

# HBJ MEDICAL POLICY AND PROCEDURES

<b>APPLIES TO:</b>	All staff
<b>LAST UPDATED:</b>	February 25
<b>REVISIONS: (Reviewer to enter initials and date)</b>	PLY CBO March 2025

## 1 PURPOSE OF THIS GUIDE

1.1 This policy sets out the school's arrangements for health care. In addition to arrangements to cover emergencies and the provision of first aid for students, members of staff and visitors, the school also makes arrangements for routine healthcare, screening and minor illness treatment for students at all times.

## 2 TREATMENT OF MEDICAL EMERGENCIES

2.1 In the event of a medical emergency involving a student, member of staff or visitor that requires immediate transfer to hospital, the appropriate steps to be taken will depend on the level of severity of the person's condition, the availability of help and the skills of those on hand.

The process is as follows:

- The School Health Care Centre should be informed immediately.
- Operations must be informed to make the necessary preparations and control traffic.
- In the case of an accident, the casualty should not be moved unless they are in danger and they should be kept warm/cool, comfortable and reassured.
- Students should always be accompanied to hospital, usually by a Nurse, or an appropriate member of staff.
- The Head and/or a senior manager will arrange to support the member of staff accompanying the student if necessary.
- The Head and/or a senior manager should be informed of any serious accident or sudden onset of illness if the injury involves a student or member of staff.
- Student's Form Teachers should always also be contacted in the event of injury or illness to a student and the student's parent/guardian must be contacted.
- A copy of the student's Harrow ID card and passport/national ID should be taken to hospital, if possible.

Other accidents or illnesses of a serious nature:

- The School Health Care Centre should be informed immediately, and discussions should take place as to whether an ambulance is called. The patient should be accompanied to the School Health Care Centre for checking, if possible.
- If it is necessary to go to hospital, parents should be consulted as to the preferred option.
- The student can then be taken either in a car or taxi. If a Harrow car/van is used, two people should attend – one driver and another to ensure the patient's safety.
- A member of the School Health Care Centre or School staff should always accompany the student until the parents arrive to take over (this could be whilst still at School).
- The safeguarding governor should be informed as soon as possible

### 2.2 Minor illnesses or accidents

- Where minor incidents occur first aid may be given by a qualified first aider, but only as far as knowledge, training and skills permit.

### 2.6 Contact with Staff and Parents

When a student goes to the School Health Care Centre, there should be a flow of information to the relevant staff and the parents. The School Health Care Centre may use their judgement as to when staff/parents should be informed (i.e. this is not necessary if it is for a simple plaster applied to a grazed knee). However, a log of the visit and actions is recorded on the school ISAMs platform.

All students, regardless of their school section, will follow the same process in the event of an incident:

- If a student exhibits moderate or severe signs and symptoms, they will not be allowed to return to class and must remain in the School Health Care Centre until their parents collect them.

- If a student shows no visible signs or only mild symptoms, the School Health Care Team will contact the parents, inform them of the situation, and provide them with the option of picking up their child.

2.7 Additionally, any student incurring a head injury and remaining at School, will be advised against participating in sport/physical activity for the remainder of that day.

2.8 The school will always try to contact parents according to the protocols laid out above. However, this is not always possible, the next parental contact number on ISAMs should be tried.

### **3 DISCHARGING STUDENTS HOME**

3.1 If students cannot be collected or returned to class, they will remain in the Health Care Centre.

3.2 However, there may be situations where they cannot travel home by school bus due to the infectious nature of their condition. In these cases, parents must come to collect the student from the school.

### **4 DISEASE OUTBREAKS AND FOOD POISONING**

4.1 The school follows Centre for Disease Control and Prevention guidelines in relation to any disease outbreak, as a minimum.

4.2 Any diagnosed case of a 'statutory notifiable disease' will precipitate a letter from the School Health Care Centre to all parents in that child's year group. For the Upper School, this would be for the year group or House, depending on the situation.

4.3 There are many communicable diseases we are likely to encounter at School including HFMD, Influenza A, Measles & Scarlet fever. In addition, any incidences of Head Lice, Threadworm etc. will also be communicated to that child's Year Group, Class or House. If there is an outbreak of disease (usually defined as one confirmed case and others with similar symptoms) then temperature checks should be undertaken (any student  $>37.3^{\circ}\text{C}$  should be sent home) and an enhanced cleaning/disinfecting regime should be undertaken.

4.4 If a number of similar cases are reported to the School Health Care Centre, they will start a preliminary investigation and alert the local Health Department. They will contact all absent and sick students' parents for detailed information. After this, they will consult the specialists in the Health Department who will decide if an outbreak has occurred or not. If it is classed as an outbreak, the Health Department will notify the School, and they may recommend a particular hygiene measure. The School Health Care Centre will then send out a notification to all of the parents as advised by the Health Department. If they deem it necessary, the Health Department may come to the School to investigate our disinfection protocols and provide a feedback. In a suspected group food poisoning's case, the Health Department may suggest/request Food Safety related government institute to conduct more testing/investigation of the environment and operational process .

4.5 The facilities management office should follow the Centre for Disease Control and Prevention guidelines for general disinfection and the specific disinfection during a disease outbreak.

4.6 The school absence team will generally be the ones who hear about absent children first as part of first day calling procedures and if necessary, will communicate any relevant information with the School Health Centre.

As a school we exclude all students who have a temperature above 37.3 degrees Celsius and ask that they remain at home until they have been fever-free for 24 hours without medication. Any student who has gastric

symptoms (vomiting or diarrhea) must also be kept home until they have been symptom-free for 48 hours.

## 5 FIRST AID

- 5.1 First aid may be given by a qualified first aider, but only as far as knowledge, training and skills permit.
- 5.2 First aid boxes are to be provided in every building of the School and checked regularly. When members of staff use a first aid box, the School Health Care Centre must be informed so that it can be replenished. In addition, first aid bags are to be available to staff for use in games practices, matches and other off-site activities.
- 5.3 We have AEDs in high-risk areas. AEDs are regularly checked and maintained by the school medical team.
- 5.4 **Serious health conditions**

All students who have a significant allergy or medical diagnosis that has been communicated with the school will have a care plan in place. This is shared with parents, key staff, Health Centre and is stored on the ISAMs platform and reviewed regularly.

Selected members of staff are given the opportunity to train in dealing with anaphylaxis; the School Health Care Centre will give training to staff that are likely to come in contact with students who need EpiPens.

## 6 NOTES FOR PARENTS

- 6.1 Parents are asked to note the following:
  - Students must not bring medication or drugs into school for their personal use unless prescribed by a doctor and with the knowledge of the School Health Care Centre. All such medicines must be handed immediately to the School Health Care Centre for safe-keeping. No one, except members of the School Health Care Team, should give medication of any kind to students.
  - Whilst every endeavour will be made to contact parents in an emergency, the Head acting in loco parentis, or a member of the School staff, has the authority to give permission for urgent medical and/or surgical procedures to be carried out including the administration of a general anesthetic, where appropriate.
  - Members of staff taking students away on trips must consult School Health Care Centre records, so that they are aware of any significant risks, medication or care that may be needed. This is particularly important if the trip is abroad and vaccinations need to be received several weeks in advance of the leaving date.
  - students new to the School, a medical form must be completed and returned to the School as soon as possible after it is received. We regularly remind parents of existing students to ensure that any changes to their medical details are noted.
  - Medical information is considered confidential and only shared as appropriate.

## 7 REPORTING AND RECORD KEEPING

- 7.1 A written or electronic record is kept of any accident or incident involving injury or requiring first aid (however minor), or any significant illness, or whenever the school has provided medication or other treatment.
- 7.2 These circumstances must be fully and accurately reported as soon as possible after the event and, where

appropriate, detailed statements should be obtained from witnesses.

- 7.3 Completed Incident forms should be passed to the Heads of School, Safeguarding and Health and Safety and copied to the School Health Care Centre and the appropriate senior manager.

## **8 HEALTH PROMOTION**

- 8.1 School pays attention to students' emotional and psychological well-being, and carry out proactive behavioural interventions when necessary.



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**HARROW**  
BEIJING 哈罗北京

# **HARROW BEIJING ADDITIONAL MEDICAL GUIDANCE**

## INTRODUCTION

This document contains all policies relating to medical care of students at HGZ Harrow Beijing Campus.

## PURPOSE

To have a clear concise and easily accessible policy for the medical care of students.

## INFECTION CONTROL

This document provides guidance to the clinic staff and the school on issues pertaining to infection control.

The Harrow clinic is involved in minimising the spread of infection by ensuring:

- Monitoring infectious diseases and informing the school so that they can always ensure a clean environment
- Temporary exclusion of students or staff with infectious conditions
- Routine immunisation schedules are being followed
- High standards of personal hygiene and practice, particularly handwashing

### **Reporting Infectious Diseases**

If a parent or a member of the community reports a child has an infectious disease or if a new diagnosis is made by a clinic staff member, the following people must be emailed immediately:

- Reception (LS: Candice / US: Reception) to send out on ISAMs.
- Customer services ([cs@harrowbeijing.cn](mailto:cs@harrowbeijing.cn)) to organise deep cleaning of the environment
- The Head of Upper School [sgibbons@harrowbeijing.cn](mailto:sgibbons@harrowbeijing.cn) or to the Head of Lower School [sdavey@harrowbeijing.cn](mailto:sdavey@harrowbeijing.cn) as appropriate
- Head of Early Years City Campus [tstevenson@harrowbeijing.cn](mailto:tstevenson@harrowbeijing.cn) if concerns a child at City Campus or EYFS

Some infectious diseases are notifiable and must be reported to the local Health Bureau. A complete list of notifiable diseases can be found at the end of this document, along with the form to be completed. Children with a notifiable disease must obtain a certificate of recovery from HePing hospital prior to returning to school.

### **Infection Control and Swimming**

Harrow Clinic will support the school's policy that if students are well enough to attend class, then they are well enough to attend their swimming lesson except in the following situations:

- Students with open wounds
- Students with active nose bleeds
- Students who have had diarrhea or vomiting in the last 48 hours
- Students who have had a fever in the last 48 hours
- Students with skin rashes which have not yet been diagnosed
- Students with a medical certificate from their doctor

For clarification, the following groups of students do **not** need to be excluded from swimming class:

- Students with verrucas / plantar warts – but they must be covered
- Students with common colds or mild upper respiratory tract infections
- Students with non-infectious skin rashes (eczema, psoriasis), unless they have a medical certificate from a doctor

## Incubation and Exclusion times for Infectious Diseases

(based on Beijing CDC guidance and UK HPA guidance)

Any student with a fever over 38 degrees Celsius must remain home from school until the fever has settled for more than 24 hours off medication. Any student who develops a fever >38 during the school day, should be collected by parents or guardians as soon as possible and should **not** return to school the next day. An information page with this information on it will be handed to the parents at the time of collection.

## Rashes and skin infections

Students with rashes should be considered as infectious until they have seen a doctor for evaluation.

<b>Rash</b>	<b>Incubation time</b>	<b>Recommended exclusion time</b>	<b>Additional comments</b>
Athlete's foot	NA	None	Athlete's foot is not a serious condition Treatment is recommended for comfort
Chickenpox	11-20 days	Until all vesicles have crusted over (usually 5 days)	See: <i>Pregnant member of staff and Vulnerable children</i>
Cold sores (Herpes simplex)	1-6 days	None	Avoid contact with sores. Cold sores are usually mild and self-limiting
Rubella (German measles)	14-21 days	4 days from onset of rash	Preventable by immunisation with MMR. See Pregnant members of staff section
Hand Foot and Mouth	3-5 days	7 days from onset of rash or once all skin blisters have resolved	Present in stool for several weeks. Ensure good hand washing
Impetigo	Skin carriage 2-33 days before lesions form	Until lesions have crusted over or 48 hours after starting antibiotics	Antibiotics speed healing and reduce infectivity
Measles	6-19 days	5 days from onset of rash, 10 days from onset of rash if respiratory complications	Preventable by immunisation with MMR See: <i>Pregnant member of staff and Vulnerable children</i>
Molluscum Contagiosum	Varies	Exclusion not required	A mild self-limiting condition
Ringworm	Varies	Exclusion not required	Treatment is recommended
Roseola	9-15 days	Can return once fever has settled	
Scabies	NA	Can return after first treatment	Entire members of household must be treated



Scarlet fever	1-7 days	Can return 7 days after starting antibiotic or 3 consecutive negative throat swabs	Child requires antibiotic treatment
Shingles (Herpes Zoster)	14-16 days	5 days from onset of rash. If rash can be fully covered, exclusion may not be necessary	Can cause chicken pox in those who are not immune <i>See: Pregnant member of staff and Vulnerable children</i>
Slapped cheek (Parvovirus)	13-18 days	Can return once fever has settled	<i>See: Pregnant member of staff and Vulnerable children</i>
Verruca and warts	NA	None	Verrucas should be covered in swimming pools and changing rooms

### Diarrhoea and vomiting illness

Infection or complaint	Incubation time	Recommended exclusion time	Comments
Diarrhoea or vomiting	Varies 6 hours to 10 days	48 hours from last episode of vomiting or diarrhoea	Any student who vomits at school must be sent home. An information leaflet will go home with the student with exclusion times
E Coli 0157 VTEC Typhoid Paratyphoid Shigella	Varies	15 days after temperature normalises or 2 negative stool samples (first one 5 days and the 2 <sup>nd</sup> one 10 days after symptoms improve)	Longer exclusion times are needed for children under 5 or those who have poor hand hygiene. In some cases, proof of microbiological clearance is required.
Campylobacter	1-11 days	48 hours from last episode of diarrhoea	Longer exclusion times are needed for children under 5 or those who have poor hand hygiene.
Cryptosporidium	1-12 days (usually 7)	48 hours from last episode of diarrhoea	Exclusion from swimming for 2 weeks after symptoms have settled

### Respiratory infections

Illness or complaint	Incubation time	Recommended exclusion time	Comments
Flu (Influenza)	1-3 days	2 days after temperature resolves or 7 days from onset	Preventable by immunisation <i>See: Pregnant member of staff and Vulnerable children</i>



Tuberculosis	14-70 days	3 negative sputum cultures after symptoms improve	Requires prolonged close contact for spread
SARS	4-5 days	5-7 days after symptoms improve	
Whooping cough (Pertussis)	7-10 days	5 days from starting antibiotics or 40 days from onset of illness if no antibiotics	Preventable by immunisation. After treatment, a non-infective cough can continue for several weeks.

