

FIRST AID AND MEDICAL POLICY PREVENTION AND RESPONSE PROCEDURES



POLICY STATEMENT

The well-being, safety, and security of all the children in the setting are our main concerns, and this policy has been implemented to ensure the safety of all staff members and children attending the setting. The purpose of this medical aspects policy is to provide clear guidelines to follow in all situations related to the medical health and safety of children, both at school and away on school trips.

All staff can take action to apply preventative measures and first aid treatment in the event of an illness or accident involving a child or adult.

Collaborating medical unit assistance is available on site from 8.30 - 16.00. All members of staff hold current first aid training and a paediatric first aid certificate (PFA). The first aid qualification includes first aid training for infants and young children. First aid training is local authority-approved as a good practice when working with children (and is relevant to staff caring for young children). Although supported by an additional accredited PFA training certificate, the local authorities in Romania do not recognize it as a qualification. Thus, the qualified first aider recognized by local authorities is the nurse or doctor, and one of them must be on the school site when children are present.

This policy includes the following information:

- The medical procedure related to new children.
- Location and contents of First Aid Kits.
- The storage and administration of both prescription and non-prescription medicine.
- The procedure to follow when a child feels unwell.
- First Aid procedure, responsibilities.
- Accident/Incident Report Log procedure.
- Contagious health problems and diseases procedure, including Sars Cov 2.
- Forms to complete to allow Best Preschool to administer medicine to a child and inform parents about accidents/incidents;

PROCEDURES FOR NEW CHILDREN:

At the start of each academic year, it is mandatory for each child to bring to school the forms sent by email from the Office Management, according to the Health Minister and the Romanian laws.

From family doctor:

- An **Epidemiological certificate** ("Aviz Epidemiologic") that attests the children are not contagious and are fit to enter the community.
- **Medical Form** for joining the community ("Adeverinta medicala pentru inscrierea in colectivitate") that includes your child's medical history and a full paediatric check-up. This will be brought only at the start of the academic year.
- A copy of the vaccination book.

From parents:

- **Registration Form** that will be filled and signed by parents at registration only.

These documents must be provided by all new and current children attending Best Preschool at the time of registration, and throughout the academic year. If the child has a medical condition, the parents must present a medical note, signed and stamped by the child's doctor, detailing the name of the illness or disease, as well as any necessary emergency medication.

Parents should also notify the medical team and the class teachers about any new allergies or other medical conditions (chronic illnesses such as epilepsy, asthma, etc.), bringing medical documents from the doctor where the case.

The Office Manager informs the medical team (school doctor and nurse), Head of School, and the teachers before the child's first day of school.

LOCATION CONTENTS OF FIRST AID BOXES AND KITS

The first aid box is always easily accessible to adults and is kept out of the reach of children and complies with the Health and Safety (First Aid) Regulations 1981. All medicine is kept in the Medical Office in a safe and lockable cupboard. First Aid Kits are kept in secure locations in each class of the school building. First aid kits contain the following items:

- Triangular bandages (ideally at least one should be sterile) x 4.
- Sterile dressings:
- Small (formerly Medium No 8) x 3.
- Medium (formerly Large No 9) – HSE 1 x 3.
- Large (formerly Extra-Large No 3) – HSE 2 x 3.
- Composite pack containing 20 assorted (*individually wrapped*) plasters x 1.
- Sterile eye pads (*with bandage or attachment*), e.g. No 16-dressing x 2.
- Container of 6 safety pins x 1.
- Guidance card as recommended by HSE x 1.

In addition to the first aid equipment, each box should be supplied with:

- 2 pairs of disposable plastic (*PVC or vinyl*) gloves.
- 1 plastic disposable apron.
- A children's forehead 'strip' thermometer

ADMINISTERING OF BOTH PRESCRIPTION AND NON-PRESCRIPTION MEDICINE

We do not administer any medicine to children in school, except in circumstances when there is a special situation, **chronic illness** (non-contagious) or for any emergency medication for a child. Any medication for chronic illnesses (non-contagious) must be provided by the parents and accompanied by a letter from the child's paediatrician stating exactly how and when they are to be administered.

The medication will be labelled with the child's name on it and be kept in the Medical Office. The parents

should provide a copy of the original medication form from the doctor. This is kept in the child's file. Prescribed medication can only be administered by the medical staff; The nurse fills in the **Administering Regular Medication Record (Annexe 1)**.

