مدرسة الإبداع العلمي الدولية
INTERNATIONAL SCHOOL OF CREATIVE SCIENCE
BAHRAIN | البحرين



Medical Policy

Medical Policy

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1. Rational

The health and well-being of students and staff at the International School of Creative Science (ISCS) are of utmost importance. Recognising the integral role that health plays in academic success, ISCS is committed to providing a safe and healthy environment for all students and staff. The Medical and School Clinic Policy outlines procedures and guidelines to ensure the optimal physical and mental well-being of students and staff while fostering a conducive learning atmosphere.

Objectives:

Promoting Health and Wellness:

- Encourage preventive health measures such as vaccinations and regular health check-ups.
- Promote healthy lifestyle choices among students through awareness programs and educational initiatives.

Timely and Efficient Healthcare:

- Ensure prompt medical attention in case of illness or injury during school hours.
- Maintain an on-site school clinic equipped with essential medical supplies and trained staff.

Communication and Collaboration:

- Establish effective communication channels between parents, teachers, and the school clinic to keep all stakeholders informed about the health status of students.
- Collaborate with local healthcare providers to facilitate access to specialised medical services when necessary.

Emergency Preparedness:

- Develop and regularly update emergency response plans for various medical situations.

Confidentiality and Privacy:

- Uphold the confidentiality of student medical records and ensure that only authorised personnel have access to this information.

Health Education:

- Integrate health education into the curriculum to empower students with knowledge about maintaining a healthy lifestyle.
- Organise workshops and seminars for parents, teachers, and students on relevant health topics.

Immunisation Compliance:

- Enforce strict adherence to immunisation requirements in accordance with the Ministry of Health Bahrain, ensuring the health and well-being of the entire school community.

Infectious Disease Control:

- Implement measures to prevent the spread of infectious diseases within the school community.
- Establish guidelines for the exclusion and readmission of students following contagious illnesses.

Accessibility and Inclusivity:

- Ensure that the school clinic is easily accessible to all students, including those with special needs.

Documentation and Reporting:

- Maintain accurate and up-to-date medical records for each student.
- Report any incidents, accidents, or illnesses promptly to parents and appropriate school personnel.

2. Organisation

ISCS School employs one qualified nurse to provide first aid, medical care, and treatment to all pupils, staff, and visitors on the school campus. In the event that the nurse is absent, a first aid-trained member of staff will be designated to fill her place. In the case of a long-term absence of the nurse, the school will seek support from other BEAM schools to send a registered nurse for assistance.

The school nurse, along with the designated staff in her absence, aims to deliver adequate healthcare to all individuals present on-site during the hours of 7:00 am to 3:00 pm from Sunday to Thursday.

A Student Health Form is mandatory before admission, with information to be updated at the beginning of each academic year. This form will include details about any medical conditions and/or required treatments, immunization status, and other relevant health information. By signing it, parents also grant permission for the administration of treatment, care, and school medications, either by the on-duty nurse or a designated staff member.

The nurse will compile a medical list of students per year level with specific medical issues. This list will be shared with all staff members responsible for the students, such as form teachers and Physical Education teachers. Information will be disseminated via email or paper, depending on availability. Confidential information will be handled with the utmost care and should not be shared with any staff, parents, or other students unless deemed necessary.

3. Administration of medication in school

The policy of this school is not to administer medication unless the pupil has a medical condition that, if not managed, could prove detrimental to their health or limit access to education. The Head of Phase accepts responsibility, in principle, for school staff administering or supervising the taking of prescribed medication or medical care during the school day only where it is absolutely necessary.

3.1 Responsibilities

Ensuring the health and well-being of students is a collaborative effort between parents, school staff, and healthcare professionals. The following guidelines delineate the roles and responsibilities related to medication administration within ISCS:

- Parents or guardians bear the primary responsibility for their child's health and should provide the school with up-to-date information regarding their child's medical conditions, treatment, and any special care required.

- ISCS School employs a qualified nurse who oversees the administration of medication to students during the school day.

- School employees will not assume any liability for supervising or assisting in the administration of medication. Administering medication is a voluntary role specifically designated for the school nurse, and there is no legal duty requiring other school staff to fulfill this responsibility.

- In the case of a child having a complex medical condition, collaboration with the school nurse and teacher(s) is essential to develop an individual health care plan. This plan should include an agreement outlining the school's role in managing any medical needs and potential emergencies.

- The responsibility to replenish medication when supplies are running low and to ensure the provided medication is within its expiry date lies with the parent or guardian.

- In the absence of the nurse, a first aid-trained staff member may administer long-term medication to students. The designated staff will be thoroughly briefed by the nurse on the proper method of administration. Short-term prescribed or non-prescribed medication that is unclear to the staff will not be administered. In such cases, parents or guardians are encouraged to administer the medication.

