



# PEMBROKE HOUSE



## **MEDICAL & FIRST AID POLICY**

**A whole-school policy including the EYFS**



# Pembroke House Medical & First Aid Policy

## Pembroke House School Medical and first aid policy

### **1.0 INTRODUCTION**

The school has a Medical Unit (known as San) which is responsible for maintaining the health and well-being of all children and staff as well as providing first aid and emergency treatment and dealing with emergencies.

The Unit is staffed 24 hours a day 7 days a week by three registered nurses and a Nursing Assistant, overseen by the Head of Department, Sister Purity. The School Doctor is always 'on call' and holds a surgery once a week on Friday mornings. There is also a bank of consulting specialists in Nairobi including a paediatrician who can be called on for advice at any time. The Medical Unit comprises a Surgery / Treatment Room, a Sanatorium with two 4 bedded dormitories each with a toilet and bathroom, plus a sitting / dining room and a private consultation room / office.

Under normal circumstances boys and girls are accommodated in separate dorms whilst in San.

### **2.0 STAFFING AND RESPONSIBILITIES**

#### **2.1 The role of the Head of San is to:**

- Oversee the general health and well-being of all staff and pupils, ensuring standards are met and health and safety is maintained and accurate records kept.
- Register and maintain memberships with Maisha Air Ambulance for all international staff, national staff if requested and all pupils.
- Liaise with medical, dental and other health professionals in the care of pupils / staff.
- Arrange hearing and eyesight screening, podiatry, physiotherapy and other such visits as well as guest speakers on health related topics.
- Ensuring that San is covered at all times by a registered nurse through a duty rota.
- Ensure adequate medical cover for special events / matches including ambulances where necessary.
- Monitor children's growth and liaise with parents on concerns / manage Healthy Eating Programme
- Provide health related advice / medical care to parents and staff as requested.
- Ensure professional standards of care are provided at all times and nurses are up to date with current best practice.
- Represent San on the Health & Safety Committee and take appropriate steps to maintain a safe environment within the school.
  - Produce a San Report each term for the Head and Health and Safety Representative on the School Council.

#### **2.2 The role of the nurses in conjunction with the Head of San is to:**

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- Provide general health care and promote the wellbeing of all the pupils and staff in the school, liaising with parents where appropriate.
- Provide and promote Health Education for staff, pupils and parents and to provide counselling when appropriate.
- Care for sick and infectious children in the Sanatorium.
- Treat children at regular surgery times and throughout the day as required.
- Organise the School Doctor's regular surgeries at school and arrange for children to be visited by a doctor as deemed necessary.
- Administer medicines and vitamin supplements as prescribed by school or home doctor.
- Be responsible for the maintenance of stocks of medicines and their safe storage and those required to be in double locked cupboards.
- Maintain a record of all treatments given.
- Maintain medical records ensuring confidentiality and storing them in a locked cabinet.
- Record the height and weight of all children at the beginning and end of term and to inform the School Doctor and parents of any concern.
- Monitor children with specific diseases e.g. diabetes and asthma.
- To provide first aid as required.
- Provide and maintain First Aid boxes in appropriate locations.
- Ensure that all accidents are reported on the appropriate form.
- Provide general health screening to include consultations with parents over hearing, vision, podiatry, physiotherapy and dental care, but NOT TO follow up with appointments; that is the parent or guardian's responsibility.
- Accompany children to hospital for specialist appointments, to casualty when required and to oversee emergency admissions.
- Assess fitness for sport or other activities and provide advice on follow-up care following injuries. Compile 'Off Games / Swimming List daily.
- To attend inset training to keep up to date with the modern nursing practice.
- To organise Food Handler testing each term.
- To conduct medicals for the Askaris annually
- To conduct water testing each term and as required
- To prepare termly statistics to allow an overall appreciation of the 'health' of the school

### 2.3 The Role of the Nursing Assistant

#### Responsible for:

- Keeping the children company during their stay in San, chatting to them, reassuring them, playing with them, reading to them and playing suitable movies at the appropriate time
- Collecting children's belongings from dorms when a child is admitted to San and helping them return these items to dorms on discharge.
- Preparing baths for children admitted to San or those referred to San for bathing and assisting them when necessary.

