

SCHOOL CLINIC GUIDELINES FOR PARENTS AND STAFF

Rationale:

- This guide is intended to provide general information. For specific concerns, please address them directly at the clinic.
- Healthcare decisions are complex and not always straightforward. When determining whether a student should return to class or go home, we consider several factors, including:
 - The student's appearance and behavior compared to their normal state.
 - Any emotional issues that might be affecting their well-being.
 - Concerns raised by parents.
- Whenever possible, non-urgent complaints **are** addressed during breaks to minimize disruption to learning.

Sickness Guidelines

It is really important to keep unwell children at home, while it can be very tempting to send a sick child to school. This action may result in prolonged recovery time, spread infection, leading to staff absences which impact your child's learning.

When should I keep my child at home?

Children should not attend school if they have a fever, a skin rash, vomiting, diarrhea, a heavy nasal discharge, a sore and inflamed throat, a persistent cough that has not been investigated, or red watery painful eyes.

If a pupil is absent from School due to fever, they must be fever-free (below 37.5) for **24 hours** after the last dose of antipyretic (fever reducing medication) has been used.

In the case of vomiting and diarrhea, the child should not return to school for **48 hours** after the last episode of vomiting or diarrhea.

Please see the charts in **Appendix A & B** for a quick reference.

Procedures:

1. CONDITIONS FOR TAKING THE CHILD TO THE CLINIC

Our staff work hard to get to know and understand your child and what behaviour, energy and temperament is usual for them. We utilise this judgement and the guidelines below to decide when to involve the medical team in their care.

Please note -

Staff will take a child to the clinic when...	We would not take a child to the clinic for the following isolated symptoms
Any student having difficulty in breathing, asthma attack or excessive coughing	Unsettled student who expresses a desire to go home
Any sudden impact to their head.	Minor cuts, bruises, or abrasions – staff will wash the area with soap and water, cover with plaster from the first aid box.
Any diabetic student who is not feeling well or exhibiting unusual behaviour or symptoms.*	Loose baby tooth with no reported pain or bleeding.
Eye trauma or evidence of an eye infection (pain, redness, discharge).	Student who are tired and request to rest/sleep.
Acute injury from fall or impact resulting in significant pain, and/ or abnormality on the site of injury.	Complains of stomachache if a child appears well – staff will first advise to go to the toilet if needed. (Send to clinic if no improvement.)
Students with suspected fever (feels “hot to touch”) with or without additional symptoms	Complains of a headache in a student who appears well staff will monitor and ask if they have eaten, instruct to drink plenty of water. (Send to clinic if no improvement.)
Vomiting (not expulsion of phlegm)	Chapped lips/ cold sores.
Infected looking wounds (tender, red, swollen, with discharge)	Blisters – staff will wash with soap and water, cover with plaster. Unless signs of infection are present
Suspected allergic reaction. Sudden swelling	Insect bites unless allergic reaction or significant discomfort is visible
Reports or symptoms of earache	
Significant abrasions, lacerations, or bruises.	
Visible rash	

2. HANDLING OF INJURIES

- **Minor Injuries:**
 - Any minor injuries sustained by students will be handled within the clinic. During peak times (breaks and lunch), the clinic prioritizes emergencies, so minor injuries may be managed with less immediate attention to ensure all students receive appropriate care. Parents or guardians will **not** be contacted for these minor injuries, unless the injury involves the head or neck. In such cases, parents or guardians will be notified immediately for their awareness and necessary action.
- **Injuries Sustained Involving Other Pupils and Possible Poor Behavior:**
 - In the case of injuries sustained involving other students, and where poor behavior may be a factor, the clinic will treat the student and address any injuries. Parents will be informed of the initial incident and treatment provided. Information regarding the incident will be shared with the relevant heads of department for investigation, and parents/guardians will be informed promptly.

3. APPROPRIATE USE OF THE CLINIC

- The clinic cannot serve as a resting area for students. If a child is too unwell to return to class, parents will be asked to arrange for the child to go home.
- This enables our medical team to be responsive and available in case of emergency.

4. CLINIC PASS

- The 'No pass, no clinic entry' rule is strictly enforced. Students must present a clinic pass from their teacher or the teacher should email the clinic about the student's visit prior to the students arriving. This does not affect medical emergencies.

