for the patient.

### Easy-to-Follow Visual and Verbal Guides

**User-friendly.** The samaritan PAD 360P features easy-to-understand visual and voice prompts that guide a user through the process including CPR coaching.

**One-button operation.** The samaritan PAD 360P only has one button – ON/OFF, ensuring straightforward operation for all levels of rescuer.

**Automatic Shock Delivery.** After analysing heart rhythm, the samaritan PAD 360P will automatically deliver a shock (if needed), eliminating the need for the rescuer to push a shock button.

**Always ready.** A System Status Ready indicator flashes to show that the complete system is operational and ready for use. The device automatically runs a self-check each week.

Visual cues prompt pad placement

Stand clear of the patient

Safe to touch the patient

### Real Economy for the Real World

**Two parts, one expiration date.** Pad-Pak™ cartridge combines battery and electrode pads, with one expiration date to monitor.

**Low cost of ownership.** With a shelf life of four years from date of manufacture, the Pad-Pak offers significant savings over other defibrillators that require separate battery and pad units.

**Pad-Pak and Pediatric-Pak with pre-attached electrodes.**

The HeartSine PAD's built-in intelligence and unique pediatric Pad-Pak ensure the appropriate energy level is delivered for children.

*Reviewed: September 2024 by School Nurses*
*Approved by SLT September 2024*

*Next review: September 2025*
*Approved by Ministry of Education Oct 2024*

Heart Sine Technologies recommends users perform regular maintenance checks, which includes the following. School Nurse responsibility. Need to record in a log.

**Weekly**

- Check the status indicator. The status indicator should be flashing green every 5 seconds. No action required. If the status indicator is flashing red please contact the Authorised Provider.

**Monthly**

- Check for signs of damage of physical harm.
- Check expiration date of both adult and Ped-pad.
- Turn on AED. If you hear a message when you turn on Heart Sine or if, for any reason, you suspect that your AED is not working properly please contact Authorised Provider.

## Appendix 5

## Whole School Anaphylaxis and Epi-pen Policy

**Policy statement**

CPHS seeks to provide a safe environment for staff and students who are at risk of severe allergic reactions. It undertakes to ensure that anyone suffering a severe allergic reaction will be treated appropriately and enabled to access emergency services promptly.

**The Primary School is a nut free school.**

**The High School is *not* A Nut Free Zone**

**Procedure**

- The medical histories of all new students should be carefully searched to identify possible cases of allergy sufferers. Any medical questionnaires not returned should be vigorously pursued.
- The presence in school of a susceptible student must be made aware to all those who need to know, including especially the catering staff. Students are identified by photographs *discreetly (per data protection guidelines photos should not be posted in classrooms or canteen)* displayed in the, kitchen at Primary, in a folder in the cafeteria at High which is accessible to the Cafeteria staff, and all staff having access to students with allergies via the VLE, SIMS and email sent from nurses during induction outlining all students with allergic reactions.
- If a particular allergen is identified e.g., peanuts, consideration should be made to ask the catering staff to avoid this ingredient in some cases e.g. fish, this might not be practical.

**The Primary School is a nut free school.**

**The High School is *not* A Nut Free Zone**

Primary School:

- Epi-pens are stored in the school office and a second one in the classrooms in the case of KG.
- Foods that contain an ingredient to which a child is known to be sensitive to must be clearly labelled.

High School:

- Epi-pens are kept on the student and a second Epi-pen in the Nurses office.

Whole School:

- Staff across the sites need to be up to date with resuscitation procedures and the treatment of anaphylaxis.
- A written protocol for treatment of anaphylaxis should be kept at each Epi-pen location.
- Children with a history of anaphylaxis should be advised to discuss the need for an Epi-pen with their own GP.
- Students who have been prescribed an Epi-pen should keep it on their person and should wear a medical bracelet. A spare Epi-pen which should be provided by the child's parent and will be kept in the school office.
- The School Nurse / Office Assistant is responsible for the safe keeping of the student's Epi-pens and oversight of Epi-pen expiry dates.

**Use of Epi-pens in School.**

Adrenaline (Epi-pen) should only be administered to children to whom it has been prescribed except in an exceptional emergency. This should be by a person who has received training and feels competent to use the device.

If a child is suspected of having a severe anaphylactic reaction, Emergency Services should be called immediately (911). The operator will tell you how to manage the casualty while you wait

for the ambulance. The school office should be contacted in the event of event of an emergency on the school site.

**CONSENT AND PROTOCOL FOR EMERGENCY TREATMENT FOR AN ALLERGIC REACTION**

Written in accordance with prescription issue by
..……..……..Dated……

NAME_____DOB_____

HAS / HAD AN ALLERGIC REACTION TO:
……..

**ASSESS THE SITUATION – ACT PROMPTLY**

Send someone to get the emergency kit which is kept: IN OFFICE / IN CHILD'S BAG

**MILD REACTION**

Itching eyes / swelling eyelids

Itching lips, mouth, throat

Burning sensation in mouth

↓

**Give antihistamine: ……..**
**Dose…….**

Stay with the child, reassure them. If symptoms worsen:

**SEVERE REACTION**

Wheezy, difficulty breathing, coughing, choking.

Difficulty speaking

Pale, sweaty, floppy

A rash may also be present.

The child may collapse. Become unconscious.