- The nurse has the right and responsibility to decline administering medication if it is perceived to jeopardize student safety. In such instances, the nurse must promptly inform the parent or guardian, the student's physician, and the school administrator. Additionally, it is the nurse's responsibility to seek clarification for any prescribed medication deemed inappropriate or ambiguous.

3.2 Medication Administration

This school recognises that no child under the age of 18 should be given medication without written consent from their parents. Written consent, obtained through appendix 1, is mandatory before any medication is administered.

The nurse responsible for administering medication to a pupil must diligently check the following:

- The child's name.
- Name of the medication.
- The prescribed dose.
- Expiry date
- Written instructions provided by the prescriber on the label or container.

If there is any doubt about a specific procedure, the nurse will not administer the medicine before consulting with the parents.

A comprehensive written or online record must be maintained following the administration of medicines to students. This record will be stored in the nurse's office for reference.

In the event a child refuses to take prescribed medication, the nurse will not force them to do so. Instead, parents or guardians will be promptly notified of the refusal.

For short-term medication administered on a regular basis, parents or guardians are required to bring the medication to the school and sign the consent form (appendix 2).

In cases where it is deemed appropriate, older and responsible students (15 years old and above) will be encouraged to administer their own medication, if necessary, under teacher/staff supervision. Parents will be asked to confirm in writing (appendix 3) if they wish their child to carry and self-administer medication while at school.

The school is committed to making every effort to continue the administration of medication to a student during trips away from the school premises. However, there may be occasions when it is not possible to include a pupil on a school trip if safety cannot be guaranteed. In such instances, parents will be notified as soon as possible.

3.3 Long-Term Medical Needs

In cases where a pupil has a chronic illness, medical condition, or potentially life-threatening condition, the school will initiate a health care plan to support the student. This plan will be developed by healthcare professionals in consultation with the child's parents or guardians and will include the following information:

- Definition and details of the condition
- Special requirements (e.g., dietary needs, pre-activity precautions)
- Treatment and medication details
- Actions to take/not to take in an emergency.
- Emergency contacts
- Staff training requirements, if needed
- The role the staff can play in supporting the student.
- Consent and agreement.

This comprehensive health care plan aims to ensure a coordinated and informed approach in managing the long-term medical needs of the student.

3.4 Prescribed Medicines

Prescribed medicines should only be brought to school when essential; that is, where it would be detrimental to a child's health if the medicine were not administered during the school day.

Prescribed and emergency medication will not be accepted in school without completing either Appendix 1 or Appendix 2, filled out and signed by a parent or guardian with a supporting letter from a doctor.

Medicines prescribed 'three times a day' are encouraged to be administered before school, after school, and at night, unless a specific time is stipulated by a doctor's written prescription and agreed upon by the Head of Phase, nurse, and parent following the completion of Appendix 1. Without a letter from a doctor, the nurse will not administer three times a day prescribed medicine.

Exceptions to this are students on health care plans who have individual medical needs requiring emergency medication to treat specific conditions.

The school will only accept medicines that have been prescribed by a doctor or dentist.

3.5 Non-Prescribed Medicines

The nurse will inform the parent before administering any medicine given by the clinic.

Non-prescribed medicines will only be administered with prior written permission from the parents, who must complete the student health form available upon admission.

3.6 Nurse's Discretion

The nurse will never administer medicines containing aspirin unless prescribed by a doctor. Additionally, the nurse will never administer medication containing ibuprofen to children who are asthmatic.

3.7 Storing and Disposal of Medication

Medications will be kept in a secure place inaccessible to students and unauthorised staff, within a locked medicine cabinet. Controlled drugs will be secured within a locked cabinet.

Only reasonable quantities of medication should be supplied to the school (a maximum of four weeks' supply at one time).

The school nurse and staff will not dispose of medicines. Medicines in use and within the expiry date should be collected by the parent at the end of each term.

Expired medicines or those no longer required for treatment will be returned immediately to the parent for safe disposal.

4. Immunisation Compliance:

The school places paramount importance on the health and well-being of the entire school community. In strict adherence to the guidelines set forth by the Ministry of Health Bahrain, the school enforces rigorous immunisation compliance measures. These measures are implemented to ensure that all students, staff, and faculty members are up-to-date with their immunisations, promoting a safer and healthier environment within the school premises. By steadfastly adhering to the immunisation requirements mandated by health authorities, the school demonstrates its commitment to preventive healthcare and the collective responsibility of safeguarding the community against vaccine-preventable diseases.

5. Record Keeping Procedure

Ensuring meticulous record-keeping is vital for the school's commitment to the well-being of students. The following procedures are in place:

- **Separated Medical Records:** The school prioritises the confidentiality and organisation of medical records. These records are kept entirely separate from academic records and stored securely in a locked filing cabinet. Employee injuries, sudden illnesses, near misses, and incident reports for students are recorded using Appendix 4 and Appendix 5 (if EMS called), respectively. Access to these records is restricted to the school nurse and designated staff responsible for health matters.

