

SECTION 15
HEALTH SERVICES

HEALTH SERVICES

15.1 Introduction

The school employs two school nurses who are available daily from 7.10am to 3.15pm. They are based in the nurse's room on the ground floor near the administration offices. The nurses can be contacted via telephone or email nurse@islqatar.org

15.2 Overview of Health Services

The school nurse provides a range of health services including:

- a. attending to accidents and medical emergencies within the school, administering initial treatment and assessing the need for further medical treatment or intervention
- b. assessing health needs of children, agreeing individual and school health care plans
- c. playing an advisory role in immunisation and vaccination programmes
- d. supporting children with medical needs
- e. sign posting students for counselling support as deemed necessary
- f. contributing to the maintenance of a safe school environment and prevention of accidents
- g. contributing to personal health and social education, as well as to citizenship training
- h. providing support and advice to teachers and other school staff on a range of child health issues
- i. contributing to the identification of social care needs, including the need for protection from abuse
- j. liaising between the school, family and community health providers to help meet the health and social care needs of children
- k. working with parents to promote their child's health

It is expected that parents/guardians are primarily responsible for the arrangement of health consultations via their own family doctor or hospital services. The school nursing service is not a substitute for this provision. It is advised that any student who has been absent due to fever or vomiting, should be free of symptoms for 24 hours before returning to school.

15.3 Accident Reporting

All major accidents occurring either within the school, on school outings/activities or within close proximity to the school, are recorded using an accident report form. Once completed, a copy is sent home whilst the original form is retained by the school nurse, who has a responsibility to monitor all accidents and report them to the health and safety committee.

In the case of a serious accident, the School Nurse will be called to attend the scene and assess the situation. If necessary, she will contact the emergency services. Her priority will be to care for the injured person and as soon as it is safe to do so, she will contact parents, or delegate another member of staff to do so. If there is a need for a student to be taken to hospital, and parents or other family representatives (nanny, driver etc.) are not present to accompany in the ambulance, a senior member of staff will designate someone to accompany the student to the hospital.

15.4 First Aid Posts

The school nurses have overall responsibility for the maintenance of first aid kits throughout the school campus. There are a number of nominated members of staff who have received first aid training, who can be called upon if the school nurses are unavailable.

15.5 Administration of Medicines

The school has a strict policy with regard to administration of medicines. The school nurses use their professional judgment and will only rarely administer medications during the course of the school day. Permission will be sought from parents via the annual health record. All medications to be administered are clearly documented and are listed on the health record with parental permission for use.

15.6 Request Authorisation for Administration of Medication by school nurse

A parent/guardian must provide any prescribed medications that need to be administered during the school day. The medication must be in the original container and properly labelled with the student's first and last name and the prescription. Clear instructions for administration must be provided. Over-the-counter medications (Children's Panadol, Ibuprofen, Claritin) are available in the nurse's office for use if the nurse deems necessary. By completing the online Medical Health Form, the parent consents to the nurse administering first aid and any over-the-counter medication. Cough medicine will not be administered by the nurse, please do not provide.

15.7 Request Authorisation for Self-Carry/Administration of Medicine at school

The school recognises that some students need medications during school. However, no child is permitted to carry their own medications without the school having prior knowledge via written communication. Only those medications that are medically necessary during school hours for a student's attendance or individual health care plan should be sent to school. The only people who may assist a child with their medication are the school nurses or a designated responsible person in their absence. The school will permit a responsible, trained student to carry and/or self-administer medication for asthma, severe allergic (anaphylactic) reaction, or diabetes, on his/her person for immediate use in a life threatening situation. The school nurse must be aware of students who wish to self-carry/administer medication and authorise each case individually. School personnel are not responsible for any adverse effects which might occur from self-administered medication.

15.8 Record Keeping

15.8.1 Daily Records

The school nurses maintain records of each student's visit. To monitor student attendance, times of visits and outcomes are recorded together with visit trends over a period. Medical information is also recorded however, this is strictly confidential and is only released on a need- to-know basis.

