



## INTRODUCTION

This Clinic Manual serves as a guide and ready reference for all routine and emergency clinic operating policies, procedures, rules and regulation covering all employees of GEMS Wellington School Qatar, a Branch of Premier Schools International. The school believes in the value learning the students gain from education to school environment.

The Gems Wellington School- First Aid Unit, Licensed Facility under Health Facilities Department of the Ministry of Public Health, with License Number 2205, maintains its student support role of promoting health, wellness and providing immediate treatment against illness and injury towards its clients in Qatar.

This Clinic Manual does not constitute any agreement to any party in any form. It is a dynamic document which is subject to amendment as new and better policies and procedures may be formulated and accordingly approved by the School Management.



## Gems Wellington First Aid Unit Policy

### The School Clinic and The Medical Team

The School Clinic in accordance with British School Overseas Guidelines and policies mandated by Qatar's Ministry of Public Health, Gems Wellington School First Aid Unit provides primary and preventive healthcare to ensure positive health and safe environment to children, parents and staff in school. The School Clinic is licensed and maintained, implementing the infection control policies based on the guidelines provided by Qatar's Ministry of Public Health. It is well-equipped with the necessary medical equipment to provide a quality care with two qualified full-time nurses from 7:00 AM to 3:30 PM.

The nurses take great care to assess minor student complaints, determine the severity of an illness or injury that occurs during the school day. The nurses do not diagnose illnesses but will initiate contact from paramedics or doctors should the need arise.

Parents should note that the clinic is not to be used as a replacement for your personal doctor or family physician. Should the nurses determine that your child should be sent home due to illness or injury or that further medical attention is required, the nurses will contact the parent using the numbers provided on the medical form or internal school system.

The school nurse shall hold a Department of Health Practitioners license as Registered General Nurse. There shall be one full time nurse in every 750 students.

### Roles and responsibilities:

- a. Ensure that all medical supplies and equipment needed for first aid and emergency care are available and in good working condition in the school health office.
- b. Assess needs of students (examine/observe) who require first aid care and administer appropriate care including medication administration.
- c. Refer to the doctor/clinic when needed.
- d. Provide privacy to the student and maintain health record of students with confidentiality.





## Health Services/Strategies:

In accordance with Ministry of Public Health, the school nurse is required to perform an annual non-invasive medical examination to the following:

PROGRAM	OBJECTIVE	HEALTH ACTIVITIES/STRATEGIES	DESIRED / EXPECTED OUTCOME
<p><b>1. Growth Monitoring Program</b> – the regular monitoring (per academic year) of child’s height and weight to document progress of growth.</p>	<ul style="list-style-type: none"> <li>To determine the nutritional status of school children</li> <li>To identify health plan of promoting balance and good nutrition</li> <li>To conduct referrals for high-risk students</li> </ul>	<ul style="list-style-type: none"> <li>Conduct height and weight measurement per student</li> <li>Computation of Body Mass Index (BMI)</li> <li>Plotting of the values in prescribed MOPH form</li> <li>Determination of Z-Score</li> <li>Make appropriate referrals and follow up for high-risk individual</li> </ul>	<ul style="list-style-type: none"> <li>Defined the nutritional status per student in a specific time and date of measurement</li> <li>Conducted health teaching on proper on balance nutrition and food safety</li> <li>Identified nutritionally high risks students</li> <li>Collaboration with parents</li> </ul>
<p><b>2. Vision Acuity / Screening</b> - used to determine the smallest letters you can read on a standardized chart (E Chart) or a card held 20 feet (6 meters) away.</p>	<ul style="list-style-type: none"> <li>To determine the visual acuity of school children</li> <li>To make appropriate referrals to correct and prevent damage of visual function</li> </ul>	<ul style="list-style-type: none"> <li>Conduct Vision Acuity/Screening Test for Years 1, 3, 5, 7, 9 using appropriate E Chart by MOPH</li> <li>Collaboration with parents and other health workers when necessary</li> </ul>	<ul style="list-style-type: none"> <li>Timely submission of Vision Acuity/Screening results and report</li> <li>Promotion of healthy vision among school children</li> <li>To prevent absenteeism.</li> </ul>



## Medical Files and Student Health Records

Medical Consent and Immunization Records are kept in school and is only accessible to the clinic personnel and authorized school staff. The policy ensures that standards for documentation and management of health care records are maintained consistent in line with health regulations authority.

Each student is required to have a Medical Consent and Immunization Record Declaration Form

Medical record includes the following information regarding but not limited to:

1. Health history, including chronic conditions, and care plans.
2. Known allergies and untoward drug reactions should be highlighted.
3. Health examination reports.
4. Certificate of Immunization.

Each student is required to have a Medical Record on file. This form is completed annually and kept in file in the clinic. **It is the responsibility of the parent/guardian to notify the clinic if the health status/needs of their child has changed.** This form alerts us to your child medical health history such as allergies, medical conditions or physical limitations. It also authorises us to treat and administer certain over the counter medications should your child become ill or injured during the school day. **It is important that personal details and contact numbers are always kept up to date; please notify us immediately of any changes.**

The health record shall be maintained in school for a minimum of **5 years** after students leave the school.





## First Aid and Minor Injuries

The school clinic is a well 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.

### 1. Minor Injuries

- A call is made to parents if there is any concern, a visible sign of injury to the face no matter how small it is, considering necessary for student's condition.
- A clinic visit note (white copy) is sent with the student as to what caused the visit, treatment and disposition of the student for teacher's reference before sending to parent. The pink copy will be in clinic for records.
- All health issues and treatment provided are documented in the log book maintained at the clinic.
- Injuries in this category include but not limited to: a.) Superficial injuries; scratch, fingertip cuts not more than 1cm. b.) Bump/hit by something without bruising/lump. c.) Mild pain, minimal swelling and is self-limiting.

### 2. Significant Minor Injuries

- Injuries such as severe abrasions with bleeding, cuts and bruises, swelling, lump, dislocation, strain/sprain. The school nurse shall assess thoroughly, take necessary interventions as per scope of practice, and make judgement on the situation.
- Parents should be informed through phone call as soon as possible.

## Head Injuries

- If a child sustained a head injury while at school, parents will be informed through telephone and will be advised to monitor child and a Head Injury Notification issued; as to what necessary precautions to be taken at home following the injury (e.g., vomiting, dizziness) will be sent to the parents along with the Referral report.
- Head injuries must have immediate medical attention if:
  1. There is a cut or laceration on head or scalp.
  2. There is a bleeding or fluid coming from the nose or ear. Child vomits, disoriented or unconscious.





**Referral/Transfer Note**

**Name of Student:** \_\_\_\_\_

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

**Class:** \_\_\_\_\_

**Teacher:** \_\_\_\_\_

**Assessment:**

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**History of Present Illness:**

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**Intervention:**

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**Prepared By:**

\_\_\_\_\_

**Received By:**

\_\_\_\_\_

**Designation:** \_\_\_\_\_

**Designation:** \_\_\_\_\_



**Head Injury Notification**

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

Dear Parents,

Your child \_\_\_\_\_

Class: \_\_\_\_\_

Bumped his/her head at school today

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Following the bump on the head, there is a possibility of one or more of the following developing over the next 24 hours:

- Severe Headache
- Drowsiness
- Vomiting
- Blurred Vision
- Weakness

Should you child develop any of the above signs; you must take them to your doctor, or an Accident and Emergency Department immediately.

Yours sincerely,

School Nurse





## Accident and Medical Emergencies

Should hospital treatment be required for any injuries, the following procedure must be followed:

1. Accidents **That Do Not** Require Immediate Hospital Transfer. In the event that a student is involved in an accident or incident that requires more than basic first aid intervention the following steps should be followed:
  - The first responder will assess if the student should be sent to the clinic and/or stabilize the student.
  - The second responder will contact the nurse and alert the Principal of the accident or incident.
  - The nurse should attend to the student. Move the student into a quiet, secured area once assessed.
  - Parents should be contacted and informed of the incident and will be referred for an advanced medical intervention or follow up.
  - The student must be kept under supervision and monitored until recovered or until parent/guardian arrives.
  - **If the school is unable to contact parent and the student requires further treatment, he/she shall be taken to the nearest hospital and is accompanied by assigned staff by the Principal.** Effort to contact parent will continue.
  