- **Food Allergies Documentation:** To safeguard students with food allergies, their photographs and relevant details are shared with the catering staff. This ensures that food products provided are safe for consumption, minimising the risk of allergen exposure.

- **Monitoring and Dissemination of Updates:** The school Nurse collaborates closely with the Registrar to monitor and disseminate updates related to medical conditions and policy reviews. This ensures that all staff members stay informed and can adapt to any changes promptly.

- **Nurse's Notes:** Each student has a dedicated Nurse's Notes document (refer to Appendix xxx). This document serves as a comprehensive record for documenting intricate treatments, medical observations, and any other relevant health-related information. These notes are securely stored and regularly updated by the school nurse.

- **Daily Clinic Visit Record:** A systematic approach is employed to log every visit made by students and staff to the nurse. The Daily Clinic Visit Record is a standardised document used for this purpose. It captures essential details, providing a comprehensive overview of the health-related interactions within the school community.

  By adhering to these record-keeping procedures, the school ensures not only the confidentiality of sensitive medical information but also the ability to respond effectively to individual health needs and maintain a proactive stance on overall health and well-being.

6. First Aid, Emergency and Treatment

6.1 Students who are sick.

- Students feeling unwell during the school day must request permission from the teacher to visit the nurse and/or Head of Phase. The Nurse on duty will assess the student clinically and determine the best course of treatment.

- If a student is ill enough to go home, parents will be requested to arrange collection. The student will remain with the Nurse or return to class according to the Nurse's discretion while waiting for transportation.

- Parents are expected to make provisions for their ill child and attend medical appointments. The school does not make appointments unless it's an emergency where no parent or guardian can be contacted. The Nurse makes this decision based on clinical experience.

- After a visit to the nurse, a brief communication (Appendix 4) will be sent home. The Nurse will phone parents if necessary.

6.2 First Aid Procedure

In adherence to the school's commitment to safety and well-being, the following procedure is implemented for first aid situations:

- **Accessibility of First Aid Kits:** First aid kits are strategically placed throughout the school, easily accessible to all staff members.

- **Responsibility of Administration Staff:** The nurse is responsible for the availability and maintenance of first aid kits. They will ensure that all supplies are up-to-date and in good

condition.

- **First Aid Training:** All staff members, particularly those involved in sports and off-site activities, undergo regular first aid training to equip them with the necessary skills for immediate response in case of injuries.

- **First Aid During Sports Events:** During sports events, PE staff and designated first aiders ensure the presence of a fully stocked first aid kit. Any injuries sustained during these events are promptly addressed following established first aid protocols.

- **First Aid on School Trips:** All school trips are staffed by at least one first aid-trained member. Additional staff members are being trained to facilitate first aid requirements. A first aid kit must accompany every trip or visit outside the school premises.

- **Monthly Inspection of First Aid Kits:** First aid kits, especially those designated for sports events, are inspected and restocked monthly, or sooner if necessary. This ensures the availability of necessary supplies during emergencies.

- **Reporting First Aid Interventions:** Following any first aid intervention, especially during sports matches or events, a memo detailing the student's name, the nature of the injury, and the treatment provided is sent to the school nurse at the earliest opportunity. This allows for any necessary follow-up treatment and record-keeping.
- **Caution and Discretion:** Staff members exercise caution and discretion in determining the necessity of first aid. Even minor injuries must be seen by the nurse while on school premises.

- **Documentation and Record-Keeping:** All first aid interventions, whether minor or major, are documented in the Nurse's Notes and filed into the individual student's medical records promptly.

6.3 Emergency Procedure During School Hours

In the event of a medical emergency during school hours, the following procedure will be followed:

- **Assessment and Recognition:** School staff or personnel on the scene will promptly assess the nature and severity of the medical emergency.
- If necessary, administer basic first aid while awaiting professional medical assistance.

- **Emergency Contact:** Simultaneously, the school nurse or designated staff member will immediately contact the emergency services (ambulance) by dialing the local emergency number.

- **Parent Notification:** While awaiting the ambulance, designated school personnel will contact the parents or guardians of the affected student to inform them of the situation.

- **Coordination with Emergency Services:** Upon arrival, the emergency medical services will take charge of the situation, and school staff will provide them with relevant information about the student's condition and any administered first aid.

- **Accompaniment to Hospital:** If required, a school staff member, preferably the school nurse, will accompany the student to the hospital, ensuring continuity of care and

communication with medical professionals.

- **Documentation:** The school nurse will maintain accurate records of the incident, including details of the emergency, actions taken, and any communication with parents or emergency services.

- **Follow-up Communication:** After the immediate emergency has been addressed, the school will follow up with parents, providing them with updates on their child's condition and any further actions needed.