15.8.2 Admission Records

Upon admission to the school, parents are required to give details of any medical conditions, allergies, and dietary requirement their child may have. It is essential that this information is brought to the attention of the school nurses prior to the child entering the school. Admission staff may also consult with the school nurses to ensure the medical needs of any prospective student can be met sufficiently by the school's nursing service. The school nurses will liaise with parents if they consider it necessary to make any special arrangements or implement an emergency health plan, for example, in the case of a reported previous severe allergic reaction.

Following admission to the school, parents will be required to inform the school nurses of any changes in their child's medical history. In the case that medical information is withheld, the school cannot be held responsible. The school also requests that each child's vaccination record is made available. A copy of this will be made and kept by the school nurses. Parents/guardians will also be asked to complete an online declaration authorizing the school to administer any necessary emergency medical treatment or medication to the student, through qualified personnel acting on the directions of the school.

It is the parents/guardians responsibility to inform the school's administration office of any changes in emergency contact details kept by the school. The school cannot be held responsible if unable to contact parents in an emergency due to out-of-date information being held.

15.8.3 Individual Health Care Plans (IHCP)

Many children have special health care needs and require an IHCP. Children do not need to be classified as requiring special educational needs to benefit from an IHCP. Plans may be developed for children who have, for example, asthma, diabetes, epilepsy, allergy, or post-operative rehabilitation. However, it should be noted that if an underlying medical diagnosis has an impact upon a child's educational achievement, referral to the learning support unit may be beneficial.

Individual Health Care Plan's

- identifies the needs of the individual student and changes according to those needs
- contains relevant nursing diagnosis and lists interventions
- describes actual and potential problems
- sets parameters for evaluation

IHCPs may be delivered through multi-disciplinary partnerships, for example, family doctor, community paediatrician, physio- therapist, counsellor, development psychologist, etc. All IHCPs are agreed with the parent/guardian and student where appropriate and are confidential. The information contained within an IHCP is shared with school staff on a need-to-know basis to protect and promote the health and wellbeing of that student.

15.9 Childhood Vaccinations

All children entering school must be up to date with all childhood vaccinations according to the child's age. Please see the below schedule as a guide

Baby Immunization Schedule

Schedule/Vaccines	At Birth	2 MONTHS	4 MONTHS	6 MONTHS	12 MONTHS	15 MONTHS	18 MONTHS	2 YEARS	4 - 6 YEARS	13 - 16 YEARS
BCG	BCG									
HEPATITIS B	HepatitisB									
HEXA		Hexa1	Hexa2							
PENTA				Penta						
TETRA						Tetra				
DTap									DTaPB	
Tdap										Tdap
ROTA VIRUS		Rota1	Rota2							
OPV			OPV1	OPV2				OPV(Booster1)	OPV(Booster2)	
PCV13		PCV1	PCV2	PCV3		PCV(Booster)				
MMR					MMR1		MMR2			
VARICELLA					Varicella1				Varicella2	
HEPATITIS A					HepA1		HepA2			
INFLUENZA				Influenza						
MENINGOCOCCAL ACYW135								Meningococcal		

- Routinely recommended vaccines.
 - Influenza vaccine recommended annually from 6 months and above during flu season especially for high risk persons.
 - Meningococcal vaccine recommended from 2 years for Hajj & Umra ad travelers to endemic areas .
1. MMR : Measles, Mumps, Rubella
 2. HEXA : Hepatitis B, D Tap, Hib, IPV
 3. PENTA : Hepatitis B, D Tap, Hib
 4. TETRA : DTap, Hib
- * A second dose of Penta may be given if Tetra is not available

Vaccination Campaigns

Occasionally, the Supreme Council for Health (SCH) will initiate a vaccination campaign. SCH staff will work in tandem with the school nurses to determine the arrangements for these vaccinations to take place. The school nurses will be responsible for informing parents of

the vaccinations available and for collection of the consent forms. Wherever possible the school nurse will endeavour to supply information to enable an informed choice to be made regarding participation in vaccination programmes.

