




**BLOOM WORLD
ACADEMY**

Reference Number

BWA-30

Medical and School Clinic Policy	
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Owner	Nicola Upham, Principal – Well-being and Development
Reviewer	John Bell, Executive Principal 



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1. Aim

Bloom World Academy (BWA) considers this policy to be:

- an essential part of the school;
- supportive to staff and students in managing certain situations;
- an important framework that will ensure consistency in applying values and principles throughout the establishment;
- a roadmap for day-to-day operations;
- compliant with laws and regulations, gives guidance for decision-making, and streamlining internal processes;
- designed to influence and determine all major decisions, actions and all activities taking place within the boundaries set by them;
- aligned to the school's guiding statements and identified goals which are formed in strategic leadership meetings.

2. Statement of intent

BWA believes this policy to be a working document that is fit for purpose, represents the school ethos, mission and vision, enables consistency and quality across the school and is related to the relevant UAE legislation.

3. Scope

This policy applies to students, parents and staff.

4. Unique definitions

A shared understanding of the following definitions are integral to the implementation of this policy, and as such staff should endeavour to use the correct terminology at all times.

5. Processing and practice

The follow narrative is explicit in its guidance, consistency, accountability, efficiency, and clarity on how the school operates with regard to Clinic procedures and medical information

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.

We are committed to:

- Ensuring that students with medical needs are properly supported so that they have full access to education, including academy trips and physical education
- Ensuring no student is excluded unreasonably from any academy activity because of his/her medical needs



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- Ensuring the needs of the individual are considered
- Providing specialist training for staff
- Ensuring students and parents are confident in the academy's ability to provide effective support to their child
- Ensuring procedures for supporting students with medical needs are in place and reviewed at least annually

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 should be given that include the name of the medicine, the dose and the time it is to be given. All medicines should be brought in and collected from the clinic by the parents or the bus conductors, 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 medication continues. 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 and prescribed by our school doctor. This prescription is updated yearly.

Before giving any medication orally, the parents will be contacted if the student is in Grade 4 and below. Grade 6 and above will be given analgesics if they have a signed "parental consent for Paracetamol" and have not taken any before school. Parents will be contacted prior to administering any medication.

The nurse will notify the parents through phone. If there is 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



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student present medical complaints, based on the signed consent from the parents in the medical notes and in the DHA standing order. The nurse will update the student health record accordingly.

Daily First Aid Administration

- Every student that attends the clinic will be listed in the daily census form which shows the time the student arrived at the clinic as well as the time which they left the clinic.
- If there is a need for the student to stay in the clinic for observation, the nurse will inform the teacher in charge through e-mail 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 email 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 doctor and the nurse will do a thorough check of all rooms in the clinic to ensure that no students are present in the clinic, before the clinic is locked for the night by the doctor.
- 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 also 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 School clinic. More serious injuries 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. Students who need to be brought to a hospital for further evaluation and management of the injuries incurred are usually taken by the parents. If the parent cannot be contacted and the student requires immediate hospital treatment, arrangements will be made to take the child to the nearest hospital affiliated by the school. Emergency treatment for any student, when there is a life threatening condition, is that an ambulance will be called on 998.

All serious injuries are recorded on an accident/incident form. Documentation is kept in the clinic folder. 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.



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

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. No student can go home in a taxi unaccompanied.
2. An e-mail will be sent to the teacher in charge to inform her/his that the student will be going home 3. An e-mail will be sent to the reception stating the student name and class as well as the person who will pick up the student
4. Parent/Guardian will arrive in reception and the nurse will bring the child from the clinic, receptionist will update ISAMS to notify reason for departure and time.

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. A referral note will be given to the parents/guardians to be presented to their clinic/hospital of choice 3. E-mail will be sent to the teacher in charge and to the reception to inform them that the student will be going home
4. Parent/Guardian who come to reception and the nurse will bring the child from the clinic, receptionist will update ISAMS to notify reason for departure and time.
4. Parents/Guardians will arrive in reception and the nurse will bring the child from the clinic, receptionist will update ISAMS to notify reason for departure and time.
5. Where appropriate an incident report will be completed.

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

Life threatening Accidents/Emergencies (Serious)

After assessment by the doctor/nurse, then:

1. Nurse will immediately call 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 hospital where the school has an affiliation
4. School nurse or other available school personnel will accompany the student to the hospital and wait for the parents/guardians to arrive
5. An incident report will be filed



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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 from the medical school team.
- 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 through DHA.
- Call emergency assistance from the school medical team immediately for:
 - anaphylactic reaction
 - amputation
 - bleeding (severe)
 - breathing difficulty (persistent)
 - broken bone
 - burns (chemical, electrical, third degree)
 - chest pain (severe)
 - choking
 - electrical shock
 - head, neck or back injury (severe)
 - heat stroke
 - poisoning
 - seizure (if no history of seizure)
 - shock
 - unconsciousness
 - wound (deep/extensive)

Scheduled Physical Examination

The doctor/or nurse will schedule the physical examination of the students enrolled. The welfare and safety of the children are the utmost priority and they are supervised by the School Nurse at all times during examination.

