



**THE BRITISH INTERNATIONAL SCHOOL  
ABU DHABI**

A NORD ANGLIA EDUCATION SCHOOL

# School Clinic Policy

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## Role and Responsibility of the School Nurse

The School Nurse (SN) will operate in compliance with local legal guidelines established by the Abu Dhabi Department of Health, the UAE Ministry of Health & Prevention, and the Department of Education and Knowledge. The SN is responsible for the safe and efficient management of the school clinic, ensuring the delivery of safe, competent, and timely nursing care to students within the British International School Abu Dhabi (BISAD).

### Scope

To provide timely, safe, evidence-based nursing care to students within BISAD.

Target Audience

- Senior School Nurse
- School Nurse
- Head of Secondary
- School Principal

### Responsibility

The School Nurse (SN) is responsible for delivering efficient nursing care within the BISAD school clinic, ensuring students receive evidence-based care within the nurse's scope of practice. Oversight of this policy's compliance lies with the Senior School Nurse, Head of Secondary, and School Principal, who are also accountable for monitoring nursing staff adherence to all necessary professional qualification requirements.

### Procedure

General Nursing Role

- Provide nursing care to students within the scope of a School Nurse
- Documenting and maintain student care and records by completing relevant written communication. This involves completing hard copies of Medication / Treatment slips and entering the relevant information including student data onto iSAMS
- Communicating with parents in relation to their child's illness or injury
- Communicating with teaching staff in relation to student care as required
- Escalating and facilitating hospital transfer via Ambulance for students as required
- Maintaining the safe storage and administration of medications to students
- Maintaining up to date care plans for students who have chronic health issues
- Advising parents and teaching staff of any student health concern they believe requires further medical or allied health review
- Comply with Workplace Health and Safety obligations
- Ensure relevant continued professional development activities are completed to maintain professional qualification

## Support Role

- Sourcing and maintaining First Aid kits for,
  - Allocated classrooms
  - School trips
- Provide nursing care and support to any member of BISAD staff as required
- Provide nursing care and support to all students and families as required
- Communicating with parents advising them of outbreaks of and the management of health care issues including but not limited to head lice and chicken pox
- Attending out of school hours events as required to provide a nursing presence

## Health and Safety

- Fulfil the nursing requirements for the reporting of incidents, near misses or hazard alerts on the Sphera platform
- Collaborating with senior management to promote and maintain high standards of health and safety
- To the best of nursing staff's ability, using the information provided by parents, compiling and updating a list of students and their potentially acute life-threatening medical conditions. This list is distributed to all staff at the beginning of each term and when new information is provided to the clinic
- To the best of nursing staff's ability and in collaboration with parents, ensure students who may require prescribed medication for chronic health conditions, have a completed Care Plan

## Teaching Health Education

Nursing staff will collaborate with students, parents and teaching staff to provide and promote health education and activities using both formal and informal means.

## Contacting parents

### Policy on Contacting Parents Regarding Student Clinic Visits

#### Overview:

When students present to the clinic, a school nurse or first aider assesses and treats minor issues, such as bumps or scrapes, allowing the student to return to class. The nurse contacts parents based on the severity of the issue at their discretion. Generally, a Medication/Treatment slip is sufficient communication, detailing the student's visit to the clinic.

### Medication/Treatment Slip Process:

The Medication/Treatment slip consists of four color-coded copies to inform parents and teaching staff about a student's visit and treatment:

- **White Slip:** Original; kept in the student's medical file in the clinic.
- **Blue Slip:** For parents, given to the student to deliver.
- **Yellow Slip:** For the student's teacher.
- **Green Slip:** For reception if the student is being collected by a parent; otherwise, it is disposed of by the nurse.

### Phone Contact with Parents

When a phone call to parents is necessary, the nurse will:

1. Clearly identify themselves (e.g., "I am [Name], one of the school nurses at BISAD").
2. State the purpose of the call (e.g., "I am calling regarding your son/daughter [Name]").
3. Describe the situation factually, without suggesting a diagnosis (e.g., "[Name] has been complaining of stomach pain for the last 20 minutes and feels nauseated").
4. Provide a recommendation, such as administering medication or advising the student be collected from school.