### Other infections

Infection or complaint	Incubation time	Recommended exclusion time	Comments
Bacterial conjunctivitis	3-29 days	24 hours after starting antibiotics	May need to be longer if child unable to perform good hand hygiene
Diphtheria	2-5 days	7 days after symptoms resolve or 2 negative throat swabs 2 days apart once symptoms resolve	Preventable by immunisation.
Glandular fever	33-49 days	Until recovered	
Head lice	NA	Until treated – see separate policy	Treatment necessary when live lice are seen
Hepatitis A Hepatitis E	15-50 days	4 weeks from onset	Preventable by immunisation
Hepatitis B Hepatitis C Hepatitis D HIV	variable	Until liver function has normalised and HBV DNA, HCV RNA, HDV RNA are negative	Blood borne transmission only, not by casual contact. For cleaning of body fluids see <i>Good Hygiene Practice</i>
Meningococcal meningitis or septicaemia		Until recovered	Some strains are preventable by immunisation. Close contacts of a meningitis case do not require exclusion. Additional information can be obtained from the CDC.
Meningitis due to other bacteria		Until recovered	Hib and pneumococcal meningitis are preventable by immunisation. Close contacts of a meningitis case do not require exclusion.
Meningitis (viral)		3 days after symptoms resolve and at least 7 days after onset	Milder illness. Close contacts and siblings not required to be excluded
MRSA	Skin carriage	None	Good hygiene, particularly handwashing and environmental cleaning are important to minimise spread
Mumps	15-24 days	10 days after onset of swelling	Preventable by immunisation (MMR)



Threadworm	NA	None	Treatment is recommended for the child and the family members
Tonsillitis		None	Most are due to viruses and do not require antibiotics. Needs doctor's review to determine.

## GOOD HYGIENE PRACTICE

### **Handwashing**

Handwashing is one of the most important ways of controlling the spread of infections, especially respiratory infections and diarrhea and vomiting. 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. Cover all wounds with waterproof dressings.

### **Coughing and sneezing**

Coughing and sneezing easily spread infections. Children and adults should be encouraged to cover their nose and mouth with a tissue. The tissue should then be thrown in the bin and hands should be washed.

### **Personal Protective Equipment**

Disposable gloves and plastic aprons are to be worn in all instances where there is a risk of splashing or contamination with blood or bodily fluids (nappy changing, cleaning a child after a toileting accident, cleaning of a cut or abrasion). Goggles should be worn if there is a risk of splashing to the face. Correct PPE should be used by students and staff in science practical lessons and by the cleaning staff when handling certain chemicals.

### **Cleaning of the Environment**

Cleaning of the environment including toys and equipment should be frequent, thorough and following national Chinese guidance. Clinic staff will report any infectious diseases to Customer Services so that deep cleaning can be arranged when necessary.

### **Cleaning of blood and bodily fluid spillages**

All spillages of blood, saliva, faeces, vomit, nasal and eye discharged should be cleaned up immediately using appropriate PPE when necessary. A spillage kit is available for blood spills in the clinic. For more details, see Contact with Bodily Fluids Policy (page 33).

### **Laundry**

PPE should be worn by clinic staff when dealing with children's soiled clothes. These should be bagged to go home, **never** rinsed by hand in the clinic.

### **Clinical waste**

Domestic and clinical waste must be separated. Used nappies, gloves, aprons, soiled dressings are stored in appropriate, yellow, foot-operated waste bins. All clinical waste is removed by the registered waste contractor on a regular basis. Until collection, full, yellow bags are stored in the dedicated, secure area.

### **Sharps disposal**

Sharps are discarded straight into sharps bins which are kept off the floor and out of reach of children.

### **Sharps injuries and bites**

If skin is broken, encourage the wound to bleed and wash it thoroughly with soap and water. Once thoroughly washed, advice should be given to attend their regular medical facility (regular doctor or ER) for a full risk assessment to be done and blood tests to be taken if necessary.

## VULNERABLE CHILDREN

The clinic will keep a list of vulnerable children who have medical conditions that make them more susceptible to getting serious complications of usually mild illnesses such as chickenpox, measles and parvovirus. If a vulnerable student is in contact with any of these conditions, the clinic will contact parents promptly to advise them to seek further medical attention.

## PREGNANT FEMALE STAFF AT HARROW BEIJING

If a pregnant member of staff develops a rash or is in contact with someone with a potentially infectious rash, the clinic will provide information and direct them to seek further advice from a doctor. Medical concerns for pregnant women:

- **Chickenpox** affects pregnant women if they have not had the condition before and have not been vaccinated. Pregnant women in contact with chickenpox or shingles should immediately see their antenatal care provider so that a blood test can be organised to check for immunity. This is the case during all three trimesters of pregnancy. They should remain home from school until their serology results are back.
- **German measles (Rubella)** can affect the developing unborn baby. For this reason, any non-immune pregnant woman in contact with Rubella should immediately see their antenatal care provider to check their immunity. They should remain home from school until their serology results are back.
- **Measles** during pregnancy can cause premature delivery or even the loss of the baby. Inform these women to check their immunity with their antenatal care provider unless they know they have been vaccinated. They should remain home from school until their serology results are back.
- **Slapped cheek (Parvovirus B19)** can occasionally affect an unborn child particularly if the pregnant woman is in contact with it before 20 weeks of pregnancy. Inform them to see their antenatal care provider

## IMMUNISATIONS

**Student** immunisation status are to be checked by clinic staff at the time a student joins the school. In the week before school starts in August, clinic staff will present themselves to Admissions to obtain copies of all new student medical details. Should a student start during the year, Admissions will send a scanned copy to the clinic staff. In this way, all new student medical information is uploaded onto iSAMS as efficiently as possible. If clinic staff notice that a vaccination is overdue, they will contact the parents and encourage them to keep vaccinations up-to-date. For the Chinese national immunisation schedule see Appendix B.

**Staff** immunisations – on starting employment at the school, medical forms should be completed and handed in so that HR and if necessary, the clinic is aware of staff medical conditions. Dates of vaccinations should also be provided so that advice can be given about when vaccinations booster are due.



**Infectious Diseases Classification – obtained from *Law of Prevention and Treatment of Infectious Diseases of PRC***

甲类传染病		Type I infectious diseases	Time Frame to Report
1	鼠疫	plague	<b>Within 2 Hours</b>
2	霍乱	cholera	<b>Within 2 Hours</b>
乙类传染病		Type II infectious diseases	Time Frame to Report
1	传染性非典型肺炎	SARS	<b>Within 2 Hours</b>
2	艾滋病	AIDS	within 24 hours
3	病毒性肝炎（甲型、乙型、丙型、戊型、未分型）	viral hepatitis (Hepatitis A, B, C, E and undifferentiated type)	within 24 hours
4	脊髓灰质炎	poliomyelitis	<b>Within 2 Hours</b>
5	人感染高致病性禽流感	Human Infection with Avian Influenza Virus	<b>Within 2 Hours</b>
6	甲型 H1N1 流感	influenza A (H1N1)	within 24 hours
7	麻疹	measles	within 24 hours
8	流行性出血热	epidemic haemorrhagic fever	within 24 hours
9	狂犬病	rabies	within 24 hours
10	流行性乙型脑炎	epidemic encephalitis B	within 24 hours
11	登革热	dengue fever	within 24 hours
12	炭疽（肺炭疽、皮肤炭疽、未分型）	anthrax (pulmonary anthrax, cutaneous anthrax / malignant pustules, undifferentiated type)	within 24 hours; <b>Pulmonary Anthrax: Within 2 Hours</b>
13	痢疾（细菌性、阿米巴性）	dysentery (bacillary and amoebic)	within 24 hours
14	肺结核（涂阳、仅培阳、菌阴、未痰检）	pulmonary tuberculosis (smear positive, culture positive only, negative bacteriology, no sputum tested)	within 24 hours
15	伤寒（伤寒、副伤寒）	typhoid and paratyphoid	within 24 hours
16	流行性脑脊髓膜炎	epidemic cerebrospinal meningitis	within 24 hours
17	百日咳	pertussis	within 24 hours
18	白喉	diphtheria	within 24 hours
19	新生儿破伤风	neonatorum tetanus	within 24 hours
20	猩红热	scarlet fever	within 24 hours
21	布鲁氏菌病	brucellosis	within 24 hours
22	淋病	gonorrhoea	within 24 hours
23	梅毒（I型、II型、III型、胎传、隐性）	syphilis (primary, secondary, tertiary, congenital, latent)	within 24 hours
24	钩端螺旋体病	leptospirosis	within 24 hours



25	血吸虫病	schistosomiasis	within 24 hours
26	疟疾 (间日疟、恶性疟、未分型)	malaria (tertian malaria, subtertian malaria, undifferentiated type)	within 24 hours
27	人感染 H7N9 禽流感	H7N9 avian influenza	within 24 hours
<b>丙类传染病</b>		<b>Type III infectious diseases</b>	<b>Time Frame to Report</b>
1	流行性感	influenza	within 24 hours
2	流行性腮腺炎	epidemic parotitis	within 24 hours
3	风疹	rubella	within 24 hours
4	急性出血性结膜炎	acute hemorrhagic conjunctivitis	within 24 hours
5	麻风病	leprosy	within 24 hours
6	流行性和地方性斑疹伤寒	epidemic and endemic typhus	within 24 hours
7	黑热病	visceral leishmaniasis (or kala-azar)	within 24 hours
8	包虫病	echinococcosis	within 24 hours
9	丝虫病	filariasis	within 24 hours
10	感染性腹泻病 (除霍乱、细菌性和阿米巴性痢疾、伤寒和副伤寒以外的)	infectious diarrhoea other than cholera, dysentery, typhoid or paratyphoid	within 24 hours
11	手足口病	Hand foot and mouth disease (HFMD)	within 24 hours
<b>其他法定管理以及重点监测传染病</b>		<b>Other infectious diseases governed and monitored:</b>	<b>Time Frame to Report</b>
1	非淋菌性尿道炎	nongonococcal urethritis (NGU)	within 24 hours
2	尖锐湿疣	condyloma acuminatum	within 24 hours
3	生殖器疱疹	genital herpes	within 24 hours
4	水痘	chicken pox	within 24 hours
5	恙虫病	scrub typhus	within 24 hours
6	生殖道沙眼衣原体感染	Chlamydia trachomatis	within 24 hours
7	肝吸虫病	Clonorchiasis	within 24 hours
8	森林脑炎	forest encephalitis (tickborne encephalitis)	within 24 hours
9	结核性胸膜炎	tuberculosis pleuritis	within 24 hours
10	人感染猪链球菌	human streptococcus suis infection	within 24 hours
11	人粒细胞无形体病	human granulocytic anaplasmosis (HGA)	within 24 hours
12	不明原因肺炎	pneumonia caused by unknown aetiology	within 24 hours
13	不明原因发热伴血小板减少综合征	thrombocytopenia with fever caused by unknown aetiology	within 24 hours



14	AFP	AFP	within 24 hours
15	上述规定以外的其他传染病： 根据其暴发、流行情况和危害程 度，由国务院卫生行政部门决 定并予以公布	Infectious diseases other than those specified above will be classified and published by the health administrative department, according to its prevalence and hazardousness.	