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- Accompanying sick children to the doctor, dental appointments
- Assisting the nurses with the administration of vitamins at break time each day.
- Preparing medical files for the doctor's visits and finding children for consultations / specialists.
- Checking first aid kits before / after use against standard list.
- The general cleanliness and tidiness of all cupboards and drawers in San, reporting to the Head Nurse broken, missing or low / out of stock items.
- Ensuring that the used medicine cups are cleaned and soaked in Milton after each clinic.
- Ensuring that there is always adequate water in San and clean drinking cups.
- Ensuring that the used meal trays and dishes are returned to the kitchen and all surfaces cleaned.
- Ensuring that there is the ginger, lemon and honey cough mixture and salt water for gargles.
- Ensuring that the books, games and DVDs in San are kept tidy.
- Cleaning soiled linen and cleaning up vomit, diarrhoea etc. using the standard infection prevention procedures.
- Ensuring used beds are remade with clean linen.
- Answering the telephone if the nurse is not available.
- Photocopying, filing, running errands, finding children and undertaking any other job required as directed by the nurse on duty.

### **3.0 MEDICAL RECORDS AND REPORTING**

#### **3.1 Medical Questionnaire**

It is a mandatory requirement that all children new to the school complete a Medical Questionnaire which details medical / surgical history, allergies, vaccination status, any special dietary requests (due to medical / religious reasons or allergies) as well as Emergency Consent, consent for the administration of non-prescription medications, insurance and Air Ambulance details. A note is made if parents do not give Emergency / nonprescription drug administration consent. This form is kept private and confidential at all times in accordance with data protection.

#### **3.2 Maisha Air Ambulance Insurance**

Being in an isolated location, it is mandatory that all children and international staff are members of Maisha Air Ambulance in case medical evacuation is necessary. If children are not existing members on joining Pembroke House, the Head of San, with parental consent, registers them immediately.

#### **3.3 Medical File**

Each child has a medical folder which contains the Medical Questionnaire, vaccination records, growth chart, routine medical examination and records of any consultations with the School Doctor, any external consultations / hospital records, nursing records of visits to San and treatment given, drug administration records and any other medically related records /

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information. The medical file is kept confidential at all times, double locked in a filing cabinet and office within the Medical Unit, in accordance with data protection.

### **3.4 Visiting Children Medical Questionnaire**

All children visiting Pembroke House for an overnight trial are required to complete a Temporary Medical Form which details any current medical conditions, any conditions the nurses should be aware of, allergies and any special dietary requirements. The form also has emergency contact details for parents / guardians and states that any medication should be taken to the Medical Unit, where it is treated confidentially. The Registrar together with the House Parents have forms as they are often best placed to ensure a parent receives a copy, however it is the responsibility of the nurses to ensure that this form is completed.

### **3.5 Medical Conditions / Allergies and Special Dietary Requirements List**

Based on the Medical Questionnaire and any updated information from parents a list of Medical Conditions / Allergies and Special Dietary Requirements is developed and made available to all staff. This is updated each term and as required by the Head of San.

### **3.6 Special Diets List**

The Head of San liaises with the Cateress on special dietary requirements and provides the Kitchen with a list each term, updating it as necessary. She also liaises with the cateress on managing children with special diets related to medical conditions ensuring the health well-being of the child. All Special Dietary requests must be based on medical / allergy or religious reasons, rather than food preferences and communicated by parents / guardians directly to the Head of San, not through children themselves.

### **3.7 Off Games / Off Swimming List**

The nurses are responsible for producing the 'Off Games / Off Swimming List' each morning which is based on doctors' and occasionally parental requests (for medical reasons). This must be reviewed each day in order to minimise the time children are off games / swimming and copies sent to the Head, Houses, and Sports Staff as well as posted in the Staff Room.