Any **emergency medication** will be provided by the Medical Staff after the parents' consent. In case the parents and the emergency contact are not reachable, the medical staff will provide the medical care needed for the situation. All medication is written in the Medical Register.

The Nurse only administers 'emergency' treatment. No other medicines are given to a child. If a child is prescribed medical treatment, the parent/carer is responsible for administering the medicine at home or will visit the preschool (at a pre-agreed time) to administer the medicine in person (accompanied by the nurse).

Lifesaving medication & invasive treatments

Adrenaline injections (EpiPens) for anaphylactic shock reactions (caused by allergies to nuts, eggs, etc) or invasive treatments such as rectal administration of Diazepam (for epilepsy) will be administered by the Nurse, Doctor, or a trained member of the Preschool team.

Managing medicines on trips and outings

A 'First Aid' kit will be taken on all trips to administer emergency treatment. The Nurse is responsible for ensuring that the necessary equipment is included before an outing or a trip. The Head of school or teachers are responsible for informing the Nurse about the items that have been used so that the items can be replenished.

Sun lotions can be administered to children by any member of staff.

Child's refusal to take medication

In the case of a child refusing to take medication, the family should be immediately informed by the Medical Office by phone.

PROCEDURE TO FOLLOW WHEN A CHILD FEELS UNWELL

1. If a child is feeling sick during class or playtime, he/she will be accompanied by a teacher to the Medical Office. The nurse will contact the parents so that the child can be picked up earlier, also the nurse will inform the teachers about the state of the child.
2. If a child arrives at school and appears sick, he/she will be sent home and recommended for a paediatric check-up, and **the child will need a medical certificate from the doctor to re-join the school activities.**
3. If the child is missing from school for sickness (e.g. fever), the parents must inform the medical office **ASAP**; on re-joining the community, a medical certificate might be requested from the medical team, no matter how many days of absence.
4. After 3 days of missing school for sickness, it **is mandatory** that the child bring a medical certificate to rejoin the school activities, according to the Minister of Health Orders, No. 2508/01.08.2023. The certificate must be released **no longer** than 48 hours before the child starts attending school again.

FIRST AID PROCEDURE

In the event of an accident or other occurrence (e.g. an epileptic fit), a first aider should be called to deal with the situation. The first aider will be responsible for recommending that an ambulance be called or that a child should be taken to the hospital if the need for one is not obvious.

The following information will be displayed:

- The names of the First Aiders (nurse and doctor)
- The location of First Aid Boxes
- The name of the person responsible for the maintenance of the First Aid Boxes.

The preschool maintains a level and distribution of First Aid provision to respond to requirements. Records are kept of the expiry date of all First Aid training certificates. Refresher training will be undertaken every year for the certification to be maintained. This is the responsibility of the Head of School & Office Manager. Maintenance of the First Aid equipment is the responsibility of the Nurse.

Small accidents (cuts and bruises)

All children with cuts and bruises should be taken to the school Medical Office to receive proper treatment as required.

In the case of a head injury, a call will be made by the Medical Team (or in the absence of the Medical Team, by the teacher/coordinator) to inform the parents.

In case of small accidents, the parents will be informed by the teacher, and an ***Accident form (Annexe 2)*** will be filled in.

It is our policy to telephone and **notify the parent/carers** of any child who has suffered a **head injury**, however small, as a concussion can reveal itself later.

Serious Accidents or Emergencies

- In case of serious accidents, the teacher in charge/member of the staff present at the scene of the accident will call for the Medical Team to come to the place of the accident and offer first aid using the nearest first aid boxes.
- The teacher in charge/member of the staff present at the scene of the accident also needs to inform the Office Manager.
- The Office Manager will ensure that the Medical Team is informed and is already present at the place of the accident.
- The Office Manager will call an ambulance (if necessary).
- The Medical Team will contact the children's parents by phone and inform them about the situation.
- The Office Manager will inform the teacher and the Head of School in writing about the situation.
- The Office Manager will ensure that an injured child who goes to the hospital by ambulance will be accompanied by the person who was present at the accident, who knows the relevant details of the child.
- The accident will be noted in the Medical Register (by the Medical Team), and the Accident Form will be filled in by the teacher/witness of the accident and signed by a leader of the School.
- The Nurse/Office Manager or the senior person present will be responsible for contacting the emergency family member of the injured person, if necessary.