### In Cases of Serious Illness/Injury

If a student is seriously injured or unwell:

1. The nurse will identify themselves and state the purpose of the call.
2. Describe the injury or illness factually (e.g., "[Name] injured their wrist while playing, resulting in swelling and pain").
3. Inform the parent that an ambulance has been called for transfer to the hospital.
  - If the parent prefers to collect the student themselves, the ambulance will be cancelled.
4. A staff member will accompany the student to the hospital, informing parents of the hospital location once confirmed by the ambulance team.

This policy ensures parents are promptly informed of their child's condition while maintaining a clear, standardized process.

### Administration of Medication

As per guidelines from the Abu Dhabi Department of Health (ADDH) and the Health Authority Abu Dhabi (HAAD), the school clinic stocks a limited supply of medications, including over-the-counter (OTC) options like paracetamol and antihistamines, as well as emergency medications such as epinephrine and salbutamol.

### Administration of Over-the-Counter (OTC) Medications

After assessing a student, the nurse may administer OTC medication if it's believed to be beneficial, under the following conditions:

1. Parental Consent: Consent must be obtained either:
  - Verbally, through a phone call to the parent.
  - Via the annually submitted Student Medical Records Form.

If a parent cannot be reached and no form is on file, administration of OTC medication is at the nurse's discretion.

### **Administration of Emergency Medications**

The clinic maintains emergency supplies of epinephrine and salbutamol, as required by ADDOH and HAAD. In an emergency, nursing staff will administer these according to ADDOH's standing orders.

#### **Documentation**

Whenever medication is given, a Medication/Treatment slip is completed:

- White Slip: Filed in the student's medical record.
- Blue Slip: Given to the student to deliver to their parents.
- Yellow Slip: Provided to the student's teacher.

This process ensures safe, documented, and informed administration of medications in accordance with health regulations.

### **Medications supplied by parents**

- Medication bought from home will not be administered without a written prescription from a doctor. This includes all over the counter medication
- All medication shall be stored in their original pharmacy or manufacturer labelled containers, and in such a manner to render them safe and effective
- A parent, guardian or designated responsible adult will deliver the prescription and medication to the SN
- Students shall only take medication under the supervision of the SN. Students are not allowed to carry medication on their person unless prior agreement has been arranged. In order for the student to self-administer medication such as, inhalers or insulin, the SN must deem the student capable of self-administration and must have a completed medical plan in place that consists of: signed parental consent form, medical diagnosis document, prescription and long term medical plan.
- It is the parent's responsibility to ensure any medication or medical equipment carried on a student is in date, is in clean working order and labelled with the student's name and date of birth. A back up supply of medication must be supplied to the clinic for use in the event of an emergency or misplacement.
- Parents of students who may require medication at school due to potentially life-threatening or chronic illness e.g. anaphylaxis or ADHA, are required to complete a Care Plan as supplied by the clinic for their child. Care Plans should be updated at a minimum annually when, treatment changes or there is a change in the student's medical diagnosis. Parents are also required to provide a medical letter stating the student's medical condition and instruction on when the medication (if required) is to be given.

# Students Rights and Responsibilities Policy and Procedure

## Purpose

To ensure students' rights are protected by respecting their cultural, psychological, and spiritual values and beliefs while ensuring student dignity and providing professional, competent care.

## Policy Statement

This policy has been developed to safeguard and preserve the rights and responsibilities of students while receiving nursing care.

## Student Rights

1. You have the right to a safe and orderly environment. The school will always keep your medical information confidential and will always maintain your rights.
2. You have the right to voice your opinion. If you have an issue, please follow the complaint policy system provided for the clinic.
3. You have the right to fair treatment and will always be treated with dignity and respect.
4. You have the right to receive competent and professional nursing care.
5. The school will ensure that all medical records are kept up to date and confidential.
6. The school nurses are fully trained and will provide the best care they can within the school environment.
7. The school will support your medical needs with referrals to help ensure further treatment if needed is received and will inform parents of any concerns.
8. Students may request to be treated by a nurse of their same gender. If this is not possible, the student may request the presence of a third-party adult of their gender be present.