2. Accidents and Emergencies **That Require** Hospital Transfer Incidents and Accidents
  - Accidents that require immediate hospital transfer are classified as any injury that could potentially prolong disability and is life threatening.
    - A. Belonged to this classification are:
      - a.) Unconscious, lethargic, or unusually confused.
      - b.) Difficulty breathing, shortness of breath, airway is blocked or not breathing.
      - c.) Severe bleeding or bleeding that won't stop.
      - d.) Coughing up or vomiting with blood.
      - e.) A child that had seizure for the first time, a seizure that last more than 5 minutes, or an atypical seizure.







- f.) Severe injuries to the head (i.e., cut and bleeding scalp), eye, neck or back.
- g.) Broken bone.
- h.) Deep, extensive wound.
- i.) Sudden, severe pain anywhere in the body that is not alleviated with initial intervention
- j.) Moving child could cause further injury.
- k.) Unsure of the situation or injury.

### **In the event of any incident/accident mentioned above:**

- 1.) The first responder should assign someone to call for the nurse and Principal.
- 2.) School Nurse shall attend immediately and make necessary intervention to the student.
- 3.) The Principal or Reception promptly activates Emergency Ambulance Services at 999, security and inform parents of the student's condition and to meet their child at the hospital.
- 4.) The Principal should arrange a staff member to escort the student or staff in the ambulance to the hospital.
- 5.) Student's school medical file should be brought to the hospital for needed information together with the details of any medication and first aid administered in the school.
- 6.) The accompanying staff must stay at the hospital until parents arrived and all procedures are settled.
- 7.) An incident form must be completed by all witnesses and the school nurse which will be assigned by the Head of Department and Principal within 24hours.
- 8.) The school nurse will follow up with parents via telephone until the student is released from the hospital and at least once after discharged. All information and update on student shall be documented and attached accordingly on student's school medical file.



## First Aid Kits and First Aid Trained Staff

First Aid kits are assigned and posted in common areas around the school as well as First aid responders' name and location.

- Kits are regularly checked by the school nurse and a log is maintained when used and shall replenish supplies when needed.
- Whenever there is a trip, a first aid kit must be taken to the trip together with a certified first aid trained staff and must be returned back in a good condition.

## First Aid Trained Staff

### Certificates received by staff:

1. Basic First Aid with CPR
2. Emergency Paediatric First Aid with Safe use of AED
3. Immediate Life Support (ILS) – Nurses

### Providers:

1. Doha Industrial Safety Services (DISS)
2. The international Certification and Training Academy (TICTA)
3. Hamad International Training Centre.

## General Procedure, Roles and Responsibility

- If an incident/accident happened and the injured person is alert and able to walk, class teacher, staff member or any witness shall take the injured person in the clinic for appropriate care.
- If an incident whereas the injured person does not seem able to move or neck injury is suspected, do not try to help them move unless the area is not safe. Stay with the injured person and promptly send someone to contact the school nurse or a first aid trained staff and alert the Principal. **Do not leave the person unattended.**
- Qualified first aid trained staff should be able to administer first aid as appropriate in the absence of the school nurse or when it's deemed necessary.



## Administration of Medication

The school clinic has its own basic supply of medications. Prior to administration of any medication to a child, parents will be notified and verbal consent via phone shall be obtained. However, **in case of emergency whereas parents are unable to contact, it will be at the discretion of the school nurse to medicate the child if deemed necessary** (in such cases as high fever, with history of febrile convulsion, severe allergic reactions, injuries, etc.).

## Storage Recommendations

- All school medications and those brought to school by the parents will be kept in the school clinic in a locked cupboard or locked refrigerator.
- Medications sent to school must be in their **original packaging** and should be **labelled with student's name, required dose, timing and route of administration.**
- As per the Ministry of Public Health, all medication required by students in school, must be accompanied by a doctor's prescription.
- The cupboard will be locked at all times and the keys will be kept out of students' reach.
- A list of all medications and their expiry dates, recommended dose, side effects will be kept in the cupboard.
- If a child has a history of Asthma or allergic condition requiring the use of **inhaler or an Epinephrine Injection (EPI-PEN)**, it is important that **a spare is kept at the school clinic.** This then can be given at emergency with prior written consent from the parent and health care provider.
- Epi-Pens are to be stored in a dark place at room temperature. **Each Pen will be clearly labelled with the student's name and expiry date.**
- The refrigerator temperature will be kept between 2 and 8. Degrees Celsius, medication requiring this temperature will be stored in the refrigerator, e.g. insulin.





## Written Request

- The parent / guardian must complete a **Medication Authorization Form** prior to administration of any medication within the school, and must be accompanied by doctor's note if prescription.
- Where a child travels by school transport, medications can be handed over to the transport assistant with a copy of prescription and/or a signed note of the parent/guardian.
- A separate request form must be completed for each medication.
- A new request form must be completed for any change in the original request.
- A medication request form is valid for the current school year and must be renewed at the beginning of each year.
- Requests forms will be maintained by the school nurse and kept in the student's medical file.
- All information requested on the form must be provided before any medication may be administered. This information includes:
  - A. Student's name.
  - B. Name of medication.
  - C. Dosage of medication.
  - D. Route to be given.
  - E. Time and dates of administration.
  - F. Date request made.
  - G. Reason for the medication and/or any side effect.
  - H. Parent/ guardian signature.





### Medication Administration Consent Form

For a child with medication to take within school hours, please complete the form below. Any form of medication should be brought to the school clinic in the **original packaging** and should be **labelled with student's name, required dose, timing and route of administration**. Along with the updated Doctor's prescription.

Name: \_\_\_\_\_

Class: \_\_\_\_\_

Start date: \_\_\_\_\_

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

Date filled in: \_\_\_\_\_

Special Precaution if any:

\_\_\_\_\_

\_\_\_\_\_

Medication	Dose	Sunday		Monday		Tuesday		Wednesday		Thursday	
		AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
1.											
2.											
3.											
4.											
5.											

I hereby give my consent to the school nurse or authorized person to administer the above medication as prescribed.

<b>Parent/Guardian Name</b>	
<b>Signature</b>	
<b>Date Signed</b>	
<b>Daytime contact number</b>	



## Administration

- No medications shall be dispensed at school without parental authorization.
- **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.**
- Where home administration is not possible, the school nurse may administer medication in accordance with the school guidelines.
- No other WSQ staff other than the nurse shall administer any medication, prescription or over-the-counter, without the knowledge and approval of Principal.
- The signing of the consent must be done in the School Clinic for the parent and nurse to discuss further details of the administration. Parent/s must bring the medication personally to the clinic.
- The medication must be in **the original container**. It should **be clearly labelled and with the name of the student, correct dosage and route, the duration of the administration and expiry date of the medication**. It is the responsibility of the parents to ensure that medication to be administered, are within the expiry dates.
- 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.
- **Medication must be administered and stored in the School Clinic.**
- The school nurse will keep the medication records and keep daily logs of school dispensed medications.
- Parents or guardians must pick up all medications after they are discontinued. As per School Policy, students are not allowed to bring any form of medication with them within school and after school hours.
- Non-traditional forms of medication e.g., herbal or home remedies will not be administered in the school (as dosage and action cannot be determined).

## Emergency Medications

Children with special medications that require medicines to be kept in the clinic are asked to obtain an Individual Health Care Plan and a prescription from their doctor. This will be attached to their file for continuity of care and safety.





## Infection Control and Prevention

Gems Wellington School in accordance with Ministry of Public Health Infection Prevention and Control Guidelines reserves the right not to admit any student onto the premises who appears to be suffering from an infection or contagious disease to prevent and control the spread of infection.

To prevent the spread of infectious diseases, it is important to follow the **UNIVERSAL PRECAUTIONS** handling/providing care to ill person or injured students/pupil, whether or not the person is known to be infectious. Universal Precautions are set of guidelines that assume that all blood, other body fluids are potentially infectious.

- **Wash hands thoroughly** with soap and water for at least 20 seconds. When hands are visibly dirty or visibly soiled with blood or other body fluids be sure to scrub between fingers, under finger nails, and around the tops and palms of the hands. If hands are not visibly soiled you may use alcohol - base hand rub.