Accidents involving blood

Accidents involving blood, e.g. cuts, nose bleeds, etc, carry the danger of Hepatitis B and HIV (AIDS). The procedures and standard protocols for first aid should also be followed for the cleaning up of other bodily products, as well as for blood. The Responsible Person is the nurse and/or doctor. They will ensure that the necessary cleaning up is carried out and that PPE is worn. A record must be made of the accident.

ACCIDENT REPORTING AND RECORDING**OUR ACCIDENT RECORD INVOLVING CHILDREN.**

- is kept safely and accessible in the Medical Room.
- is accessible to the staff and volunteers authorized, who know how to complete it; and
- is reviewed at least half-termly to identify any potential or actual hazards.

BSO is notified of any food poisoning affecting two or more children looked after on our premises, if the case and any injury requiring treatment by a general practitioner or hospital doctor, or the death of a child or adult, as soon as possible or at least within 14 days of the incident occurring.

Local child protection agencies are informed of any serious accident or injury to, or the death of, any child while in our care, and we act on any advice given by those agencies. It is our policy to telephone and notify the parent/carer of any child who has suffered a head injury, however small.

When there is any injury requiring general practitioner or hospital treatment to a child, parent, volunteer or visitor or where there is a death of a child or adult on the premises, we make a report to the Health and Safety Executive using the format for the Reporting of Injuries, Diseases and Dangerous Occurrences.

DEALING WITH STAFF ACCIDENTS

We meet our legal requirements for the safety of our employees by complying with The Decision No. 191/2018 for the approval of the National Strategy in the field of occupational safety and health for the period 2018-2020. We report to the Territorial Labor Inspectorate (Inspectoratul Teritorial de Munca):

- any accident to a member of staff requiring treatment by a general practitioner or hospital will be dealt with and supervised by SEATBELT- SSM, and the local procedure will be followed according to their instructions.
- any dangerous occurrences. This may be an event that causes injury or fatalities, or an event that does not cause an accident but could have, such as a gas leak.
- any dangerous occurrence is recorded in our incident book.

OUR INCIDENT RECORDS

- We have ready access to telephone numbers for emergency services, including local police.
- Where we are responsible for the premises, we have contact numbers for gas and electricity emergency services, a carpenter, and a plumber, through our external provider, the Property and Facility Manager of the Stejarii Compound.
- We keep an incident book for recording maintenance/work incidents, including those that are reportable to the Territorial Labor Inspectorate as above.
- These incidents can also include:

- serious incident during school hours involving a child which is not an accident or involves injuries.
- attack on a member of staff or a parent/visitor on the premises or nearby.
- any racist incident involving staff or family on the centre's premises.
- death of a child
- break in, burglary, theft of personal property or the setting's property.
- an intruder gaining unauthorized access to the premises.
- fire, flood, gas leak or electrical failure.
- a terrorist attack, or threat of one.

Our incident form (Annexe 3) will be filled in when any of the cases above, involving a child or a member of staff.

In the unlikely event of a terrorist attack, we follow the advice of the emergency services about evacuation, medical aid and contacting children's families. Our standard Fire Safety and Emergency Evacuation Procedures will be followed, and staff will take charge of their key children. The incident is recorded when the threat is averted.

In the unlikely event of a child dying on the premises, the emergency services are called, and the advice of these services is followed.

In the case of a notifiable accident, disease, death of any member of staff if advice is needed, the Health and Safety External Adviser (SEATBELT) can be contacted by telephone immediately, (opening hours Monday to Friday 9.00 am to 5.00 pm) or, in the case of accidents necessitating absence from work for more than 7 days, at the earliest possible moment by the Responsible Person or deputy. An investigation may be required.

It should be noted that, if a child or member of the public is taken directly to the hospital from preschool because of an injury caused by a defect in the premises or a failure in a system, a report may have to be submitted as the Health and Safety Executive may have to be informed. This might be a legal requirement and should be done straight away. Details of notifiable and reportable accidents must be recorded on the official Accident Report form. A record must be kept in the Personnel file for staff and in their file, for children.

