




# المدرسة الهندية العالمية الخاصة INTERNATIONAL INDIAN SCHOOL

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## SCHOOL CLINIC POLICY -AY 2026-2027

<b>Ratified</b>	2025
<b>Amended</b>	April 2026
<b>Next Review Date</b>	March 2027
<b>Policy Type</b>	School
<b>Reference</b>	MOH guidelines
<b>Related Policies</b>	Health & Safety Policy
<b>Review Frequency</b>	Annually
<b>Committee Responsible</b>	Health and Safety Committee
<b>Chair Signature</b>	 PRINCIPAL Ms. Qurat Ul Ain

## **School Mission and Vision**

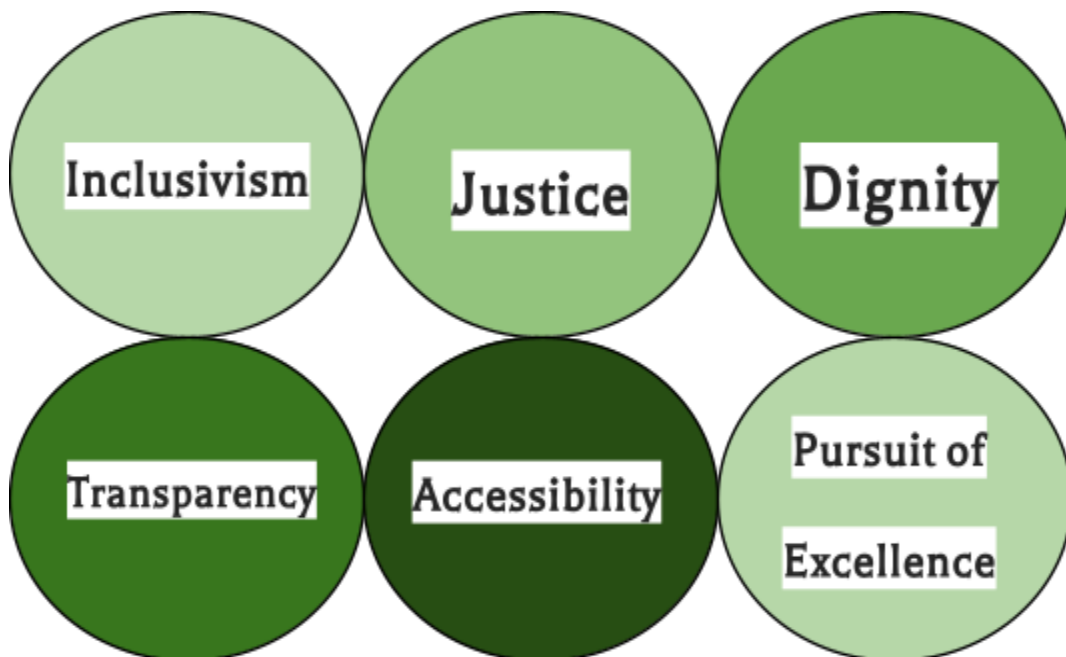
### **Our Vision**

The school envisages learning as a communitarian process of imbibing education from the natural, academic, social and technological ecosystems created around the institution of school.

### **Our Mission**

We strive to provide a new model of education for the expatriate children in the UAE in a culturally inclusive, technologically effective and ecologically sensitive way in a cosmopolitan environment.

### **CORE VALUES**



**GENERAL OBJECTIVE:**

To maintain the health and well-being of all students and school personnel by providing access to primary, preventive health care service in a school setting.

**SPECIFIC OBJECTIVES:**

- To organize and manage the school clinic according to Ministry of Health (MOH) and Municipality directives.
- To follow the guidelines set out in the nurse and doctor's job description.
- To ensure completeness of all students' medical files.
- To run the clinic as a first aid center for accidents and injuries that occur in school.
- To report more serious/major incidents involving students to the parents, directly by telephone, as soon as possible.
- To provide a temporary resting place for ill or sick students or staff.
- To arrange immediate transfer to hospital for any student or member of staff who requires emergency medical attention.
- To clearly label and store student's individual medication, in an appropriate and safe manner.
- To administer medications as prescribed by the school doctor or by written instruction from the parent.
- To ensure clinic medicines are placed in a cupboard, which is locked all the times.
- To maintain and encourage good practices in hygiene and hand washing throughout the school, by education and example.
- To follow any health advice given by the Ministry of Health and the World Health Organization for infectious diseases/ epidemics that might affect the students and staff of the school.
- To follow all Ministry of Health requirements for student medical exams and record keeping.
- To help and advise parents and staff regarding current health issues as the need arises.