- **Review and Improvement:** The school will conduct a post-incident review to assess the effectiveness of the emergency response, identify areas for improvement, and update the emergency procedures accordingly.

6.4 Head Injury Procedure

In the event of a head injury within the school premises, the following procedure will be adhered to:

- **Immediate Assessment:** Any student who sustains a head injury will be seen and assessed promptly by the school nurse or trained staff.

- **Clinical Judgment:** Based on clinical judgment, the nurse or trained staff will determine the severity of the head injury and the appropriate course of action.

- **Parental Notification:** Parents or guardians will be notified immediately, especially in cases where the injury requires their attention or medical evaluation.

- **Medical Examination:** If the head injury is severe, the parent will be advised to take the student for a medical examination promptly.

- **Monitoring for Residual Effects:** For mild head injuries without visible wounds, the student may be monitored closely. If there are no residual effects, the student may continue attending class.

- **Visible Wounds or Adverse Effects:** In cases of visible wounds, swelling, or any adverse effects, parents will be contacted to pick up their child. A doctor's note may be required before the student can return to school.

- **Communication with Parents:** A communication form (Appendix 8) will be sent home after any visit to the nurse, outlining the details of the head injury, actions taken, and any recommendations.

- **Medical Clearance for Return:** For any head injury requiring medical evaluation, the student may return to school only with a medical clearance from a licensed doctor, ensuring the child's safety and well-being.

- **Documentation and Record-Keeping:** Detailed records of the incident, assessments, and communication with parents will be maintained in the school's records.

- **Awareness and Training:** All staff members will receive training on recognising signs of head injuries and the appropriate steps to take, ensuring a consistent and informed approach.

- **Follow-up:** The school will follow up with parents to provide updates on their child's condition and ensure that any necessary accommodations are in place upon the student's return to school.

7. Medical Conditions

This section of the school's medical policy aims to comprehensively address various types of medical conditions that students may have. From common allergies to more complex health needs, the school is committed to providing a safe and supportive environment for all students. Each medical condition requires careful consideration and planning to ensure the well-being and active participation of every student. In particular, the development of Individual Health Care Plans (IHCPs) plays a crucial role in catering to the specific needs of students, fostering collaboration among parents, teachers, the head of school, and the school nurse.

7.1 Individual Health Care Plan (IHCP):

An Individual Health Care Plan (IHCP), Appendix 6, will be established for every student with the below medical conditions. This plan is not a one-size-fits-all solution; rather, it is a personalised strategy carefully developed in consultation with the student's parent, teacher, head of school, and the school nurse. By collaboratively creating these plans, the school ensures that each student's unique needs are understood, accommodated, and addressed with the utmost care. The IHCP serves as a comprehensive guide to managing allergies within the school environment, emphasising a collective commitment to the health and safety of every student.

7.2 Allergies

We believe that mild allergies to common substances such as nuts, milk, eggs, fish, shellfish, bees, ants, etc., are not uncommon. Some individuals may experience severe allergic reactions (anaphylaxis) upon contact, ingestion, or inhalation of certain substances, posing a potential life-threatening risk. Therefore, our objectives are to:

- Ensure the daily management of allergies in individual children.
- Be prepared for allergy emergencies.
- Provide professional development on food and substance allergies for staff members.
- Create and maintain a healthy and safe educational environment.

- In cases of allergy emergencies, an Emergency Response to Allergic Reaction (Appendix 6) should be shared with all staff.

- Nut-Free: Peanuts are a common allergen that can trigger allergic reactions and anaphylaxis in children. **The school has decided to prohibit all types of nuts on the school campus. This includes all products made from nuts, such as Nutella.**

7.3 Asthma

ISCS School acknowledges that asthma is a widespread and potentially serious yet controllable condition. The school actively supports pupils with asthma to help them achieve their full potential in all aspects of school life.

- **Notification of Asthma:** Parents hold the responsibility to inform the school if their child has asthma. This information should be provided on the Student Health Form, completed and signed during the enrollment process.

- **Asthma Medication:** Parents or guardians are required to provide the school with labeled Asthma Medication (preventive inhalers) indicating the student's class and name.

- **Medication Storage:** These medications should be stored in the nurse's office. For classrooms situated away from the nurse's office, an assigned container within the teacher's cupboard is designated for this purpose.

- **Student-Carried Medication:** If parents prefer their child to carry their own medication, they should complete and sign Appendix 3.

- **Trips and Outside Activities:** During trips and external school activities, accompanying staff should bring the Asthma Medication. If the student is capable of carrying their own medication, staff should ensure it is with them.

- **Parent Notification:** Parents or guardians will be notified when a child uses an inhaler for preventive or treatment purposes.

- **Post-Asthma Attack:** After an asthma attack treatment, whether with or without residual effects, parents are welcome to pick up their child or assess them personally.

- **Health Listing:** Students with asthma are included in the list of students with health problems, and this information is communicated to all staff.

