SABIS® International School
Ruwais - Abu Dhabi, U.A.E.

SABIS® Policy Document

Whilst all Policies have a minimum date for review as a guideline, policies are under constant review. Changes to policies will occur as required.

Clinic Policy

Approved by: Governing Board	Date: December 2023
Last reviewed on:	Date: August 2026
Next review due by: 2 years	Date: August 2028

The following information outlines some of the important policies governing the clinical and nursing care functions of the School Clinic. The primary roles undertaken by the School Clinic are as follows:

- Provide first aid or emergency care to sick or injured students.
- Assess students to detect early signs and symptoms of health problems, which may affect learning.
- Monitor and maintain growth and development of students.
- Administer nursing care appropriate to the identified nursing needs of the students.
- Plan, implement and evaluate health education program for students.
- Plan, implement and evaluate vaccination programs for all the students in the school, under the supervision of School Health Services.
- Maintain and submit required records and reports as per the authorities' guidelines.

Table of Contents

1. PURPOSE 2
2. POLICY STATEMENT 2
3. SCOPE 2
4. TARGET AUDIENCE 2
5. RESPONSIBILITIES 3
6. PROCEDURE 3
7. DEFINITION AND ABREVIATION 4
8. SCHOOL NURSE JOB DESCRIPTION 4-5
9. HEALTH RECORD AND MANAGEMENT POLICY 6
10. FIRST AID AND MINOR MEDICAL EMERGENCY POLICY 9
11. PARENT NOTIFICATION POLICY 11
12. IMMUNIZATION POLICY 12
13. MEDICATION POLICY 13
14. HEADLICE POLICY 16

OVERVIEW

1. PURPOSE:

To offer some guidance and protection to students by stating the responsibilities that the school clinic and its staff have toward students and their families during school hours.

2. POLICY STATEMENT:

2.1. To ensure that all staff working at the school clinic understand and safeguard the rights and responsibilities of students and staff.

2.2. To outline steps required to ensure that students and parents receive and understand information and instructions about their health needs.

2.3. To provide quality services in a respectful manner without discrimination by providing a process for identification and understanding students' rights and responsibilities that are based on local culture, religious, spiritual and psychosocial norms and values.

3. SCOPE:

This policy applies to all staff working at School Clinic and to all students (staff, parents, visitors) in the school.

4. TARGET AUDIENCE:

To every student and staff that needs treatment and healthcare, and all licensed healthcare provider in school setting.

5. RESPONSIBILITIES:

All staff and School nurses working at School clinic is responsible and accountable for ensuring that the policy is implemented.

6. PROCEDURE:

6.1 Students Rights at the School Clinic:

1) Have access to healthcare and receive high quality services in a respectful manner without discrimination;
2) Have a clean and safe environment while their privacy is protected;
3) know the qualifications of staff that provide them with healthcare services;
4) Get involved, receive and understand information and instructions about their needs in clinic and at home;
5) Receive timely response to their needs along with reasonable continuity and coordination of services;
6) know how to voice any grievance about their services;
7) Receive healthcare services based on an individual plan;
8) protect them from any type of assault while receiving healthcare at the facility;
9) Patient has the right to refuse taking any medicine

6.2 Parents and Students have the responsibility to:

1) Give accurate information about their health complaints and symptoms;
2) Inform staff immediately if they have any concerns or problems with the service they are receiving;
3) Treat all staff, other clients and visitors with respect and courtesy and avoid putting others at risk;
4) Maintain healthy habits;
5) Being honest with providers;
6) Complying with treatment plans.

7. DEFINITION AND ABREVIATION:

Healthcare provider: person who cares about individuals, families and communities so they may attain, maintain, or recover optimal health and quality of life.

Patient's Right: Statement of the rights to which patients are entitled as recipients of medical care.

Patient's responsibilities: Statement of the responsibilities of all patients visiting the clinic to avail good healthcare services.