5. HEAD LICE

- We encourage parents to conduct weekly checks for head lice, as early detection and treatment are key to managing this common issue.
- If a child is suspected of having head lice, they will be examined by the school nurse. If live lice are found, parents will be asked to collect the child from school and arrange for appropriate treatment. The child may return to school 24 hours after treatment and need to be re-evaluated by a medical team member before returning to class.
- Please see the flow chart in **Appendix C** for reference.

6. MEDICINE ADMINISTRATION AT SCHOOL

Clinic Medication	<ul style="list-style-type: none"> The school clinic is equipped with basic medications. Before administering any medication to a child, parents will be notified, and verbal consent will be obtained. In emergencies or if parents are unreachable, the school medical team may administer medication at their discretion (e.g., for high fever, allergic reactions, injuries, etc.). Students are not permitted to carry medications at school, except for inhalers used by asthmatic students.
Medication Administration During School Hours	<ul style="list-style-type: none"> If a child requires medication during school hours, a doctor's prescription must be provided. Medications should be delivered by the parent/guardian to the clinic and can be collected at the end of the school day or upon completion of the prescribed course. For children who use school transport, medications can be handed over to the Transport Assistant with a copy of the prescription and a signed note from the parent/guardian. Medications requiring refrigeration must be transported with an ice pack, not ice cubes, as melting ice cubes may compromise the medication's effectiveness.
Prescribed Medicines	<ul style="list-style-type: none"> Medicines should only be brought to school when they are essential for the child's health, and failure to administer them during school hours would negatively impact the child's well-being. Only medicines prescribed by a local doctor, dentist, or pharmacist will be accepted. These should be provided in the original container with the pharmacist's instructions for administration. The school clinic will keep written records of all medications administered and requires parental authorization for administration. Medicines that are out of date or outside the prescribed timeline will not be administered. Please complete the consent form for Administration of medication at school as shown in Appendix D

7. CORRECT/APPROVED USE OF WHEELCHAIRS IN SCHOOL

Emergency Use Only	Wheelchairs available in the clinic are intended exclusively for use during emergencies (e.g., injury, sudden illness) while on campus.
Individual Wheelchairs:	Students requiring ongoing mobility assistance due to injury or a medical condition will have a wheelchair prescribed and provided by a physician. It is essential for students with such needs to have a wheelchair specifically prescribed to ensure proper fit and support. In addition, parents/guardian should bring their child to their respective classroom upon arrival to school. For bus students, school staff, teaching assistants, or class teachers will assist the child into their classroom.
Contact for Care Plan:	For students with existing mobility needs or injuries, please contact the clinic directly to develop a tailored care plan. This plan will be coordinated with the student's physician to ensure appropriate accommodations and support are provided.
Injury Protocol:	If a student sustains an injury during school hours and is unable to mobilize, the clinic will not assign a wheelchair available on campus. Instead, parents will be contacted immediately, and the school will assist in arranging transportation for the student to undergo a thorough medical evaluation of the injury. This measure ensures that the injury is properly assessed and managed according to medical recommendations.
Fire Evacuation:	In the event of a fire evacuation, children with their own wheelchairs and those requiring mobility support will be identified by staff, the clinic, and the Health and Safety Executive (HSE). Staff, the clinic, and the Health and Safety Executive (HSE) will coordinate to ensure the safe and efficient evacuation of students requiring mobility support.

APPENDIX A



COMMON VIRAL SYMPTOMS

QUICK CHECK GUIDE

Keep your child at home. If your child has one or more of the following common conditions:

FLU SYMPTOMS

Keep your child at home.
Your child can return when symptom free for 24 hours.

VOMITING

Keep your child at home.
Your child can return when symptom free for 48 hours.

COUGH

Keep your child at home.
Your child can return when symptom free for 24 hours.

DIARRHOEA

Keep your child at home.
Your child can return when symptom free for 48 hours.

FEVER (37.5C OR ABOVE)

Keep your child at home. Your child can return when symptom free for 24 hours.



APPENDIX B



WHEN TO KEEP YOUR CHILD AWAY FROM SCHOOL

SCHOOL CLINIC GUIDANCE

Advice from the Department of health, is that if a student is unwell, they should not come to school.