RESPONSIBILITIES

*The nominated first aid officer/assistant is **the nurse** and is responsible for:*

- maintaining a current approved first aid qualification
- monitoring the contents of all first aid kits and arranging with the Head of School for replacement of stock, including when the use-by date has been reached
- disposing of out-of-date materials appropriately
- ensuring a portable first aid kit is taken on all excursions and other off-site activities
- keeping up to date with any changes in the procedures for the administration of first aid.

***Teachers/Educators and other staff** are responsible for:*

- implementing appropriate first aid procedures when necessary

- maintaining current approved first aid qualifications, and qualifications in anaphylaxis management and emergency asthma management, as required.
- ensuring that all children are adequately supervised while providing first aid and comfort for a child involved in an incident or suffering trauma
- ensuring that the details of any incident requiring the administration of first aid are recorded on the Incident/Accident Book
- conducting a risk assessment before an excursion in a new place to identify risks to health, safety or wellbeing and specifying how these risks will be managed and minimized or by using the pre-filled risk assessment form (*see the Health and Safety policy annexes*) for an already visited place to overview the risks and specify only the additional control measures where the case.

The Head of Preschool is responsible for:

- regularly checks the staff files to ensure details of approved first aid qualifications have been recorded and are current.
- monitors the implementation, compliance, complaints and incidents concerning this policy.
- reviews the first aid procedures following an incident to determine their effectiveness.
- regularly seeks feedback from the nominated first aid officer and everyone affected by the policy regarding its effectiveness.
- keeps the policy up to date with current legislation, research, policy and best practice.
- revises the policy and procedures as part of the service's policy review cycle, or as required.
- notifies parents/guardians when making any changes to this policy or its procedures.

CONTAGIOUS HEALTH PROBLEMS AND DISEASES, INCLUDING SARS COV 2;

Hand, foot and mouth disease/ Herpangina (steps to be taken after a confirmed diagnosis is sent by email by a parent)

- Parents of suspected hand, foot and mouth disease cases will be asked to provide a medical note confirming the case;
- The Medical Team must check all children in a class where a hand, foot and mouth disease case has been reported. If a child has brothers or sisters, the siblings' class should also be checked;
- An email is sent to parents of affected classes describing the symptoms of the hand, foot and mouth disease;
- The classroom will be sanitized with professional disinfection products;

Children diagnosed with hand, foot and mouth disease will be allowed to join the class again only after they are treated and after bringing a note from the doctor stating that they are healthy enough to return to school.

Diarrhoea and or Vomiting (Infectious) - (Steps to be taken after a confirmed diagnosis is sent by email by a parent)

- Children and adults with diarrhoea or vomiting should be excluded until 48 hours after symptoms have stopped and they are well enough to return.

- If medication is prescribed, ensure that the full course is completed and there is no further diarrhoea or vomiting for 48 hours after the course is completed.
- Parents of suspected diarrhoea (infectious) cases will be asked to provide a medical note confirming the case;
- The Medical Team must check all children in a class where a diarrhoea (infectious) case has been reported. If a child has brothers or sisters, the siblings' class should also be checked;
- An email is sent to parents of affected classes describing the symptoms of diarrhoea;
- The classroom will be sanitised with professional disinfection products;
- For some gastrointestinal infections, longer periods of exclusion from school are required and there may be a need to obtain microbiological clearance from the doctor stating that they are healthy enough to return to school. For these groups, your local health protection team, school health advisor or environmental health officer will advise.
- If a child has been diagnosed with cryptosporidium, they should NOT go swimming for 2 weeks following the last episode of diarrhoea.

Children diagnosed with diarrhoea (infectious) or persistent vomiting will be allowed to join the class again only after they are treated and after bringing a medical note.

Scarlet Fever - Group A streptococcus (steps to be taken after a confirmed diagnosis is sent by e-mail by parent)

- Parents of suspected scarlet fever cases will be asked to provide a medical note confirming the case. The medical note is to be given by an infectious disease' doctor;
- Medical Team will check all children in a class where a suspected scarlet fever case has been reported and also check children from other classes. If a child has brothers or sisters, the siblings' class should also be checked;
- An email will be sent to parents of affected classes describing the symptoms of scarlet fever;
- All children from the affected class need to take a nasal and pharyngeal exudate;
- Depending on the epidemiological impact, the pharyngeal exudate will be required of other groups also;
- The classroom will be sanitised with professional disinfection products;

Children diagnosed with Scarlet Fever will be allowed to join the class again only after they are treated and after bringing a note from the doctor stating that they are healthy enough to return to school.

