

SECTION 15
HEALTH SERVICES

HEALTH SERVICES

15.1 Introduction

The school employs two school nurses who are available daily from 7:20am 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:

- Attending to accidents and medical emergencies within the school, administering initial treatment and assessing the need for further medical treatment or intervention
- Assessing health needs of children, agreeing individual and school health care plans
- Playing an advisory role in immunization and vaccination program
- Supporting children with medical needs
- Sign posting students for counselling support as deemed necessary
- Contributing to the maintenance of a safe school environment and prevention of accidents
- Contributing to personal health and social education, as well as to citizenship training
- Providing support and advice to teachers and other school staff on a range of child health issues
- Contributing to the identification of social care needs, including the need for protection from abuse
- Liaising between the school, family and community health providers to help meet the health and social care needs of children
- Working with parents to promote their child's health

It is expected that parents/guardians are primarily responsible for the arrangement of health consultation via their own family doctor or hospital services. The school nursing service is not a substitute for this provision.

15.3 Accident Reporting

An accident report form is used to document all significant accidents that take place at the school or during school-related excursions, events, or in close proximity to school premises. A copy of the form is completed and sent home, and the original is kept by the school nurse, who is tasked with keeping track of any accidents and reporting them to the health and safety committee.

The School Nurse will be contacted in the event of a serious accident to respond to the scene and evaluate the situation and contact the emergency services if necessary. Parents will be contacted immediately. If the need arises for a student to be taken to the hospital and their parents or other family members are not available to ride in the ambulance with them, a senior staff member will designate someone to go with them.

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 regarding administration of medicines. The school nurses

use their professional judgment and will only administer medications during the school day if deemed necessary. Parents will be contacted by phone if a medication is needed and follow up communication of administration will be sent by email.

15.6 Request Authorization for Administration of Medication by school nurse

A parent/guardian must provide any prescribed medications required 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. Cough medicine will not be administered and should not be provided for use during school hours.

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

The school recognizes 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 to ensure the health and safety of the child 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 authorize 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. Each visit, times of visit and outcome is recorded, and any concerns will be discussed with the homeroom teacher and parent. A phone call and follow up email will be sent out in the event of administration of medication, fever, major accident/illness, or incident.

All minor incidents, bumps and grazes will be attended to using first aid supplies and student returned to class quickly.

15.8.2 Admission Records

Upon admission to the school, parents are required to give details of any medical conditions, allergies, and dietary requirements 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 the nurse considers it necessary to make any special arrangements or implement an emergency health plan.

Following admission and prior to the first day of school, parents/guardians will be required to complete an online Medical Questionnaire to provide full details of any medical condition and medical history for each child. Thereafter 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.

It is the parents/guardian's 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, pediatrician, physio-therapist, counselor, 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. A copy of the vaccination record should be submitted at time of admission. 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

Annually, the Ministry of Public Health (MoPH) will initiate a vaccination campaign. MoPH 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 and to supply information to enable an informed choice to be made regarding participation in vaccination programs.

15.10 Learning Support/Student Wellbeing

The school nurses liaise closely with the school learning support and student wellbeing departments. 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 and their overall wellbeing.

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. In addition, the school nurse 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. Individual medications for students with chronic medical conditions or other prescribed medications will be given to the teacher with full instructions on how and when to administer.

15.12 Exclusion Periods

It is widely recognized 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	Isolation Period
Fever =>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 24 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 to comply with MoPH quarantine requirements
Diarrhea/Vomiting	Many cases of diarrhea/vomiting are not infectious. However, if it is, it is easily transferred due to poor hand washing technique	Stay home until symptoms have subsided - about 2 days usually - and return to school when able to take part in all activities of the school day.

Conjunctivitis	Both viral and bacterial infections are contagious from onset and easily transmitted through touch	Unless otherwise stated by school nurse, children, in particular EY and 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).
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.

Health and Safety Management

The Ministry of Public Health (MoPH) and the Ministry of Education and Higher Education (MoEHE) maintain direct communication with educational institutions to promptly relay any updates to established protocols, thereby ensuring an environment that prioritizes safety and well-being. It is important to recognize that the guidelines and recommendations provided are subject to adjustments at any time. The school nurse together with Admin team will promptly communicate any revisions to Health and Safety protocols after review.

In fostering a health-conscious educational environment, it is the Parents/Guardians responsibility to daily check their children's health status before departing for school. Vigilance for signs indicative of infectious illness, particularly symptoms related to COVID-19, upper respiratory infections, or complaints of atypical fatigue or feeling generally unwell is of paramount importance. In instances where a child exhibits such symptoms they should be kept at home and evaluated at a healthcare clinic. Return to school requires a medical health certificate.