15.10 Learning Support

The school nurses liaise closely with the school learning support unit. The role of the school nurse is to address the health needs of students and assess how those needs impact upon the child’s education.

In such cases, the nurses are responsible for developing an individual health care plan that may be incorporated into a student’s individual education plan. The school nurses liaise closely with the pastoral team and may also advise referral to outside specialists.

15.11 School Excursions

All school excursions are supervised by a member of teaching staff. The school nurses ensure that first aid kits are maintained and available for the purpose of school excursions and are stocked according to the number of students and staff and the type of activity undertaken. The kits are allocated to the responsibility of an adult for the duration of the excursion.

15.12 Exclusion Periods

It is widely recognised that education and health go together, both impacting on children’s current and future well-being. As such, one of the school’s priorities is to ensure our students’ health does not have a negative impact upon their education.

One of the school nurses’ priorities is to ensure minimal exclusion from school due to illness. Keeping this in mind, the school nurses will only send children home from school when they consider this necessary. Students will be actively encouraged to cope with minor ailments with the school nurses’ support on a day-to-day basis. However, there are occasions where exclusion is unavoidable and will be recommended, particularly when an individual child’s health status may have a negative effect upon other students or staff well-being. Please consider the information below when deciding whether to exclude your child from school.

15.13 Advice on whether to keep a child at home

Illness	Infectious Period	Exclusion Period
Pyrexia – High Temperature =>37.8 Celsius	This is usually the first sign of an infectious illness.	A child should be kept at home if they have an elevated temperature and are symptomatic/unwell. If the temperature persists for more than 48 hours and child seems unusually ill, they should see a doctor promptly to determine the cause.
COVID-19	48 hours prior to onset of symptoms and declines within a week of onset. In the case of positive result without symptoms the same as above is considered	A child should be kept home if signs and symptoms of upper respiratory illness until COVID-19 is ruled out. Medical certification to return to school is needed. If positive result 7 days quarantine and retest on day 7 to return to school.
Diarrhoea	Many cases of diarrhoea are not infectious. However, if it is, it is easily transferred due to poor hand washing technique	A child with diarrhoea should be excluded until infection is excluded or symptoms stop.
Conjunctivitis	Both viral and bacterial infections are contagious from onset. Easily transmitted via hands.	Unless otherwise stated by school nurse, children, in particular primary, should be excluded and referred for medical evaluation. Students may return 24 hours after treatment has commenced.
Head Lice	From appearance until successful treatment	No exclusion. Treatment must be commenced immediately
Chicken Pox	From the day before the rash appears until all the spots are dry	From appearance of rash to when the spots are all dry (5-7 days).
Meningitis	Bacterial: 2–10 days from the onset of symptoms Viral: From the onset of symptoms – 21 days	Should be excluded until bacteriological examination is clear.
Impetigo	From appearance until successful treatment	Until all spots have healed – unless lesions can be covered.

This list is not exhaustive. Further information regarding various illnesses and their detection are available from the school nurse.

COVID-19

We learn about COVID-19 every day, and as more information becomes available the Ministry of Public Health (MoPH) and the Ministry of Education (MoE) will inform the school directly of the required protocols to ensure a safe and healthy environment. It is important to note that guidelines and recommendations are subject to change at any time. The school will inform you of all changes to your child's care and learning as soon as a directive has been reviewed. Parents/Guardians must monitor their child/children every morning prior to physical attendance at school for signs of infectious illness. If your child has any symptoms similar to that of COVID-19 or upper respiratory infection you must keep them off school to be evaluated at your healthcare clinic. A medical certificate will be required to return to in-person learning. In the event of COVID-19 related absence please contact your child's teacher to arrange homework for the duration of time needed at home.