Conjunctivitis

- Parents of suspected conjunctivitis disease cases will be asked to provide a medical note confirming the case of contagious conjunctivitis;
- The Medical Team must check all children in a class where a conjunctivitis case has been reported. If a child has brothers or sisters, the siblings' class should also be checked;
- An email is sent to parents of affected classes describing the symptoms of conjunctivitis;
- The classroom will be sanitised with professional disinfection products;

Children diagnosed with conjunctivitis will be allowed to join the class again only after they are treated and after bringing a note from the doctor stating that they are healthy enough to return to school.

Intestinal worms

- An email, informing parents of a case of intestinal worms in the school and describing symptoms, is sent to parents of affected classes by the Medical Team;
- All children from the affected classes must take a stool test;
- The classroom will be sanitised with professional disinfection products;

Children diagnosed with intestinal worms will be allowed to join the class again only after they are treated and after bringing a note from the doctor stating that they are healthy enough to return to school.

Head lice

- The Medical Staff have to check all children for head lice at the beginning of each term;
- The school nurse has to carry out class checks for head lice. This check should be completed within two weeks of the term starting, as the school doctor must send a health declaration form to DSP (Public Health Department) within 10 working days from the school opening;
- If a case of head lice is found in one class and the child has siblings in school, the following classes to be checked are the ones of the siblings. Random checks should also take place in other classes over the following two weeks;
- The classroom will be sanitised with professional products;
- The Medical Team has to inform the parents of any confirmed cases of head lice. Parents are asked to collect their child and to treat them before they return to school;
- Where there is a confirmed case, the entire class will receive an email to inform them of the situation, asking them to check their children;
- The Medical Team also needs to contact the coordinator to inform about the confirmed case of head lice, and the class teacher to inform about the case, and to ask them to send the child to the school nurse on their first day back at school. Following the phone conversation, or if the parent was not contactable, an email will be sent to parents asking them to treat their child before returning them to school;
- The class teacher must accompany the children who had head lice, on returning to school, to the school nurse's office for a check before their first class;

If the child has not been treated, the parents will be contacted and asked to collect their child from school in order to be taken home for treatment.

Rubella/ Measles/ Mumps/ Chicken Pox (steps to be taken after a confirmed diagnosis is sent by e-mail by a parent)

- Parents of suspected cases will be asked to provide a medical note confirming the case;
- The Medical Team must check all children in a class where a suspected case has been reported. If a child has brothers or sisters, the siblings' class should be also checked;
- An email is sent to parents of affected classes describing the symptoms;
- The classroom will be sanitised with professional disinfection products;

Children diagnosed will be allowed to join the class again only after they are treated and after bringing a note from the doctor stating that they are healthy enough to return to school.

Covid symptoms- new recommendations 2024- Measures to take in case of infection

In 2024, Covid symptoms are still those related to the circulation of the Omicron variant, which is the majority in the world. The most commonly observed Covid symptoms are:

- asthenia/fatigue;
- fever;
- headache;
- cough;
- runny nose.

The average duration of Covid is 7 days (between 3 and 10 days, depending on the case).

Measures to take in case of ***infection- parents and staff:***

- ***Isolation:*** if the test is positive, it is recommended to isolate for 7 days to limit the spread of the virus, wear a mask and
- ***Medical consultation:*** for severe symptoms, to consult a health professional, and in case of respiratory discomfort call 112 to contact the emergency services.

Measures to take in case ***of contact:***

- ***Screening test:*** to perform a screening test immediately and another one 5 days after the last contact.
- ***Wear a mask:*** wear a mask in public places and in the presence of vulnerable people.
- ***Symptom monitoring:*** Watch for symptoms for 10 days after contracting the illness.
- Ultimately, protective measures such as ***wearing a mask, social distancing, and good hand hygiene*** remain effective ways to protect yourself and others.