- To impart knowledge and information on health matters to students through health education programs and teachings

## **General Information**

### **Description and Scope of Service**

International Indian School (IIS), clinic promotes and provides health services to all enrolled students, staff as well as parents/guardians and visitors. These health services are in line with the health programs of the Ministry of Health. These programs focus on disease prevention, early case findings and referral for intervention.

The services rendered are the following, but not limited to; consultations, first aid treatments of all injuries, provide care for those unwell and give referral if need arise for further evaluation and management.

### **Administration of Medicines**

For students requiring medicines in school, a written parental consent must be obtained. All medicines should be taken in the school clinic and must be given/instituted by the school Nurse.

### **Temporary medications – (e.g. Antibiotics)**

A Medicine Authorization Form must be filled-up and signed by the parents/guardians along with a written instructions as well as the name of the medicine, the dose and the time it is to be given. This should be submitted to the clinic. All medicines should be brought in and collected from the clinic by the parents or the bus nannies, NOT brought in by the students.

### **For regular medication in school – (e.g. For Asthma, Allergy, Diabetics)**

A Medicine Authorization Form should be completed by the parent. This form is valid for one school year and must be re-signed the following year if the same medicine will be given. Regular medication is recorded and signed on the back of this form each time it is administered. Medicines are kept locked in the drug cupboard for individual students requiring regular medication. This must be clearly labeled with name and class.

If there are any concerns or doubts about administering any medicine, the parents will be contacted before the medication is given.

Parents are to keep non-essential medicines at home and to give 'twice-a-day' doses in the morning and evening to avoid having medicines in school. Details of medication given at school are recorded.

## **Stock Medicines**

Minimal supplies of medicines and creams are kept in school for general use.

All stock medicines have been approved by EHS. This prescription is updated yearly. Before giving any medication orally, the parents will be contacted if the student is in Grade 5 and below.

Grade 5 and above will be given analgesics if they have a signed "parental consent for Paracetamol" and have not taken any before school. Parents will only be contacted if it is thought necessary by the nurse.

The nurse will notify the parents through phone. If there will be no response received after 3 phone call attempts with 10-15 minutes interval in between, an e-mail will be sent to the parent. In the event that the parent cannot be contacted, the school doctor or nurse will use her discretion to administer the appropriate medicine for the student present medical complaints, based on the signed consent from the parents in the medical notes and in the MOH standing order. A referral note will be sent to the parent regarding the first aid management given to their child.

The nurse will document what has all been done to the student in the student health record.

## **Daily First Aid Administration**

Every student that attends the clinic will be listed in the clinic register/ log book, which shows the time the student arrived at the clinic as well as the time, which they left the clinic. Furthermore, every such case will be announced to the nurse/doctor.

If there is a need for the student to stay in the clinic for observation, the nurse will inform the teacher in charge through call stating the type of injury and the treatment given. Additionally, if a student is released during a lesson to attend the clinic and does not return to the class by the end of that lesson, the teacher will call the clinic to enquire after the student.

If a student requires the use of the clinic beds, to rest or recover, the attending medical professional will put up signage outside the patient's room alerting the rest of the medical team that a student is present in that room.

At the end of each school day, the nurse will do a thorough check of all rooms in the clinic to ensure that no students are present in the clinic.

If a student, who makes use of the bus is in the clinic at the end of the school day and is too unwell to get on the bus, their parents will be contacted to make alternative arrangements and a member of the medical team will stay with the student at the clinic until they are collected.

Any students, who are not bus users, who are in the clinic in the last period of the day, will be sent back to class 5 minutes before the end of the lesson, so that they can be taken home. If it is the case that such a student is too unwell to do so, the medical team will email the teacher as well as the reception and try to phone the parent/driver to inform them that the student will be brought, by wheelchair, to the main reception and assisted into the vehicle from there.