Wash hand:

1. Before and after physical contact with any person
  2. After contact cleaning agent
  3. After providing first aid
- Wear clean/sterile gloves when in contact with blood and other body fluids
  - Wear protective eye wear when body fluids may come in contact with eyes
  - Wipe up any blood or body fluids spills as soon as possible. Double bag the trash in plastic, or separate in biohazard plastic immediately and clean the area with approved disinfectant or a bleach solution
  - Send all soiled clothing with blood or vomits or feces home with the person in a double bag plastic
  - **Do not** touch your mouth or touch your eyes while giving any first aid





## Sickness and Fever

- A student who is unwell on arrival to school will be sent home to minimize the risk of cross-infection.
- Any student who has any of the following symptoms should be seen by a physician or remain at home until fully recovered:
  - a.) Fever (37.8 degrees Celsius and above)
  - b.) Diarrhoea or vomiting (even once).
  - c.) Eye or ear discharge.
  - d.) Red, watery, itchy eye. With or without discharge.
  - e.) Rash of unknown origin.
  - f.) Ringworm.
  - g.) Known contagious infections.
- When a child has a temperature of 37.8 Celsius (104 °F) or more, he/she should not be sent to school and must stay at home well rested.
- Student can return to school if they are **fever free for at least 24 hours** without taking fever-reducing medicine such as Ibuprofen, Paracetamol or Nurofen.
- In case that a child develops fever at school, the parents are contacted immediately and must pick up the child as soon as possible.
- Feverish and distressed student will not be allowed to go home by bus.







## Common Health Conditions:

- **Cough and Cold**

A child who is unwell, with cough or colds and mild to moderate fever is advised to stay home. If there is persistence of symptoms, medical consultation is a must for appropriate management. A medical certificate is required upon return to school.

- **Rash**

Rashes can be the first sign of many infectious illnesses such as chicken pox and measles. Children with these conditions should be kept off school. If your child has rash, consult a DHP Licensed Physician before sending them to school.

- **Diarrhoea**

If your child has diarrhoea that cannot be controlled, they should remain at home until the healthcare provider has provided a medical certificate confirming their fitness to return to school. If your child visits the clinic during the school day with diarrhoea, the nurse will contact the parent or guardian to pick up the child immediately.

- **Vomiting**

If your child is vomiting, do not send your child to school. **They must not have vomited for 24 hours prior to returning to school.** If this is not the case, please keep your child at home. If your child visits the clinic during the school day, vomiting, the nurses will assess the regularity of the vomiting. If vomiting continues, the nurse will contact the parent or guardian to pick up the child immediately.

- **Sore throat**

A child with a sore throat must be properly assessed according to its severity. If the child is feeling ill with it and is accompanied with high fever and other symptoms, the child should stay at home.





## Other Conditions

### A. Chicken pox

- A student suspected for having chicken pox should not be in to school. He or she must be isolated for at least 7 days after the first rash appear and until all blisters have formed scabs. A medical certificate from a DHP Licensed Physician is necessary and must present a medical certificate to the School Nurse for clearance before sending them back to the class.

### B. Conjunctivitis (Pink Eye)

- A student should be kept off from school if they have redness and eye discharges. A medical certificate from a DHP Licensed Physician is necessary and must present a medical certificate to the School Nurse for clearance before sending them back to the class

### C. Measles

- A student suspected for having measles should be off school. In case of confirmed communicable cases, students are advised to be kept off from school for at least 14 days. They can only return back to school with medical certificate duly signed by a DHP Licensed Physician submitted to the School Nurse for the clearance before sending them back to the class.

### D. Hand Foot and Mouth Disease

- A student suspected for having hand foot and mouth disease should be kept off from school for at least 7 days. A medical certificate duly signed by a DHP Licensed Physician is required upon return to school and be submitted to the School Nurse for the clearance before sending them to the class.

## Students with confirmed diagnosis of communicable diseases

- Students with confirmed diagnosis of communicable diseases such as chicken pox, are followed up and advised to be isolated at home according to the health protocols from the attending physician
- CDC MOPH is notified by email for documentation and further management.
- Parents are advised to follow health protocols and submit necessary documents in school upon the child's return
- Infection control management in school is observed and implemented such as sending health advisory to parents through Parent Relation Executive and to include disinfection and deep cleaning of specific areas in school.





## Exclusion of The Infectious Source

- Many infectious diseases are most transmissible as or just before symptoms develop. It is important therefore that student and staff who are ill when they come to school, or who develop symptoms during the school day, should be sent home.
- Whenever possible, ill students should be removed from the classroom while waiting to go home.
- For most illnesses, students and staff may return to school once they feel well enough to do so. In some instances, however, it may be necessary to exclude students and staff from school for specified periods to prevent the spread of infection. The full list of exclusion criteria from Ministry of Public Health is outlined in appendices.

## Infectious Outbreak

Where there may be cases of infectious outbreak:

- Student must be isolated in a negative pressure room if possible and necessary.
- The School Nurse or the Principal will contact the parents to discuss the situation and notify that their child must be picked up from school immediately.
- The School Nurse will contact the epidemiology section of Primary Healthcare Centre to get necessary information and access to e-notification system of Ministry of Public Health.
- Gems Wellington School staff and family will be informed. Necessary information, precaution, and recommendations from the Communicable Disease Control Department of the Ministry of Public Health shall be disseminated.





## Record of referrals:

- The school does not have any affiliation with any health care facility (government or private) because health care is available in Qatar with issuance of Hamad Card or through private insurance.

## Health Care Plans:

- ALLERGY Action Plans (AAP) and SEIZURE Action Plans (SAP) are in place for students with confirmed diagnosis.

## Health Information:

- Health education is being conducted as requested or in collaboration with the teachers if needed in the subject. This is done in the clinic or in classroom setting. Topics focus in illness prevention and health promotion in an academic setting.





## Hand Hygiene

Hand washing is the single most effective way to prevent the spread of infection by removing and destroying germs that are picked up on the hands.

- Students of all ages should be encouraged to wash their hands and school staff should avail of every opportunity to emphasize the importance of clean hands to students in the prevention of the spread of infection. School staff should 'lead by example'.
- Gems Wellington School provides adequate hand washing facilities on the premises.
- Hand washing facilities are well maintained with wash hand basins, fresh running water, liquid soap dispensers, paper towels and foot operated pedal bins.

## When to Wash Hands

### 1.) Before:

- Handling or preparing food
- Lunch and meal breaks

### 2.) After:

- Providing first aid or medication
- Touching blood or body fluids
- Using the toilet
- Coughing, sneezing or wiping ones' nose
- Removing protective glove





## How to wash hands:

- Wet hands under warm running water to wrist level.
- Apply liquid soap. Lather it evenly covering all areas of the hands for at least 10 seconds. Include the thumbs, finger tips, palms and in between the fingers, rubbing backwards and forwards at every stroke (see Posters on hand washing technique).
- Rinse hands off thoroughly under warm running water.
- Dry with paper towel using a patting motion to reduce friction.
- Use the disposable paper towel that has been used to dry the hands to turn off taps.
- Dispose of the disposable paper towel in a waste bin using the foot pedal to avoid contaminating hands that have just been washed.

## Alcohol based hand rubs/gels

- Alcohol based hand rubs/gels **are not a substitute** for hand washing with soap and running water and are not generally recommended for routine use in educational settings because of concerns over safety, and the fact that the rubs/gels are not effective when used on hands that are visibly dirty (a common feature among school children).
- Alcohol-based hand rubs and gels are a good alternative when soap and running water are not available, (e.g., on a field trip or excursion) as long as hands are not visibly dirty. If hands are visibly dirty, liquid soap and water must be used.

## How to Hand Rub

- 1.) Apply the required volume of the product to the palm of one hand and rub the hands together. The amount of gel used should be enough to keep the hands wet for at least 15 seconds.
- 2.) Ensure all surfaces of the hands and fingers are covered with the gel and keep rubbing until the hands are dry





## Personal Protective Equipment

### a.) Medical/Examination Gloves

- Disposable, powder free gloves made of natural rubber latex or nitrile. Suitable in dealing with certain circumstances as they have good barrier properties.
- Use of medical examination gloves are recommended for:
  - 1.) Dealing with nosebleeds or cuts.
  - 2.) Handling items, surfaces or clothing soiled with blood or body fluids.
- Single used gloves should be discarded after use or if punctured, torn or heavily contaminated.
- Hands must be washed after use of gloves.
- Gloves are not a substitute for hand washing.

### b.) Household Gloves

- Rubber gloves should be used as a protection of the hands while:
  - 1.) Cleaning and dealing with chemicals.
  - 2.) Disinfecting areas contaminated with faeces, vomit or urine.
- Should be durable so they do not rip or tear during use.



## Respiratory Hygiene and Cough Etiquette

Respiratory hygiene and cough etiquette are effective ways to reduce the spread of germs when coughing and sneezing.