8. SCHOOL NURSE JOB DESCRIPTION

8.1 Job Summary

The school nurse provides professional nursing services that advance the well-being, academic success, and life-long achievement of students. To that end, school nurses facilitate positive student responses to normal development promote health and safety, intervene with actual and potential health problems, provide case management services, and actively collaborate with others to build student and family capacity for adaptation, self-management, self-advocacy, and learning.

8.2 School nurse main duties and responsibilities:

1. To ensure a proper, up to date and secure health record of each student.
2. To ensure proper follow up, documentation and verification of health /injury related absences of students.
3. Assessment of health complaints, medication administration and care of students with special health care needs on daily and emergency cases.
4. To ensure that parents properly communicate to school's management and special medical attention that their children might require during their presence at school.
5. Identify and manage students with chronic health care needs that affect normal school activity like swimming or physical activity, attendance or educational achievements.
6. To ensure the readiness of the school's clinic to manage mild to severe illness cases of students and staff following the school's policy.
7. To provide/deliver proper first aid measures in case of emergencies involving students or staff, sudden illness or injuries and transfer to the nearest hospital when essential.
8. To notify parents about accident or injury situations involving their children at school or during school managed activities.
9. To set and document a comprehensive health and hygiene education program and campaign to ISC –UAE aimed at raising personal hygiene awareness level and preventive services among students reducing the chances of epidemic infectious diseases among the students and the staff.

10. To conduct systemic, periodic, well documented and a pro-active health screening program and evaluate finding of deficiencies in height and weight for all students in all grades on annual basis.
11. To plan the immunization schedule and ensure that all students in the school are vaccinated as per government vaccination program requirements.
12. To deliver accurate, reliable and timely health related report to management as and when requested.
13. To update the current policies, scope of service and clinical guidelines in the school's clinic in accordance with the ministry of health applicable regulations and requirements in such a way to ensure that a consistent premium quality health service is delivered at all time. *(See policies 1-14)*
14. To develop and display health and safety tips and articles aiming to increase awareness among students and staff on health-related issues as per set educational program by Ministry of Health.
15. To upkeep and develop the image of the school's clinic aiming to make it appealing and friendly and educating to the students, especially to the youngsters.
16. Adhere to requirements of the Health Authority for the Occupational Health and Safety Guidelines and Infection Control Guidelines.

8.3 Material Resource Management:

17. To identify and acquire medical equipment and supplies needed for school clinic in a timely and cost-effective manner.
18. Monitor material usage and expiry date to ensure that supplies are available at the clinic and in good operating condition.

8.4 Maintenance:

19. Liaise with engineering department for equipment maintenance and calibration of medical equipment.
20. To recommend to management and safety officer - safety measures aiming to prevent injury or incidental harm to students or to staff.
21. Report faulty equipment to the school maintenance or medical engineer as relevant and refer equipment for repair/ replacement.

9. HEALTH RECORD & MANAGEMENT POLICY

1. A Legible, Complete, Comprehensive and accurate student medical record is maintained for each student (SMS info extracted from application)

2. Medical record includes recent history, physical examination, any pertinent progress notes, and laboratory reports, as well as communication with parents or guardian.

3. Records should highlight allergies and untoward drug reactions.

4. The clinic maintains an Immunization record of all students and collects consents for target student as per the DOH guideline and administers immunization by School health nurses in case required. A vaccination certificate can be requested upon leaving the school (graduation or transfer to other school) or upon parent request.

5. Specific policies are established to address retention of active records, retirement of inactive records, timely entry of data in records, and release of information contained in records.

6. Records are organized in a consistent manner that facilitates continuity of care.

7. Discussions with parents/guardian concerning the necessity, appropriateness of treatment, as well as discussion of treatment alternatives, will be incorporated into a student's medical record as well as documentation of executed informed consent.

8. The school nurse is responsible for the complete, cumulative school health record for each student.

9. The record shall be stored electronically on the SSMS system.

10. Whenever a student transfers to another school at any Grade, a copy of their vaccination certificate will be given.

11. The health record shall be maintained by the school for a minimum of 15 years for UAE national and 5 years for non UAE national.