### **3.8 Daily Reporting / Communication**

The nurses record all consultations, treatment and communication with parents in the child's individual nursing kardex each shift. Any drugs administered are signed for on the child's individual drug sheet.

In addition at the end of each shift statistics are documented, any accidents reported on the Accident Form, any items which require to be charged entered in the Billing Book and any events which require communicating to the next shift written in the Handover Book. The nurse on duty during the evening shift writes a daily report (by email) to the Head, copied to the Head of San updating them on the day's events and raising any concerns.

## **4.0. MEDICAL CHECKS**

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### **4.1 Medical Examinations**

All new staff and children are required to undergo a routine medical examination with the School Doctor and parents informed of any concerns. Referrals to specialists are made if indicated.

### **4.2 Growth monitoring**

Pupils are weighed, measured and Body Mass Index (BMI) calculated at the beginning and end of each term, more often if indicated. The School Doctor, Headmaster and parents are informed of any concerns.

#### **4.21 Healthy Eating Programme**

Parents of children whose Body Mass Index (BMI) falls in the 'obese' or 'at risk of obesity' category are contacted and offered their children taking part in the Healthy Eating Programme, where their diet encourages healthier options, advice on healthy choices and increased exercise is encouraged through regular meetings. Progress is monitored by weighing these children every few weeks.

### **4.3 External Specialist Visits**

#### **4.31 Eyesight and Hearing Screening**

The school offers hearing and eyesight screening to all new children on site bring in specialists from Nairobi on an annual basis.

#### **4.32 Podiatry and Physiotherapy**

The school also offers podiatry, physiotherapy services on site every six months.

#### **4.33 Dental**

Twice a year two Nairobi dentists visit Pembroke offering a Dental Health Talk in Chapel as well as dental checks for staff and children.

### **4.4 Head lice, warts, verrucae and nail checks**

Regular checks for head lice, verrucae, and nails are conducted by House Staff; any infestations are treated, nails clipped and children with verrucae referred to San.

### **4.5 Expeditions / School Trips**

Checks are made on records of tetanus injections for children going on any outward bound-type expedition as well as membership with Maisha Air Ambulance.

## **5.0 MEDICAL CARE & ADMINISTRATION OF DRUGS**

### **5.1 Regular Surgery Times**

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The nurses hold specific surgeries three times per day between 7am and 8am, 1.30pm and 2pm and 5pm – 6pm where regular medications are administered and children with medical complaints are reviewed and monitored. In addition to this the surgery is open throughout the day for any urgent matters, injuries, homesickness etc.

The nurses must provide professional standards of care at all times in a caring, friendly manner ensuring children feel comforted and supported.

The nurses must liaise with the Heads of House on the well-being of the children, informing them of any illness / injury or reasons for concern.

### 5.2 Administering Medication

#### General guidelines

- All medications (prescribed and non-prescription) as well as vitamin and mineral supplements must be handed over to the nurses directly by the parents / guardians and collected by them at the end of term.
- It is not permitted for medications to be handed in to the nurses by the child or through a third party, e.g. House parents.
- Medication is not allowed to be kept in the dormitories and must be handed in to the nurses for safekeeping and administration.
- Only medications prescribed by a medical doctor will be accepted and under no circumstances will the nurses accept a prescription given by a parent without the backup from a medical doctor.
- All medications (prescribed and non-prescription) as well as vitamin and mineral supplements must be clearly labelled with the child's name, name of the medication, dosage, administration times and duration of treatment.
- All medications (prescribed and non-prescription) as well as vitamin and mineral supplements must remain in the original container, preferably childproof, with the original dispensing label unaltered.
- Before giving a child a new medication (prescribed or non-prescription) the nurse must check the allergies list to check for previous drug reactions.
- Medication must only be issued to the pupil for whom it has been prescribed.
- All medication (prescription and non-prescription) is safely stored in locked cabinets at all times, the key being kept by the nurse on duty.
- Children are not permitted to be in the Surgery without a nurse present and if the nurse on duty leaves the premises the Surgery must be locked.
- In the event of an adverse drug reaction or a drug error, the Head of San, School Doctor as well as the Head must be contacted immediately and the parents / guardians informed. An accident report must be completed and the School Doctor's advice followed.
- In the event of a drug error the reasons must be identified and action taken to prevent a recurrence.
- Parents to sign a 'Medication Consent Form' detailing child's name, medication, dosage and time to be given.