### **Accidents and Emergencies**

- Minor incidents / injuries are treated in the main clinic.
- Injuries that are more serious require an immediate phone call to the parents to inform and advise them. If thought necessary, the parents will be asked to collect the student from the clinic within 30 to 45 minutes.
- The parents will bring their child to their hospital of choice, for further evaluation and management of the injuries incurred. If the parent cannot be contacted and the student requires immediate hospital treatment, arrangements will be made to take the child to the nearest clinic/hospital.
- In an emergency or life threatening condition, an ambulance will be called for.

### **Transferring and sending students to home/clinic/hospital during:**

#### **A) Non-emergency cases:**

After assessment by the doctor/nurse, if the student is not fit enough to remain in school, then:

1. Parents/Guardians will be informed via telephone or e-mail and asked to collect their child from the clinic
2. A permission slip will be sent to the Section head to inform that the student will be going home.
3. A call will be made to reception stating the student name and class as well as the person who will pick up the student
4. Parent/Guardian who will pick up the student, will sign the clinic out pass book in the clinic and the early departure is punched out at the reception.

#### **B) Accidents/Emergencies (Minor/Major)**

After assessment by the doctor/nurse, if the injury incurred by the student needs further hospital/clinic evaluation and management, then:

1. Parents/Guardians will be contacted by the nurse/doctor immediately and will be advised to collect student as soon as possible
2. Call will be made to the Section Head and in the reception to inform them

that the student will be going home

3. Parents/Guardians who will pick up the student will sign the Clinic out pass book in the clinic and early departure book in the reception

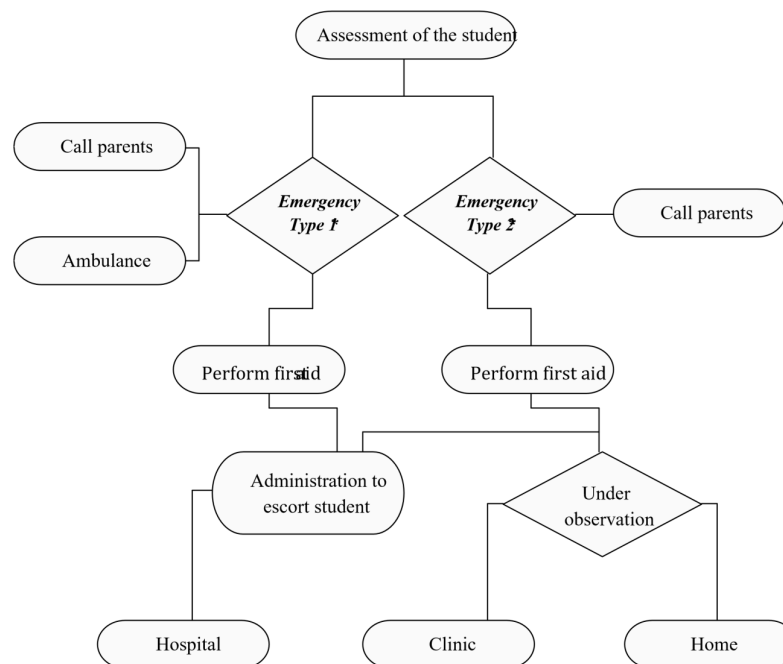
*\*If the parent/guardian will request an ambulance, then the nurse will call EMS or 998. Security personnel and the reception will be notified that an ambulance will be coming to pick a student\**

### **c) Life threatening Accidents/Emergencies (Serious)**

After assessment by the doctor/nurse, then:

1. Nurse will immediately call EMS or 998 and she will give the details regarding the accident
2. Parents will be immediately notified regarding the details of the injury, the course of action taken and the hospital/clinic where the student will be brought
3. Student will be transported immediately to the nearby hospital to school
4. School nurse or other available school personnel will accompany the student to the hospital and wait for the parents/guardians to arrive, the nurse will update AO the current status prior leaving the Hospital.
5. An incident report will be filed.