7.4 Epilepsy and Seizures

Seizures and epilepsy are both neurological disorders, involving the nervous system comprising the brain, spinal cord, and nerves. It is crucial to understand the distinction between them: epilepsy is a chronic condition, while a seizure is a symptom of it. Seizures can occur only once or a few times, and their management is essential, as improper handling due to a lack of knowledge and protocol can be detrimental. Therefore, the objectives are:

- To recognise epilepsy as a neurological condition resulting in seizures.
- To be aware of the appropriate actions during an epileptic seizure in a child.
- To ensure fair treatment for all pupils suffering from epilepsy.
- To comply with all relevant protocols connected to this policy.

- **Seizure Management Guidelines:** All staff should familiarise themselves with the Seizure Management Guidelines of the school.

- **Parental Involvement:** Parents of students diagnosed with epilepsy should inform the school during enrollment and actively participate in developing the IHCP (Appendix 6) for

their child.

- **Seizure Response:** In the event of a student experiencing a seizure for the first time in less than 5 minutes, parents should be contacted immediately to accompany their child to the hospital. If the seizure persists for more than 5 minutes, emergency services (999) will be contacted first, followed by informing the parents.

7.5 Diabetes

ISCS acknowledges the importance of providing optimal care for students with diabetes within the school setting. The below outlines clear and safe procedures for daily management while addressing potential health crises. The overarching goal is to ensure active participation in school life, accompanied by a clear definition of the responsibilities assigned to both the school and its staff in managing challenges related to diabetes.

- Ensure that a child with diabetes is managed in a manner that allows full participation in the school's life and maximizes educational opportunities.
- Establish clear, safe, and medically sound procedures as part of the student's daily routine.
- Establish clear, safe, and medically sound procedures in the event of entering a state of Hypoglycemia or Hyperglycemia.
- Ensure that all parties involved in managing child diabetes are fully aware of and agree with the policy and procedures.
- Clearly outline the responsibilities of the school and its employees in administering insulin to the student during states of Hypoglycemia or Hyperglycemia.

- **Parental Responsibility:** Parents are responsible for providing all necessary information about the child's diabetes, including the doctor's diagnosis, type of diabetes, daily routine, management during states of mild, moderate, and severe hypoglycemia or hyperglycemia as per the doctor’s recommendation (specific to each individual), dietary and activity restrictions, symptoms common to the child in crisis, and other pertinent care information.

- **Daily Meal Planning:** Parents are responsible for preparing and planning their child's daily meals, informing the school of any special precautions or changes to their child's diet.

- **Carbohydrate Supply:** Parents should consistently supply their child's lunchbox or the school with 15 grams of carbohydrate-containing food (e.g., 1/2 cup of juice, 120g apple) for correcting low blood sugar. In the absence of an emergency food supply, the school will arrange to provide it if needed.

- **Insulin Supply:** Parents are responsible for providing the school with insulin injections or ensuring that the child, if using an insulin pump, has a daily insulin supply.

- **IHCP Consent:** The IHCP includes a consent form allowing parents to decide if their child can self-administer insulin. Parents, guardians, or personal nurses are welcome to personally assess the child, limited only during the administration of insulin, checking the insulin pump, and glucose testing.

- **Child's Diabetes Kit:** A child with diabetes should have their own glucometer, insulin injection/pen, emergency food supply, and glucagon for emergencies.

- **Referral for Complicated Symptoms:** A child with complicated symptoms without a established management plan will be referred to the Bahrain Diabetes Association or a preferred clinic.

7.6 Communicable Diseases

A communicable disease is an illness transmitted through contact with microorganisms. Microorganisms carried by people, animals, food, surfaces, and air have the potential to transmit infectious illnesses from one host to the next. The exchange of fluids or contact with a contaminated substance or individual may be sufficient for a communicable disease to spread. The objectives are:

- To prevent the spread of infectious diseases in the school.
- To implement health and safety procedures and guidance for preventing the spread of communicable diseases.

- **Parental Responsibility:** Parents should keep their children at home if they are unwell and infectious.

- **Contagious Diseases:** If students are suspected of having contagious diseases such as childhood measles, chickenpox, or respiratory illnesses, they will be sent home immediately. They can return to school only with medical notes from a licensed physician.

- **Disease Outbreak:** In the event of a transmittable disease outbreak, the school will comply with the Ministry of Health in Bahrain or the authorised resource institution for school closure.

- **Proper Hand Washing:** Teachers and teacher assistants are responsible for implementing proper handwashing for their students, especially before and after eating.

- **Cleanup of Bodily Fluids:** If bodily fluids such as vomitus, urine, or feces need clearing up, caretakers will be called to handle the matter using gloves, aprons, Body Spill Granules, scoops, and scrapers. After solid matter removal and disposal, the ground should be disinfected as appropriate.