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### **5.21 Prescription medications**

The nurses are responsible for administering, documenting and signing for any medications given in school during term time. Occasionally, for example on an away match or school trip an appropriately trained member of staff may administer prescribed medication under guidance from the nurses and according to written instructions on the accompanying Medical Form for Trips.

If a child is travelling to school on the school bus any accompanying medication, including Epi-pens must be handed to the member of staff in charge and stored safely before being handed to the nurses on arrival at school.

### **5.22 Non-prescription medications**

Consent for non-prescription medications is obtained within the Medical Questionnaire when a child joins Pembroke House School. These must be given within the recommended guidelines at the discretion of the nurses and occasionally by a member of the teaching staff on a school trip / away match, but only in consultation with the nurse on duty. If a child requires a non-prescription medication during the night the House Parent must first consult the nurse on duty prior to giving any medication.

### **5.23 Vitamin and Mineral Supplements**

Vitamins and minerals must be handed in to San with the child's name and specific instructions regarding dosage. These are administered at break time Monday – Friday by the nurses. It is not permitted to keep vitamin and mineral supplements in dormitories.

### **5.24 Vaccinations**

The school does not provide routine childhood vaccinations and it is expected that parents attend to these during holidays, Exeats, Half terms.

The school keeps rabies and tetanus vaccinations for emergencies and if required these are administered by the nurses, with parental consent, having checked the child's vaccination records thoroughly for the date last given. The School Doctor would also be informed and advise on the need for vaccination. The date, time, batch number, expiry date, route and site of administration should be recorded in the nursing kardex as well as on the Vaccination Record Sheet in the child's medical file. The nurse administering the vaccination must sign the records.

### **5.25 Administration of Medication to Save a Life**

In extreme emergencies e.g. an anaphylactic reaction, certain medicines can be given or supplied without the direction of a medical practitioner. For example the administration of adrenaline by auto-injection (Epi-pen) and chlorpheniramine are among those drugs listed under Article 7 of the Prescription Only Medicines Order 1997, for the administration by anyone in an emergency, for the purpose of saving life.

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### **5.26 Administration of Medication on Residential Trips and Away Matches**

When children travel for away matches or on residential and overseas trips it may be necessary teaching staff to administer medicines. A consent form is completed by the parents a few weeks prior to departure. A Medical Form for Trips is compiled by the Nurses before the trip listing name of pupil, medication to be given, method of administration, dates, times, and doses. Once given the member of staff responsible for medicine administration must sign that this has been done.

### **5.3 Laboratory Investigations**

There is no medical laboratory on site however rapid malaria tests kits are available to be used in consultation with of the Head of San / School Doctor. The Medical Unit liaises with the Aga Khan laboratory in Naivasha where samples can be sent for analysis or children can be taken with an escort for investigations, with parental consent. Otherwise parents are at liberty to take their child to their own doctor for further investigations if deemed necessary. If a child is in San for 48 hours or more with an unknown illness it is recommended to parents that they undergo further investigations.

### **5.4 The Sanatorium**

Children who are not well enough to continue with the normal routine of school are admitted into the Sanatorium, ensuring that parents / guardians are informed. Parents / guardians can, if they prefer take their child home whilst unwell. The Sanatorium consists of two four bedded dormitories each with a toilet and bathroom. Every effort is made to encourage a homely, warm and caring atmosphere. There are books, games, colouring equipment and TV for children who are well enough or are recovering. Meals are taken at the dining table and there is a lounge area with TV in which to relax. There is a nurse on duty 24 hours a day and there is a bell for children to summon the nurse / nursing assistant when required. Parents are kept up to date with their child's treatment and progress.