Steps to be taken after a confirmed diagnosis is sent by e-mail by a parent:

- Parents of suspected cases will be asked to provide a medical note confirming the case;
- The Medical Team must check all children in a class where a suspected case has been reported. If a child has brothers or sisters, the siblings' class should be also checked;
- An email is sent to parents of affected classes describing the symptoms and the contact with SARS-CoV-2;
- The classroom will be sanitised with professional disinfection products;

Children diagnosed will be allowed to join the class again only after they are treated and after bringing a note from the doctor stating that they are healthy enough to return to school.

Included within the procedures are a number of **annexes:**

- Administering Regular Medication Record (Annexe 1).
- Accident form (Annexe 2)
- Incident form (Annexe 3)
- Standard letters sent by email (Annexe 4)

LEGAL FRAMEWORK

The school follows the guidance of Romanian legislation when responding to ensuring medical assistance requirements.

Order 2508/2023 approving the methodology for ensuring medical assistance to infants, toddlers,

preschoolers, students from pre-university education units and students from higher education institutions to maintain the health of communities and to promote a healthy lifestyle.

FURTHER GUIDANCE

- The Health and Safety at Work etc. Act 1974, which sets out the general duties employers have towards employees and duties relating to lettings
- The primary legal framework for education, specifically the *Legea învățământului preuniversitar* nr. 198/2023 (Law of Pre-University Education), while not directly addressing first aid, does outline the responsibilities of schools in ensuring the health and safety of students and staff.
- The Legea nr. 95/2006 (Law regarding the Health System) mandates that individuals are trained in providing basic first aid, and schools are expected to have trained staff or designate staff to provide first aid in emergencies.

Date of the last review: April 2025

Review cycle: Annually/on necessity

Name of signatory: DAN NICULAIE-FARANGA

Role of signatory: **permanent representative of the governor** ITH MANAGEMENT OFFICE SRL

Name of signatory: ANCA ILIE

Role of signatory: **Head of Preschool**

ANNEXE 1

Administering Regular Medication Record

Child's Name: _____

Reason for requiring medication: _____

Date	Time / period	Name of medication	Dosage given	Administered By-school Witness nurse	Signature	Parent signature	Observation

ANNEXE 2

Accident Record Form

Child's Name:	Date of Birth:
Date and time of accident:	
Name of witnesses/adults present: • _____ • _____	Place accident occurred: _____
Description of how the accident occurred: _____ _____ _____	Condition of child following the accident: _____ _____ _____
Record of any injury and action taken: Other comments: _____ _____ _____	

Parent contacted? Yes ☐ No ☐

Name of parent contacted: _____ Time: _____

How parent was contacted: Call ☐ Email ☐ Text ☐

Attending adult's name&signature: _____ Date _____

Leader's name& signature: _____ Date _____

Parent's name&signature: _____ Date _____

Parent Copy ☐ Paper ☐ Email ☐

ANNEXE 3

Incident Record Form

Name:	Date and time of incident:	Child _____	Staff _____	Visitor _____
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Name of witnesses/adults present: • _____ • _____	Place incident occurred:
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Description of incident: 	Condition of child/staff/visitor following the incident:
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How staff handled the incident:

Other comments:

**Name of parent/staff
emergency contact
announced**

Time: _____

How were they contacted:

Call ☐

Email ☐

Text ☐

Where applicable:

**Attending adult's
name&signature:**

Date

Leader's name&signature:

Date

Parent's name&signature:

Date

ANNEXE 4- STANDARD LETTERS SENT BY EMAIL**HERPANGINA**

Dear Parents,

We would like to inform you that there has been a positive case of Herpangina within the _____ group. We have just received this information, and the last day the child attended preschool was _____. Herpangina is a viral, febrile, and contagious illness, which mainly affects children who go to daycare centers and schools.

The illness begins with a high fever and small blister-like sores that appear in the roof of the mouth and at the base of the throat. The infection can also cause sore throat, headache and neck pain and is very similar to hand-foot-mouth disease.

Herpangina is caused by Coxsackie type A or B viruses and, occasionally, by other enteroviruses.

Activities in the group will continue as usual.

Please observe if the children show signs mentioned above and consult a family doctor or pediatrician if it is the case.

We are committed to providing a safe and healthy environment for our children, and we take all the necessary measures when needed.