- **Skin Rashes:** A student with skin rashes or any alarming skin lesion needs clearance from a doctor indicating it's not contagious before returning to school.

- **Diarrhea:** If a child has two or more loose stools beyond their normal pattern, they will be sent home and must be diarrhea-free for 24 hours before returning to school. If a child experiences loose stools with signs of infection and illness, they should be picked up, visit a doctor, and may return with medical clearance.

- **Vomiting:** A child with a sudden onset of vomiting, along with irritability, excessive sleepiness, or fever, shall be picked up as soon as possible. A doctor's medical note is required to return to school. If a child vomited once without accompanying symptoms suggesting illness, parents will be called, and the child may stay under observation. If the child vomited twice, with or without accompanying symptoms, they will be sent home, and a doctor's note is required for their return.

- **Conjunctivitis:** A child with eye secretion or redness must be picked up as soon as possible and needs a doctor's note stating when the child can return to school. In cases of bacterial conjunctivitis, the child should stay home and may return to school with medical clearance.

7.7 COVID-19

In light of the ongoing global pandemic, the ISCS has implemented a comprehensive COVID-19 policy to safeguard the health and well-being of our students, staff, and the entire school community. This policy is designed to ensure a safe and healthy environment, promoting responsible practices, and adhering to relevant guidelines from health authorities. The key objectives are:

- **Prevention of COVID-19 Transmission:**
  - All members of the school community must adhere to preventive measures, including regular handwashing, wearing masks, and practicing physical distancing.
  - Implement health and safety procedures consistent with guidelines from health authorities.

- **Reporting and Testing:**
  - Parents are required to inform the school if their child exhibits COVID-19 symptoms or has been in contact with a confirmed case.
  - Students and staff experiencing symptoms should seek testing promptly, and the school must be informed of the test results.

- **Quarantine and Isolation Protocols:**
  - Establish clear protocols for quarantine and isolation in the event of confirmed cases, following the guidance of health authorities.
  - Maintain open communication with affected individuals while respecting their privacy.

- **Cleaning and Disinfection:**
  - Implement rigorous cleaning and disinfection protocols for classrooms, common areas, and frequently touched surfaces.
  - Provide hand sanitising stations throughout the school premises.

- **Vaccination Awareness:**
  - Encourage and raise awareness about the importance of COVID-19 vaccination among eligible members of the school community.
  - Respect individual choices regarding vaccination while emphasising its role in community

protection.

- **Emergency Response Plan:**
  - Develop and maintain an emergency response plan specific to COVID-19, outlining actions to be taken in various scenarios.
  - Regularly review and update the plan in response to changing circumstances and new information.

- **Flexible Adaptation:**
  - Remain flexible and adaptive in response to changing circumstances, adjusting policies and procedures as needed to ensure the continuous well-being of the school community.
  - By adhering to this COVID-19 policy, ISCS is committed to maintaining a safe and healthy environment for everyone in our school community. Regular updates and communication will be provided to keep all stakeholders informed of any changes or developments related to the pandemic.

6.8 Head Lice Policy

Our approach to head lice is guided by the recommended guidelines of the Center for Disease Control (CDC).

- **Head Lice:** In the event of live head lice discovery, parents will be promptly notified to collect their child and initiate treatment. After treatment verification, the student may return to school. Upon reentry, the school Nurse will conduct a re-examination before the student rejoins the classroom. A follow-up examination by the nurse after 7-10 days will ensure the complete absence of lice and nits.

- **Nits Only:** If only nits are detected, the student is allowed to remain in school for the remainder of the day. Parents will be notified, and information on addressing the condition will be sent home. Upon returning to school, the school nurse will re-examine the student before rejoining the classroom. A subsequent examination after 7-10 days will confirm the absence of nits.

- **Parent Communication:** A letter of notice and a treatment confirmation form will be sent to parents to confirm the report of head lice or nits. Parents are required to return the treatment confirmation form along with proof of treatment, such as a pharmacy receipt or clinic medical note attachment.

8. Medical Confidentiality

- The school nurse is bound by professional Codes of Conduct to uphold individuals' confidentiality and preserve their license to practice.

- Visitors to the Nurse's office have the right to expect a confidential consultation, and, if necessary, others may be asked to leave the room.

- The Nurse cannot discuss the care or treatment of a student with anyone within or outside the school, including academic staff, unless it is deemed in the best interests of the student or the broader school community, such as in cases of notifiable diseases.

- In situations involving safeguarding/child protection, the Nurse may need to disclose specific information to others or to the police. Whenever possible, the student and parents will be informed of such actions.

- Medical Records will be securely stored in a locked filing cabinet, with access restricted to the Nurse and authorised personnel.

Consent

- When a parent signs the Health Form, they are granting consent for the administration of "appropriate and necessary treatment, medication, and/or care" to their child by the nurse. Without signed consent, the school can only provide essential first aid.