## **CLINIC STAFF ROLES AND RESPONSIBILITIES**

### **School Nurse Responsibilities**

#### **Daily work seeing students.**

- At least one school nurse will be always present between 7:00 am to 17:00 pm Monday to Friday.
- At least one school nurse will always remain in the clinic during the day. If this is not possible due to an emergency at another location on campus, then a sign will be put up on the clinic door informing staff and students that a nurse will return shortly. An emergency phone number will also be provided for use if a second simultaneous emergency occurs. This is not to be used for routine clinic work.
- School nurses will assess and treat within her/his scope of practice and will not delay in seeking medical assistance as required.
- School nurses will ensure that all student medical records are updated regularly including details of significant medical conditions and allergies. Particular attention will be drawn to new students joining the school. ISAMs Medical Centre must be updated within 24 hours of the information being given to the clinic staff.
- School nurses will keep a record of all students seen on ISAMS Medical Centre with a brief description of the visit to the clinic. All permanent staff members will do this using their own personal logins.
- Clinic and personal email inboxes will be checked regularly by the nurses throughout the day with particular attention to any email asking the whereabouts of a missing student. These emails must be responded to quickly with a confirmation that the missing student is in the clinic, or a message indicating that the student has not been to the clinic.
- Assuming parents have informed the clinic of any allergies, school nurses will provide updated Allergy Alert on ISAMs.
- If a student needs to be sent home for medical reasons, the school nurses will inform the correct staff members promptly to ensure attendance is accurate – see flowcharts at the end of the document for different groups of students.
- Nurses will always respect staff and student confidentiality.
- Any safeguarding concerns will be uploaded onto MyConcern when the concern is raised, or sooner if there is a significant imminent risk to the student's wellbeing.

#### **Daily monitoring**

- Nurses will monitor the AQI 3 times a day (first thing in the morning, before break time and at lunchtime. An email will be sent out to LS\_academic\_staff; LS\_admin\_staff ; US\_Academic\_staff; US\_Admin\_Staff
- School nurses will keep a record of stock medication dispensed to staff or students and inform own hospital and their clinic assistant manager when something is running low.
  - Nurses will keep a daily record of the following variables:
  - Clinic ambient temperature and humidity
  - Medication cupboard temperature and humidity
  - Medication fridge temperature and humidity
  - Ultraviolet light disinfection log
- Nurses will monitor the following monthly:

- Oxygen canister level
- EpiPens to ensure adrenaline is still in good order.

### Reporting

- All communicable diseases are to be reported to the school as well as to the CDC if applicable – see *Infection Control SOP*.
- In the event of a student getting an infectious disease (chicken pox, hand-foot-and mouth etc...), information letters must be written to parents informing them of the situation. (Subject to discretion of the clinic based on numbers infected)
- Nurses will help collect service data for weekly clinic reports and be aware of high frequency attenders so that plans can be put into place. This is communicated weekly with the pastoral teams.

### Internal Communication

- Nurses will ensure good communication with the LS-SLT and US-SLT to inform the kitchen staff about any student with food allergies.
- Nurses will maintain regular communication with upper and lower school staff regarding students who are being sent home to ensure registers are accurate including the DSL. This includes the Heads of US/LS, DSLs, Heads of Year and Class Teacher/Tutors.
- Nurses will liaise with Admissions regarding new students' medical details and ensure that the ISAMs platform is up to date with the correct information.
- Nurses will work with the Designated Safeguarding Leads to be aware of vulnerable students who might need more medical attention. For example, the Nurses will be aware of students who have a medical condition/allergy and understand that they have a care plan in place. In addition, emails will be sent to the DSLs and the Pastoral Leads should these vulnerable students attend the clinic.

### Additional Duties

- Clinic nurses will provide up-to-date spreadsheets of the medical conditions of students going on school trips, highlighting any students with serious conditions. They will prepare tailor-made first aid kits including any medication required for particular students.
- Before the beginning of the school year, school nurses in collaboration with appropriate staff will create an individualised care plan with information about students who have significant medical conditions e.g. chronic asthma, significant allergies or type 1 diabetes. These will be displayed in the clinic and shared with appropriate people with details of signs and symptoms to look out for and a simple emergency management plan to follow.
- Help with student annual health screening and ensuring important findings are uploaded onto iSAMs.

## Required Professional Training for Nurses

All nurses must be fully licensed to work in Beijing and will undergo annual Level 1 Safeguarding training and BLS training. In addition, they must complete all sufficient Continued Medical Education (CME) activities to keep their license valid.

## STUDENT VISITS TO HARROW CLINIC

### Introduction

To provide guidance and understanding for all members of staff and students regarding the process to be expected when students become ill or are injured.

The pathway to follow differs depending on the age of the student.

### General points

Any significant injury that occurs on site should be reported by the first adult responder as soon as the student is safe, and no more than 24 hours after the injury. This should be done by completing an incident form which is to be emailed to the following people:

**Pre-Nursery / Nursery / Reception:** Student's teacher, Head of Early Years, Deputy Head of Lower School, DSL, Head of Operations and the Clinic

**Year 1 – Year 5:** Student's teacher, Deputy Head of Lower School, DSL,, Head of Operations and the Clinic.  
[Lsincidents@harrowbeijing.cn](mailto:Lsincidents@harrowbeijing.cn)

**Year 6 – Year 13:** Student's tutor, Director of Student Wellbeing, DSL, Head of Operations and the Clinic  
[usincidents@harrowbeijing.cn](mailto:usincidents@harrowbeijing.cn)

In the event of parents needing to be contacted following an accident or injury, the clinic will take responsibility for contacting parents of upper school students, but parents of Lower School students will be contacted by Lower School SLT.

### Dealing with serious conditions

- In the event of an accident or serious illness during the school day, the school nurses must be alerted immediately.
- All members of staff should know where First Aid boxes are located. All First Aid kits should be checked after each use. Members of staff who use a specific item from a First Aid box should notify the school nurse who will replenish it. High-usage kits should be stocked and checked as necessary.
- In the event of a serious injury or illness, an ambulance must be called by any member staff with native Chinese language. In the case of a non-life-threatening injury or illness, the nurse may consider alternative modes of transportation such as a school bus or a private car.
- During the school day, viable transport must be available to take a student from school to hospital.
- An injured/ill person should, in normal circumstances, be taken to the hospital accompanied by a member of Harrow staff (school nurse if the condition is serious)
- The injured / ill student's parents must be informed immediately by the clinic (upper school) or by SLT (lower school)
- The injured / ill student's tutor or teacher must be informed immediately by the clinic.

### Medical Emergency Team

The team should consist of the school nurses, a member of SLT, two staff members with up to date first aid and BLS training, and support staff (with native Chinese language). The team will complete an emergency practice scenario at least once each school year and the location of emergency equipment will be known by all team members. Harrow clinic will store emergency equipment in the clinic in a well-labelled, clean and accessible area. This equipment should include a large first aid kit, oxygen tank, tubing, surgical mask, back board, antihistamine, Ventolin and students' individual medicines.

### Serious injuries or illness – prevention and management

- Information on students with significant medical conditions e.g. chronic asthma, significant allergies or type 1 diabetes will be displayed in the clinic with details of signs and symptoms to look out for and a simple emergency management plan. Teachers should familiarise themselves with who these students are as well as the steps that should be taken if medical assistance is required.
- In an emergency (asthma attack, significant allergic reaction, respiratory or cardiac arrest, hypoglycaemia etc.), the nurses have a responsibility to treat the student's condition as quickly as possible and do not need to wait for consent to be obtained.
- If the medical condition is urgent and is not responding to initial management in the clinic, an ambulance should be called immediately. The nurse should accompany the student to the hospital. If this is not possible, then another member of the Medical Emergency Team should go. The parents should be informed and instructed to meet them there.
- If a member of staff is injured or becomes acutely unwell, next of kin (NOK) or emergency contact details for that person will be gathered from HR. Every attempt will be made to contact the NOK or emergency contact for hospital preference, treatment requests etc. However, if the NOK or emergency contact cannot be contacted, a member of the SLT will act as support for that person and if necessary, give consent for treatment. The hospital to which the injured/ill member of staff is taken to will depend on the severity and nature of the injury/illness. The nurses and SLT will assist in hospital choice.
- All serious and major incidents must be reported within 24 hours by completing an Incident form and submitting it to the correct people (details on bottom of form).

### Dealing with minor conditions

#### Minor Illness

- During a normal school day, if a student is feeling unwell, she/he should be sent to the clinic, accompanied by a teaching assistant or another student if necessary (mandatory for students Pre-Nursery to Year 1). Due to space limitation, only one accompanying person will be permitted in the clinic. The nurse will assess the student as soon as reasonably possible. If the student is well enough to return to class, the nurse should provide the student with a nurse visit slip. This slip should be shown to the class teacher then placed in the communication book (Lower School only) to inform the student's parents of the incident and treatment. Upper School students are expected to show their teacher the note when they re-join the class.
- Should the nurse feel that the student needs to go home, the parents or guardians will be contacted by telephone by a nurse. The nurse will then monitor the student in the clinic until their parents arrive. At this point, the nurse will complete the appropriately coloured form (red for upper school and blue for lower school) and inform the student and parents to hand it in at the relevant school reception prior to leaving the building. The class teacher (lower school) or tutor / Hm (upper school) must be informed by the nurses as soon as possible. For further details see attached spreadsheets

- Should a boarding student be too unwell to attend class, the matron of the boarding house must be informed so that the student can be collected and return to the boarding house. Boarding students are not to be allowed to return to their house without the matron or the HM being aware. Boarding students can also be collected by their parents if they are in Beijing. In this case, the process is that same as for day students.
- For all students under the age of 18, other than in an emergency, consent for administering medication must be obtained from the parents every time a medication is deemed necessary (oral, topical, eye drops etc...). This is the case both for over the counter (OTC) and prescription medication regardless of whether a doctor is present at the time in the clinic. However, if the parents have already provided consent to receiving necessary OTC medication by ticking the box on the initial health screen questionnaire, nursing staff can administer OTC medication without further contacting the parents. A clear record of medication given, along with dose, expiry date and time of administration, will be kept along with whether consent was obtained.

### **Minor Injury**

- In the event of a minor injury in the classroom or playground the student should be sent to the clinic, accompanied by a teacher, teaching assistant or another student if necessary (mandatory for Pre-Nursery to Year 1). Due to space limitation, only one accompanying person will be permitted in the clinic. The student will be assessed by the nurse, and first aid will be given. If the student is well enough to remain at school, the nurse will provide a nurse visit slip. This slip should be shown to the class teacher then placed in the communication book to inform the student's parents of the incident and treatment.
- If the nurse feels that the incident by which the injury occurred requires further investigation, the relevant class teachers will be informed verbally or via email. The teacher will be asked to speak to the students involved, and if appropriate to their parents.
- All injuries sustained to a student's face and all injuries involving another student should be photographed by clinic staff and should be stored digitally with the student's name and the date of the injury. The camera used should belong to the school and should never leave campus.
- In the event of a student sustaining a minor injury to the face or an injury caused by another student, the parents should be contacted prior to them going home. This will be done by the Lower School Staff for Lower School students, and by the Clinic staff for Upper School students after discussing with the class teacher, tutor or head of year.

### **School Trips**

- When a class/year group is leaving the school campus for a field trip, a first aid kit should always be taken. The trip leaders should contact the school nurses in advance with details of the students going on the trip, the destination of the trip and the types of activities planned during the trip. This is to provide the nurses with sufficient information to create kits with tailor-made emergency supplies e.g. inhalers, diabetic supplies, EpiPens etc.
- The nurses will provide an up-to-date spreadsheet of the medical conditions of the students going on the trip, highlighting any students with serious conditions. Details of signs and symptoms to look out for in these students will be explicitly communicated along with a simple emergency management plan.
- A fully equipped first aid kit should be taken to all after-school activities, this is particularly important if there is no nurse on duty.
- If an incident occurs that requires urgent treatment, the parents should be contacted immediately to ask for their hospital preference. If the parents are not contactable, the student should be taken to the nearest suitable hospital, whilst the school continues to try contacting the parents. Members of staff should not wait for parents to arrive to take students to hospital unless they are certain that treatment is not urgently required.