- Everyone should be encouraged to turn away when sneezing or coughing.
- Everyone should cover their mouth with a tissue (or their sleeve if there are no tissues available) when they cough or sneeze and wash their hands afterwards.
- Everyone should put their used tissues in a bin and wash their hands after contact with respiratory secretions.

In addition:

- 1.) Older children should be encouraged to keep a box of disposable paper tissues in their school bags for use as needed.
- 2.) For younger children, a plentiful supply of disposable paper tissues should be available in classrooms especially during the 'flu season'.
- 3.) Foot operated pedal bins that are lined with a plastic bag should be provided for disposal of used/soiled tissues







## Management of Cuts, Nose Bleeds and Bites

When dealing with cuts, nose bleeds or bites, school staff should follow the school's first aid procedure. First aid kits should be readily accessible at all times.

- Cuts, abrasions or sores should be covered with a waterproof dressing.
- Absorbent material should be used to stop bleeding.
- Disposable latex or nitrile gloves should be worn by school staff when there is visible blood or they are dealing with open cuts.
- Hands should be washed immediately with soap and water after gloves are removed. a.) Dealing with nosebleeds

**Nosebleeds** are very common in children. Most stop within a few minutes however some can be quite severe.

- 1.) Put on gloves before giving direct assistance.
- 2.) Get the student or staff member to **lean forward** (so that the blood doesn't run down the back of his/her throat making them cough or splutter).
- 3.) Apply pressure to the nose by placing the fingers at the side of the bleeding nostril with the thumb against the opposite cheek and compress gently.
- 4.) If the bleeding persists despite 10-15 minutes of pressure applied in this way, the pupil/staff member should be referred for medical treatment.
- 5.) Once bleeding has stopped any areas contaminated by blood should be cleaned. It is not unusual for children to cough or vomit swallowed blood after they have had a severe nosebleed.

## Dealing with cuts or lacerations

- 1.) Determine cause of injury.
- 2.) Put on disposable gloves.
- 3.) Stop the bleeding by applying pressure to the wound with a dry clean absorbent dressing.





- 4.) Place a clean dressing on the wound and refer for medical treatment if needed e.g., stitches required or bleeding that cannot be controlled.
- 5.) Once bleeding has stopped, dispose of the gloves in a separate, hazardous waste bag (yellow).
- 6.) Wash and dry hands.

## Dealing with bites

Human mouths carry a wide variety of germs, some of which can be transmitted to others by bites. Human bites resulting in puncture or breaking of the skin can cause certain bacterial or viral infections so it is important they are managed promptly.

- **If the skin is not broken:**

- Provide reassurance.
- Assess the area
- Clean area with soap and water.
- Apply cold pack to reduce inflammation.

- **If the skin is broken:**

- Encourage the wound to bleed if not bleeding freely (apply pressure to the sides of the wound).
- Wash the wound thoroughly with running water.
- Cover area with a waterproof dressing.
- If the bite is on the hand the arm should be elevated.
- If the biter has blood in the mouth, they should swill it out with tap water.
- Students or staff who may have been exposed should be medically evaluated either by a GP or in a hospital emergency department.



## Spill of Blood or Body Fluids Management

In event that accidents occur on school premises, which result in the environment becoming contaminated with body fluids including blood, vomit, urine or faeces. This can present a potential risk of infection spreading to others so it is important that all spills are cleaned up as soon as possible.

### Procedure to be taken:

#### 1.) Make the area safe:

- Keep everyone (students, staff, parents and guardians) away from the spill.
- Open nearby windows if the room is small and if you are going to use a chlorine releasing disinfectant.

#### 2.) Protect yourself:

- Cover any cuts or abrasions on your hands with a waterproof dressing.
- Always wear gloves and remember to wash your hands after removing used gloves

#### 3.) Fetch:

- A pair of disposable gloves.
- A disposable plastic apron if splashing to clothing is likely.
- Absorbent disposable paper towels or kitchen towel and waste bag.
- A bucket, warm water and detergent.
- Chlorine releasing disinfectant i.e., bleach (not required for spills of urine) or a commercial spill kit.

#### 4.) Clean Up Body Fluids

- Put on gloves.
- Clean the spill area with warm water and a general-purpose detergent (e.g., washing up liquid or a floor cleaner for floors).
- Disinfect the area with a low a low concentration of bleach solution and allow to air dry.
- Discard used gloves and soiled towels/cloths into a plastic bag. Tie the bag securely and place in the general domestic waste.
- Wash your hands thoroughly with soap and water and dry with paper towels.





**Environmental Hygiene Cleaning and Disinfection** is essential and a vital part of good infection prevention and control.

Cleaning Normal cleaning methods, using household detergents and warm water is considered to be sufficient in reducing number of germs in the environment to a safe level.

- All areas should be cleaned regularly on a daily basis.
- Cleaning shall be monitored to ensure that they are adequate with the use of written cleaning schedule and checklist.
- Use of warm water and general-purpose detergent as basic cleaning agent.

## General Principles

- Always clean the least dirty items and surfaces first (e.g., countertops before floors, sinks before toilets), so as high surfaces then low surfaces.
- Water should be changed when it looks dirty, after cleaning pantries and after cleaning bathroom.
- Separate colour coded cleaning cloths should be used for eating areas, classrooms and toilets.
- Reusable cleaning cloths and mop heads should be washed daily on a hot wash cycle (at least 60C) in a washing machine.
- Empty buckets after use, washed with detergent and warm water and stored dry.
- No mop heads should be left soaking in a dirty water.

## Disinfection

In circumstances where there is a higher risk of cross infection and there is a presence of confirmed case of infectious disease, routine cleaning is not sufficient to destroy bacteria from surfaces. When using disinfectants remember:

- Chlorine releasing disinfectants (bleach) are corrosive and can damage furnishings and fabric and should not be used on carpets or wooden floors.
- Use disinfectants carefully and always read the manufacturer's instructions on dilution and contact times.



- Always wear rubber gloves when handling disinfectants to avoid contact with your skin.
- Do not mix disinfectants with hot water or other products as it can emit fumes that can be irritating to your eyes or lungs.
- Avoid touching your eyes when handling bleach. If bleach splashes into your eyes, rinse immediately with lots of cold water (for at least 15 minutes) and consult a doctor.
- If disinfection is required, always clean first and rinse with water afterwards.
- If a spill happens on a metal surface or the surface might come in direct contact with skin or clothing, the surface should be rinsed off with water after using the disinfectant to prevent the effects of bleaching and rusting.
- Always store chemical in a cool shaded place out of reach of children

## **Toys Cleaning and Disinfecting.**

A schedule on cleaning and disinfecting school toys should be followed on a regular basis of at least once week and when obviously soiled. It serves a good practice in the prevention of cross infection in school.

### **To clean and disinfect hard plastic toys:**

- 1.) Wash and scrub toys in warm soapy water. Use brush to reach into the crevices.
- 2.) Rinse toys in clean water.
- 3.) Immerse toys in a low bleach concentration water and allow required contact time to eliminate germs and bacteria.
- 4.) Remove toys from the bleach solution and rinse well in a cool water.
- 5.) Air dry.
  1. To clean cloth, stuffed toys and dress up clothes: Wash in a washing machine using hot cycle.
  2. To clean wooden or electronic toys: Wipe with a damp cloth and dry.

## **Linens**

Laundry Used and soiled linens are washed in hot cycle washing machine regularly on a weekly basis. Laundry log book is maintained and should be monitored by the head of the department.





## Immunization

The Ministry of Public Health requires that school should maintain current information of each child's immunization.

- Parents are required to submit an updated copy of the original vaccinations document to the school clinic for the record purposes prior to the start of school.
- Parents are responsible for their child's immunization schedules since Gems Wellington School does not have any immunization program.





## Head Lice Policy

### Statement

Head lice is a common contagious infestation in children, particularly those of primary school age. However, the presence of a head lice infestation is not a public health threat. The primary responsibility for the detection and the treatment of head lice lies with the parents.

### Purpose

This policy aims to limit the spread of headlice among students in Gems Wellington School, Qatar.

### Target Audience

School Medical Team, Parents, Teachers.

### Procedure

1. If it is suspected that a student has head lice, he/she will be sent to the school clinic for examination.
2. If live head lice/nits are found, parents will be notified. Referral to dermatologist will be advised on proper eradication procedures.
3. Parents will be requested to pick up the student from the school clinic and keep the child home until appropriate treatment has commenced.
4. Class Teacher will be notified and the whole class will be checked.
5. The student will be rechecked upon return to school. A medical certificate issued by the DHP Licensed Physician is required clearing/stating that the child is fit to return to school.
6. If live head lice/nits are still present, parents will be requested to collect the child and repeat treatment at home.
7. Rescreening is needed 7-10 days after initial treatments, to inspect hair for live crawling nits.