## Student Responsibilities

1. Always be polite and respectful and follow the school behaviour policy.
2. Show respect to the SN and obey the instructions given by the SN. If you do not understand something the SN has told you, you have the right to ask for more explanation and support.
3. Listen well and never talk when the SN is speaking.
4. Never raise your voice when speaking to the SN.
5. Report any complaints that you may have.
6. If required, ask for an interpreter to support you.
7. Always be honest with the SN and provide as much information as you can to assist with the nurse providing you appropriate care and support.

# Accident, Illness and Medical Emergency Policy

## Purpose

The purpose of this policy is to:

- Support students and staff with health-related needs in school.
- To provide understanding and guidance to students, families, and staff in relation to illness, injury and medical emergencies.

## Policy Statement

This policy is in place to support the SN and to inform all stakeholders of actions required relating to illness, injury and medical emergencies during school hours and during afterhours school related incidents.

## Scope

This policy is in place to protect students, staff and families during accident, illness, and health related emergencies and to ensure all parties are aware of the processes involved.

## Target Audience

- School Nurse
- All staff

## Responsibility

- The school will have a SN present from 07:30hrs - 16:30hrs Monday to Thursday and 07:30hrs – 12:30hrs Friday.
- In the absence of the SN, one of the qualified first aiders will administer first aid.
- In the event of an accident or serious illness during school hours, the SN must be alerted immediately.
- The SN will assess and treat within their scope of practice and will not delay in escalating care as required.
- In the event of an emergency, illness or injury, an ambulance will be called by an appropriate staff member.
- If a student requires ambulance transport to hospital and if their parents or carer is not present, a SN or member of the Senior Leadership Team (SLT) will accompany the student to hospital and remain with them until a parent / carer arrives at the hospital.
- An injured or ill student's parents must be informed of the emergency immediately and the plan for care explained.

## Procedure

### Medical Emergencies – illness or injury

- All serious and major incidents must be reported to a member of the SLT as soon as possible. If appropriate the student or staff member should be transferred to the school clinic. If this is not possible, the SN will go to the student / staff member. If the incident relates to an injury, the staff member who witnessed or is the first person to become aware of the incident is responsible for reporting it on the Health and Safety reporting system Sphera as soon as possible.
- If a student requires ambulance transfer to a hospital, after calling for an ambulance, nursing staff are responsible for contacting the parents stating the facts of the injury / illness letting them know an ambulance has been called to transfer their child to hospital for further treatment. If the parents are not present at the school a staff member must escort the student in the ambulance and wait at the hospital for the parent to arrive. Prior to leaving the school clinic, once ambulance staff have informed nursing staff what hospital they will transfer to clinic staff will inform parents.
- The nurse is responsible for completing a Medication / Treatment slip as noted above and ensuring the information is recorded on iSAMS .
- Students who are known to have pre-existing potentially life-threatening medical issues are included on a list. This list identifies the student by name and picture. The student's medical condition e.g. asthma, anaphylaxis, diabetes is identified along with how it is treated. This list is kept up to date by the nurse to the best of their ability based on information provided by parents. This list is distributed to all staff via email each term or, when new, relevant information is shared with the SN.
- All members of staff should be aware of where first aid kits are located. All first aid kits located in the school are checked monthly by the SN and restocked as necessary.
- The clinic has first aid kits and fixture bags available for school excursions / trips off campus. These kits and bags are checked upon return to school by clinic staff and restocked as necessary.
- When a class or group of students are leaving the campus on an excursion / trip, a first aid kit should be taken. These should be booked in advance from the SN and taken together with any student who is on the outing who has medication held in the clinic. Staff will be instructed on how to deliver the medication to the student if required.

## Minor Illness

- If a student becomes unwell or sustains an injury during the school day they should present to the clinic, accompanied by a member of staff or another student if necessary. The nurse will assess the student and if necessary contact the parents to discuss management of the presenting complaint.
- If a student has a temperature of 37.8 degrees Celsius or above, they cannot remain at school and should be collected by a parent or guardian. Students should remain absent from school for a minimum 24 hours post the last noted temperature of or above 37.8 degrees Celsius without the use of fever reducing medication, i.e. paracetamol or ibuprofen. Students with a temperature of or above 37.8 degrees Celsius cannot go home on the school bus.
- If a student develops vomiting or diarrhoea at school, they cannot remain at school and should be collected by a parent or guardian. Students should remain absent from school for a minimum 24 hours post the last noted episode of vomiting or diarrhoea. Students with vomiting or diarrhoea cannot go home on the school bus.
- The nurse may request parents provide the clinic a sick/medical certificate from the child's treating doctor advising when the child may return to school.
- If following a nursing assessment, a student is well enough to return to class, they will be provided the appropriate Medication / Treatment slip as noted above.