- In the event of an obvious medical emergency, an ambulance should be called immediately. The teacher or a responsible adult should go with the student to hospital, and the parents should be informed to join them at the hospital.
- If a private car is used to take a seriously ill or injured person to hospital, the teacher or another responsible adult should accompany the driver.
- Staff accompanying a student to hospital should not normally be asked to give their consent to medical treatment. In an emergency, however, consent should be given on the advice of a senior hospital doctor, provided that reasonable steps have been made to contact the parents or guardian.
- If the accident is minor, give basic first aid treatment and notify the parents or send a note home.
- An incident form should be completed for all major incidents and sent to either [lsincidents@harrowbeijing.cn](mailto:lsincidents@harrowbeijing.cn) or [usincidents@harrowbeijing.cn](mailto:usincidents@harrowbeijing.cn)

## **STUDENT ANNUAL HEALTH SCREENING SOP**

### **General**

Students in all year groups should be screened annually for conditions relevant to their age group. Upper school and Lower school students should be screened on different days.

1. Upper school screenings should be done over a 2-day period.
2. Pre-prep student screenings should be done over a separate 2-day period.
3. Early Years student screening should be done over a separate 2-day period.
4. An extra half day should be organized to mop up upper school and pre-prep students who missed the original days if necessary. There will be no catch-up for early Years Students.

### **Location**

Ideally a private and quiet area should be used to carry out the health screenings. Options would include the Outer Library, Lower School learning zone (LS only), US learning zone (US only). This can be discussed with the school before the screenings are due to take place.

Early Years screening should take place in the Early Years classrooms.

### **Communication with parents**

The clinic should write a letter to parents the week before the health screenings is scheduled covering the following items:

- Information about the items being screened for,
- Reminding them that their child should wear their glasses or contact lenses during the screening,
- Providing them with an opportunity to opt out of the process should they not want their child to take part.

In addition, for the lower school screenings, parents should also be reminded to ensure their child is wearing their PE kit on the day of the screening.

### **Upper School and Lower School students**

Clinical equipment will be provided by the clinic. These include:

- Weighing scales
- Height chart

- BMI percentile chart (or electronic version)
- Stethoscope
- Digital BP machine
- Visual acuity Snellen chart
- Dental examination equipment

Items screened should include 4 stations:

- Height, weight, BMI percentile
- Heart rate, BP (for Year 3 and above), heart auscultation
- Dental decay
- Visual acuity (with glasses or contact lenses if relevant)

Other items could be added to this should the Clinical Director of the Clinic feel there is adequate time to obtain meaningful results.

Staffing should include:

- At least one health care professional at each station
- At least one other person at each station to enter data into the computer or assist in any way necessary (this could be a second health care professional)
- A coordinator to ensure the teacher and students understand the process.
- School staff to assist with the administration and to ensure students are behaving.

### Early Years students

As there will only be a limited number of items being screened for in the younger year groups, only the following items will be necessary:

- Weighing scales
- Height chart
- BMI percentile chart (or digital equivalent)
- Dental examination equipment

Items screened:

- Height, weight, BMI percentile
- Dental decay

Other items could be added to this should the Clinical Director of the Clinic feel there is adequate time to obtain meaningful results.

### School responsibilities:

- Provide the dates of the health screenings at least one month in advance.
- Provide a timetable of year groups attending the screening and an approximate number of students in each timeslot about a week in advance.
- IT or Data Manager to provide the clinic with an up-to-date spreadsheet from iSAMs of all current students including:
  - Date of birth
  - Surname
  - Chinese name
  - Preferred / given name.
  - Gender
  - Year group
  - Tutor group
  - iSAMS number

- Upload all data onto iSAMs from the spreadsheets after the health screenings are completed (may require assistance from iSAMs for this)
- Provide enough laptops on the screening days for data to be collected.
- Print out the student-specific health screening results forms and batch them into year groups and tutor groups. An envelope should be available for each student to maintain confidentiality of results.

## Results

Results should be handed to the student in a sealed envelope to take home to their parents the day of the screening. For lower school screenings, it may be more appropriate for the children to hand the completed form in its envelope to their class teacher who can then return it to them at the end of the day.

Statistical analysis of the results should be performed in the weeks following the screenings and a report should be handed in to the Deputy Head of each phase with the following items:

- Proportion of overweight and underweight students per year group (ideally separated out into boys and girls)
- Proportion of students per year group with inadequately corrected visual impairment
- Proportion of students per year group with dental decay
- Suggestions on how the process could be improved
- Suggestions on how student health could be improved

In addition, a separate list of students with inadequately corrected visual impairment should be provided to the Head of Upper School and Head of Lower School.

## MANAGEMENT OF SPECIFIC CONDITIONS

### Adrenaline (EpiPens) (CURRENTLY DONT HAVE)

**RESPONSIBILITY: School Clinic (NEEDS REVIEWING)**

**REVISION DATE: TBC**

**PURPOSE:** The following guidelines are provided to ensure that the administration of adrenaline for students whom have an allergic reaction and need to carry an EpiPen is conducted safely within set following guidelines. The key point is that the staff member is not prescribing a drug therapy; this has already been done by the student's own medical practitioner.

1. Staff are only able to administer an EpiPen once they have been trained by the clinic and deemed competent.
2. Competency refers to attending a training session and practicing with a training EpiPen.
3. The clinic will keep up to date records of staff competent in the administration of EpiPens and approach them when retraining is required.
4. Training will last for one year and staff will need to attend a refresher course following this to maintain competency.
5. Parental consent needs to be given for the school to allow trained staff to administer adrenaline in the event of an anaphylactic reaction.
6. EpiPens need to be pre-prescribed by a doctor to be used in the event of an allergic reaction.
7. Every child who has an EpiPen prescription, will have an individual action plan that has been agreed upon by their parents and is on display in the clinic and the staff room.
8. When to administer the EpiPen is based on clear guidelines within the child's individual action plan
9. Two EpiPens will be available for use. An EpiPen will be kept by the individual, (Refer to Safe Administration of Medicines Policy). A spare will be kept within the clinic in a non-locked cabinet, this is as up to 35% of anaphylactic reactions require more than one dose to reverse symptoms (McLean-Tooke A, Bethune C, Fay A *et al.* Adrenaline in the treatment of anaphylaxis: what is the evidence? *BMJ* 2003; 327: 1332-5).
10. An EpiPen can only be used by the person for who it has been prescribed. It cannot be used for a different student.
11. Disposable of any sharps, such as needles that have been contaminated with bodily fluids need to go directly into a designated sharps bin ensuring a non-touch technique is used. Sharps should never be re-sheathed.
12. If an EpiPen has been used in school, the student needs to be sent to hospital immediately for full assessment.

### Management of acute exacerbation of asthma

#### Students at risk

Known asthmatic children, especially if they require regular inhalers or if they have ever been admitted to hospital because of their asthma.

For children over 7 years old, the clinic needs to know their usual Peak Expiratory Flow Rate (PEFR) which will change annually and must be updated accordingly. If parents are not able to provide this, the clinic will test the PEFR towards the beginning of the year to ensure up to date records.

Note: Children under 7 are not usually able to do a Peak Flow so all assessments should be done without these criteria

### Environmental factors making exacerbations of asthma more likely

- High pollution days
- High pollen days
- Winter months

### Initial assessment of severity

Mild exacerbation	Moderate exacerbation
Sats > 94%	Sats > 94%
PEFR > 75% best or predicted (see chart)	PEFR 50 – 75% best or predicted (see chart)
Able to speak in full sentences	Able to speak in full sentences
Polyphonic wheeze audible on auscultation	Polyphonic wheeze audible on auscultation

Acute Severe	Life threatening
Sats < 92%	Sats < 92%
PEFR 33-50% best or predicted (see chart)	PEFR < 33% best or predicted (see chart)
Unable to complete sentence in one breath	Silent chest to auscultation
Heart rate: >125 (in over 5-year-olds)	Cyanosis
>140 (in 1–5-year-olds)	Poor respiratory effort
Respiratory rate: >30 (in over 5 years olds)	Hypotension
>40 (in 1–5-year-olds)	Exhaustion or Confusion

### Initial management

If mild to moderate exacerbation (ie no indicators of an acute severe or life-threatening exacerbation):

- Sit student up
- Give 1 puff of Salbutamol every 30-60 seconds according to response up to a maximum of 10 puffs. For children under 8, a spacer should be used if available

If sats < 94% - give high flow oxygen through a tight-fitting mask or nasal cannula to obtain Sats between 94-98%  
If there are any indicators of an **acute severe or life-threatening exacerbation** or if failure to respond to inhaled Salbutamol:

- Give nebulised Ventolin 2.5mg in 2mls Normal Saline using a nebuliser driven by oxygen
- Add in Ipratropium Bromide 250mcg
- Consider giving steroids

### Discharging out of the clinic

Students can only return to class if they had a mild asthma attack

Once stable, students with a moderate attack (PEFR between 50 and 75% best or predicted) should be collected by their parents and should be taken to the hospital of their choice.

Students with severe or acute life-threatening asthma will need to be transferred to the closest Emergency department with oxygen and a nurse or doctor.

### Contacting the parents and the Class teacher/Head of Year

## Contact parents as soon as possible for any asthma attack which is more than mild.

### Provision of emergency asthma kit

The Harrow clinic has an emergency asthma kit ready to be used and checked regularly. It includes the following equipment:

- A Ventolin metered dose inhaler
- A spacer compatible with the inhaler
- Instruction on using the inhaler and the spacer
- A list of students with asthma permitted the use the inhalers
- A record of administration

### PANDEMIC INFLUENZA (Procedure)

The main emphasis that Harrow Beijing will take regarding the pandemic influenza A is health promotion. This is to ensure that the school community is fully aware of the virus and how to reduce the risk of developing and transmitting it. A variety of methods will be used including teaching effective hand washing to all students, using assemblies and tutor time as forums for debate and discussion, designing and distributing leaflets on the virus, creating notice boards, newsletters and updating the school webpage.

At any time, not just because of the pandemic influenza A children should NOT be sent to school if they are unwell or suffering from a contagious disease, but in the current situation this is even more important.

### Temperature taking

The temperature of all students, staff and visitors will **not** be taken as an immediate intervention but will be instigated if a pandemic Influenza A reaches the WHO pandemic Phase level 4 or if instigated by the Chinese Health Authorities. In this situation, infrared non-contact thermometers which take the body temperature by pointing the instrument at a person's forehead will be used.

### Procedures

- Guards will take the temperature of students, staff and all visitors at the main gate. Once allowed entry, they will be directed to hand sanitiser units.
- Visitors to the school will have their name, contact details and temperature recorded so they can be contacted if required.
- If an individual's temperature is 37.5°C or below, entry to the school is permitted. If it above 37.5°C, then the school nurse will be contacted and entry to the school is not permitted. The nurse will take the individual's temperature with a tympanic thermometer. If it is still above 37.5°C, they will be transferred to a quarantine room and have the temperature recorded again in 5 minutes. If it remains high, then they will be sent home and access to the site will not be allowed.
- If an individual has a temperature above 37.5°C and is sent home, the individual will only be allowed back into school if the school nurse has received a letter from their medical provider confirming they are either not suffering from Pandemic Influenza A or they are now symptom free and therefore not contagious.

### Travel

Any member of the school community who has travelled into an area where Pandemic Influenza A is circulating needs to follow these regulations to ensure the safety of the school community:

- Students who have travelled must inform their tutors of the location and length of time. Staff members need to then inform the clinic.

- Over the following seven days on return the individual needs to vigilantly observe for any influenza symptoms. If any of these symptoms develop then please refer to notes and guidance on when the individual would be able to return to school.
- Those who do not have symptoms can continue attending school but should strictly observe the preventative measures.

### Absence

The clinic is given a daily record of staff and student absences and will follow up on each child that is registered as not attending school due to sickness. The family will be contacted, and the reason of sickness noted. The guidance on school attendance will need to be followed. When influenza is the recorded reason then the student is added to the influenza record held by the school.

- If a student or member of staff is absent from school with a confirmed case of Pandemic Influenza A, then a list of their possible contacts of school community members will be made. These will then be informed of their possible contact and actions taken accordingly. This information will be kept by the school but may have to be disclosed to the public health authorities if required.

### Cleaning

- The school has a thorough cleaning program. There will now have to be a record of the areas in the school cleaned; this will include the frequency, and the products used. An emphasis needs to be made on the importance of cleaning and the prevention of Pandemic Influenza A to the cleaning staff.
- Improved ventilation reduces the spread of the virus, therefore all school windows are to be opened for 30 minutes twice a day.
- School transportation will also have to be cleaned and disinfected daily.

### Handwashing

- Each child within the school will have a session on hand washing, including how hands link to cross-infection and how by effective hand washing this can be broken. The sessions will also cover information on Pandemic Influenza A.
- All the toilets will have information posters, showing reminders and hand washing techniques.
- Hand sanitising units have been installed throughout the school to improve hand hygiene practice. EVERYONE will need to sanitise their hands prior to entering the school. Within each classroom and office there will be tissues available.