HEALTH REQUIREMENTS FOR ENTRY

If you have any of the following related symptoms, do **NOT** enter the School.

 SORE THROAT	 RUNNY NOSE	 COUGH	 NAUSEA	 DIARRHOEA
 FEVER >37.5	 SHORTNESS OF BREATH	 BODY ACHE/ FATIGUE	 LOSS OF TASTE	 LOSS OF SMELL

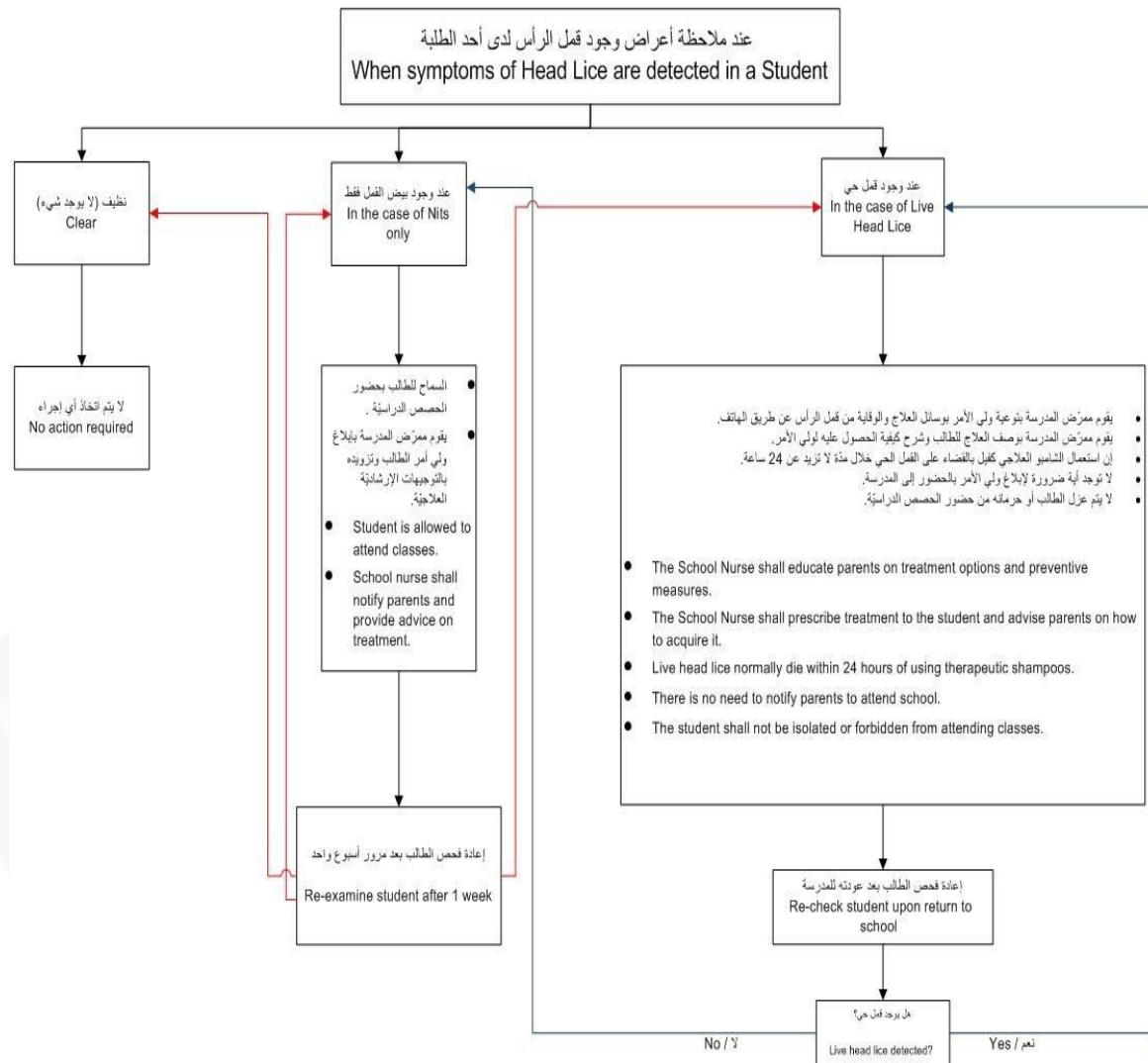
Please do not give medication to your child and then send them to School.