The following table provides some guidance on illnesses, their incubation period and the recommended time students should remain absent from school.

| <b>Illness</b>                          | <b>Incubation period</b> | <b>Recommended period to be absent from school</b>   |
|---|--------------------------|--|
| Chickenpox                              | 10 – 14 days             | Until all vesicles become crusted & dry or until no new lesions appear   |
| Conjunctivitis                          |                          | Until discharge from eyes ceases or unless Dr has diagnosed a non-infectious conjunctivitis                                  |
| Coronaviruses                           | 2 – 14 days              | Exclude until medical certificate advises  |
| Diarrheal illness                       |                          | Exclude until diarrhoea has resolved for at least 24 hours without antidiarrheal medication                                  |
| Hand Foot & Mouth disease               | 3 – 6 days               | Exclude until all blisters have dried  |
| Head lice                               | N/A                      | None. Parents are asked to treat child on day of noting headlice & student may return to school once treatment has commenced |
| Influenza / influenza like illness      | 1 – 4 days               | Exclude until at least 24 hours after fever has resolved without the use of fever reducing medication                        |
| Measles                                 | 7 -23 days               | Exclude as per medical advice  |
| Mumps                                   | 12 – 25 days             | Exclude as per medical advice  |
| Pertussis                               | 7 – 10 days              | Exclude as per medical advice  |
| Scabies                                 | 2 – 8 weeks              | Exclude until treatment has commenced  |
| Streptococcal infection / scarlet fever | 2 – 5 days               | Exclude as per medical advice  |
| Vomiting                                | N/A                      | Exclude until vomiting has ceased for 24 hours   |

If a confirmed case of a contagious illness or parasite occurs, in consultation with senior staff and if deemed appropriate, the clinic will notify parents by email, providing information on the illness, managing symptoms, and recommending a medical review if needed. Common topics include chickenpox, head lice, hand-foot-and-mouth disease, and flu-like illnesses.

Parents are responsible for informing the clinic or their child's teacher if their child has been diagnosed with a contagious condition.

## **Vulnerable students and staff**

Some students and staff may have medical conditions that make them especially vulnerable to illnesses and infections that would rarely be serious to others. It is the parent's responsibility to inform the clinic if their child has a medical condition that either requires or may require treatment while at school. Upon enrolment to the school and at the commencement of each academic year, parents are provided via email, a Medical Record Form relating to their child's health. It is the responsibility of the parent to complete and submit this form. It is also the parent's responsibility to inform the clinic if their child's health status changes.

## **Female staff and pregnancy**

Some infections, if contracted by a pregnant woman may pose a danger to her and or her unborn child. These include but are not limited to.

- Measles
- Varicella-zoster virus (chickenpox)
- Rubella
- Human parvovirus (slapped cheek syndrome)

If a student or staff member at school has been diagnosed with an illness that may pose a danger to a pregnant member of staff or their unborn child, clinic staff must advise the Human Resource Management Team (HR). In consultation with HR an appropriate action will be undertaken in relation to informing others.

## **Minor Injury**

- In the event of an injury while at school, the student should present to the clinic, accompanied by a member of staff or another student if necessary. The nurse will assess and treat the student as required. If the student is well enough to remain at school, and it is deemed necessary by the nurse, they will be provided the student the appropriate Medication / Treatment slip as noted above.
- If the nurse feels the incident by which the injury occurred requires further investigation, they will inform the relevant class teacher either verbally or via email who will decide if further action is required.

## **After Hours School Related Incidents**

- Staff should secure a First Aid Kit from the clinic for all after school activities if there is no nurse coverage.
- If an incident occurs that requires urgent treatment, the Principal or Head of School and the parents should be notified. If the student requires transport to hospital and the parents are not present, a staff member or other responsible adult, must escort the student in the ambulance and wait at the hospital for the parent to arrive.
- If the accident is minor, give basic first aid treatment and notify the parents.