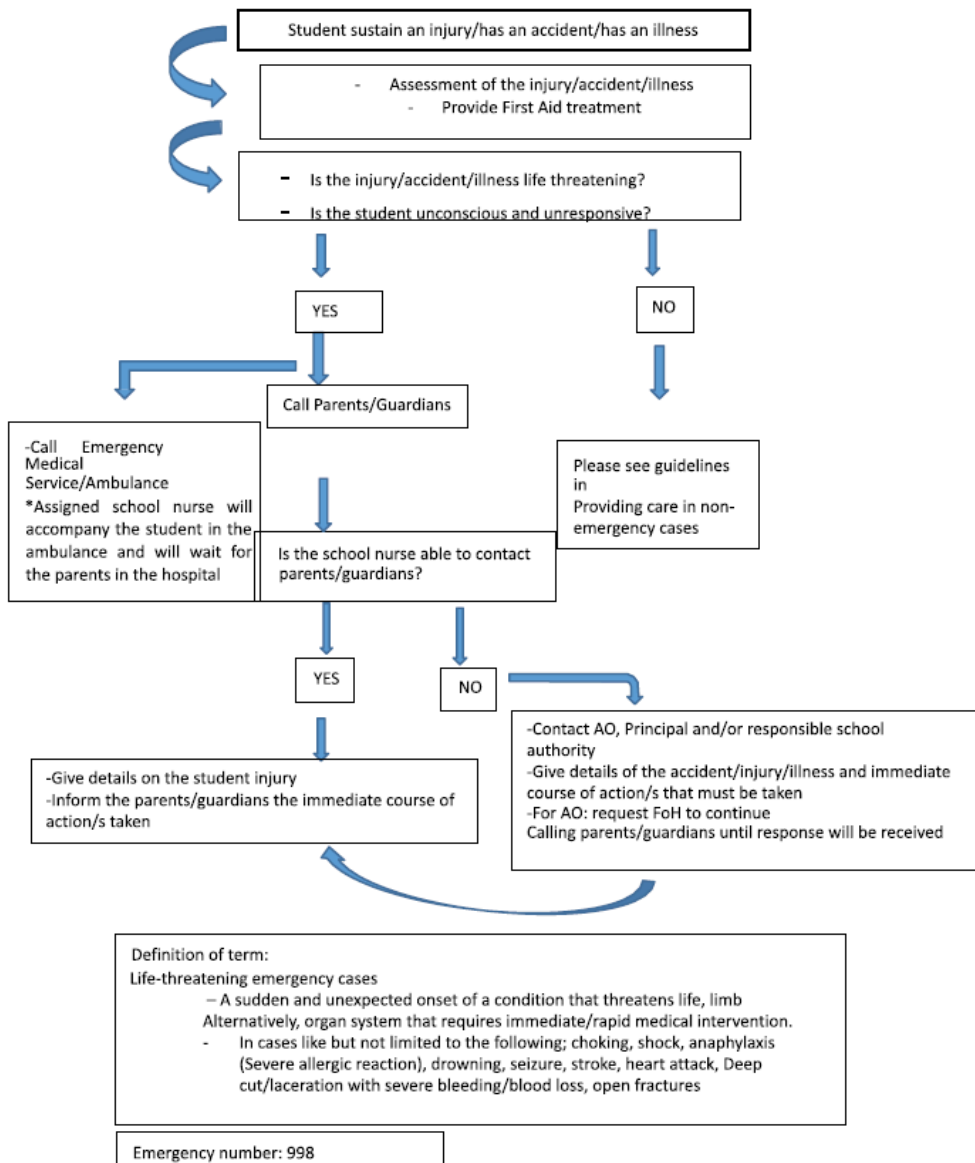
#### **Emergency Protocol Flow Chart**



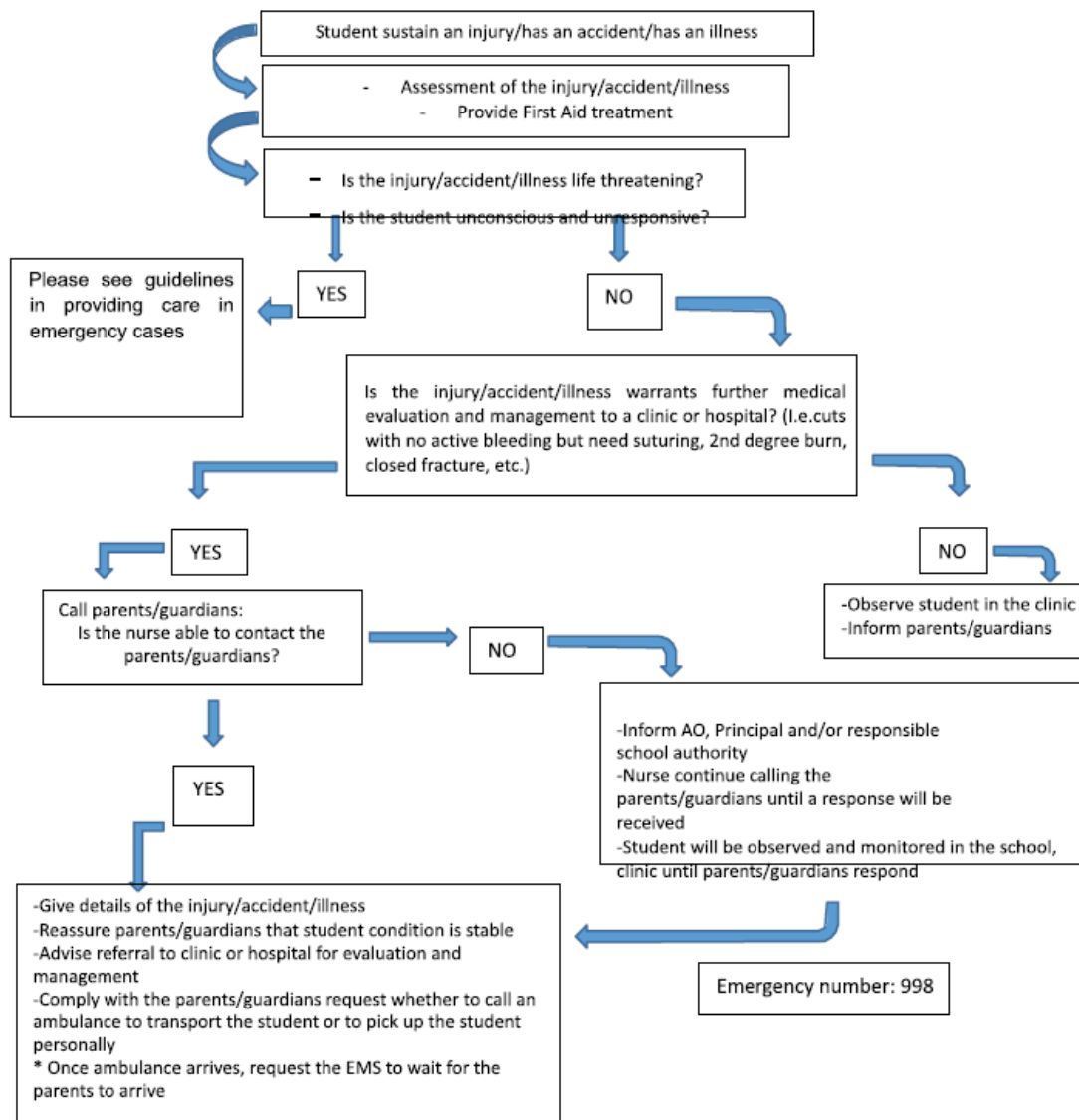
**\*Emergency Type 1:** High level of emergency, which needs referring to secondary care level (hospital or health center)

**\*Emergency Type 2:** Low level of emergency, which can be managed at school with parent/s consent.

**GUIDELINES (FLOWCHART) IN PROVIDING CARE IN EMERGENCY CASES**



### GUIDELINES (FLOWCHART) IN PROVIDING CARE IN NON-EMERGENCY CASES



### **EMERGENCY PROCEDURES FOR INJURY OR ILLNESS**

- Remain calm and communicate a calm, supportive attitude to the ill or injured individual
- Never leave an ill or injured individual unattended. Have someone else call emergency assistance and the parent
- Do not move an injured individual or allow the person to walk (bring help and supplies to the individual). Other school staff or responsible adults

- should be enlisted to help clear the area of students who may congregate following an injury or other emergency situation
- If trained and if necessary, initiate Cardiopulmonary Resuscitation (CPR)
  - Do not use treatment methods beyond your skill level or scope of practice. All persons working with students are encouraged to obtain training in CPR/First Aid training.
  - Call emergency assistance immediately for:
    - anaphylactic reaction
    - amputation
    - bleeding (severe)
    - breathing difficulty (persistent)
    - broken bone
    - burns (chemical, electrical, third degree)
    - chest pain (severe)
    - choking
    - electrical shock
    - frostbite
    - head, neck or back injury (severe)
    - heat stroke
    - poisoning
    - seizure (if no history of seizure)
    - shock
    - unconsciousness
    - wound (deep/extensive)

### **Accident/Incident Reporting**

All serious injuries will be recorded. A nurse's note and doctor notes (if available) will be written on the incident record book 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 doctor/ nurse's attention will be reported to ADMIN OFFICER.