The San often accommodates both sexes but they are in separate dormitories, unless circumstances (most unusually) deem otherwise.

### **5.5 Contagious Diseases**

Children suffering from a contagious disease will routinely be sent home (or to their guardian) as quickly as possible in order to prevent spread, until they are deemed non-infectious. They will be isolated in San until they are collected.

***(N.B. There is a policy for suspected Ebola Virus cases attached as an annex below. This should be adopted for any other highly contagious disease.)***

## **6.0 FIRST AID**

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The Head of San together with the nurses are primarily responsible for the provision of first aid in the school. In addition all academic staff, teaching assistants and sports staff are trained in basic first aid and in the case of the nurses' absence, an appropriately trained person can administer first aid if necessary.

### **6.1 First Aid Training**

All medical, teaching (including teaching assistants) and sports staff are trained in basic first aid. Many are also trained in Advanced First Aid. The Head of San is responsible for ensuring all staff are up to date with their training and hold a valid certificate.

### **6.2 First Aid Kits and Emergency Equipment**

An extensive range of first aid and emergency equipment is located in the Medical Unit, including oxygen, Defibrillator, Ambu-bags and masks, oro-pharyngeal airways, emergency drugs, spine board, neck collars and a nebuliser. These must be checked and signed for by the nurses on a weekly basis to ensure that they are always in working order and ready to use in an emergency.

#### **6.21 First Aid Kits**

First Aid Kits are located in the following places and contain the Medical Conditions / Allergies and Special Diets List for reference. All staff are aware of the location of these Kits by way of a notice in the Staff Room:

- Mackie House
- Scholes House
- Staff Room
- Science laboratory
- Kitchen
- Workshop
- All Pembroke House School buses
- Sports Hall
- Games Field Store
- School Office
- Theatre
- Art room
- School canteen
- Pre Prep

The nurses are responsible for checking and stocking all First Aid Kits at the beginning of term and whenever they are used, restocking them and replacing expired drugs as necessary.

#### **6.22 Away matches & School Trips**

San keeps 6 First Aid Bags which are clearly labelled and contain the Medical Conditions / Allergies and Special Diets List for reference as well as a completed Medical Form for Trips which

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details medications to be given on the trip as well as highlighting any medical conditions, allergies or special dietary requests. The nurses are responsible for checking these First Aid Bags before and after each use, ensuring that the teacher responsible for the trip signs for the bag on receiving it as well as on return. The nurse is also responsible for explaining to the teacher in charge of the trip, any medications to be given, including dosage, administration times and where to sign after administering them. The nurse must also alert the teacher in charge if there are any children who may require an Epi-pen as well as specifying any children with medical conditions / allergies they should be aware of. The nurse must check that the teacher in charge knows how to use an Epi-pen if required.

### **6.3 Severe allergies and Epi-pens**

Children with severe allergies are made known to all staff by placing individual posters with their photograph and allergy details on a noticeboard in the Staff Room. They are also included on the Medical Conditions / Allergies and Special Diet List which is available to all staff on the SAT drive, in the Staff Room, in the Houses and in every First Aid Box / Bag.

All children with severe allergies have their own Epi-pens kept in the Surgery. The cupboard is clearly labelled with EPI-PENS in red.

There are also two Epi-pens in an unlocked cabinet, clearly labelled EPI-PENS in red, in the Staff Room for easy access to all in a central location in school, as well as two in a box in Simon's Shed on the Games Field. The Medical Unit also vials of adrenaline as a back-up.

The Head of San is responsible for providing regular training on Anaphylactic Shock and the use of Epi-pens to all teaching staff, including sports staff. The Head of San will ensure that the procedure to be adopted in the event of anaphylactic shock is clearly understood and that the location and operation of Epi-pens is known and understood by the School Staff.