Thank you and we wish you all the best,

Dragi parinti ,

Dorim sa va informam ca a fost semnalat un caz de HERPANGINA in cadrul grupei _____. Ultima zi la gradinita a copilului a fost _____

Herpangina este o afectiune virală, febrilă și contagioasă, care afectează cu precădere copiii care merg la grădiniță, școală sau pe cei care locuiesc în centrele sociale.

Boala debutează cu febră mare și răni asemănătoare unor bășici mici, care apar în cerul gurii și la baza gâtului. Infecția mai poate provoca durere în gât, dureri de cap și de ceafă și este foarte asemănătoare cu boala mână-gură-picior

Herpangina este cauzată de virusurile din grupul Coxsackie de tip A sau B și, ocazional, de alte enterovirusuri. Activitățile la grupa vor continua normal.

Sfatul nostru este sa observati starea de sanatate a copilului dumneavoastra si la orice simptom mentionat mai sus, va rugam sa mergeti cu copilul la medic.

Multumim pentru intelegere si suport!

STREPTOCOCCUS BETA-HAEMOLYTIC TYPE A

Dear Parents,

We would like to inform you that there has been a positive case of streptococcus beta-haemolytic type A within the _____ group. We have just received this information, and the last day the child attended preschool was _____

Please see below the protocol of BEST Preschool for these situations:

- All children from this group **must go to a lab** the latest tomorrow morning to undergo **a fast** pharyngeal swab test. (exudat).
- **Our institution doesn't do these types of tests.**
- Children with positive test results should contact their family doctor or paediatrician for appropriate treatment and stay in isolation.
- BEST Preschool will be informed of the test results as soon as possible.

Re-admittance to the preschool will be permitted ONLY with a negative test.

We are committed to providing a safe and healthy environment for our children, and we take all the necessary measures when needed.

Thank you and we wish you all the best,

Dragi părinți,

Dorim să vă informăm că a existat un caz pozitiv de streptococ beta-hemolitic de tip A în cadrul grupei _____.

Tocmai am primit această informație, iar ultima zi în care copilul a mers la grădiniță a fost _____

Vă rugăm să vedeți mai jos protocolul BEST Preschool pentru aceste situații:

- Toți copiii din acest grup **trebuie să meargă la un laborator** cel târziu mâine dimineață pentru a fi supuși unui test rapid cu tampon faringian. (exudat).
- **Instituția noastră nu face aceste tipuri de teste.**
- Copiii cu rezultate pozitive trebuie să contacteze medicul de familie sau medicul pediatru pentru un tratament adecvat și să rămână în izolare.
- BEST Preschool va fi informat cu privire la rezultatele testului în cel mai scurt timp posibil.

Readmiterea la grădiniță va fi permisă NUMAI cu un test negativ.

Ne angajăm să oferim un mediu sigur și sănătos pentru copiii noștri și luăm toate măsurile necesare atunci când este necesar.

Vă mulțumim și vă dorim toate cele bune,

CONJUNCTIVITIS

Dear Parents,

We kindly inform you that within the Red Oaks group, we have a confirmed case of conjunctivitis. Our medical staff advises to visit the ophthalmologist if you notice symptoms like red, watery and itchy eye. They need treatment and to avoid to be in contact with other children. In such situation, we kindly remind you not to come to preschool unless you have a medical note.

The activity in the group will take place without interruption.

Because we want to provide a safe and healthy environment for our children, we take the necessary measures all times by sanitizing and disinfecting all surfaces and toys, and we also use the UV lamps on a daily basis.

Thank you and we wish you all the best,

Dragi părinți,

Va informam ca in cadrul grupei Red Oaks avem un caz confirmat de conjunctivita. Personalul nostru medical vă sfătuiește să consultați un oftalmolog dacă observați simptome precum ochi roșii, apoși și mâncărime. Ei au nevoie de tratament și să evite contactul cu alți copii. In aceasta situatie, va reamintim sa nu veniti la gradinita decat daca aveti aviz medical.

Activitatea în grup se va desfășura fără întrerupere.

Pentru că ne dorim să asigurăm un mediu sigur și sănătos pentru copiii noștri, luăm măsurile necesare tot timpul prin igienizarea și dezinfectarea tuturor suprafețelor și a jucăriilor, dar folosim și lămpile UV zilnic.