- Additional consent is required for any vaccination/immunization and will be requested as needed.

Appendix 1: Authorisation for Medications to be Taken at School

Student Information:

Full Name		Date of Birth	
		Year/Class	

Medication Details:

Medication Name	
Dosage/Amount	
Administration Instructions	
Purpose of Medication	
Any potential side effects or considerations	

Parental Authorisation:

I, _____, authorise the school to administer the specified medication to my child, _____, during school hours.

I understand and agree to the following conditions:

- The medication will be stored securely, and administration will be carried out by trained school staff or the school nurse.
- The school will be informed of any changes to the medication or dosage promptly.
- In case of emergencies or adverse reactions, the school will take appropriate action and contact emergency services if needed.
- This authorisation is valid for the specified medication and dosage only.

Emergency Contacts:

Parent/Guardian Name		Relationship to Student	
		Contact Number	

Emergency Contact Name		Relationship to Student	
		Contact Number	

Parent/Guardian Signature: _____ Date: _____

Note: This form should be completed and signed by the parent or legal guardian and submitted to the school nurse or relevant school authorities. It ensures that the school is aware of the need for medication administration during school hours and provides necessary details for proper management.

Appendix 2: Authorisation for Dispensing Short-Term Medications at School

Student Information:

Full Name		Date of Birth	
		Year/Class	

Medication Details:

Medication Name	
Dosage/Amount	
Administration Instructions	
Frequency	
Time of Administration	
Purpose of Medication	
Any potential side effects or considerations	

Emergency Contacts:

Parent/Guardian Name		Relationship to Student	
		Contact Number	

Emergency Contact Name		Relationship to Student	
		Contact Number	

Authorisation Conditions:

I, _____, authorise the school to dispense the above-mentioned short-term medication to my child, _____, during school hours. This authorisation is valid for the specified period and for the current academic year.

I understand and agree to the following conditions:

- It is my responsibility to provide accurate and up-to-date information about my child's medication, including any changes.
- The school will not dispense any medication without proper authorisation and information.
- In case of adverse reactions or emergencies, the school will contact the listed emergency contacts and seek medical assistance as necessary.

- This authorisation is valid for the specified period, and any renewal requires a new signed authorisation form.

Parent/Guardian Signature: _____ Date: _____

Note: This form should be completed and signed by the parent or legal guardian and submitted to the school nurse or relevant school authorities.

Appendix 3: Authorisation for Self-Carry/Administration of Medicine at School and After-School Activities

Student Information:

Full Name		Date of Birth	
		Year/Class	

Medication Details:

Medication Name	
Dosage/Amount	
Administration Instructions	
Purpose of Medication	
Any potential side effects or considerations	

Authorisation Conditions:

I, _____, authorise my child, _____, to self-carry and self-administer the specified medication at school and during after-school activities.

I understand and agree to the following conditions:

- My child has been educated on the proper self-administration of the medication.
- The school will be informed of any changes to the medication or dosage promptly.
- The responsibility for self-administration lies with my child, and the school and its staff will not be held liable for any issues arising from this self-administration.
- In case of emergencies or adverse reactions, the school will take appropriate action and contact emergency services if needed.
- This authorization is valid for the specified medication and dosage only.

Emergency Contacts:

Parent/Guardian Name		Relationship to Student	
		Contact Number	

Emergency Contact Name		Relationship to Student	
		Contact Number	

Parent/Guardian Signature: _____ Date: _____

Note: This form should be completed and signed by the parent or legal guardian and submitted to the school nurse or relevant school authorities. Additionally, a meeting with the school nurse may be required to ensure the student's understanding and competence in self-administering the medication.

Appendix 4: Report of Injury Form

Student or Employee Information:

Full Name		Date of Birth	
Position/Year/Class		Department/Section (if applicable)	

Injury Details:

Date and Time of Injury	
Location of Injury	
Description of Injury/Illness	
Were there any witnesses? (If yes, provide names)	
Injury Severity	Mild □ Moderate □ Severe □

Immediate Actions Taken:

First Aid Administered	
Emergency Services Called? (If yes, specify details):	
Any Other Relevant Information	

Medical Attention:

Did the employee seek medical attention?	□ Yes □ No
Name and Address of Medical Facility	
Treatment Received	
Follow-up Instructions	

Return to School/Work:

Has the student/employee returned to school/work?	□ Yes □ No

If No, Expected Return Date:	
Treatment Received	
Follow-up Instructions	

Employee's Statement (if applicable):

I, _____, confirm that the information provided is accurate to the best of my knowledge. I understand that withholding or providing false information may impact the handling of my injury report.

Employee Signature: _____ Date: _____

Nurse Statement:

I, _____, confirm that the information provided is accurate to the best of my knowledge. I understand that withholding or providing false information may impact the handling of my injury report.