# Event Reporting – Incident, Near Miss, Hazard Alert Policy & Procedure

## Purpose

The Purpose of the document is to:

- Support students and members of staff with health and safety needs while in school.
- Provide guidance and understanding to all students and staff members regarding Events.
- To help ensure the health and safety of all students and staff.

## Policy Statement

This policy has been put in place to detail the processes involved when an Event occurs. An Event can be classed as an incident, near miss or hazard. This policy outlines the responsibilities of all staff in the reporting of Events at BISAD.

## Scope

Under workplace health and safety legislation, when an incident, near miss or hazard occurs in the workplace / school, staff are obligated to report it. At BISAD, these Events are reported on the Sphera platform.

It is recognized by Nord Anglia, that injury or damage does not have to occur for an Event to be reported. The combination of reporting on the Sphera platform and our First Aid procedures will help in reducing adverse Events in the school and reduce the potential for reoccurrence.

## Types of Event – Definitions

- Incident – An event resulting in some form of injury, illness or damage.
- Near Miss – An unplanned event that did not result in injury, illness or damage – but had the potential to do so.
- Hazard Alert – An act or condition observed that has the potential to result in some form of loss or injury

## First Aid

- In the event of injury or ill health, a SN or First Aid provider will be available to provide treatment for students, employees and any visitors at all reasonable times whilst the premises are in operation.
- First Aid Kits are located throughout the Falcon Building, Main Building, and Security Offices. Clinic staff are responsible for the monthly checking and restocking of these kits.
- The clinic has First Aid Kits and Fixture Bags available for staff to take on school excursions and sporting events. The contents of these items are to be checked upon return to the clinic and restocked as required.

## Sphera Reporting

It is the responsibility of the staff member who was the first to become aware of Event (incident, near miss or hazard) to report it onto the Sphera platform. If for example, a student injures themselves during break time and they inform a staff member who then, either provides care to the student themselves, escorts or sends the student to the clinic for a nursing review, it is the responsibility of that staff member to report the incident on Sphera. This is regardless of whether they witnessed the incident or not.

## Administration of Medication Policy and Procedure

### Purpose

This policy is intended to help ensure all students safety in relation to the administration of medication during the school day. This policy relates to both standard clinic stock medication and student's personal medication as supplied by parents. The school clinic follows local health regulations, restrictions and procedures as directed by the DOH and ADEK.

### Policy Statement

Nord Anglia Education (NAE) schools allow the SN to administer medication, as per the NAE policy to students whose parents have provided either written or verbal consent. It is the responsibility of the school nurse to follow the requirements of this policy and procedure with regards to the standard guidelines of proper administration of medication.

### Scope

This standard applies to the SN licensed by local health authorities within the residence country. As per the UAE Ministry of Health & Prevention, the school clinic stocks the following approved medication that does not require a medical prescription. This standard refers to the administration of the following medication in school.

- Epinephrine – Acute allergic reaction (anaphylactic reaction)
- Students' personal medication prescribed by medical doctor and supplied by parent with appropriate medical documentation
- Paracetamol – Pain relief
- Salbutamol – Asthma
- Cetirizine dihydrochloride (Zyrtec)
- Dimetindene maleate (Fenistil)

## Target Audience

Responsibilities of the SN – The SN should administer medications to students as per parental consent and internationally accepted best practice standards. The SN is responsible for the recording of all medication administered in accordance with local health authority policies and standards.

The administration of medication must be done in line with this Policy, which must be understood by the SN, parents and students to ensure students medical needs are appropriately supported in school or at other school related settings. This policy includes the administration of emergency medication, prescribed and unprescribed medication.

Any known or suspected adverse reactions experienced due to the administration of medication must be reported to the appropriate local health authorities.

## Administration of Emergency Medication

Individual Care Plans should be in place for students and staff who have known health conditions that may require the administration of emergency medication during the school day. This includes both on and off campus school related activities. Examples of known medical conditions that may require emergency medication include but are not limited to, known anaphylaxis, insulin dependent diabetes mellitus, and epileptic seizures.