12. There should be a mandatory training by the concerned staff nurse for the management of medical records. Inactive files will be retained as per nature of records according to the medical records retention policy. *(See Policy 6)*

13. Health records include information regarding but not limited to:

    a.) Health history, including chronic conditions and treatment plan.

    b.) Screening results and necessary follow-up.

    c.) Immunization status and certification

    d.) Health examination reports.

14. For a student with documented anaphylaxis, controlled physician prescription should be given to the nurse along with parent authorization letter and individualized care plan. The physician's order to administer an epinephrine auto-injector shall be entered into the student's health record.

15. Documentation of any nursing assessments completed.

16. Documentation of any consultations with school personnel, students, parents, or health care providers related to a student's health problem(s), recommendations made, and any known results.

17. Documentation of health care provider's orders, if any, and parental permission to administer medication or medical treatment to be given in school by the school nurse.

18. Appropriate steps shall be taken for the protection of all student health records, including the provisions for the following:

    a.) Secure records at all times, including confidentiality safeguards for electronic records.

    b.) Establish, document and enforce protocols and procedures consistent with the confidentiality requirements described herein.

    c.) Train school personnel who handle student school health records in confidentiality requirements.

    d.) This record shall be sent in a manner consistent with upholding confidentiality.

PROCEDURES THE NURSE IS ALLOWED TO DO IN CLINIC:

1. Physical Assessment (including referral to hospital).
2. Vital signs Monitoring.
3. Glucose Monitoring.
4. Medication Administration (Oral, Intranasal, Inhalation, Optic, and Topical).
5. Height, Weight and BMI Monitoring.
6. Wound Assessment and Dressing.
7. Immobilization of injured part (Splinting and Bandaging).
8. Oxygen Administration.
9. Nebulization.
10. CPR

10. FIRST AID & MINOR MEDICAL EMERGENCY POLICY

1. The School clinic shall be equipped with the appropriate medical equipment, supplies, and pharmacological agents which are required in order to provide first aid and medical management and other emergency services.

2. Minor injuries and minor emergencies are treated in the school clinic itself by a medical professional.

3. Parents shall be informed on their child's physical condition if it considered necessary.

4. If contact is not possible, the school nurse will administer appropriate emergency treatment.

5. All health issues and treatment provided shall be documented in the SSMS maintained in the clinic.

6. **FIRST AID Log should be kept in each clinic and shall include:**

a) Name of the Student
b) The class they are assigned to.
c) Date & Time ARRIVED IN CLINIC AND LEFT THE CLINIC
d) The circumstances of the incident
e) Description of any injury sustained
f) The treatment administered.
g) Parents contacted/ time.

7. EMERGENCY POLICY – WHEN TO CALL AN AMBULANCE

The safety and well-being and health of our pupils and staff are our highest priority. The school aim to provide a professional response to all accidents and emergencies**.**

The school maintains an active accident and emergency policy, supported by procedures reviewed and signed off by management and medical staff annually.

Nursing Staff are trained in BLS (Basic Life Support) and should be renewed every 2 years.
In case of serious emergencies if school is unable to contact parent/guardian, the student will be transferred to a nearby hospital if the school nurse deems it necessary. In some cases, the school might have to take immediate action by calling emergency services without prior verbal communication on the day with the parent. This is to the nurses' discretion.

The school Nurse must call an ambulance in case of the following:

- Fracture
- Loss of consciousness
- Serious head injury/ trauma
- Exposure to a hazardous material
- Penetration injury
- Electric shock/ burn
- Spinal injury
- Serious laceration
- Dislocation of a joint
- Cardiac arrest
- Myocardial infarction (chest pain)
- Airway obstruction
- Choking
- Poisoning
- Seizure
- Severe hypoglycemia
- Student unresponsive / not breathing normally
- Suspected nerve damage

11. PARENT NOTIFICATION POLICY

1. Parents will be informed verbally by phone of any issue if it considered necessary.

2. In case of a serious injury or life threating injury, the nurse may need to first call the emergency services before the parents.