STAY HOME WHEN IN DOUBT

If a child has any of the above symptoms, they must be off school.

Please ensure that all unplanned absences are reported to the Home Room teacher.

APPENDIX C

 جدول تسلسل الإجراءات الخاصة بتنقسي حالات الإصابة بقمل الرأس
 Head Lice Detection Flow Chart


APPENDIX D



DOCTOR AND PARENT CONSENT TO ADMINISTER PRESCRIBED MEDICATION

1. Completed, signed and stamped by HAAD Licensed Physician:

Student Name (First Middle Last Name): _____

Date of Birth (Day-Month-Year): _____

Health Condition for which the medication is prescribed: _____

Name of medication: _____

Dose: _____

This medication should be continued until: _____

Route for administering the medication:

- By mouth
- Inhalation
- Injection
- Topical
- Others: (Please Specify) _____

What time does medication need to be given at school?

AM _____ PM _____

Any precautions that school personnel need to know?

What are possible reactions/ side effects?

Any contraindications that school personnel need to know?

What should be done in the event of reaction/ side effect?

Check appropriate box below:

- I authorize this student to self-administer the above medication.
- The above medication can only be administered by a HAAD Licensed School Nurse, or a certified first aid provider trained in the administration of medications.

Name, Address, Phone Number of Healthcare Provider:

Signature of the treating physician prescribing the medication:

2. Filled in and signed by Parent:

I understand it is my responsibility to send the medication to school in the original pharmacy container labeled with my child's name, treating physician's instructions/ care plan and any other documentation to assist in the safe administration of the specified medications.

Name of Medication: _____

Expiry Date: _____

Parent/ Guardian name and signature: _____

Received By: _____

Returned medication: _____

Date: _____

Received By: _____

Name of Medication (New Stock):

Expiry Date: _____

Parent/ Guardian name and signature: _____

Received By: _____

<p>1. Completed, signed and stamped by HAAD Licensed Physician:</p> <p>Student Name (First Middle Last Name): _____</p> <p>Date of Birth (Day-Month-Year): _____</p> <p>Health Condition for which the medication is prescribed: _____</p> <p>Name of medication: _____</p> <p>Dose: _____</p> <p>This medication should be continued until: _____</p> <p>Route for administering the medication:</p> <ul style="list-style-type: none"> <input type="checkbox"/> By mouth <input type="checkbox"/> Inhalation <input type="checkbox"/> Injection <input type="checkbox"/> Topical <input type="checkbox"/> Others: (Please Specify) _____ <p>What time does medication need to be given at school?</p> <p>AM _____ PM _____</p> <p>Any precautions that school personnel need to know?</p> <p>What are possible reactions/ side effects?</p> <p>Any contraindications that school personnel need to know?</p> <p>What should be done in the event of reaction/ side effect?</p>	<p>Check appropriate box below:</p> <ul style="list-style-type: none"> <input type="checkbox"/> I authorize this student to <u>self-administer</u> the above medication. <input type="checkbox"/> The above medication can only be administered by a HAAD Licensed School Nurse, or a certified first aid provider trained in the administration of medications. <p>Name, Address, Phone Number of Healthcare Provider:</p> <p>Signature of the treating physician prescribing the medication:</p> <p>2. Filled in and signed by Parent:</p> <p>I understand it is my responsibility to send the medication to school in the original pharmacy container labeled with my child's name, treating physician's instructions/ care plan and any other documentation to assist in the safe administration of the specified medications.</p> <p>Name of Medication: _____</p> <p>Expiry Date: _____</p> <p>Parent/ Guardian name and signature: _____</p> <p>Received By: _____</p> <p>Returned medication: _____</p> <p>Date: _____</p> <p>Received By: _____</p> <p>Name of Medication (New Stock):</p> <p>Expiry Date: _____</p> <p>Parent/ Guardian name and signature: _____</p> <p>Received By: _____</p>
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موافقة الطبيب وولي الأمر لاعطاء الأدوية الموصوفة

يرجى وضع علامة في الحالة المناسبة أدناه:

أجاز لي هذا الطالب أن يتناول الدواء الموصوف بنفسه.