## Anaphylaxis

Anaphylaxis is a severe and sudden life-threatening allergic reaction that requires an emergency response. Anaphylaxis may cause a drop in blood pressure and narrowing of the airway resulting in difficulty breathing. Other symptoms may include a skin rash, rapid pulse and vomiting.

Anaphylaxis is potentially life threatening and requires an urgent response in the form of an injection of epinephrine and urgent transfer to hospital. If anaphylaxis is not treated immediately, it can be fatal.

## Treatment

Epinephrine in the form of an EpiPen auto-injector containing a single measured dose of adrenaline is the standard treatment for anaphylaxis in the community. As per the UAE Ministry of Health & Prevention the school clinic stocks (unless unavailable from supplier) adrenaline in the following form:

- EpiPen Jr adrenaline 150 micrograms in 0.3ml injection syringe auto-injector for patients weighing 15 to 30kilograms.
- EpiPen adrenaline 300 micrograms in 0.3ml injection syringe auto-injector for patients weighing 30 kilograms and above.

As soon as practical and in conjunction with providing nursing care, if an anaphylactic reaction is suspected, an Ambulance must be called to transport the patient to a medical facility.

## Asthma

Asthma is a chronic respiratory condition causing a person's airway to swell and narrow. This makes breathing difficult and may trigger a cough. For some, asthma is a minor nuisance, for others it may lead to a life-threatening asthma attack.

Symptoms of an asthma attack vary. They include but are not limited to:

- Shortness of breath.
- Chest tightness or pain.
- Wheeze on exhalation.
- Increased respiratory rate and work of breathing.
- The patient becoming pale and diaphoretic.
- The patient being unable to speak in sentences.
- Cyanosis around mouth.

## Treatment

Salbutamol in the form of a metered dose inhaler (MDI) is the initial standard treatment for an asthma attack in the community. As per the UAE Ministry of Health & Prevention, the school clinic stocks (unless unavailable from supplier) Salbutamol MDI 100 micrograms / 1 puff.

If the patient is clinically unstable or the SN or other adult deems it necessary, as soon as practical and, in conjunction with providing nursing care, an Ambulance must be called to transport the patient to a medical facility.

Students with asthma should have immediate access to their reliever if needed. Those competent in self-administering their MDI can be allowed to carry it with them. If they are deemed unable to safely carry and administer their MDI, it should be safely stored and clearly marked with the student's name and kept in an accessible place i.e. students classroom.

## Administration of Unprescribed Medication

Local regulation and best practice guidelines should be always followed in relation to the administration of unprescribed medication to students. Prior to administering medication to a student, the SN should obtain consent from a parent. Consent can be obtained via the Student Medical Records Form that parents are asked to complete annually. If this form has not been completed for that academic year, the SN must attempt to contact the parent via telephone to give consent. If the parent is uncontactable, it is at the nurse's discretion to give a student medication.

If a student receives unprescribed medication at school, the SN will complete a Medication / Treatment form and give to the student.

Based on the UAE Ministry of Health & Prevention guidelines, the below table contains the medications available in the school clinic along with age, dosing instructions and indications for use.

| <b>Medication</b>                      | <b>Age</b>                      | <b>Dose</b>                | <b>Indication</b>     | <b>Remarks</b>                    |
|--|---------------------------------|----------------------------|-----------------------|-----------------------------------|
| Paracetamol liquid                     | <12 years                       | 10-15mg/kg                 | Pain/fever            | Repeat 8 hourly                   |
| Paracetamol 500mg tablet               | <12 years                       | 1-2 tablets every 6-8hours | Pain/fever            | Repeat every 6-8 hours            |
| Epinephrine injection                  | 6-12 years                      | 150mcg                     | Anaphylactic reaction | May be repeated after 5mins       |
| Epinephrine injection                  | >12 years                       | 300mcg                     | Anaphylactic reaction | May be repeated after 5mins       |
| Salbutamol                             | Children above 4 years & adults | 100mcg/1 MDI               | Bronchospasm          | 2 MDI every 4-6 hours if required |
| Cetirizine dihydrochloride 1mg/1ml     | 2-6 years                       | 2.5mg                      | Cold/allergy symptoms | Twice daily                       |
| Cetirizine dihydrochloride 1mg/1ml     | 6-12 years                      | 5mg                        | Cold/allergy symptoms | Twice daily                       |
| Cetirizine dihydrochloride 10mg tablet | >12 years                       | 10mg                       | Cold/allergy symptoms | Once daily                        |
| Dimetindene maleate ointment 1mg/1g    | >2 years                        | Smear                      | Insect bites          | 2-4 times daily                   |

## Administration of Prescribed Medication

Medication should only be administered at school if essential (i.e. detrimental to a student's health if not taken during the school day).