Students and parents will be informed that these examinations are taking place. Parents who prefer to have the examination with their family doctor are requested to provide a medical examination report which will be attached to the student's medical file.



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Parents are informed to any abnormalities seen during examination and early referral is made accordingly, they will receive a "Parent Notification/Referral Form" from the Clinic

According to the Dubai Health Authority guidelines, physical examination will be done for the following student groups:

- a) New admissions
- b) Grade 1
- c) Grade 4
- d) Grade 7
- e) Grade 10
- f) School leavers

Immunisations

A record of each student's immunization is kept in a medical file. Original vaccination records are required to be submitted to the clinic. The vaccinations received by the student will be checked to ensure they are in accordance with the DHA immunization schedule. The parents will be advised regarding the outstanding vaccines required by the DHA if their child is unable to comply with it. A Vaccination Register is maintained and submitted to the DHA as requested.

Head Lice

Pediculosis is one of the most common communicable childhood diseases. It is transmitted through direct contact with an infested child. Hence, the possibility of an outbreak in a group is high. Students diagnosed with head lice will be sent home. The parents or guardians of the affected student will be informed and advised to have the child undergo proper and adequate head lice treatment. The student will be re-admitted to the class once he/she is head lice free, as determined by the school doctor or school nurse. Screening of the rest of the students in the class of the affected child will be performed such that early detection and intervention will be done to prevent a Pediculosis outbreak.

Food Allergy

BWA is a nut free school and it is stated in the school hand book as information to parents. As some children have allergies to particular food items, we do not allow the sharing of food. This policy is effective at any time during which students are on school premises.

The Nurse will compile a School Allergy List. Students with a documented history of anaphylaxis will require parental authorization for emergency treatment of their allergies and the physician's order to administer an epinephrine auto-injector shall be entered into the student's health record.



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The Nurse is aware of which students carry Epipens. Epipens kept in the clinic will be clearly labelled with the student's name and expiry date and stored in a locked cupboard.

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.

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 and drinking water is available at numerous points around the school. During the warmer months, students are encouraged to remain in shaded areas/indoors and to prevent their bodies from overheating and dehydrating.

Outdoor Heat Monitoring

During the summer months (May – September) when the outdoor heat increases, the medical team will monitor the temperature on daily basis (www.wunderground.com/ae/dubai), to ascertain whether it is safe for the children to play outside or not. This monitoring is taken twice a day, 15 minutes before each break time.

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.



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Infection Prevention and Control

The School reserves the right not to admit any student onto the premises who appears to be suffering from any infections or contagious disease. 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.

- Fever
- Skin rash of unknown cause
- Diarrhea
- Vomiting
- Heavy eye or ear discharge
- Sore throat
- Persistent cough
- Red, watery and painful eyes
- Ring worm
- Known contagious infections

Children should not return to school until they are 24 hours symptom free without medication or as advised by DHA exclusion period guidelines

Universal/Standard Precautions is an approach used by the Academy to reduce the risk of transmission of a disease through direct contact with contaminated blood and body fluids.

The following are being implemented in the Academy:

- a) Hand hygiene technique: Proper hand washing with soap and water and proper application of hand sanitizer. Hand washing techniques and hand sanitizing procedures posters are found in the designated areas of the Academy premises
- b) Personal Protective Equipment (PPE) Wearing of PPE will be based on the risk assessment before doing any health care activity. Staff must assess the risk of exposure or contact of body to contaminated surfaces, blood or body fluids before selecting the proper PPE.
- c) Respiratory Hygiene and Cough Etiquette Staff and students who are sneezing and coughing must cover their nose and mouth with tissue or mask. Dispose the used mask and tissue properly and do handwashing after contact with respiratory secretions. Students with respiratory symptoms associated with fever will be sent home.



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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. Every week 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 2/3 filled up.

Annual Reports to DHA An Annual Report is submitted to DHA which should include the following:

- School Information
- Health education records
- Comprehensive Medical Examination
- Body Mass Index (BMI)
- Chronic Diseases record
- Notified Communicable Diseases
- Immunizations
- Number of Referrals
- First aid administration
- Visual Screening

6. Roles and responsibilities

With regard to implementation of this policy roles and responsibilities are clearly stated below:

Role of the Principal

It is the responsibility of the principal to ensure:

- all staff are aware of the policy for supporting students with medical needs
- there are sufficient trained personnel to be able to support all the medical and healthcare needs of students and staff in the academy
- a member of staff is appointed to have the lead role in ensuring students with medical conditions are identified and properly supported in the academy



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Role of the School Medical Team