### **6.4 Accidents**

All accidents occurring on school grounds must be reported by way of an Accident Report, completed by the attending nurse as soon as possible after the incident, certainly within 24 hours thereof. The Accident Report form is used for both staff and pupils and includes the date, time, location and details of the accident, any witnesses present, action taken and treatment given. It also includes the date and time the parent / guardian and Headmaster were informed. All completed Accident Reports are sent to the Headmaster for checking / signing and any staff accidents are reported to Human Resources for onward reporting to the Government Occupational Health Department.

#### **6.41 Calling for help and informing parents**

In the event of a serious injury or incident at school the Head of San / nurses can be contacted via mobile phone. The numbers are available to all staff in the Staff Room as well as on the Surgery door. If the nurses are not in San a notice on the door indicates their location at all times.

The nurses will run to the site of the accident with an emergency bag / spine board if required if the patient is unable to be moved to San, or has a suspected back / head injury.

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Parents are contacted as soon as possible if their child has been involved in an accident, is seriously injured. In the event of parents not being available, the guardian will be contacted. The Head will also be informed as soon as possible.

### **6.42 Transfer to hospital**

In cases requiring transport to hospital, the Head of San together with the School Doctor will decide whether the case is able to be transported by road or an air ambulance is necessary. This will be based on the condition of the patient and the time of day, as the air ambulance cannot land in Gilgil in the hours of darkness. If a case is highly urgent and darkness has fallen, a road evacuation will be effected either by ambulance or the school bus with an escorting nurse. In non-urgent cases a road evacuation will be delayed until daylight as the risk on the road in the hours of darkness will outweigh the risk of remaining until morning. If a parent is present, they may choose to take their child to hospital in a private car.

In the event of a child requiring hospitalisation parents or guardians if parents are not available will be asked to accompany their child in hospital. If this is not possible the Head of San / one of the nurses will accompany the child.

### **Definite reasons for the use of air evacuation.**

- When a person is unconscious or in a coma.
- Severe head, spine injury.
- Any fracture, or suspected fracture, which cannot be fully immobilised.
- Cases of severe shock.
- Any severe bleeding.
- Any injury to the eye, where the jolting of a car could bring on haemorrhage
- If there is any possibility that the person's condition could deteriorate rapidly.

### **6.43 Home Sports Fixtures**

If an air evacuation is needed for a child visiting the school for a match and the guest teacher supervising the child is unable to accompany her/him to hospital, then a nurse, in the parent's absence, or another member of the Pembroke House staff, will accompany the child to hospital, taking any relevant medical and personal details.

If it is decided by the nurses and the supervising games staff that the condition of the child or staff member, or any visitor to the school, is not serious enough to call an ambulance, but that a visit to hospital is necessary, then a private car may be used. Two members of staff (one with appropriate first aid training, or one appropriately trained member of staff and a relative of the person concerned) must travel to the hospital with the patient.

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In a private car there is no skilled help if a further emergency arises.

- I. In a private car there is no means of resuscitation if there is any sudden collapse.
- II. The person in the car can have legal proceedings brought against them / and or the school for negligence.
- III. The private car driver may be unfamiliar with the quickest way to the appropriate hospital.

If there is little risk of deterioration and the illness or injury is considered to be minor then the parent or guardian alone may accompany the child to hospital.

### **6.44 Away Sports Fixtures and Other off Site Activities**

When a pupil is injured or taken seriously ill while on an off-site activity or an away sports fixture, and the accompanying member of staff or a parent is unable to travel to hospital with the child in a vehicle considered appropriate by the parent or member of staff, another adult present or, if at an away sports fixture, a member of staff from the host school, must accompany the child, taking with them any relevant medical and personal details relating to that child. If an appropriately trained person decides that hospital treatment is needed but the child is safe to travel in a private car then every effort must be made to arrange for the parent or a named relative to accompany the child to hospital. If this is not possible then an adult, in addition to the driver, must accompany the child once verbal permission has been sought from the parent. Those travelling with the child must hold a DBS certificate or be known to the parent or the school.