3. Clinic staff may contact parents if they need to obtain some information about the child or inform child's parents about administering medication.

4. Parents will be informed immediately if their child is unwell and needs to be collected from the school at the earliest. No student may return to class, leave by bus or do an exam with a fever. Even if the parents insist. The parents must collect their child as a matter of priority. If the parents resist the school nurse must inform the AQC/ Head Supervisor.

5. The school clinic is not designed to provide the comfort and quiet that is needed during any illness.

6. Clinic staff can be contacted by telephone in case of emergency.

7. Notification to parents shall be documented in student medical record which helps in improving follow up process and referral plan for student can be made if required. (Print from SSMS with nurse signature).

12. IMMUNIZATION POLICY

A. Parents shall submit updated vaccination documents to the clinic for record purposes prior to the start of School. And update it whenever new vaccine is given by parent.
B. School clinic shall observe and abide by the immunization guidelines developed by the local authorities.
C. The school clinic shall provide immunization to students under the immunization guidelines set by the local authorities, where nurses from SEHA will administer necessary vaccination as per the regulatory guidelines.
D. Immunization will be conducted by SEHA nurses

E. Immunization program information will be sent to parents in advance.

F. Students shall be screened for contra-indications and precautions for each scheduled vaccine by filling the checklist sent along with the consent form.

G. Parents shall complete the consent form and checklist and return it along with the copy of the childhood vaccination card, Emirates ID and Birth certificate.

H. All forms will be submitted for School Health Nurse for review and confirmation. In case of any doubt, it is the school nurse responsibility to clarify any issue with the parent.
I. Vaccines are only to be given if: Consent and checklist form is fully completed, signed by parent and dated. Student does not have any allergies or contraindications to the vaccine.
J. Whenever needed, extra reports or forms should be submitted to avail the vaccination in case of any chronic conditions, usually the school nurse communicate with parents and request needed medical reports.
K. Parents receive a pre vaccination circular to specify the name of vaccine to be given, and a post vaccine notification that specify the need of any actions in case of any side effect or adverse reaction.
L. Adverse reaction forms should be filled in the instance of a reaction.
M. Students are to be monitored for up to 15 minutes after administration of the vaccine to monitor for any adverse reactions.
N. Whenever parents refuse the vaccination, they still need to fill the form, nurse should encourage the parents on the importance of vaccination, (nurses have a **yearly training** with school health nurses and should be able to answer any type of questions, if not, the nurse should encourage the parent to ask a medical advice from own pediatrician or family doctor.)
O. If the student completed the mandatory vaccination, parents should sign the forms received and send copy of the vaccination card.

13. MEDICATION POLICY

1) School clinic shall maintain its own supply of medication under the regulations of Ministry of Health (MOH) and Department of Health (DOH). (Routine and Emergency medications).
2) The Medication storage cupboard will be locked at all times and the keys will be kept out of students reach with the registered school nurse.
3) All open medications will contain a label stating the date of opening.
4) The refrigerator temperature will be kept between 2 and 8 Degrees Celsius, medication requiring this temperature will be stored there e.g., insulin
5) Non-traditional forms of medications E.g. Herbal, homeopathic or home remedies will not be administered in the school.
6) Nurses have the right to refuse administering any medication if deemed to affect child concentration or safety, as some medications can cause drowsiness.
7) Prescribed and non – prescribed medications required by students should be administered at home wherever possible. Parents are encouraged to set medication times to outside of school hours. And make sure child take medication after a good meal. (Avoid sending medication to school because students may not have had breakfast)
8) All school medications and those brought to school by students will be kept in the school clinic in a locked cupboard or locked refrigerator.
9) Medication will not be administered in a dose that exceeds the recommended maximum dosage.
10) All school supplied medication will be signed in the medical file by the School Nurse, this includes oxygen and all other medications.
11) Before administering any of the medication to primary school student, parents will be notified and verbal consent will be obtained. However, in case of emergency and if parents are not contactable it will be at the discretion of school nurse to medicate the child (E.g. High grade fever, Allergic reaction, Injuries).
12) The 10 Rs of drug administration will be used at all times when administering medications i.e., *right person, right medication, right time, right dose, right route,*

right documentation, right reason, right to refuse, right client education and right assessment