لا يجوز لاعطاء الدواء الموصوف إلا من قبل معرفة مدرسة شرطية من دائرة الصحة (DOH) أو مقدم إسعاف أولي معتمد ومدرب على إعطاء الأدوية.

اسم، عنوان، ورقم هاتف مقدم الرعاية الصحية:

توقيع الطبيب المعالج الذي وصف الدواء:

بيان ويفترى من طبيب وولي الأمر:

أقر بآن من مسؤوليتي بإرسال الدواء إلى المدرسة في عبوته الأصلية من الصيدلانية، والملئون عليها اسم طفل وتعليمات/حالة الرعاية من الطبيب المعالج، وأي مستندات أخرى ضرورية لضمان إعطاء الدواء المحدد بشكل آمن.

اسم الدواء: _____

تاريخ التهاب الصلاحية: _____

اسم ولي الأمر وتوقيعه: _____

تم الاستلام من قبل: _____

الدواء المعاد: _____

التاريخ: _____

تم الاستلام من قبل: _____

اسم الدواء (الكمية الجديدة): _____

تاريخ التهاب الصلاحية: _____

اسم ولي الأمر وتوقيعه: _____

تم الاستلام من قبل: _____

يشتمل ويفترى ويفترى من طبيب شرطى من دائرة الصحة (DOH)

اسم الطالب (الاسم الأول، الأوسط، الأخير): _____

ناريخ الميلاد (اليوم / الشهر / السنة): _____

الحالة الصحية التي وصف الدواء من أجلها: _____

اسم الدواء: _____

الجرعة: _____

يجب الاستمرار في هذا الدواء حتى: _____

طريقة إعطاء الدواء:

عن طريق الفم

عن طريق الاستنشاق

عن طريق الحقن

موضع

أخرى (يرجى التحديد): _____

في أي وقت يجب إعطاء الدواء في المدرسة؟

حياناً _____

هل هناك أي احتياطات يجب أن يعرفها موظفو المدرسة؟

ما هي التفاعلات/التأثيرات الجانبية المحتملة؟

هل هناك أي مواقع يجب أن يعرفها موظفو المدرسة؟

ما الذي يجب القيام به في حال حدوث تفاعل أو تأثير جانبية؟

<p>_____ _____</p>	<p>_____ _____</p>
<p>بيان ويفترى من طبيب وولي الأمر:</p> <p>أقر بآن من مسؤوليتي بإرسال الدواء إلى المدرسة في عبوته الأصلية من الصيدلانية، والملئون عليها اسم طفل وتعليمات/حالة الرعاية من الطبيب المعالج، وأي مستندات أخرى ضرورية لضمان إعطاء الدواء المحدد بشكل آمن.</p>	
<p>اسم الدواء: _____</p>	<p>طريقة إعطاء الدواء:</p> <p>عن طريق الفم</p> <p>عن طريق الاستنشاق</p> <p>عن طريق الحقن</p> <p>موضع</p> <p>أخرى (يرجى التحديد): _____</p>
<p>تاريخ التهاب الصلاحية: _____</p>	<p>في أي وقت يجب إعطاء الدواء في المدرسة؟</p> <p>حياناً _____</p>
<p>اسم ولي الأمر وتوقيعه: _____</p>	<p>هل هناك أي احتياطات يجب أن يعرفها موظفو المدرسة؟</p>
<p>تم الاستلام من قبل: _____</p>	<p>ما هي التفاعلات/التأثيرات الجانبية المحتملة؟</p>
<p>الدواء المعاد: _____</p>	<p>هل هناك أي مواقع يجب أن يعرفها موظفو المدرسة؟</p>
<p>التاريخ: _____</p>	<p>ما الذي يجب القيام به في حال حدوث تفاعل أو تأثير جانبية؟</p>
<p>تم الاستلام من قبل: _____</p>	
<p>اسم الدواء (الكمية الجديدة): _____</p>	
<p>تاريخ التهاب الصلاحية: _____</p>	
<p>اسم ولي الأمر وتوقيعه: _____</p>	
<p>تم الاستلام من قبل: _____</p>	