### Isolation rooms

- An isolation room will be created in the event of a pandemic. This should not be in the clinic, so that the normal day-to-day nursing functions can go on undisturbed.
- The isolation room will have a seat, hand sanitizer, tissues and bin. A nurse will be designated to observe the child in the isolation room when waiting for parents to collect them.

### Activities

- Depending on the phase of the pandemic, restrictions to activities may be enforced within the school, i.e. assemblies, EA's and fixtures. This will follow the WHO guidance on epidemics and pandemics. All of the

school community will strictly observe the preventative measures. Contingency plans in case of the spread of Pandemic Influenza A include the option to restrict gathering in public, travel, trips, expeditions, and some School activities.

### Organisational leadership

- A committee needs to be established for the prevention and control of Preventative Influenza A at Harrow once a strain of Influenza A is known to be circulating. The committee clearly defines the responsibilities of staff members and includes their emergency contact details.

The Committee includes the following people:

- Head of Upper/Lower School
- Deputy Head (Whole School)
- Assistant Head of Safeguarding
- School Nurse

The recommendations of the committee are given to the headmaster for consideration should authority be required for exclusion of individuals with temperatures and symptoms of influenza, school closure or cancellation of activities.

### **CONTACT WITH BODILY FLUIDS POLICY**

**PURPOSE:** The following guidelines are provided to ensure that bodily fluids are managed to prevent accidental exposure of potentially infectious agents.

1. **The term bodily fluids include blood, faeces, vomitus, respiratory secretions, urine, drainage from scrapes and cuts and semen. Decontamination refers to the use of physical or chemical means to remove, inactivate or destroy potentially infectious agents.**
2. All bodily fluids should be considered to contain potentially infectious agents.
3. Direct contact with bodily fluids should always be avoided.
4. In all cases, disposable gloves must be used as protection from such contacts. Gloves must be removed and appropriately disposed of as soon as the period of contact has ended, and hands subsequently should be washed using soap and water. Disposable gloves must not be washed or used in contact with multiple persons.
5. If unanticipated contact with bodily fluids occurs, the area should always be immediately washed with soap and water.
6. Surfaces contaminated with bodily fluids should be decontaminated with a solution of one (1) part bleach to ten (10) parts water. Gloves must be worn with the process of decontamination.
7. Materials used in treating bodily fluids, either during direct health care or during cleaning of the environment should be stored in such a manner to prevent odour, leakage, or health hazards. This is to be accomplished by using two polyethylene bags or equivalent material the bags should then be tied individually,
8. Disposable of any sharps, such as needles that have been contaminated with bodily fluids need to go directly into a designated sharps bin ensuring a non-touch technique is used. Sharps should never be re-sheathed.
9. Sanitise powder should be used for large spills of bodily fluids to aid in the assistance in the cleaning process.
10. The policy regarding contact with bodily fluids should be translated and cleaning staff made aware of the procedure

### EATING DISORDERS

#### **Managing Eating and Weight Loss Concerns**

Eating Disorders are prevalent in the lives of pre- adolescent and adolescent students, especially in high achieving communities.

**Training and awareness:**

All staff will be required to attend inset training for awareness and understanding of:

1. The underlying cause and effect of common eating disorders
2. To build knowledge of the signals that indicate a disorder
3. To identify the effects of disordered eating on individual health, community impact and learning outcomes.
4. The Harrow Beijing policy and the reporting procedure to initiate Safeguarding action.

Teaching and non-teaching staff should be aware of the following red flags, exhibited habitually, may indicate an eating disorder in a student entrusted to our care. Some indicators are:

- High social anxiety and test anxiety
- Loss of focus and /or persistent confusion
- Wearing long sleeves and slacks even on very hot days
- Excessive restriction or expressed fear of food: calories and limited variety
- Sneaking food
- Failure to eat routinely
- Binging and Purging
- Sudden and excessive weight loss or weight gain
- Self- Harming Behaviours
- Significant appearance of lanugo facial hair
- Thinning of hair and receding hair line
- Obsessive exercise regime

If a member of staff sees evidence of significant, sudden and excessive weight fluctuation and/or disordered eating patterns, reporting is imperative and immediate. The reporting procedure requires:

- Notifying the Designated Safeguarding Lead (DSL) via MY CONCERN with all evidence and observations or reports from other sources that give cause for safeguarding action on the student's behalf.
- Reporting person may also speak with the DSL personally to further alert the leader that a report has been filed in the MY CONCERN system
- The DSL will assign the appropriate members of the safeguarding team to further investigate and initiate the appropriate action in a confidential manner.
- The student will be assessed by the School Clinic regarding the student's physical state of health and then if appropriate by a school mental health professional (counsellor or psychologist) to assess the student's emotional wellness.

IF it is determined that an eating disorder exists or there is a high risk of a developing eating disorder, resulting action may include:

- Regular weight measurements at the Clinic – where consent is given by the student,
- Regular counselling sessions with the school Counsellor
- Implementation of an eating plan consistent with School dining
- Referral, after consultation with parents, to specialist support

In cases where an eating disorder is confirmed or medically significant weight loss/gain is recorded, a pupil may be able to stay in school. A pastoral welfare committee will consider the details of reasonable care based on the expert input of the medical and mental health professionals involved in the overall treatment plan. If the school can adequately provide the care required, the pupil may continue school attendance.

The class teacher and or Tutor will be advised as to the care plan. They will further be informed and regularly updated regarding the clinical progress or decline of the student's condition, to offer relevant Pastoral Care, accurately provide ongoing monitoring and care plan refinement, needed for the student to successfully continue their academic pursuits in school.

It may be possible that the pupil stays in school in the process of managing the illness provided the pupil agrees to the care plan and:

- adheres to the medical advice (given by the school clinic physician or shared with the school by outside specialists), which may include being signed off games, submitting to a specific sleep schedule
- Consenting to regular weight measurements, and regular medical check-ups with the Clinic Nurse.
- Adheres to the pastoral welfare assessment implemented by the school

If a pupil fails to adhere to medical advice, continues to lose weight, or is the subject of further significant risk, the pupil will, likely, be asked to go home to recover under the care of their parents.

In some circumstances, the distress caused to others (pupils and staff) may be a factor in deciding whether a pupil can manage their eating disorder/distress within the school environment.

This policy also applies if pupils enter the school with eating concerns.

### [HEAD LICE](#)

**REVISION DATE: December 2023**

**PURPOSE:** Head lice infection is not primarily a problem of schools, but of the wider community. Schools cannot solve it but can help the local community to deal with it. Head lice do not jump from head-to-head or indeed from head to objects. They are only transmitted by direct, prolonged (more than one minute) head-to-head contact. Transmission of head lice in a classroom is relatively rare. When it does occur, it is usually from a best friend. Head lice will not be eradicated in the foreseeable future, but a sensible, informed approach, based on fact not mythology, will help limit the problem. At any one time most schools will have a few children who have active infection. This is often between 0% to 5%, rarely more.

If an incidence of head lice is reported or live lice are found on a student in school the following guidelines will be followed. The guidelines take a realistic approach with current recommendations regarding exclusion by the DfEE/DoH.

**Parents of the same year group should be informed of infection and given information on treatment recommendations**

**The child is not to be excluded from school because of a head lice infection and no member of staff should agree with parents that routine head inspections should be introduced. They were never effective and there is no evidence that they work. Moreover, mass action such as wet combing is not recommended.**

**Additionally, exclusion is an illogical approach as:**

- **It cannot eliminate the infection**
- **It is an overreaction to a problem, which is not a public health threat.**
- **It is not used for other conditions with low transmissibility such as verrucae and herpes simplex**
- **The child may have already had the head lice infection for several weeks.**

**NB: The school should not check children's hair; this is a parental responsibility.**

**A standard “alert” letter to parents warning “we have head lice in the school” and head lice information leaflet should be sent to the parents of the class of the infected student only. (Note there is little evidence that this curtails the spread of infection and may cause anxiety and psychological itching).**

**Linked here is the Harrow Beijing Guidelines from 2025: [HBJ Medical Procedures 02.25.docx](#)**

## Appendix 1 – Chicken pox letter

Date

Dear Parents,

A pupil within Year \_\_\_\_ has developed chickenpox. Chickenpox is caused by a virus called the varicella-zoster virus. It is a mild but highly infectious disease that most children catch at some point. Some children may have been immunized against the virus, though this does not always give 100% immunity.

Chickenpox is a common illness which mostly affects children between two and eight years of age, although anyone can develop chickenpox at any age. It takes from 7-21 days (about 3 weeks) for the symptoms to show after someone has come into contact with the virus. This is called the incubation period.

Symptoms initially start with a low-grade fever and runny nose followed by red, itchy spots or blisters which are scattered over the body often starting on a person's stomach and chest.

A person is infectious from about two days before the rash appears until roughly five days after or until the last blister has burst and crusted over. Therefore, if your child develops chickenpox they should stay at home until all of the blisters have stopped weeping and are fully crusted over.

Chickenpox spreads via tiny droplets of saliva and nasal mucus in sneezes and coughs from an infected person. The virus is already in these droplets, which is why it spreads so fast.

If your child does develop any chickenpox symptoms you will need to see your medical provider to confirm the diagnosis. **Please inform the school clinic if this is confirmed.** On return to school, we ask that students are seen in the clinic and cleared to return to class by the school nurses, they must have a certificate to say they are fit to return from their medical provider.

**If your child has not been vaccinated against Chickenpox and has never had the illness, then you might like to consider getting the vaccine to reduce the risk of them getting the illness.**

If you have any queries or concerns regarding this, then please do not hesitate to contact the clinic.

**Harrow clinic**  
**Phone 64448900 ext 6100**  
**clinic@harrowbeijing.com**

年月日

亲爱的家长们,

学校有一个\_\_\_\_年级学生患了水痘。水痘是由带状疱疹病毒引起的一种病毒感染。它并不是很严重的疾病但是传染性很强,因此很多儿童都会患病。有些学生已打过水痘疫苗,但是保护率并不是100%。

水痘是一种儿童期常见的传染病,好发于2岁至8岁儿童,也可以发生在任何年龄段。如果学生受到这种病毒感染,疾病潜伏期通常为7-21天,才出现症状。

疾病症状初期可以是低烧,流鼻涕。紧跟着出现红疹,水泡伴痒感散布全身。红疹通常最先出现在腹部及前胸。

受到水痘带状疱疹病毒感染的患者通常在出疹前2天已具有传染性直到接下来的5天和以后直到最后一个水泡结痂。所以,如果您的小孩得了水痘,一定要在家隔离直到所有水泡停止流水并已结痂。

水痘带状疱疹病毒患者,通过打喷嚏,流鼻涕等经空气传播,使正常人群感染。这正是此病传播快速的原因。

如果您的小孩有水痘的症状,那么您需要带孩子看医生已明确诊断。如经过医生确诊确定孩子得了水痘, **您将需要通知学校医务室**。根据北京市疾病预防控制中心要求,患水痘的学生需离校隔离,在返校前,需要到和平社区医院开具复课证明,方可返校。回教室前需将复课证明提交医务室。

**如果您的孩子从未接种过水痘疫苗并且从未患过水痘,那您可以考虑接种疫苗以降低患病的风险。**

如您对此有任何疑问,请随时和我们联系。

哈罗国际学校诊所

电话: 64448900 转6100

邮件地址: [clinic@harrowbeijing.com](mailto:clinic@harrowbeijing.com)

## Appendix 2 – Gastric symptoms letter

Date

Dear Parents/Guardians,

We are aware that there has been an increase in people suffering from gastric symptoms, in the school community.

As a school we urge that should your children have any symptoms of gastroenteritis they do not come into school and **should remain at home until they have been symptom free for 48hours**. The school's attendance policies and tracking of students with illnesses has ensured we are aware of this increase in gastric symptoms; and already an increase in cleaning within the school has been instigated.

Our staff ensure younger students regularly wash their hands as it is hard for younger students to remember to do this. The best way to prevent infections spreading is to wash hands frequently and thoroughly.

Please do inform your child's tutor if your child is absent due to illness. You must let them know the reason they are absent so that we can continue to monitor any infections which are circulating in the school community.

Below is advice if you are suffering from gastric symptoms.

**Information on Gastroenteritis.** Gastroenteritis is a very common infection of the stomach and bowel. The most common symptoms are repeated episodes of diarrhoea (three or more episodes within the space of 24 hours) and vomiting.

Most forms of gastroenteritis are highly infectious. The condition is mainly spread through what is known as the faecal/oral route - when bacteria found in faeces (stools) are transferred to your mouth. Most people with gastroenteritis have only mild symptoms, and the condition improves within a few days without the need for treatment.

**Helping yourself at home** It is very important to replace any fluids that your body loses through diarrhoea and vomiting. Aim to drink at least 2 litres of water a day, as well as 200ml of water every time you pass diarrhoea.