## CLASSROOM LICE NOTIFICATION

Dear Parent/s or Guardian/s:

A case of head lice (pediculosis) was found in your child's classroom. Although head lice are annoying, they do not pose a threat to health. Head lice are not a disease, and present NO danger. They do cause itching, but do not carry disease.

**Following is a list of facts you may find helpful:**

1. Head lice can affect any child from any family.
2. Cleanliness has nothing to do with getting head lice.
3. Lice are spread through close, direct physical contact with an infected person. Items such as shared combs, hats, upholstery, jackets, clothing and other items that have come into contact with infested hair can also spread lice. Please stress to your child **NEVER** to share any of these items with other children.
4. Lice have nits (lice eggs) that attach to the hair with a strong, glue-like substance, typically near the crown of the head, behind the ears, or at the nape of the neck.
5. Lice do not jump or fly. They will die within a day without a human host.
6. The first signs of lice infestation you may notice are itching, irritation and redness of the skin or scalp area. The actual infestation usually begins 30 – 35 days before any of these signs appear.

Treatment for head lice includes:

**\*Checking your child periodically for head lice. If you find your child has head lice, treatment must be implemented immediately and you must notify your school nurse.** Treatment requires following the instructions on the product you use. Please ask your primary care provider for a recommendation.

\*It is essential to remove the nits using one's fingers and a fine-tooth comb in order to limit the possibility of repeat infestations. Directions for this procedure will be included with the product you choose.

\*If someone in the house has head lice, it is very important to delouse any items that came into contact with the head. This involves machine washing bed linens, clothes, towels, etc. in hot water. If your child sleeps with stuffed animals, you may place them in a sealed plastic bag for at least two weeks. Vacuum all affected areas thoroughly, emptying the vacuum bag after each cleaning. Disinfect all combs, brushes, etc. by soaking them in hot water.

**Please be aware that we will check the students in your child's class and take additional cleaning steps to help limit the spread of head lice. No child is to return to school until proof of treatment has been established.**

Please feel free to approach me for more detailed instructions.

School Nurse







## Allergy Management

Gems Wellington aims to provide a safe and supportive environment to students with allergies and at risk of anaphylaxis to be able to participate fully in all school activities or any school events. Allergies or allergic reaction happen when immune system overreacts to substances called allergens. Common allergens include pollen, pet dander, bee venom and some are allergic to certain foods and medications.

Anaphylaxis is the most severe case of allergic, rapidly progressive reaction that affects the entire body and is potentially life threatening, particularly amongst children and young adult.

## Roles and Responsibilities

- Parents are responsible for providing, in writing, ongoing accurate and current medical information to the school. The school will seek updated information via medical form during admission and at the commencement of each calendar year. Any change in a child's medical condition during the year must be reported to the school.
- List of students with allergy will be given to the teaching staff, admin staff and supervisors. It will include a photo of the student and specific information about their allergy, symptoms and if Epi-pen required.
- For students with an allergic condition, **the school requires parents / guardians to provide written advice from a doctor, which explains the condition, defines the allergy triggers and any required medication. All information to be transcribed in their Individual Health Care Plan.**
- Teachers and teacher aides of those students and key staff are required to review and familiarize themselves with the medical information.
- Action Plans with a recent photograph for any students with allergies will be posted in relevant rooms with parental permission.
- Regular checking and monitoring school ground for insect infestations and regular pest control.

## Safe Classroom Management for Children with Allergies:

1. Students with allergies must only eat the food they bring from home.
2. Sharing food is not permitted.
3. Desk and other eating surfaces kept clean after food.
4. Hand washing before and after eating.
5. Information regarding the student's allergy must be reviewed and file.

**“No Nuts” or any form of nuts are restricted in school.**





## Medical and Hazardous Waste Management

The policy sets out to establish appropriate handling, collection and disposal of wastes by type in order to safeguard and protect school public health.

Gems Wellington School in agreement with Boom Waste management in collecting school medical and hazardous waste in compliance with all laws, standard, policies and codes by the applicable Ministry of Health

### Medical and Hazardous Waste includes:

- Used bandages, dressings, cotton swabs and discarded used gloves.
- Any kind of waste containing infectious or potentially infectious materials.
- Other medical supplies that may have been in contact with blood and bloody fluids.
- Sharps: used needles, syringes and any other medical or laboratory instruments or glassware that might cause punctures or cuts.

### General Procedures:

- All school waste should be separated according to types.
- All medical waste shall be packaged, contained and located in a secured room not accessible to unauthorized person. Licensed contractor shall collect the medical waste once a month and it shall be monitored and recorded.
- Bins must be emptied regularly. Lids to all bins must be kept closed at all times.
- Bins must be squeezed to reduce the air and then tied up to reduce the likelihood of unpleasant smells. The lack of air slows down the general decomposition.
- Cleaners should abide to Infection Control Policy.
- Sharps should be discarded in a sharp safe container, kept above ground level and should be for disposal 3 months after opening or when it is 2/3 filled.
- Personal protective equipment (PPE) must be worn where there is a risk of splashing or contamination.
- No waste should be stored on main corridors, along fire escape routes or blocking fire exits





## Collection and Disposal of Waste

### Clinical/Infectious Waste

- Handle all waste bags and containers with care to avoid injury or risk of infection to yourself or others.
- Handle waste bags by the neck only. Do not clasp bags to the body when moving/handling.
- Secure and seal properly.
- Only fill waste bags to  $\frac{3}{4}$  capacity to allow tying or sealing to take place safely.
- Check to ensure waste bags/containers are not split or leaking –if they are, repackage the waste correctly.
- Clinical/infectious (yellow) waste bags should be placed in the yellow bin. No sharps containers should be mixed with this bin. A different contractor will come and collect the sharps.
- Keep waste storage areas/containers secure always and accessible only to authorized persons.

### Sharps

- Assemble sharps containers properly, ensuring that the lid is securely in place before using.
- Mount sharps containers safely and appropriately, preferably using the supplier's brackets (i.e., on trolleys, wall mounted, etc). Or placed at eye-level or at a safe height away from the reach of students. Do not place sharps containers on the floor, where they can easily be tripped or kicked over.
- Label the container appropriately indicating date of opening, closing, school name and Nurse's initials.
- Fill sharps containers only to the indicated fill line and then seal.

### Chemical Waste

- All chemicals used should be disposed of safely and properly, with advice sought from a suitably qualified person as and when required.
- Under no circumstances should any chemicals or associated containers be disposed of into the clinical or domestic waste streams, without risk assessments being undertaken or guidance sought from a suitable qualified person.
- Users of chemicals should be aware that all chemical containers, unless completely empty (i.e., rinsed out) are generally contaminated and classified as the chemical they contain, unless determined otherwise by risk assessment.
- Any waste chemicals, paints and solvents awaiting collection must be stored in a secure area. Care should be taken to ensure that no incompatible products are stored together.



## Diabetic Care Management and Glucagon Administration

The Ministry of Public Health requires schools to take specific actions to ensure that the students with diabetes are able to manage their disease while at school and to ensure the health and safety of the student and the school community.

A student who is diagnosed with Diabetes Mellitus (Type 1 or Type 2 Diabetes) must be declared in the Medical Form with Medical Report signed by a DHP Licensed Physician. Due Insulin Injection in school must be properly endorsed by the parent to the School Nurse. **It is the responsibility of the student to proceed to the clinic for blood glucose monitoring prior to his or her Insulin Injection.** A Medication Administration Consent Form must be filled out and signed by the parent with all the pertinent details.

Diabetes requires management 24 hours a day. Students with diabetes must balance food, medications, and physical activity while at school.

- School nurses coordinate care and educate school staff to provide a safe, therapeutic environment for students with diabetes.

As Ministry of Public Health Requires:

1. The nurse to request for an **Individualized Health Care Plan and Emergency Health Care plan** from parents duly completed by the child's attending physician.
2. Annual written authorization for the provision of care.
3. Authorization for release and sharing of certain medical information. Serves as conduit for sharing of medical information and communications with parents.
4. Develops and updates the student's Individualized Health Care Plan

The **Individualized Health Care Plan** must include:

1. Symptoms of hypoglycaemia for that student and recommended treatment.
  2. Symptoms of hyperglycaemia for that student and recommended treatment.
  3. Frequency of glucose testing.
  4. Insulin and glucagon administration
- School nurse or authorized staff present has primary responsibility for emergency administration of glucagon. It will be administered only with parent's permission if the student passes out, loses consciousness and does not regain it or has a seizure.
  - The student is to then be transferred to the nearest hospital for further assessment.