Vă mulțumim și vă dorim toate cele bune,

ROTAVIRUS

Dear Parents,

We inform you that a child from _____ has been confirmed with Rotavirus (a contagious virus that causes gastroenteritis). The period of contagion is from the appearance of symptoms and for 3 days after healing. The virus can also be transmitted a few days before the onset of symptoms. _____ was the last day the child was present in the community.

Please monitor the health of your children and do not bring them into the community if they show any symptoms of the disease: fever, severe watery diarrhoea, vomiting and abdominal pain.

Also, if your child presents these symptoms, our recommendation is to go to the doctor for diagnosis and approved treatment.

The measures taken in preschool are meant to ensure a safe environment for children.

As proactive prevention recommendations:

- Thorough hand and body hygiene are important, but not enough to control the transmission of the virus.
- Vaccination against rotavirus infection is the only effective way to protect the child.

Re-entry into the community, after any disease, will be done only by presenting the medical note.

Thank you for your understanding and for supporting our community.

Wishing you all good health,

Dragi părinți,

Vă informăm că un copil din _____ a fost confirmat cu Rotavirus (un virus contagios care provoacă gastroenterită). Perioada de contagiune este de la apariția simptomelor și timp de 3 zile după vindecare. Virusul poate fi transmis și cu câteva zile înainte de debutul simptomelor. _____ fost ultima zi în care copilul a fost prezent în comunitate.

Vă rugăm să monitorizați starea de sănătate a copiilor dumneavoastră și să nu-i aduceți în comunitate dacă prezintă simptome ale bolii: febră, diaree apoasă severă, vărsături și dureri abdominale.

De asemenea, dacă copilul dumneavoastră prezintă aceste simptome, recomandarea noastră este să mergeți la medic pentru diagnostic și tratament aprobat.

Măsurile luate în grădiniță sunt menite să asigure un mediu sigur pentru copii.

Ca recomandări proactive de prevenire:

- Igiena temeinică a mâinilor și a corpului este importantă, dar nu suficientă pentru a controla transmiterea virusului.
- Vaccinarea împotriva infecției cu rotavirus este singura modalitate eficientă de a proteja copilul.

Reintrarea în comunitate, după orice boală, se va face doar prin prezentarea certificatului medical.

Vă mulțumim pentru înțelegere și pentru susținerea comunității noastre.

Vă doresc tuturor multă sănătate,

HAND-FOOT-MOUTH DISEASE

Dear Parents,

Please take note of the following information:

This morning, we were informed that a child in the _____ group has been diagnosed with *Coxsackievirus A 16*, also known as **hand-foot-mouth disease**. The last day the child attended preschool was _____ 2025. The typical incubation period for this virus is 3 to 6 days.

This disease usually starts with symptoms such as fever, reduced appetite, mouth sores, sore throat, and general sickness.

Please monitor your children's health and not bring them to school if they show any signs of illness. **If your child shows these symptoms, we recommend seeking medical attention for diagnosis and treatment.**

Re-admittance to the community after any illness will be permitted ONLY with a medical note.

The infection can be spread through direct contact with an infected person or by touching contaminated objects or surfaces.

We will continue to uphold strict sanitation measures, including the use of daily UV lamps in the classrooms.

We wish everyone good health!

Dragi părinți,

În această dimineață, am fost informați că în cadrul grupei _____ un preșcolar **a fost diagnosticat** cu virusul Coxsackie A 16 (**mână-gură-picior**). _____, a fost ultima zi în care a frecventat grădinița. Perioada de incubație (de la momentul infecției până la apariția primelor simptome) este de 3 până la 6 zile.

Boala debutează cu:

- *Febră
- *Apetit alimentar scăzut
- *Leziuni ulcerative în gură cu dureri în gât
- *Senație generală de rău

Vă rugăm să monitorizați starea de sănătate a copiilor dumneavoastră și să nu-i aduceți la grădiniță dacă prezintă simptome de boală.

De asemenea, în cazul în care copilul dumneavoastră prezintă aceste simptome, recomandarea noastră este să mergeți la medic pentru diagnostic și tratament.

Reintrarea în comunitate, după orice boală, se va face NUMAI cu avizul medicului.

Infecția se transmite prin contact direct cu persoana infectată dar și prin contactul cu obiecte sau suprafețe contaminate.

Vă informăm că vom continua să igienizăm sălile de clasă și să folosim zilnic lămpile UV.

Multă sănătate tuturor!