If you are more vulnerable to the effects of dehydration, then rehydration salts are recommended. Rehydration salts are available in sachets from pharmacies. You dissolve them in water, and they help to replace salt, glucose and other important minerals that your body loses via dehydration

Once you feel you are ready to start to eat and vomiting has stopped; then eat initially very plain binding foods such as white rice, banana, toast, and apple sauce. As you feel better, return to a normal diet, this should usually be within 24-48 hours after having vomiting or diarrhoea

If you or your child is unusually sleepy, won't take fluids or has other symptoms, such as blood in their diarrhoea, an unusual rash, headache, neck stiffness or difficulty breathing, then they must go to hospital immediately. Hand washing is one of the most important ways to prevent the spread of these infections. This applies to the person who is ill and the person looking after them. Hands should always be washed, using liquid soap if possible:

If you have any queries or concerns regarding this, then please do not hesitate to contact clinic staff.

Harrow clinic Phone 64448900 ext 6100 or email [clinic@harrowbeijing.cn](mailto:clinic@harrowbeijing.cn)

亲爱的家长们,

我们注意到近期学校里面有胃肠道症状的人数增加了。

作为校方，我们强烈要求如果您的孩子有肠胃炎的症状请不要让他们来学校，应该在家隔离至症状消失后24小时。

学校考勤制度和疾病追踪制度，能够能让我们清楚了解有胃肠道症状人数的增加；我们也已经加强了学校清洁卫生消毒的工作。

我们老师会确保监督和督促低年级学生们勤洗手，因为他们自己很难记住。最简单有效的预防感染扩散的方法就是勤洗手。

如果您的孩子因病缺勤请通知孩子的班主任。您必须向老师说明病因，这样学校才能宏观持续监测学校的感染控制。

以下是关于对有胃肠道症状人群的一些建议。

肠胃炎是一种非常常见的胃肠道感染疾病。最常见的症状是腹泻（在24小时以内可以有三次以上）和呕吐。

大多是肠胃炎是具有高度传染性的，传播途径为粪口传播。

大多数的肠胃炎仅有轻度症状，多数人可以自愈，无需治疗。

患肠胃炎者在家休养时候，一定要注意补充体液，每天喝至少2升水。

如果有脱水的症状-推荐用口服补液盐，口服补液盐一般药店就可以买到，溶解在温水里口服，帮助补充盐分和其他电解质。

当腹泻停止了有胃口想吃东西时，应先吃些清淡食物像白米饭，香蕉，面包，苹果酱，等适应了以后转为普通饮食。

如果您或者您孩子看上去非常困倦，不喝水或是还有其他症状，像便中带血，红疹，头疼，脖子僵直，呼吸困难，则应该马上去医院。

洗手是最有效的预防此病的方法之一，患者的主要照顾者更应该勤洗手。

如您有任何疑问和疑虑，请及时联系诊所工作人员。

哈罗医务室

联系电话：64448900 转 6100/6200 电邮：clinic@harrowbeijing.cn

### Appendix 3 - Hay fever letter

Date

Dear Parents,

We have seen a significant number of children with red and itchy eyes this week in our clinic. This is caused by a high level of pollen which is not unusual at this time of year.

If your child suffers from hay fever, we will therefore encourage you to obtain antihistamines and eye drops from your family doctor. They can then be brought to the clinic, and we can administer them to the children if they find that their symptoms are getting worse.

I would like to take this opportunity to remind parents that if your child needs medication during the school day, you should bring the medicine to the clinic where it will be stored safely with your child's name on it. Our nurses will also ask you to complete a form with details about dose and frequency of administration.

**Information about hay fever.** Hay fever (also known as seasonal allergic rhinitis) is caused by an allergy to pollens and grass. Common symptoms include a runny, itchy and/or blocked nose, sneezing and itchy eyes. It is a very common condition (about 2 in 10 people) and can usually be managed very well with a combination of antihistamines, nasal sprays and eye drops.

**Children at higher risk.** Children with asthma might find that their respiratory symptoms worsen on high pollen days. It is therefore crucial that they have their Ventolin inhaler to hand and that the expiry date has not passed. I would urge you to check this date regularly and obtain a new inhaler if needed. Children with asthma should keep their inhalers in their school bags or lockers, but we would ask that you inform the Clinic and the class teacher or tutor that they have one.

If you have any queries or concerns regarding this, then please do not hesitate to contact the clinic.

Harrow clinic  
Phone 64448900 ext 6100  
clinic@harrowbeijing.com

日期

亲爱的家长,

这个星期我们在诊所里看到许多孩子眼睛发红发痒。这是由花粉含量高引起的, 在每年的这个时候花粉含量高都很常见。

如果您的孩子患有花粉热, 我们建议您从家庭医生那里获取抗组胺剂和眼药水。然后药品可以被带到诊所, 我们可以给孩子们使用, 如果他们发现他们的症状越来越严重。

我想借此机会提醒家长, 如果您的孩子在上学期间需要药物治疗, 您应该将药物带到诊所, 安全存放, 并在上面写上您孩子的名字。我们的护士也会要求您填写一份关于给药剂量和频率的详细表格。

花粉热的信息。花粉热(也称为季节性变应性鼻炎)是由花粉和草过敏引起的。常见的症状包括流鼻涕、发痒和/或鼻塞、打喷嚏和眼睛发痒。这是一种非常常见的情况(大约每 10 人中就有 2 人患有此病), 通常可以通过联合使用抗组胺剂、鼻腔喷雾剂和眼药水来很好地控制。

儿童患病风险较高。患有哮喘的儿童, 在花粉含量高的日子呼吸系统症状会恶化。因此, 至关重要的是, 他们手中要有他们的万托林吸入器, 而且在有效期内。我建议定期检查这个日期, 如果需要的话, 买一个新的吸入器。患有哮喘的儿童应将吸入器放在书包或储物柜中, 但我们要求您通知诊所和班级老师或班主任, 他们有吸入器这个情况。

如果您对此有任何疑问或顾虑, 请随时与诊所联系。

哈罗诊所

电话 64448900 转 6200/ 6100

邮箱 clinic@harrowbeijing.cn

#### Appendix 4 – Head lice letter

Dear Parents/Guardians, [000]

Two cases of head lice have been found within \_\_\_\_\_. Please can you check your child's hair on a regular basis every 4 days is the recommended interval and keep long hair tied up.

A quick check of the hair is not effective in checking for head lice. The following method of detection is effective:

Wash the hair using ordinary shampoo, and then apply conditioner. Leaving the conditioner on the hair use a wide toothed comb to straighten and untangle the hair. Once the comb moves freely through the hair, without dragging, switch to a fine toothcomb (nit comb). Make sure the teeth of the comb slot into the hair at the roots and draw down to the ends of the hair with every stroke. Do not confuse lice or their eggs with clumps of dandruff or other debris. Check the comb for lice after each stroke as you work through the hair section by section, covering the whole head of hair, pay particular attention to the back of the ears and the nape, then rinse out the conditioner.

Checking for head lice should occur on a regular basis e.g. at routine hair washing sessions this will ensure the presence of lice are detected before they can spread. Check all family members at the same time and arrange treatment when lice are found.

Head lice cannot fly, jump or swim, but spread by clambering from head-to-head. Anyone with hair can catch them, but children, who have head-to-head contact, either at school or during play, are most affected. They are not fussy about hair length or condition. Clean hair is therefore no protection. Head lice are well camouflaged and hide when disturbed by combing. They do not always cause itching, particularly when recently arrived on the head.

If you do find any headlice then please commence treatment and inform the School's Clinic that lice have been found. If you have any queries or concerns regarding this, then please do not hesitate to contact clinic staff.

Harrow clinic

Phone 64448900 ext 6100 or email [clinic@harrowbeijing.cn](mailto:clinic@harrowbeijing.cn)

亲爱的家长监护人,

最近有两例低年级的同学得了头虱, 请您定期检查一下自己孩子的头发, 推荐每四天检查一次, 并把长发扎起来。

快速的检查头发对于检查头虱来说不是很有效, 推荐下述有效的检查方法:

用普通洗发水洗发, 之后用护发素。保留护发素然后用宽齿梳梳理头发, 整理打结部分, 当头发梳理顺滑以后, 换密齿梳子(头虱专用梳), 确保每次梳发都是从发根梳到发梢。不要把头虱, 头虱卵和头皮屑等混淆。每次梳发检查梳子看看是否有头虱, 注意要梳遍整个头部注意耳后, 和后颈部, 然后冲洗掉护发素。

每次洗发后定期检查头虱, 以便及时发现并避免传播。同时检查所有家庭成员, 一经发现及时治疗。

没有什么治疗可以保证杀死头虱和卵。有两种治疗选择, 一种是用含有杀虫剂的乳液或者膏, 另一种是直接杀虫方法。这种方法是用常规洗发水和护发素。这种方法可以避免接触不必要的化学品并减少头虱的耐药性。所以这种方法是我們比较推荐的。

头虱不能飞, 跳或游泳, 但是可以通过头和头接触传播。任何有头发的人都可能会有, 而儿童间在学校或玩耍时间, 可能会有头与头接触, 容易传染。

头虱无关头发长短或头发状况, 因此要保持清洁。当梳头时头虱很容易伪装和隐藏。有头虱不一定就会痒, 尤其是刚刚得了的时候。

如果你的孩子发现了头虱, 请开始治疗, 并通知学校医务室。如果您有任何疑问和顾虑, 请随时联系医务室工作人员。

哈罗医务室

联系电话: 64448900 转 6100/6200

电邮: [clinic@harrowbeijing.cn](mailto:clinic@harrowbeijing.cn)

## Appendix 5 – Hand, Foot and Mouth letter

Date

Dear parents,

We are writing to inform you that a \_\_\_\_\_ student has been diagnosed with Hand Foot and Mouth disease (HFMD). HFMD is a common childhood infection usually occurring between early spring and autumn. It is a mild illness from which most children recover fully within ten days, and usually less. It is not related to the disease with a similar name which affects animals.

HFMD is due to a viral infection, most commonly Coxsackie or Enterovirus. About 3-5 days after being infected, the illness starts with a feeling of being unwell for a day or so and can include a fever. After this, a sore throat occurs followed quickly by small spots developing inside the mouth which progress into small mouth ulcers. Spots can also appear on the lips or around the mouth. In many cases, spots develop on the palms of the hands and the soles of the feet (see photos below). Occasionally, they can appear on the buttocks, legs and genitals. The spots can be sore, and most children therefore avoid eating. Like with all viruses, the treatment is supportive (rest, drinking plenty of water, offering soft foods) and, assuming your child is otherwise healthy, their own immune system will fight the virus.

HFMD is highly contagious and spreads through the air in tiny droplets (speech, coughing, sneezing, rubbing eyes), through direct contact with infected toys, tableware, bedding and through digestive tract transmission. The school take infection control very seriously will continue to organise deep cleaning of all classrooms on a regular basis. We can also reassure you that teachers monitor hand hygiene to ensure that even the younger students can wash their hands properly.

Please let us remind you, that if your child has a fever, they must not come to school until they have been fever-free for 24 hours without medication. If your child develops symptoms of HFMD, please inform the Clinic staff as soon as possible. Children will be excluded from school until all the blisters have healed (usually about 7 days). Please bring your child to the Clinic prior to returning to class so that the school nurses can confirm that they are fit to return to school.

We thank you in advance for your help. If you have any queries or concerns regarding this, then please do not hesitate to contact us.