Individual student medication should only be administered after the parent has supplied the following:

- Doctors prescription.
- Medical letter explaining student's medical condition.
- Appropriate Care Plan fully completed.

Any medication supplied to the clinic must be in its original packaging. The nurse will keep individual student medication separate from other clinic medication.

As per international best practice standard, the nurse will observe the '7 rights of Medication Administration' when administering medication to students:

- Right documentation
- Right patient
- Right drug
- Right dose
- Right route
- Right time
- Right reason

Medication is to be returned to parents when:

- The course of treatment is complete.
- Labels have become detached.
- Prescription instruction has changed.
- The product has expired.
- At the end of the academic school year.

Returning medication to parents:

- Parents are to be contacted preferably via email requesting they collect medication from clinic.
- Medication returned to parents must be documented on iSAMS.
- Obtain the signature of the parent when collecting medication and keep on file.

Ensure any completed documentation relating to the administration of student's medication is kept in the student's medical file.

## Storage of Medication in Clinic

Medication is stored in a designated storage cupboard. It is supervised and accessed by the SN only. The storage cupboard must be kept always locked and only unlocked when medication is required. Keys to access the medication cupboard are the responsibility of the SN.

A medication inventory list is maintained by the SN with monthly checks of medication expiry dates being attended and documented. Once opened, medication expiry dates change as per the manufacturer's instruction. An inventory list of opened medication must also be kept with the revised expiry date noted. Once this date is reached, this medication is to be discarded appropriately.

## Student Medical Records

To the best of their ability, the SN is responsible for maintaining accurate up to date medical information on each student as disclosed by parents. Each student must have a hard copy Medical Record File that is kept in a locked cabinet. Any medical information relating to a student that has been provided by the parent is to be kept in this file. The SN is also responsible for ensuring any student medical information provided by parents, is recorded in the appropriate place in the students Medical Record section on iSAMS.

## Medication Errors

A medication error is a preventable event that may cause or lead to patient harm or inappropriate medication use. Medication errors may have serious consequences for the patient or the nurse. The SN shall use the AD DOH e-Notification system found on the AD DOH website to report a medication error or, to identify a 'near miss'. The SN will also inform the Senior Leadership Team and the student's parents of any error made. The SN must also report the error on the Sphera platform.

## Types of Medication Errors

Examples of medication errors are but not limited to:

- Wrong time error – Administration of medication to a student outside of a pre-defined time interval.
- Unauthorized drug error – Administration of a medication to a patient not authorized by a legitimate prescriber.
- Improper dose error – Administration of a dose of medication that is greater than or less than the amount ordered by the prescriber.
- Wrong drug error – Administration of a drug not prescribed.
- Deteriorated drug error – Administration of a medication that has expired.

## School age vaccination program

Clinic staff work collaboratively with the SEHA School Vaccination Team who annually facilitate the School Age Vaccination Program at BISAD. Students in years 1, 8 and 11 are vaccinated at school as part of the National Vaccination Program recommended by the Abu Dhabi Public Health Centre. Below is a table illustrating the recommended vaccination schedule to date.

| <b>Year</b>               | <b>Vaccination</b>                              | <b>Vaccinating against</b>  |
|---------------------------|---|---|
| Grade 1<br>Male & Female  | MMR<br>DTaP or Tdap<br>bOPV or IVP<br>Varicella | Measles, mumps & rubella<br>Diphtheria, tetanus, pertussis & polio<br>Polio<br>Chickenpox |
| Grade 8<br>Male & Female  | HPV9  | Human Papillomavirus  |
| Grade 11<br>Male & Female | Tdap<br>MCV4                                    | Tetanus, diphtheria, pertussis<br>Meningococcal   |

Please see the BIS Abu Dhabi School Age Vaccination Policy & Procedure for further information on this topic.