It is the responsibility of the School Doctor and Nurse to:

- organize and manage the school clinic according to Dubai Health Authority (DHA) and Municipality directives.
- To follow any health advice given by the Department of Health and the World Health Organization for infectious diseases/ epidemics that might affect the students and staff of the school.
- follow all Dubai Health Authority requirements for student medical exams and record keeping
- run the clinic as a first aid center for accidents and injuries that occur in school, providing a temporary resting place for ill or sick students or staff.
- report more serious/major incidents involving students to the parents, directly by telephone, as soon as possible
- clearly label and store student's individual medication, in an appropriate and safe manner.
- Ensure suitable and sufficient training is provided to enable staff to administer medication and support where required
- arrange whole-academy awareness training on supporting students with medical conditions as required;
- Provide and liaise with outside agencies.
- help and advise parents and staff regarding current health issues as the need arises.
- impart knowledge and information on health matters to students through health

Role of the School Personnel

It is the responsibility of the *teachers* to:

- take into account the needs of students with medical conditions
- know what to do and who to speak to if someone becomes unwell or needs assistance
- if required, and having received the appropriate training, administer medication or support to students
- attend training sessions as required to support students with medical needs
- be aware, at all times of the students in their care who have known medical conditions



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Role of the Parents

It is the responsibility of the parents to:

- provide the academy with sufficient information about their child's medical needs including providing updates as necessary
- be involved in the development and drafting of Health Care Plans
- provide the required medication and equipment, including spares where appropriate
- ensure that they, or another nominated adult are contactable at all times

Role of the Students

It is the responsibility of the students to:

- be fully involved in discussions about their condition and how it affects them
- contribute as much as possible to the development of their Health Care Plan

7. Associated documentation

➤ Health and Safety policy

When implementing a policy consideration must be given to how it aligns and supports other policies. To ensure consistency this policy is fully aligned with the following key policies:

8. Training implications

This policy will be shared with all BWA academic and administrative staff in the staff handbook.

The medical team will delivery training where needed and the procedures will be shared at the start of each academic year – during the annual BWA induction week. For new joiners they will be walked through the policy during their induction period.

9. Policy Review

This policy will be revisited with by the EVC and lead Vice Principal annually in readiness for the new academic year or amended as necessary in real time.

10. Safeguarding



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We are committed to safeguarding and promoting the welfare of all children as the safety and protection of children is of paramount importance to everyone in this school. We work hard to create a culture of vigilance and at all times we will ensure what is best in the interests of all children.

We believe that all children have the right to be safe in our society. We recognise that we have a duty to ensure arrangements are in place for safeguarding and promoting the welfare of children by creating a positive school atmosphere through our teaching and learning, pastoral support and care for both pupils and school personnel, training for school personnel and with working with parents. We teach all our children about safeguarding.

We work hard to ensure that everyone keeps careful watch throughout the school and in everything we do for possible dangers or difficulties. We want all children to feel safe at all times. We want to hear their views of how we can improve all aspects of safeguarding and from the evidence gained we put into place all necessary improvements.

11. Equity Impact Assessment

We have a duty not to discriminate against people on the basis of their age, disability, gender, gender identity, pregnancy or maternity, race, religion or belief.

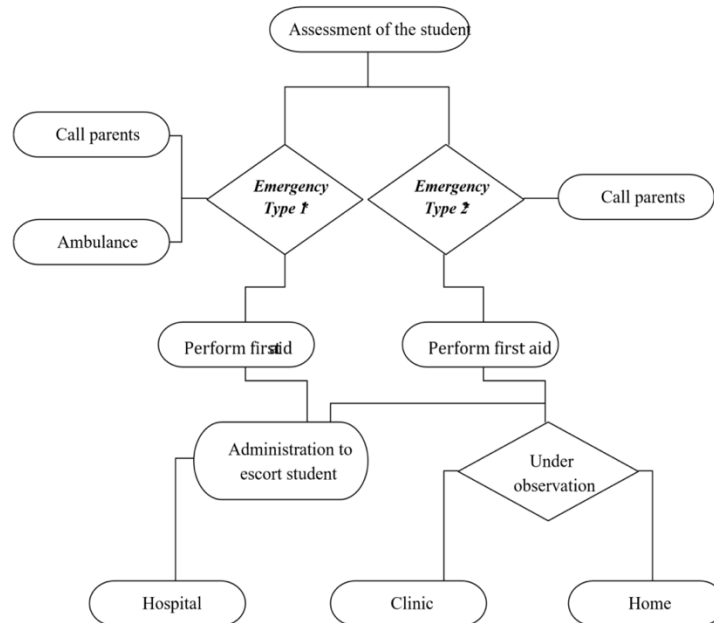
This policy has been equality impact assessed and we believe that it is fair, it does not prioritise or disadvantage any member of staff or student and it helps to promote equality at this school.



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Appendix 1

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.