## Epilepsy or Convulsive Seizure Management

The Ministry of Public Health requires schools to take specific actions to ensure that the students with epilepsy are able to manage their disease while at school and to ensure the health and safety of the student and the school community.

A student with Epilepsy or any form of seizure disorder must be declared in the Medical Form with Medical Report and a Seizure Action Plan (SAP) signed by a DHP Licensed Physician. A Medication Administration Consent Form must be filled out and signed by the parent with all the pertinent details.

As Ministry of Public Health Requires:

1. The nurse to request for an **Individualized Health Care Plan and Emergency Health Care plan** from parents duly completed by the child's attending physician.
2. Annual written authorization for the provision of care.
3. Authorization for release and sharing of certain medical information. Serves as conduit for sharing of medical information and communications with parents.
4. Develops and updates the student's Individualized Health Care Plan

The **Individualized Health Care Plan** must include:

1. Causes of the seizure and recommended treatment.
  2. Signs and Symptoms of seizure for that student and recommended treatment.
  3. Procedures during and after the seizure.
  4. Administration of medications
- School nurse or authorized staff present has primary responsibility for emergency administration of medication. It will be administered only with parent's permission if the student passes out, loses consciousness and does not regain it or has a seizure.
  - The student is to then be transferred to the nearest hospital for further assessment.



## Parent Notification

Staff may contact parents or guardian of a child to obtain or verify information about their child's health, give advice of follow up, referrals and before giving medication.

In addition to this, School Nurse may call the parents if:

- a. The child has an injury that is a concern.
- b. The child is sick or has illness that needs to be collected.
- c. If critical emergency occurs.
- d. The child has any suspected deviation on health found during screening test, health examination and observation in accordance with school health regulations.

## General Principle

- Parents will be informed through phone call immediately if their child gets unwell and needs to be collected from the school the earliest.
- A child who is in distress, ill and feverish will not be sent home on a school bus. Parents must collect their child as priority.
- School clinic is not designed to provide proper comfort and quiet environment needed by a child that is sick or ill to keep rested.
- School clinic is in constant communication with MOPH for guidance to disseminate accurate information in cases of communicable diseases to parents.
- The school clinic staff can be contacted by telephone and email in case of inquiries, assistance and during emergency

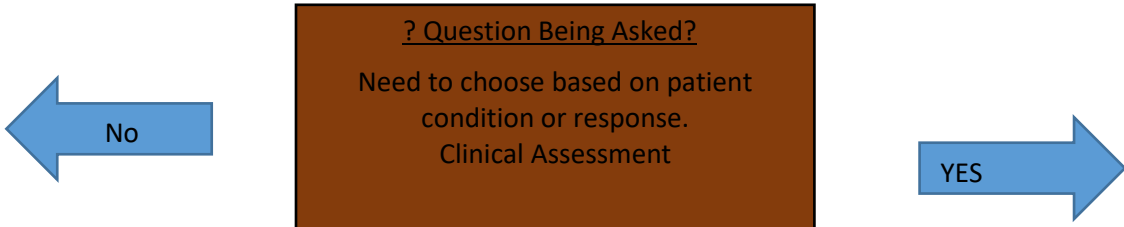




# Emergency Protocol Chart

**START HERE**  
Background of the disease,  
initial information, question  
and action.

This note provides signs and symptoms of  
the disease/health condition of a patient.



Emergency Intervention Plan

**STOP HERE**  
Final Instruction



## ASTHMA

Asthma/wheezing attacks triggered by substances. Lung disease that inflames and narrows the airways. Asthma causes recurring periods of wheezing (a whistling sound when you breathe), chest tightness, shortness of breath, and coughing.

Sign and symptoms of Asthma:

1. Rapid shallow breathing
2. Wheezing (high pitch sound)
3. Tightness of chest
4. Widening of nostrils excessive coughing
5. Intercostal breathing



- Semi Fowlers position/Fowlers position
- Stay calm
- Ask if the patient has allergies or medication



Did breathing difficulty develop rapidly?  
Is the patient having difficulty of speaking due to shorten of breath?  
Are lips, tongue or nail bed capillary turning blue?  
Is there altered level of consciousness?

Yes

Call Ambulance Services **999**

N  
O

- Administer medication as prescribed
- Encourage breath slowly and deeply through the nose and trough out the mouth
- Administer oxygen via nasal cannula
- Monitor vital signs

Notify the parents/legal guardian





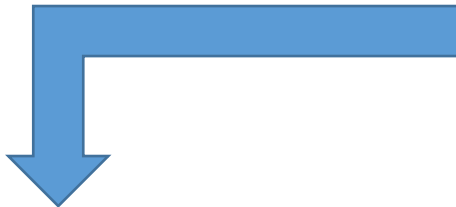
## ALLERGY/ANAPHYLAXIS

A person may experience a delayed allergic reaction up to two hours, following food and medication ingestion, bites, exposures to chemicals and plants.

Sign and symptoms of Allergic reaction:  
 Difficulty of breathing  
 Tightening of the throat and chest  
 Swelling of the face  
 Altered level of consciousness  
 Nausea and vomiting  
 Itchy, sneezing, runny nose

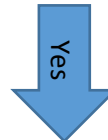


No



Ask the patient if having a difficulty of breathing?  
 Ask the patient if they have history of allergic reaction?  
 Is the level of consciousness decreased?

Yes



- Brush dry substances (wear glove)
- Flush contact area or substance from skin and other affected area
- Monitor vital signs

- Administer Epinephrine (EPI PEN)
- Monitor vital sign
- Call Ambulance Services **999**



Notify the parents/legal guardian



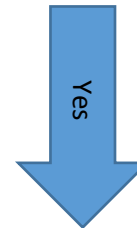
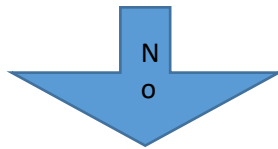


## CHEST PAIN – HEART ATTACK

A heart attack happens when your heart muscle is starved of oxygen-rich blood. This causes damage to your heart muscle.

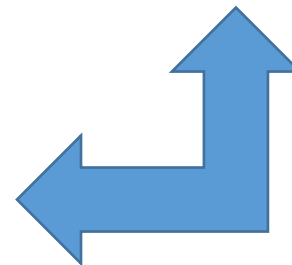
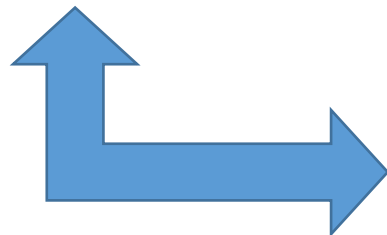
Sign and symptoms of Heart Attack:  
 Chest pain described as **constant heavy pressure, knife like or pain** in the middle or upper chest  
 Discomfort across the chest to arm, neck or jaw  
 Left arm shoulder  
 Sudden unexplained weakness, dizziness with or without nausea  
 Sweaty clammy, pale, ashen or bluish skin  
 Shortness of breath

Ask the patient if having a difficulty of breathing?  
 Ask the patient if experience pain in arm(s), neck, jaw across shoulder  
 Ask the patient if having unexplained weakness or numbness of the body  
 Is the level of consciousness decreased?



- Monitor Vital signs
- Place in semi fowlers position
- Loosen tight clothing
- Comfort, reassure the patient
- Ask the patient if takes any chest pain medication for known heart condition

- Check the Glasgow coma scale
- Monitor vital sign
- Call Ambulance Services **999**



Notify the parents/legal guardian



## FAINTING “SYNCOPE”

Fainting “blacking out” or syncope is the temporary loss of consciousness followed by the return of full wakefulness. This loss of consciousness may be accompanied by loss of muscle tone that can result in falling or slumping over.

Sign and symptoms of Fainting “syncope”:

If you observe, or the patient complains

- extreme weakness or fatigue
- Dizziness or light headedness
- Extreme sleepiness
- Pale, sweaty skin
- Nausea

Is fainting due to forceful injury?

N  
O

Did she injured self when fainted?