Nurse Signature: _____ Date: _____

Note: This form should be completed by the employee and/or nurse as soon as possible after the injury occurs.

Appendix 5: School to EMS/Hospital Transfer Sheet

Student or Employee Information:

Full Name		Date of Birth	
Parent/Emergency Name:		Parent/Emergency Contact:	

Injury Details:

Type of Incident: (Check applicable)	□ Injury □ Illness □ Allergic Reaction □ Other (Specify): _____
First Aid/Initial Treatment Provided (if any)	
Location of Injury	

Medical Information (if known):

Medical Conditions	
Allergies (if known)	
Medications Currently Taking (if known)	

Vital Signs (if taken):

Heart Rate (bpm)	
Respiratory Rate (breaths/min)	
Blood Pressure (___/mmHg)	
Temperature (°C/°F)	

Additional Information:

Parent/Guardian Notified	□ Yes □ No	
Date and Time Notified		
Mode of Communication		

EMS/Hospital Transfer:

Emergency Services Contacted: □ Yes □ No

Name of Receiving Medical Facility: _____

Nurse/Authorised Person Signature: _____ Date: _____

Note: This form is to be completed by the nurse or an authorised person assisting during an emergency requiring EMS/Hospital transfer. It should be shared with medical professionals for the continuity of care. Please also ensure that you retain a copy for your reference.

Appendix 6: Individual Health Care Plan (IHCP)

Student or Employee Information:

Full Name		Date of Birth	
Position/Year/Class		Department/Section (if applicable)	
Parent/Emergency Name		Parent/Emergency Contact	

Medical Information:

Medical Diagnosis:	□ Allergies □ Asthma □ Epilepsy and Seizures □ Diabetes □ Other (Specify): _____
Name of Healthcare Provider	
Contact Information	
Medical History	

Medical History (delete as applicable):

Allergies	
Known Allergens	
Symptoms of Allergic Reactions	
Emergency Treatment	
Asthma	
Trigger Factors	
Medication and Dosage	
Response to Asthma Attacks	
Epilepsy and Seizures	
Seizure Type	

Triggers (if known)	
Emergency Response	
Diabetes	
Type of Diabetes	
Blood Sugar Monitoring	
Insulin Administration	
Other Medical Conditions	
Brief Description	
Medication and Dosage	
Any other information	

Emergency Contacts:

Primary Emergency Contact		Relationship to Student	
		Contact Number	

Secondary Emergency Contact		Relationship to Student	
		Contact Number	

Parent/Guardian Signature: _____ Date: _____

Staff Signature (if applicable): _____ Date: _____

Note: This Individual Health Care Plan is designed to ensure the appropriate care and response to medical conditions. It must be regularly reviewed and updated in consultation with healthcare providers, parents/guardians, and relevant school staff.

Appendix 7: Student Medical Visit Form

To be Completed by Teacher/Head of Phase

Student Information:

Full Name		Year/Class	
		Date	

Reason for Visit:

Type of Incident: (Check applicable)	□ Injury □ Illness □ Medication □ Allergic Reaction □ Other (Specify): _____
Description of Symptoms/Incident	
Actions Taken (if any):	

Parent/Guardian Notification: □ Informed □ Not Informed

Teacher / Head of Phase Name: _____ Signature: _____

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Appendix 7: Student Medical Visit Form

To be Completed by Teacher/Head of Phase

Student Information:

Full Name		Year/Class	
		Date	

Reason for Visit:

Type of Incident: (Check applicable)	□ Injury □ Illness □ Medication □ Allergic Reaction □ Other (Specify): _____
Description of Symptoms/Incident	
Actions Taken (if any):	

Parent/Guardian Notification: □ Informed □ Not Informed

Teacher / Head of Phase Name: _____ Signature: _____

Appendix 8: Head Bump Form

Student Information:

Full Name		Year/Class	
Date of Incident		Time of Incident	

Details of Incident:

Location of Bump	
Description of how the bump occurred	
Was the student unconscious for any period?	□ Yes □ No
Was there any bleeding?	□ Yes □ No

Did the student lose consciousness?	□ Yes □ No

Immediate Actions Taken:

Ice/Compression Applied	□ Yes □ No
Any medication administered?	

Symptoms Experienced:

Headache	□ Yes □ No
Nausea and/or vomiting	□ Yes □ No
Dizziness	□ Yes □ No
Blurred vision	□ Yes □ No

Recommendations:

Rest advised	□ Yes □ No
Follow-up medical attention recommended	□ Yes □ No

Please seek further medical advice if symptoms persist or worsen. Retain a copy of this form for your records. For any concerns, contact the school nurse.

Note: Please be aware that in case the nurse does not meet the parents directly, this form will be handed to the child or teacher for them to pass on. Additionally, a copy will be sent to the parent via email, and the nurse will attempt to communicate the details with the parent over the phone if contact is established.