**CALL 911 FOR AN AMBULANCE**

**Stating possible anaphylactic shock**

**Give Epi-pen Injection**

- **Grasp Epi-pen in dominant hand with thumb closest to grey safety cap.**
- **With other hand, pull off the grey safety cap.**
- **Hold Epi-pen approximately 10cm/4" away from outer thigh.**
- **Black tip should point to outer thigh.**
- **Jab firmly into outer thigh so that Epi-pen is at a right angle to outer thigh, through clothing if necessary.**
- **Hold in place for 10 seconds.**
- **Epi-pen should be removed and handed to team taking over management of patient.**
- **Massage injection area for 10 seconds**
- **Patient must go to A&E as relapse can occur within a few hours and / or further management may be required.**

**If conscious, lay child on the place in recovery floor with legs elevated**

**If unconscious position to maintain airway.**

**Stay with child until further help arrives.**

IF CONDITION DETERIORATES AND THE CHILD STOPS BREATHING

**BEGIN RESUSCITATION (CPR)**

I / We agree to the protocol above.

Signature of Parent / Guardian: _____ Date: _____

## Appendix 6

## Whole School Asthma Policy

**Policy statement**:
CPHS acknowledges that Asthma is a prevalent disease of childhood and recognises the need to provide a safe environment for all staff and students who are at risk from Asthma attacks. CPHS welcomes students with Asthma and is committed to ensuring that students with Asthma achieve their full potential and take part in every aspect of school life through clear, practical guidelines on the care of Asthma.

**What is Asthma.**
Asthma is a common chronic condition affecting the airways of the lungs. Asthma causes the airways to become over-sensitive and react to triggers such as cold air, dust mites and family pets leading to inflammation and narrowing of the airways and difficulty breathing.

**Symptoms of Asthma.**
The symptoms of Asthma are one or any combination of the following:

- Shortness of breath
- Regular wheezing (Musical whistling sound usually on breathing out)
- Chest tightness
- Coughing

**Causes**
Exact causes are unknown. Asthma usually starts in early childhood but can sometimes develop at later stages in life. Asthma is linked to other childhood allergic diseases such as eczema and hay fever. Asthma is more common in children of families with a parental history of Asthma or allergy.

**Identification of students affected.**

- All parents of students must notify school of current treatment details.
- An individualised Asthma Action Plan must be completed by the doctor for every student diagnosed with Asthma and submitted to School Nurse.
- Treatment details should be accessible at all times.
- Students should have access to their reliever (usually blue) inhalers at all times especially during sport and exercise activities.: **NEVER LOCKED AWAY**
- Medications and inhalers should always be taken on school trips and sporting excursions.
- Expiry dates should be checked regularly to ensure safety.
- Parents are responsible for ensuring that the School has spare medication and a spacer in case of emergencies.
- School Nurse/ trained staff will administer inhaler in an emergency.
- Parents will be notified when their child uses their Asthma medication.
- All staff must understand School Asthma policy.
- Staff Nurse should be familiar with chronic symptoms of poorly controlled asthma including frequent use of reliever medication, missed days from school, tiredness in school, deterioration in schoolwork. The school can work with the family to assist where possible when there is issues at home with non- compliance of preventer medication.

## Appendix 7

## Whole School Sun Safety Policy

**Aims**
The aim of this sun safety policy is to protect students and staff from skin damage by the effects of ultraviolet radiation from the sun.
The main elements of this policy are:

**Protection**: providing an environment that enables students and staff to stay safe in the sun.

**Education**: learning about sun safety to increase knowledge and influence behaviour.

**Partnership**: working with Parents/Carers, our School Nurse and the wider community including local Dermatologist to reinforce awareness about sun safety and promote a healthy school.

### This school believes in Sun Safety

To ensure that students and staff are protected from skin damage caused by the harmful ultra-violet rays in sunlight.
As part of the Sun Safety policy, our school will:

- Educate students about the causes of skin cancer and how to protect their skin.
- Encourage students to wear clothes that provide good sun protection. Cayman Prep enforces a 'No hat no play policy' at the Primary site and encourages High school students to wear hats, sunglasses and sunscreen whilst outdoors.
- Hold outdoor activities in areas of shade wherever possible, and encourage students to use shady areas during breaks, lunch hours, sports and trips.
- Work towards increasing the provision of adequate shade for everybody.
- Encourage staff and parents to act as good role models by practicing sun safety.
- Regularly remind students, staff and parents about sun safety through newsletters, posters, parents' meetings, and activities for students.
- Invite relevant professional (School Nurse and local Dermatologists) to advise the school on sun safety.
- Make sure the sun safety policy is working. We will regularly monitor our access to shade provision and review the sun safety behaviour of our young people and staff (use of hats, sunglasses, shade etc).

### How we cope with hot weather

- Primary school students to wear hats when outside and encourage them to wear sunglasses.
- Students and staff should wear sun cream. Factor 30 SPF. Broad spectrum Sunscreen. Preferably mineral based every day.
- Teachers should encourage students to drink water and ensure there are regular breaks for them to do so.
- Physical education lessons should be carefully planned to avoid sun exposure, unnecessary exertion and dehydration. In extreme weather, outdoor PE lessons should not last for more than 30 minutes when students should be brought indoors, given time to rest and drink water.
- Staff must also ensure they drink water regularly and take precautions against the high temperatures and act as role models adapting sun safety measures.