### **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.

### **Infection Control:**

- The clinic will follow the infection Control Protocol based on the circular issued by EHS from time to time.
- If a student is consecutively absent for more than 2 days the teacher will contact the parent to find the reason of absenteeism.
- If the parent specifies any communicable disease like influenza, chicken pox, measles, rubella , impetigo, covid-19, croup etc. This needs to be emailed to School Clinic.
- The clinic will update the section head on infection control guidelines and procedures to be followed as per the directions given by EHS.
- Section head will communicate the same to the parents.
- The student should obtain a medical fitness and submit with clinic to resume the classes.

### **ISOLATION ROOM**

The Isolation room is located in the clinic. A nurse, wearing appropriate PPE, will be on duty to closely monitor students brought for isolation, until her/his, parents/guardians will pick up the student.

The following cases, but not limited to, will be placed in the isolation room:

- a) Students and staff with respiratory symptoms, with or without fever
  - b) Suspected COVID 19 case
  - c) Students and staff presenting signs and symptoms of other infectious diseases aside from COVID 19
- Deep cleaning/sanitization will be done every after used of the isolation room and/or between patients

### **Emergency Telephone Numbers**

<b>SERVICE</b>	<b>TELEPHONE NO.</b>
POLICE	999 (Emergency)
AMBULANCE	998
FIRE DEPARTMENT	997

### **Food Allergy**

International Indian School (IIS), do not encourage students bringing 'nuts' to school as it is a major allergen. Sharing of food is not allowed as some children have allergies to particular food items.

This policy is effective at any time during which students are on school premises.

### **Healthy Diet**

According to several studies done by experts on the relationship of eating breakfast and academic school performance, it has been shown that students who habitually eat nutritious breakfast perform better in school than those who skip breakfast. (Frontiers in Human Neuroscience, 2013)

Children need a healthy, balanced diet, which is rich in fruits, vegetables and starchy foods such as bread, pasta and cereals. Children should be encouraged to eat a variety of foods to help ensure that they obtain a wide range of nutrients in order to stay healthy.

Parental support is required in promoting a healthy diet by avoiding sweets, chocolates and sugary or fizzy drinks at school, as these foods have little or no nutritional value.

Nurses will randomly monitor classes during breaks to ensure that the students are following a balanced and nutritional diet.

### **Water**

All students are required to have a labeled water bottle at all times. Students are encouraged to drink water regularly throughout the school day.

During the warmer months, students are encouraged to remain in shaded areas/indoors to prevent heat exhaustion/ sun stroke and dehydration.

### **Sun care**

Skin cancer is a serious concern, especially in UAE where the sun shines almost every day. Heat exhaustion is a potential problem and steps must be taken to prevent it. Parents should ensure that their children apply sun cream in the morning before coming to school. Hats are encouraged to be worn during recess times.

### **Outdoor Heat Monitoring**

During the summer months (May – September) when the outdoor heat increases, the following Heat Index will be followed:

**Between 35–40 degrees Celsius** – moderate–lower intensity activities are recommended with regular water break. Students are advised to stay under shade during breaks and lunchtimes. Discretion advised.

**Between 40–45 degrees Celsius** – lower intensity activities are to be included only for a

maximum of 10 minutes. 5 minutes water breaks should be taken between activities. Students should remain indoors during break and lunchtimes due to activities being uncontrolled.

**Above 45 degrees Celsius** – any physical activity, lunch and break times should be moved into an indoor space with air conditioning.

### **Medical and Hazardous Waste Management**

The school clinic generates different types of waste products. Each waste material has its own designated, colored garbage bag and bin, which is properly labeled.

Waste contaminated with blood or other bodily fluids and expired; unused or contaminated drugs are placed in yellow-colored plastic bags and labeled as infectious materials. The general waste (non-infectious) will be thrown into the black-colored plastic bags. All bags will be tied, labeled and secured before they are removed from the clinic daily. These plastic waste bags will be brought to the waste storage area located on the school premises. Weekly /on call a company specializing in collecting, transporting and discarding medical waste will collect these waste materials.

Syringes, needles, blades and scalpels will be disposed in the sharps container placed above the ground. Disposal of the sharp container will be done every after 3 months from the time it is open or if it is filled up.