13) If a student needs to take any medication during school hours, doctor's prescription must be obtained.
14) The parent / guardian must complete a *Medication Authorization Form* prior to administration of any medication within the school,
15) A new request form must be completed for any change in the original request.
16) Requests forms will be maintained by the school nurse and kept in the student's medical file. (Attach letters and scan)
17) Any Pro Re Nata (as needed) medication must include written clarification of dose and frequency *e.g., Panadol 1 dose, twice a day. Morning and afternoon.*
18) Students are not allowed to carry any medication with them except inhaler for asthmatic student. In other conditions and if parent and student confirm student ability to carry on any medication this should be added on student file and need to have prior administrative approval and signed off by parent, student, director and school nurse (as indemnity letter). Student need to show proof to safeguard his own medication and ability to administer himself the medicine.
19) It is at the school nurse judgment to cancel and remove this privilege at any circumstance deemed unsafe.
20) Medication shall be handed over to the school nurse by the parent/Guardian and it can be collected after the school hours if only needed for one day. if it is a prolonged medication, it will be returned once the course of the prescribed treatment is completed with agreement from the parent.
21) Where a student travels to school by the school transport, medications can be handed over to the Transport Assistant with a copy of the physician's prescription and signed authorization form from the parent/guardian.
22) Medication that needs to be refrigerated at all times must be transported with an ice pack.
23) Medications must be sent in their original packaging and should be clearly labeled with the student's name, required dose, timing and route of administration.

24) If a medication has been administered in the morning, Parents should inform the school nurse in charge at the earliest before class start, nurses can plan better timing and interval needed.
25) Medications that are dosed twice daily should be administered by parents at home in the morning and then after the school hours.
26) *For those students who need to receive regular doses of a prescribed medication (i.e., Insulin, Asthma inhalers, Nebulizers, Eye drops), a consent form needs to be completed which specifies name of the prescribed medication, required doses and timings.*
27) The consent form must be updated accordingly in case of any changes.
28) For students with illnesses such as anaphylaxis, asthma, epilepsy or Type 1 diabetes, the emergency medications (such as Epi-pen, Glucagon, Nebulizer solutions, Asthma Inhalers) must be provided by parents to the school clinic.
29) Students with fever (temperature above 37.7 C) should rest at home. No student may return to the class if they have a fever.
30) Students may return to school if they are fever free for 24 hours without using fever-reducing medications such as Adol, Panadol, Brufen, and Ibuprofen etc.
31) If a student develops a fever (> 37.7 degree Celsius) during the school day, parents will be notified to collect their child as soon as possible as a matter of safety.
32) Students with an elevated temperature (> 38 degree Celsius) <u>will not be sent home on a bus.</u>
33) In case of extremely elevated temperature or if the child has a history of febrile convulsions, the clinic staff will immediately medicate the child and begin sponging him/her to reduce the intensity of the fever. Parents will be told to come into school immediately.
34) The administration of medication during school hours is a collaborative responsibility between parents and school nurse. It is the nurse responsibility to give the medication on time, thus circumstances can be challenging, the student doesn't show up in clinic on time, the nurse will do her best to give the medications to the nearest time frame and should inform the parent of the delay that occurred to adjust the consecutive dose.

14. HEAD LICE

1. The primary responsibility of detection and treatment of head lice is with the parents of the students.

2. If head lice are suspected, the school nurse may carry out an inspection and inform the parents both verbally and in writing.

3. Students infested will not be sent home immediately from school. Students will be sent home at the end of the day with a note if the nurse discovers lice.

4. The nurse shall educate parents on treatment options and preventive measures. The nurse shall advice parents how to acquire treatment shampoo. Live head lice normally die within 24 hours of using therapeutic shampoo.

References:

1. Ministry of Health
2. Department of Health
3. Ministry of Education
4. OSHAD- policy for emergency
5. School Health department for immunization.