### Purpose

The purpose of this policy is to outline the principles of infection control and management within the school environment.

### Policy Statement

The practice of infection control aims to reduce the transmission of infectious diseases within our school setting. The principles of infection control are to be applied daily by all students and members of staff. These principles include hand and other personal hygiene, cleaning of the premises, health education, exclusion from school due to contagious illness and routine immunization. The school nurse should follow exclusion recommendations of the local authority.

### Scope

Prevention and control of infection within the school

### Target Audience

All school staff and students and all on site contractors.

### Responsibility

All members of the SLT, Health & Safety Coordinators and school nurses should ensure all relevant personal are provided copies of this Policy & Procedure or the relevant parts. A copy of this Policy & Procedure should be available in the clinic and all staff should be aware of it.

## Hygiene procedures

### Hand hygiene

Hand hygiene is the act of cleaning one's hands with soap or handwash and water to remove viruses, bacteria, microorganisms, dirt, grease and other harmful or unwanted substances stuck to the hands.

Hand hygiene is extremely important within the school setting. With a large and diverse population of students and staff in close proximity, ensuring proper hand hygiene practices are followed is essential in preventing the spread of illnesses and in maintaining overall well-being.

All staff and students should have access to hand washing facilities including running water, soap, paper towels and a rubbish bin with a foot operated lid. Staff are responsible for encouraging students to learn and practice basic principles of personal hygiene and hand washing. If running water and soap are unavailable for hand washing, antiseptic hand rub with an alcohol content greater than 65% will be available.

The following are some examples of when the principles of hand hygiene should be followed by students and staff

- Before and after toileting
- Before and after eating
- After contact with animals
- Before and after food preparation
- After playing outdoors
- After blowing nose
- After coughing or sneezing into hand or elbow
- After touching an item or surface that is frequently touched by others such as door handles or light switches
- Following classroom experiments

Hand washing technique.

1. Wet hands with running water
2. Apply liquid soap
3. Lather well
4. Rub hands together for 20 seconds. Scrub all parts of hands – the back, wrists, between fingers and under nails
5. Rinse well
6. Dry hands with a clean towel or dryer

## **Coughing and spitting**

Coughing, sneezing and spitting create an airborne mode for the transmission of many infections.

Staff and students should always cover their mouth preferably with a tissue when coughing or sneezing. If a tissue is not available coughing or sneezing into the crest of the elbow is acceptable. Hand hygiene practices should be followed immediately after. Spitting is always discouraged. If a person wishes to dispose of phlegm from the mouth, a tissue should be used and should be disposed of in a bin immediately. Hands hygiene practices should be immediately followed.

## **Clinical waste**

Sharps must always be disposed of in a sharp's container. When containers need replacing, clinic staff contact the Facility Management team who facilitate disposal of sharps and replacement sharps bins as required.

Non sharp clinical waste is disposed of in bins lined with a yellow plastic clinical waste bag. The cleaning contractors are responsible for the removal and management of clinical waste bags from the clinic.

## **Clinic Medication, Consumables and Equipment Inventory Checks**

### **Medication Inventory**

Clinic staff conduct a monthly inventory of all medications to:

- Record quantities (e.g., 6 x Adol 250mg/5ml).
- Check expiry dates and record the opening date on the "Opened Medication" register.
- Revise expiry dates per manufacturer/ADEK guidelines. Expired medications are discarded and noted on the register.

Parents are responsible for replacing their child's personal medication stored in the clinic. These medications are checked monthly, and parents are notified if expiration is approaching.

### **Consumables and Equipment**

Monthly checks ensure:

- Adequate supply of consumables and within expiry.
- Medical equipment (e.g., blood pressure machines, scales) is safe and functional. Equipment requiring repair is addressed promptly, and approved agents inspect all equipment throughout the year.

### **Linen and Infection Control**

Clinic bed linen is laundered weekly or sooner if visibly soiled at 60°C.

Disposable paper sheets are used and replaced between each patient.

For further information on Infection Control practices, please refer to the BISAD Standard Operating Procedure on Infection Control.