N  
O

- Keep patient in supine position
- Monitor vital sign
- Elevate feet above heart level

Yes, not sure

- Check the Glasgow coma scale
- Monitor vital signs
- Call Ambulance Services **999**

- Keep airway clear and monitor breathing
- Monitor vital sign
- Keep patient warm
- Control bleeding if there is as needed
- NPO (Nothing per Orem)

- Check for head injury

Notify the parents/legal guardian



## VOMITING

Nausea is an uneasiness of the stomach that often comes before vomiting. Vomiting is the forcible voluntary or involuntary emptying ("throwing up") of stomach contents through the mouth

Vomiting may have many causes including:  
Illness or injury  
Pregnancy  
Overexertion  
Toxic exposure or ingestion

Does the patient vomit clots or more than flecks or streak with blood?  
Does the patient decrease level of consciousness?  
Does the patient have fever or diarrhoea?  
Are there any signs for dehydration?

N  
O

- Monitor vital sign
- Keep in semi fowlers position
- Apply cool, damp cloth on face and forehead
- Give food or medication as needed
- Encourage to give some fluids
- Record Input and output

Yes

Call Ambulance Services 999

Notify the  
parents/legal  
guardian

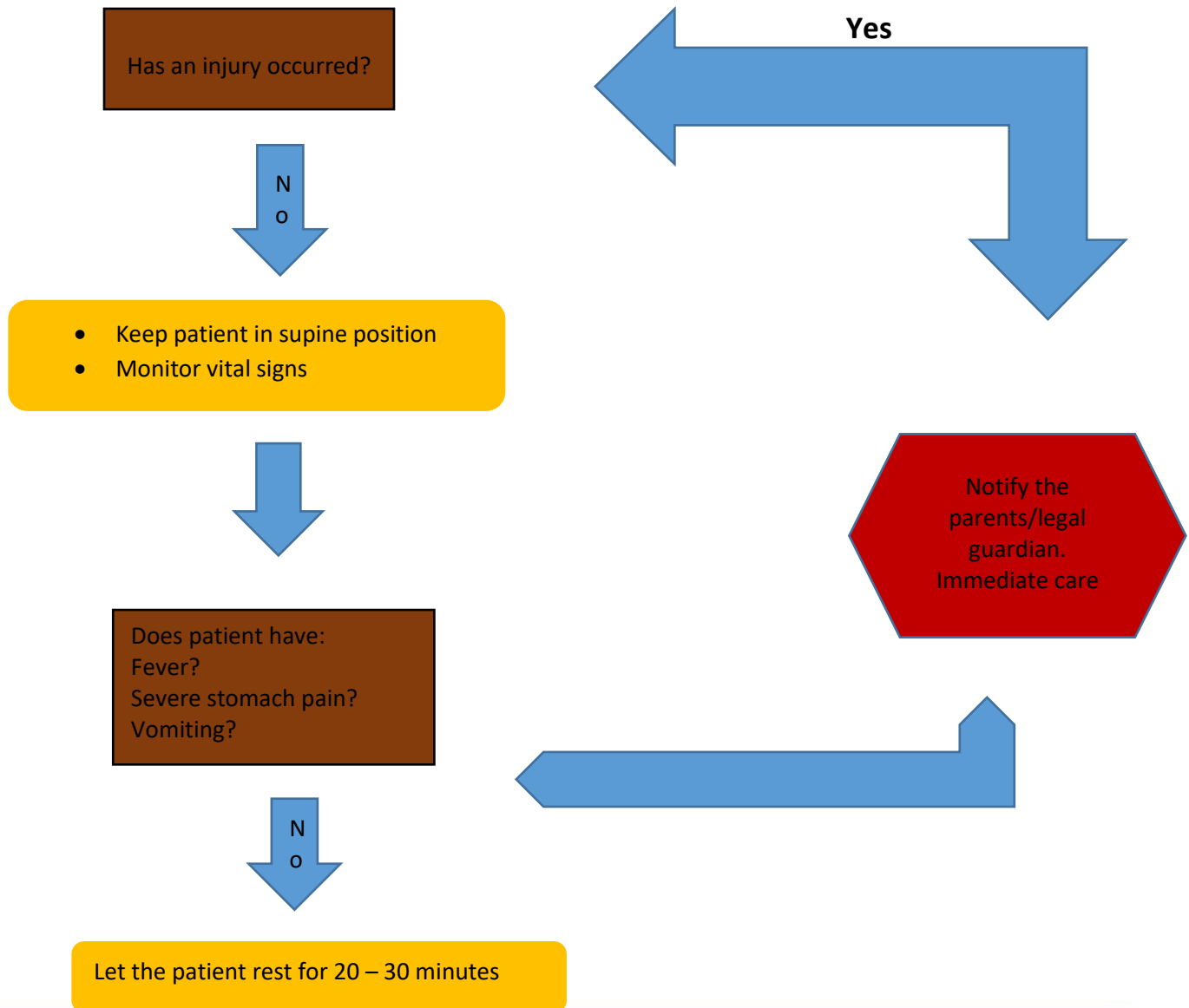


## STOMACH PAIN

Stomach pain is a term often used to refer to cramps or a dull ache in the tummy or in abdomen.

Stomach ache may have many causes including:

- |                       |              |
|-----------------------|--------------|
| Illness               | Gas pain     |
| Hunger                | Pregnancy    |
| Excessive food intake | Trauma       |
| Diarrheal             | Constipation |
| Food poisoning        |              |





## SEIZURE

Sudden, uncontrolled body movement and changes in behavior that occurs because of abnormal electrical activity

Sign and symptoms:  
Jerking movement  
Muscle rigidity  
Brief loss of consciousness

- DO NOT RESTRAIN MOVEMENT
- Move away objects to the surrounding to prevent injury
- DO NOT PLACE or PUT ANYTHING between teeth and mouth

Note: Observe details of seizure:

- Duration, movement of the eye, mouth, arms and legs
- **Loss or urine/bowel movement control**
- **Altered level of consciousness**

- After seizure, keep airway clear by placing the patient on his/her left side and support head and neck
- Seizures are often followed by sleepiness and confusion. This may last for 15minutes to an hour or more than.
- Orient Person to place, time etc.

No

Did the seizure last more than 5 minutes?  
Did the patient have multiple seizure; one following another at short intervals?  
Does the patient have difficulty of breathing after the seizure?

Yes

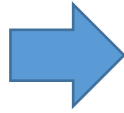
Call Ambulance services **999**

Notify the parents/legal guardian

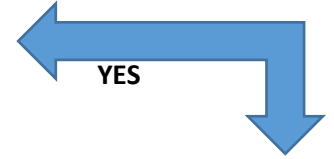


## BLEEDING

Process of losing blood or loss of blood from the vascular system either internally into the body or externally through natural orifice or break in the skin.



Is injured part amputated?  
Is blood bright or spurting?  
Is muscle, bone and fat exposed?



**YES**

Call Ambulance Services **999**

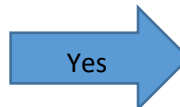
- Press firmly with clean glove hand, cloth or dressing for several minutes to stop bleeding
- Elevate the extremity
- If amputated part, place part in sealed plastic bag and place bag in ice water
- **Do not put amputated part directly in ice**



- Bandage wound firmly, but not thigh enough to compromise circulation
- Check the skin circulation frequently by checking warmth, pinkness, and good sensation
- If bandage is saturated with blood, **do not** remove it
- Reinforce with another dressing over existing dressing/bandage
- Hold firm pressure for 10 minutes



Is there a continuous/ uncontrollable bleeding?

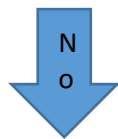


**Yes**

Call Ambulance Services **999**



- Maintain direct pressure
- Supine position
- Elevate feet
- Keep warm



**N  
O**

- Wash surrounding area with soap and water
- Rinse, pat, dry and apply bandage



Notify the parents/legal guardian





## DIABETES

Diabetes is a long-term condition where the body cannot produce enough insulin.  
**HYPOGLYCEMIA** is where the blood sugar level is LOW.  
**HYPERGLYCEMIA** is where the blood sugar is HIGH.

Type 1 – known as Insulin dependent diabetes.  
 Type 2 – known as non-insulin dependent

### HYPERGLYCEMIA:

- Fruity, sweet breath
- Rapid pulse and breathing
- Warm, dry skin
- Excessive thirst
- Drowsiness – leading them to become unresponsive if not treated – also known as **DIABETIC COMA**

### HYPOGLYCEMIA:

- Weakness, faintness or hunger
- Confusion and irritation
- Sweating with cold, clammy skin
- Rapid pulse
- Palpitations
- Trembling or shaking
- Deteriorating level of response.