### **7.0 INFECTION PREVENTION AND CONTROL**

The nurses are responsible for the prevention and control of infection within the Medical Unit to include supervision of cleaning using appropriate chemicals on a daily basis, proper disposal of sharps, clinical waste and treatment of body fluids.

- All staff working in San should be protected with the Hepatitis B vaccination series
- All staff should take precautions to protect themselves from needle stick injuries and contamination from body fluids
- Personal protective Equipment (PPE) is available and must be worn should it be required for infectious cases
- All possible measures should be taken by staff to prevent cross infection between individuals (hand washing, aseptic technique)
- All instruments should be appropriately disinfected and autoclaved.
- All sharps should be disposed of in the appropriate container, which should not be overfilled and disposed of appropriately
- All clinical waste should be collected and incinerated

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- School staff should be made aware of the potential hazards when dealing with body fluids and clinical waste and have access to protective equipment if caring for / transporting a sick child.

### **7.2 Water testing**

The Head of San is responsible for ensuring that the school water supply is tested by before the start of term to ensure that it is fit for human consumption. Water is collected at 10 points and sent for analysis for coliforms. In the event of an outbreak of illness or water appearing 'dirty' the water will be retested. The water supply must also be tested for chemical analysis every six months.

### **7.3 Kitchen hygiene & Food handler testing**

The nurses are responsible for organising for all food handlers to be tested (blood and stool) prior to the beginning of each term ensuring all attend as this is mandatory.



### **Annex:**

### **Ebola Virus Disease (EBV) Policy**

#### **Background**

The previous outbreak of EBV in West Africa was of unprecedented magnitude. The first cases were reported in Guinea in March 2014 and subsequently spread to Liberia, Sierra Leone and Nigeria. The cases in Nigeria were linked to one imported case and have since been contained, avoiding wider spread.

EBV is transmitted by direct contact with the blood and body fluids of an infected person and cannot be transmitted by the airborne route. The incubation period (time between contact with an infected person and onset of symptoms) is between 2 and 21 days.

Any person returning from an infected country, who is free of symptoms, is not infectious and there should be no restrictions enforced. It is important however, to closely monitor such a person in case they develop symptoms.

#### **Pembroke House Response**

#### **Preparation**

1. September 2014: At the beginning of term all staff received an inset on Ebola Virus Disease (CDC approved) to familiarise themselves with signs and symptoms, self-protection and action should there be a suspected case. Teachers thus aware that if there are any children who present with fever or other symptoms that they should send them immediately to San.
2. September 2014: Gilgil Public Health Department visited the School to assess our preparedness. They were happy to find that all staff had received an inset on Ebola and that the Medical Team were prepared to undertake necessary actions should a suspected case arise.

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3. All medical staff constantly vigilant in assessing children who present with fever, diarrhoea, vomiting and other related symptoms, ensuring an accurate history is taken. This is assisted by use of an assessment algorithm.
4. The nurse-in-charge of San constantly monitors the general situation via CDC, WHO and liaison with medical colleagues in Nairobi (Gertrude's Garden Children's Hospital).
5. The Head liaises with the IAPS and UN networks and are constantly updated on the Ebola situation.

### **Action**

Based on careful assessment, should a suspected case present the following action would be taken:

1. The Head would be informed and would inform parents and any other relevant parties.
2. The suspected case would be isolated in San, using standard infection prevention and control measures, donning personal protective equipment (mask, goggles, gown, double gloves).
3. Recommended infection prevention and control measures would be used to decontaminate bodily fluids.
4. Dr Alliya Mohammed at Gertrude's Garden Hospital in Nairobi would be contacted and arrangements made to transfer the patient safely to an isolation facility.
5. Contacts with the patient would be restricted to a minimum.
6. Close contacts over the past 24 hours would be screened.
7. Local Health Authorities and the Disease Surveillance and Response Unit would be notified as per the Ministry of Health Guidelines.

Purity Nyambura, KRCHN  
Nurse-in-Charge  
Pembroke House School





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