Harrow Clinic

Phone 64448900 ext 6100 or email [clinic@harrowbeijing.cn](mailto:clinic@harrowbeijing.cn)

日期

尊敬的各位家长,

我们谨在此通知您, 有一位幼儿园 (Reception) 学生已被诊断为手足口病(HFMD)。手足口病是一种常见的儿童性传染性疾病, 好发于早春、秋季。这是一种轻度疾病, 大多数儿童在十天内完全康复, 通常情况下更快康复。该疾病与动物的一种名字相似的疾病无关。

手足口病 (HFMD) 是由病毒感染引起的, 最常见的是柯萨奇病毒或肠道病毒。在感染后 3 - 5 天, 疾病起初会一天左右不舒服的感觉, 可伴发热。之后出现喉咙痛, 紧接着口腔内出现小斑点迅速发展成小口腔溃疡。斑点也会出现在嘴唇或口周。多数情况下, 红斑进展到手掌心和足底(见下图)。偶尔, 会出现在臀部、腿部和生殖器上。这些斑点会很痛, 大多数孩子因此不吃东西。就像所有的病毒一样, 治疗是支持性的(休息, 喝大量的水, 提供松软的食物), 并且假设你的孩子身体健康, 他们的免疫系统将会自行对抗病毒。

手足口病 (HFMD) 具有高度传染性, 通过唾液、空气中的飞沫(言语、咳嗽、打喷嚏、揉眼睛)传播, 也通过直接接触受感染的玩具、餐具、被褥和消化道传播。学校对感染控制非常重视, 将继续定期组织对所有教室进行深度清洁。我们也可以向您保证, 老师们会监督手部卫生以确保即使低年级学生也恰到好处洗手。

我们在这里谨提醒您, 如果你的孩子发热, 请在没有药物治疗并不发热 24 小时之后再返校。如果你的孩子出现手足口病的症状, 请尽快通知哈罗医务室工作人员。孩子将离校隔离, 直到所有的水泡都已经愈合(通常是 7 天左右)。请在返校回教室之前, 带您的孩子到哈罗医务室, 以便学校的护士确认他们可以返校。

我们在此感谢您的配合, 如果您对此有任何疑问或顾虑, 请与我们联系。

哈罗医务室

联系电话: 64448900 转 6100/6200

电邮: clinic@harrowbeijing.cn



## Appendix 6 – Mumps letter

Date

Dear Parents/Guardians,

We are writing to inform you that a student in Year \_\_\_\_\_ has recently been diagnosed with mumps. This is an infection caused by a virus called paramyxovirus. It mainly causes swelling and pain of one or both parotid glands which are the main salivary glands just below the ears and cannot normally be seen or felt. People with mumps often have a high fever (which can precede the onset of the swelling), headaches, feeling tired and a reduced appetite. Occasionally there can also be some abdominal pain.

Mumps in children is usually a mild, self-limiting viral infection which lasts for about a week. It is relatively rare as most people have been vaccinated against mumps as part of the MMR (Measles, Mumps, Rubella) vaccine. However, like all vaccinations, the MMR does not provide 100% immunity so occasionally even vaccinated people can develop a mild form of the illness.

Mumps is highly contagious and spreads through the air in tiny droplets (speech, coughing, sneezing, rubbing eyes). The school takes infection control very seriously and will continue to organise deep cleaning of all classrooms on a regular basis. We can also reassure you that teachers monitor hand hygiene to ensure that even the younger students can wash their hands properly.

Please let us remind you that if your child has a fever, they must not come to school until they have been fever-free for 24 hours without medication. If your child develops symptoms of mumps, please inform the clinic staff as soon as possible. In accordance with Beijing CDC guidance, children will be excluded from school for 10 days after the onset of the swelling to reduce the spread of infection. In addition, a certificate of recovery must be obtained from **He Ping** hospital and presented to the clinic prior to returning to school.

Please be aware that pregnant women and adult men who have been in contact with someone with mumps should speak to their doctor if they have not been vaccinated or have never had the illness, as there can be more serious complications in this group of people.

If you have any queries or concerns regarding this, then please do not hesitate to contact clinic staff.

Harrow clinic

Phone 64448900 ext 6100 or email [clinic@harrowbeijing.cn](mailto:clinic@harrowbeijing.cn)

年月日

尊敬的各位家长/监护人,

我们邮件通知您是告知您, 学校有一例二年级的学生被确诊为流行性腮腺炎。流行性腮腺炎由腮腺炎病毒引起的感染。它主要会引起一侧或两侧腮腺的肿胀和疼痛; 腮腺是位于耳下的主要涎腺, 通常不能被看见或触摸到。患有腮腺炎的人通常有高烧(可能在腮腺肿胀开始之前)、头痛、疲倦和食欲下降。偶尔也会出现腹痛。

儿童腮腺炎通常是一种轻度的、自限性的病毒感染, 持续大约一周。由于大多数人都接种过腮腺炎疫苗(麻疹、腮腺炎、风疹疫苗), 病例相对不常见。然而, 就像所有的接种疫苗一样, 麻腮风联合疫苗并不能保证100%的免疫, 所以偶尔即使接种过疫苗的人也可能会有轻度发病。

腮腺炎是通过空气中通过微小的飞沫(言语, 咳嗽, 打喷嚏, 揉眼睛)传播的高度传染性疾病。哈罗英国学校非常重视感染控制, 并将继续定期组织所有教室的深层清洁工作。我们也向您保证, 老师们会监督手卫生以确保即使是较年幼的学生也能正确洗手。

再次也提醒您, 如果您的孩子发烧, 他们必须要离校在家休息, 直至不用药的情况下24小时内不再发烧。如果您的孩子出现了腮腺炎的症状, 请尽快通知诊所工作人员。孩子将在腮腺肿胀开始后的**10天**内离校隔离, 以减少感染的传播。如您的孩子被**确诊为腮腺炎**, 依照北京市疾病预防控制中心的要求, 在您返校之前需去和平社区医院开具**复课证明**。请将复课证明送至医务室。

请注意怀孕的女性及成年男性如有与腮腺炎患者接触过, 同时从未接种过预防腮腺炎的疫苗(麻疹、风疹、腮腺炎)且从未患过此病, 请咨询您的医生, 因为这类人群可能会有严重的并发症。

如您有任何疑问和疑虑, 请及时联系诊所工作人员。

哈罗医务室

联系电话: 64448900 转 6100/6200

电邮: clinic@harrowbeijing.cn

**Appendix 7 – Vomiting and diarrhoea information sheet**

Date: \_\_\_\_\_

Child's name: \_\_\_\_\_

Your child is being sent home today because they have vomited

had diarrhoea

Diarrhoea and vomiting illnesses are common particularly in the winter months and are usually not a cause for concern. Most of them are the result of viral infections and are self-limiting without the use of medication or antibiotics. They are not usually the result of food poisoning and measures are taken at Harrow Beijing to keep this risk to a minimum.

Occasionally, diarrhoea can be caused by a bacterial infection and in this case, antibiotics may be required. If you are unsure about your child's condition, or if the symptoms last more than 3 days then you should consult a doctor.

The following steps should be followed when someone has diarrhoea or vomiting:

- Keep them well hydrated (diluted apple juice is just as good as Oral Rehydration Salts)
- Ensure good handwashing after every bowel motion or vomiting episode
- Keep food intake to a minimum on the first day and reintroduce slowly: foods should be very simple and easily digested eg rice, soup...

To prevent spread of infectious diseases, all students must remain home from school **for 48 hours after the last episode of vomiting or diarrhoea.**

If you have any queries or concerns regarding this, then please do not hesitate to contact clinic staff.

Harrow clinic Phone 64448900 ext 6100/6200 or email [clinic@harrowbeijing.cn](mailto:clinic@harrowbeijing.cn)

日期: \_\_\_\_\_

学生名字: \_\_\_\_\_

今天您的孩子将被接送回家是因为: 呕吐

腹泻

腹泻和呕吐非常常见, 尤其是冬天, 通常不用太担心。腹泻、呕吐大多是因为病毒感染, 通常不用药物或抗生素即可自愈。呕吐、腹泻通常不是食物中毒导致的, 同时北京哈罗英国学校将采取各项措施将这一风险降到最低。

有时, 腹泻可能是细菌性感染, 在这种情况下, 就可能需要使用抗生素。如果您不确定您的孩子的病情, 或者此类症状持续超过 3 天, 您应该去咨询医生。

如果孩子腹泻或呕吐, 请遵循以下措施:

- 保证充足的水分摄入充足(稀释的苹果汁和口服补液盐一样好)
- 确保每次排便及呕吐后正确洗手
- 第一天保证最少量摄入食物并循序渐进增加饮食物: 食物宜清淡、易消化如米饭、汤.....

为了预防传染性疾病的传播, 所有腹泻、呕吐的学生必须离校在家休息直到 48 小时内不再呕吐、腹泻。如您对此有任何疑问或顾虑, 请随时联系诊所工作人员。

哈罗医务室

电话: 64448900 转 6100 /6200 邮件地址: [clinic@harrowbeijing.onmicrosoft.com](mailto:clinic@harrowbeijing.onmicrosoft.com)

## Appendix 8 – Head Injury information sheet

Head Injury Information sheet

You are receiving this paper because your child sustained a minor head injury on (date)\_\_\_\_\_

Location of head injury: \_\_\_\_\_

Minor head injuries and knocks to the head are common, particularly in children. Following the injury, if the person is awake (conscious) and there is no deep cut or severe head damage, it is unusual for there to be any damage to the brain.

However, sometimes a knock to the head can be more serious therefore we would advise you to look out for the following things over the next 24 hours:

- Drowsiness.
- Loss of consciousness.
- Worsening headache not going away with paracetamol.
- Confusion, strange behaviour, and any problems with understanding or speaking.
- Inability to remember events before or after the head injury.
- Vomiting.

If you notice any of these symptoms in the 24 hours following the injury, please see your doctor so that a medical assessment can take place.

If you have any questions regarding this, please don't hesitate to contact the clinic: [clinic@harrowbeijing.cn](mailto:clinic@harrowbeijing.cn)

Kind regards,

Harrow Clinic staff.

## 头部损伤信息单

您收到这份信息是因为您的孩子有轻微的头部损伤(日期)\_\_\_\_\_

头部损伤发生地点: \_\_\_\_\_

轻微的头部外伤和磕碰比较常见的,尤其是儿童。受伤后,如果伤者醒着(意识清醒)并且没有很深的伤口或严重的头部损伤,通常不会有脑部损害。

然而,有时头部撞伤会很严重,因此我们建议你在接下来的 24 小时内注意以下情况:

- 困倦
- 意识丧失
- 头痛恶化,服用药物
- 
- 对乙酰氨基酚症状不减轻
- 困惑,行为奇怪,以及讲话、理解有问题。
- 无法记起头部受伤前后所发生的事情
- 呕吐

如果您在受伤后的 24 小时内注意到这些症状,请咨询您的医生,以便进行医学评估

如您对此有任何疑问,请随时联系我们 :

电话: 6444 8900 转 6100/6200

邮箱地址: [clinic@harrowbeijing.cn](mailto:clinic@harrowbeijing.cn)

哈罗医务室

## Appendix 9 – Fever information sheet

Date: \_\_\_\_\_

Child's name: \_\_\_\_\_

Your child is being sent home today because they have a **fever**.

A fever is a core body temperature over 38 degrees centigrade. When someone has a fever, it is a sign that their body is fighting an infection. A temperature between 37.5 and 38 degrees is called a “low-grade fever” and can either be the sign that an infection is developing or can be caused by many other non-serious conditions (e.g. teething in young children, wearing too many clothes indoors...).

Infections are caused by viruses or bacteria and are very common particularly in younger children who are developing their immune system. In most cases, healthy children will be able to fight infections themselves and will not require antibiotics. However, in some cases antibiotics are required. If you are unsure about your child's condition, you should consult a doctor.

The following steps should be followed when someone has a fever:

- Keep them well hydrated (hot or cold water)
- Take off layers of clothing if temperature >39 degrees
- Consider using medicine to reduce the fever (paracetamol/acetaminophen or ibuprofen at doses suitable age and weight)

**NEVER** put your child in a cold bath to reduce their temperature as a sudden increase or decrease in temperature can precipitate a Febrile Convulsion (particularly in children under 5 years old).

To prevent spread of infectious diseases, all students must remain home from school until they are **fever-free for more than 24 hours without medication**.

If you have any queries or concerns regarding this, then please do not hesitate to contact clinic staff.

Harrow clinic

Phone 64448900 ext 6100 or email [clinic@harrowbeijing.cn](mailto:clinic@harrowbeijing.cn)

日期: \_\_\_\_\_

学生名字: \_\_\_\_\_

您的孩子今天因为发烧离校，被送回家。

发烧是指体温超过 38 摄氏度。发热说明身体正在与感染抗争。温度在 37.5 到 38 摄氏度之间，被称为低烧，可能是感染正在发展的标志，也可能是许多其他正常生理状态(如在幼儿时期在室内穿了太多的衣服、萌芽)。

感染由病毒或细菌引起，非常常见，尤其是在免疫系统正在发育的儿童。大多数情况下，健康的儿童自身能够对抗感染，不需要使用抗生素。然而，在某些情况下，需要使用抗生素。如果您不确定您孩子的情况，请咨询医生。

当孩子发烧时请遵循以下几步：

保证足够的水分摄入（温水、凉水均可）；

如体温超过 39 摄氏度，不要穿过多衣物以免影响机体散热，不要盖厚被褥；

考虑使用退烧药（对乙酰氨基酚/扑热息痛/布洛芬 剂量请依照说明书中年龄及体重要求）。

绝不要让孩子泡冷水浴来降温，因为体温的突然升高或降低可能会导致高热惊厥/发热性痉挛(尤其是在 5 岁以下的儿童)。

为避免感染性疾病的传播,所有发热的学生必须离校在家里休息直到不用药的情况下 24 小时不再发热。

如您对此还有疑问,可随时联系医务室工作人员。

哈罗诊所

电话： 64448900 转 6100/6200 或 电邮： clinic@harrowbeijing.cn

**Appendix 10 - Parental consent form for administration of prescribed medication on campus**

**Please complete this form and bring with medicine as required.**

**请完成以下表格并带给我们你要求的药品。**

The school will not give your child medicine unless you complete and sign this form  
学校只有在您同意并完成此表格才可以按要求给孩子用药

Name of child 学生名字 \_\_\_\_\_ Grade 年级 \_\_\_\_\_

Medical condition or illness 医疗状况或疾病名称 \_\_\_\_\_

Medicine/type of medicine 药物名字或类型 \_\_\_\_\_

Strength of medication 药效 \_\_\_\_\_

Date dispensed 有效期 \_\_\_\_\_

Dosage and method 剂量和给药方法 \_\_\_\_\_

How often to be given / Timing 给药频次/给药时间 \_\_\_\_\_

Special precautions 特殊注意事项 \_\_\_\_\_

Are there any side effects that the school needs to know about?