Is the person conscious? Do they have emergency drugs on hand?

No

Call Ambulance Services **999**

Yes

### HYPOGLYCEMIA:

- Have them sit up, offer juice or soda
- If they have their own glucose gel or glucose tablets, have them take it.
- If they have blood glucose kit, help them check their blood sugar levels.
- Keep monitoring and stay with them while waiting for help to arrive.

### HYPERGLYCEMIA:

- Have them sit up, offer water.
- If they have their own insulin, help them to inject their rescue/correction dose.
- Keep monitoring and stay with them till while waiting for help to arrive

Notify the parents/legal guardian





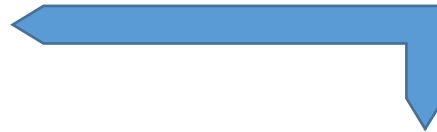
**FRACTURE**

Fracture is a broken bone as a result of trauma or injury.

- Swelling, deformity or discoloration of limb
- Bone is broken and protruding out of skin
- There is heavy bleeding.

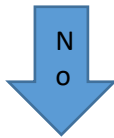
Is the person conscious? Not breathing or moving?  
Is there heavy bleeding?

YES



- To prevent making the injury worse, do not move the patient.
- Immobilize injured area – do not try to realign bone or push bone in.
- Apply ice packs to limit swelling and help relieve pain
- Treat for shock – lay the person down, head slightly lower than the trunk.

N  
O



Call Ambulance Services **999**



Notify the parents/legal guardian





## TOOTH LOSS/AVULSION/DISLODGE MENT DUE TO TRAUMA

Avulsed tooth or a knocked -out tooth is a tooth that is completely displaced out of the tooth socket.

Is there heavy bleeding?  
Is the tooth intact?

- Tilt head forward to let blood drain out
- Save tooth which maybe reimplanted
- If possible, replant avulsed tooth within 20-30 minutes.
- If unable to reimplant; touch only the crown portion of the tooth with gloved hand, rinse the tooth and place in milk, saliva or saline solution
- Fold gauze into pad to cover the tooth socket.

Notify the  
parents/legal  
guardian

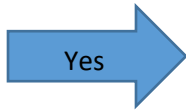
Advise to go the nearest  
Hospital or Dental Clinic



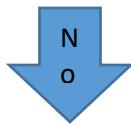
**EVACUATION OF BARIATRIC PATIENTS**

A person classified as being obese and having a body mass index (BMI) equal to or greater than 30.

Is the person conscious? Mobile and can move with or without assistance?

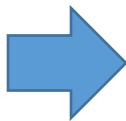


- Mobile able to walk – Assist to Assembly Point
- Mobile but requires assistance – assist to Assembly Point



Call Ambulance Services **999**

**Inform Services that the patient is Bariatric and is equal to or above 150kg.**



- Patient is conscious but unable to move.
- Stabilize area of injury
- Monitor and stay with the patient till help arrives

In an event of immediate evacuation is required:

- Stabilize Area or site of injury
- Gently Roll patient onto carpet or blanket.
- Pull/drag the patient towards closet SAFE area for possible extraction.
- Monitor and stay with the patient till help arrives.



Notify the parents/legal guardian



## Accident/Incident Reporting

All serious injuries will be recorded in the HSE Phoenix system. A nurse's note will be written on the student medical file for documentation. The incident/accident will also be logged in the clinic logbook. All dangerous occurrences are recorded even if they do not result in serious injury. Any recommendations/actions will be recorded as a Health and Safety report.

## Health and Safety and Near Miss Reports

Any health and safety issues that have been brought to the nurse's attention will be reported in the HSE Phoenix system.

## Fire and Safety Plan

All staff and students are properly oriented with the fire and safety policy of the school. Each has their own responsibility to perform during emergency and fire procedures. A fire evacuation map is posted on the wall of the clinic and will be followed.

## Bullying Prevention

**Bullying** is defined as the regular and targeted use of aggression with the intention of causing harm to another person. It can be in the form of the following, but not limited to; emotional, physical, racist, sexual, visual and cyber. (GEMS Anti-Bullying Policy, June 2019) All students and staff are fully informed of the school anti-bullying policy. The school gives emphasis on the principle of not tolerating any form of bullying. Any form of bullying noticed by the medical team whether in the form of bruises or minor injuries in any student and staff will be reported following the procedures in the WEK Anti-Bullying Policy.





## Heat Index; Breaktime and Lunchtime Guidelines

During the summer months (**May – September**) when the outdoor heat increases, the medical team will monitor the temperature on daily basis (Q weather Application or [www.wunderground.com/getforecast=A1+wakrah](http://www.wunderground.com/getforecast=A1+wakrah)), to ascertain whether it is safe for the children to play outside or not.

**From Sunday to Wednesday the heat index monitoring is taken twice a day; and on Thursdays once a day - 30 minutes before each break time/lunchtime.**

The following Heat Index will be followed:

**Between 35-40° Celsius** – moderate-lower intensity activities are recommended with regular water break.

- Students are advised to stay under shade during breaks and lunchtimes.
- Discretion advised.
- Outdoor Physical Activity: Students who do not have a hat and water bottle will forfeit participating in physical activity and will be provided with alternative work. Teachers to use discretion in modifying activities so that students participate in moderate-lower intensity activities. Regular water breaks will be offered.

### **Between 40-45° Celsius**

- Students should remain indoors during break and lunchtimes.
- Outdoor Physical Activity: Lower intensity activities are to be included only and for a short period. 5-minute water breaks should be taken between activities.





## Above 45° Celsius

- Any physical activity, lunch and break times should be moved into an indoor space with air conditioning.
- If the temperature and humidity move into 'serious danger' and 'death danger' according to the heat index, any physical activity, Lunch & Break times should be moved into an indoor space with air conditioning.

## Heat and discomfort index

Additional guidance should be sought, activities should be modified to reflect student and teacher discomfort.





## Emergency Protocol Plan

Emergency protocol plan, is plan of actions conducted in certain order or manner in response to emergency event. An emergency is serious, unexpected, often dangerous situation that requires immediate action.

At least one individual, other than the school nurse is highly trained first aid with the essential knowledge and skills needed to treat ill or injured person/child in cardiac arrest for the short time before the arrival of resuscitation team or experienced assistance.

## Emergency Management Procedure

1. Remain calm and assess the situation. **Be sure the situation is safe for you to approach.** The following dangers will require caution:
  - Live electrical wires
  - Gas leaks
  - Chemical exposure
  - Building damage
  - Unstable structures or smoke
  - Traffic
  - Agitated or violent students
2. A responsible adult (first aid trainer) should stay at the scene and give help until the person designated to handle emergencies arrives.
3. **Do not** give medications unless there has been prior written approved by the parent or legal guardian and doctor. Administer medication according to school policy.
4. **Do not** move a severely injured or ill person unless absolutely necessary for immediate safety. If moving is necessary, protect the head, neck and back by keeping straight to prevent further injury.
5. Call Emergency Medical Services (EMS) 999, if appropriate or arrange for transportation of the ill or injured person if necessary. Provide EMS personnel with copies of physician/parent's signed record of medical instruction for emergencies (pupil/student emergency card)
6. Notify the parent/legal guardian of the emergency as soon as possible to determine the appropriate course of action.
7. Fill out the incident report through HSE Phoenix for all the injuries and illnesses requiring the above procedures.



## When to call Emergency Medical Services (EMS)

### Call EMS if:

- ✓ The person is not breathing
- ✓ The person is having difficulty of breathing, short of breath or is choking
- ✓ The person has no pulse
- ✓ The person has uncontrollable bleeding
- ✓ The person is coughing up or vomiting blood (hemoptysis)
- ✓ The person has chest pain or pressure persisting more than 3-5 minutes, or has chest pain radiating to arms neck and jaw
- ✓ The person has been poisoned or taken an overdose drug
- ✓ The person has seizure for the first time, a seizure last more than 5 minutes, multiple seizures
- ✓ The person has injuries to the head, neck or back
- ✓ The person has an open wound or a suspected fracture or where bone or muscle is exposed
- ✓ The person's condition is limb-threatening or other injuries that may leave the person permanently disabled unless he/she receives immediate care
- ✓ The person has sudden, severe pain anywhere in the body
- ✓ The person has severe eye injury or chemical exposure to the eye