有无任何需要学校知道的副作用?

**Contact details 联系人详细信息**

Name 姓名 \_\_\_\_\_

Daytime telephone 联系电话 \_\_\_\_\_

Relationship to child 与孩子关系 \_\_\_\_\_

The above information is, to the best of my knowledge, accurate at the time of writing and I give my consent to school staff administering medicine, in accordance with the school policy. I will inform the school in writing if there is any change in dosage or frequency of the medication if the medication is stopped. I accept that this is a service that the school is not obliged to undertake.

以上资料，据我说知，在我写此同意书并同意学校员工给药时是准确的，根据学校规定。如果药物剂量或给药频次或需停止给药等任何变化，我将书面通知学校。我接受这是学校没有义务承担的一项服务。

Signature(s) 签名:

Date 日期:

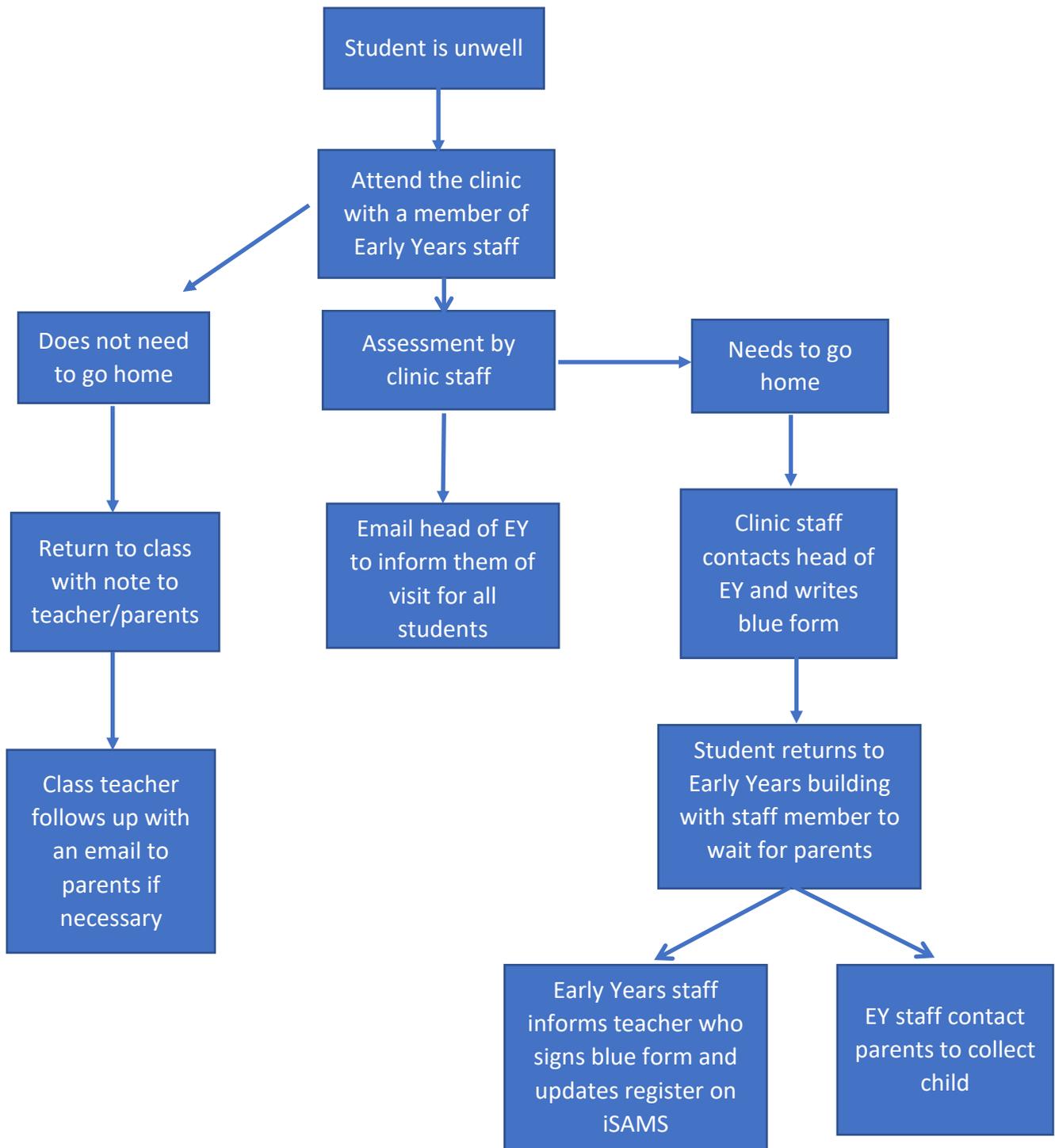
### Appendix 11 – Pathways through the clinic

Flowchart for attending the Clinic following an injury: Pre-nursery and Nursery children



\*Accident form needs to be emailed to Head of EY, Operations and the Clinic

Flowchart for attending the Clinic following an illness: Pre-nursery and Nursery children



Flowchart for attending the Clinic following an accident: Reception to Year 5 students



\*Accident form needs to be emailed to Head of LS, Operations and the Clinic

Flowchart for attending the Clinic following an illness: Reception to Year 5 students

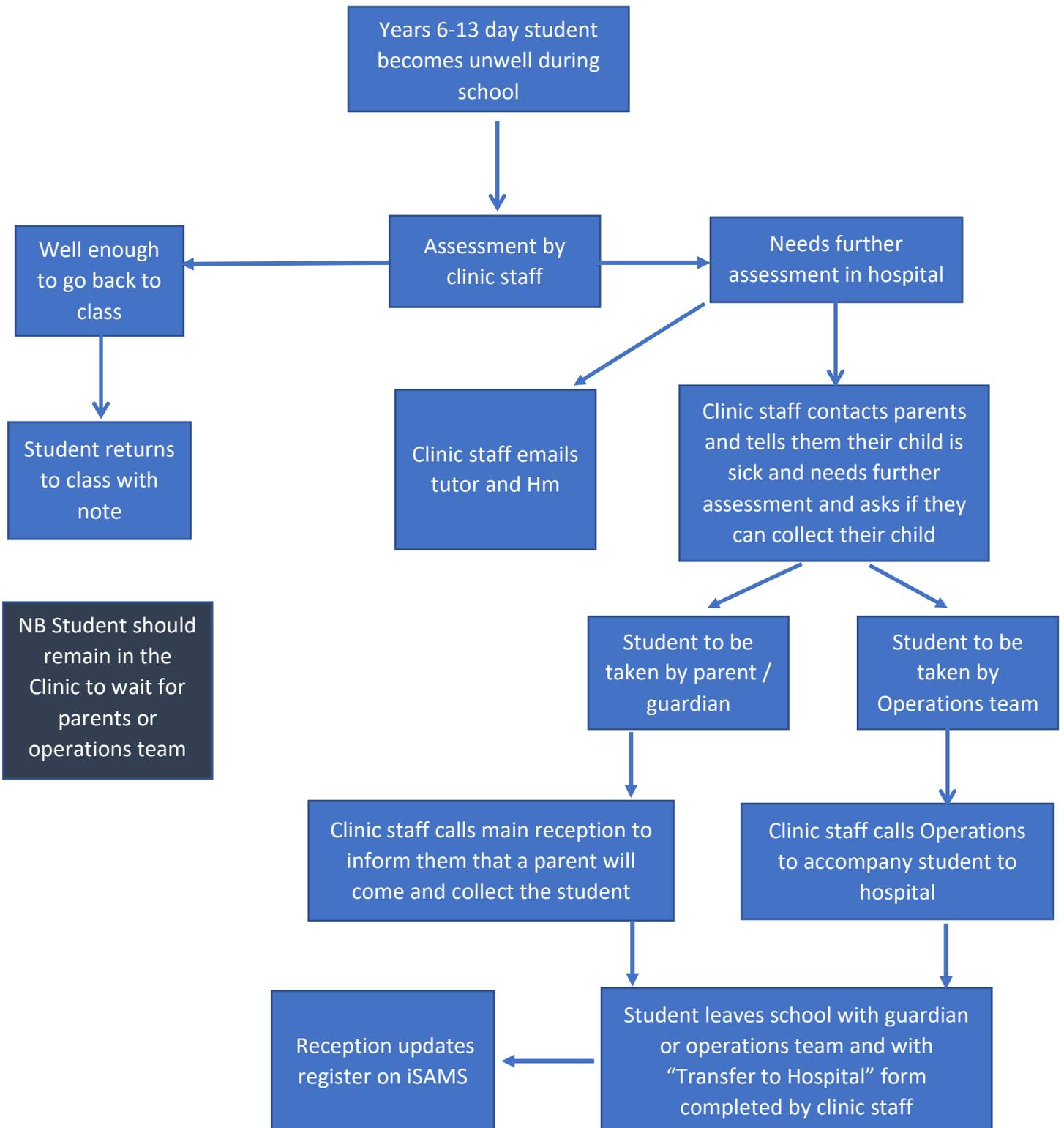


Flowchart for attending the Clinic following an accident: Upper School students



\*Accident form to be emailed to US Head of Pastoral care, Operations and the Clinic

Flowchart for attending the Clinic following an illness: Upper School students





### Appendix 10 Transfer destinations for sick students

For any medical emergency, an ambulance should be called on phone number 120 (public ambulance with trained medical staff on board – pay cash to driver) or 999 (private ambulance which might be quicker but might just be a driver – pay cash to driver, will cost more (around 800RMB)) and discuss options of most appropriate hospital.

To make an appointment in a local hospital clinic, ask a Chinese-speaking staff member to phone 114 to complete registration and check available appointment times at different hospitals. Make sure the phone number given belongs to the student (or their family) as one phone number can only be used by 2 people registering on the system. You cannot make appointments through 114 for private hospitals.

age <14yrs old
----------------

age ≥14yrs old
----------------

Clinic appointments (7:00~15:00)				
No.	Hospital	Distance (km)	Phone	Remarks
1	DiTan	4	84322669	private hospital (clinic 8.30-17.30)
2	OASIS	7	13811960298	
3	HuaXin	11	64308100	age <16yrs old
4	ChaoYang	17	85231481	
5	AnZhen	18	64456413	
6	ErYanSuo	20	85695756	Includes all paediatrics
7	ErTong	25	59718685	

ER (24 hours)				
No.	Hospital	Distance (km)	Phone	Remarks
1	OASIS	7	13811960298	private hospital
2	ErYanSuo	20	85695756	Includes all paediatrics
3	ErTong	25	59718685	

Clinic (7:00~15:00) / ER (24 hours)				
No.	Hospital	Distance (km)	Phone	Remarks
1	DiTan	4	84322669	
2	OASIS	7	13811960298	private hospital (clinic 8.30-17.30)
3	HuaXin	11	64308100	age ≥16yrs old
4	ChaoYang	17	85231481	
5	AnZhen	18	64456413	



### Transfer destinations following trauma

If there are no drivers available to take a student to hospital following trauma, an ambulance should be called on phone number 120 (public ambulance with trained medical staff on board – pay cash to driver) or 999 (private ambulance which might be quicker but might just be a driver – pay cash to driver, will cost more (around 800RMB)) and discuss options of most appropriate hospital.

**NB – Ditan hospital does not accept children under 14 years old with trauma injuries.**

age <14yrs old (ER – 24 hours)				
No.	Hospital	Distance ( km )	Phone	Remarks
1	OASIS	7	13811960298	private hospital
2	ErYanSuo	20	85695756	paeds only
3	ErTong	25	59718685	
4	JiShuiTan	21	58516437	surgery and trauma

age ≥14yrs old (ER – 24 hours)				
No.	Hospital	Distance ( km )	Phone	Remarks
1	DiTan	4	84322669	
2	OASIS	7	13811960298	private hospital
3	HuaXin	11	64308100	age ≥16yrs old
4	ChaoYang	17	85231481	
5	AnZhen	18	64456413	