



SHERBORNE QATAR

Medical Policy

Sherborne Qatar Medical Policy

Next Review: June 2025

Reviewed by: Lead Nurse June 2024

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Background

The School Nurse Team (SNT) consists of eight members, a lead nurse, five nurses and two healthcare assistants, each school has at least one QCHP licenced nurse. The lead nurse is based at Mall of Qatar branch and responds to needs across all schools. Each school also has many qualified First Aiders. Upon entry to the school and when there are any changes to a pupil's health, parents are asked to complete a medical questionnaire outlining any medical conditions, current treatment and allergies etc. their children may have. Following the Ministry of Public Health (MoPH) Growth Monitoring Plan, height and weight is measured annually for all pupils year one and above during the first term of the school year. Vision screening takes place for pupils in years 1, 3, 5, 7, 9 and 11. Parents are informed if there are any concerns as instructed by MoPH.

Procedures for First Aid Unit Visits

The First Aid Unit (FAU) hours of work are 6.45am - 2.45pm daily. All visits to the FAU are documented within the pupils' medical files on iSAMS.

Except when urgent treatment is required, all pupils must be referred to the FAU by a teacher before visiting the FAU. A nurse pass or out of class medical note is used for this purpose. In the event of urgent treatment, children may go directly to the FAU. Younger children (EYFS to Year 2) should not be sent on their own.

Record Keeping

Medical Files are electronic, all attendance episodes to the FAU shall be recorded on iSAMS. Issues of a sensitive or significant nature shall be recorded on CPOMS. All medical information such as Sick leave certificates, immunisation records will be saved electronically to iSAMS for future reference.

Any serious injuries such as a suspected fracture, head injuries, any incident when an ambulance is called to the school or a pupil is taken to hospital, must be recorded on CPOMS.

Where a pupil or staff member has received first aid treatment from the SNT or a qualified first aider this must be documented into the pupil's medical file. The information recorded should include:

- The date, time and place of incident;
- The name (and class) of the injured or ill person;
- Details of their injury / illness and what first aid was given;
- What happened to the person immediately afterwards (e.g., went home, returned to class, hospital);
- Name and signature of the first aider or person dealing with the incident;
- All serious or significant incidents will be reported to parents/guardians by sending a letter home with the child or by a telephone conversation.

Protocols for administration of medicines

Most children will at some time have short-term medical needs, this may require medication to be given whilst children are at school. Parents have the prime responsibility for their child's health and should provide school with information about their child's medical condition. Parents / guardians must inform the SNT if their child is diagnosed with a medical condition which will require prescription or non-prescription medication to be taken at school and of any changes to the medication required. Pupils who have medical conditions, particularly those with long term or complex health requirements will have an school health care plan.

Medicines should only be taken in 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. Where possible, this will be done on-site before school, during breaks or after-school so as not to disrupt learning.

All medication given in school must have prior consent, this can be from the annual medical conditions and consent form or by using the individual [Medication Consent form](#).

Prescribed: All medicine that is brought into school must be handed to the SNT and recorded on the [Medicine Consent Form](#). Medication should always be provided in the original container dispensed by a pharmacist, have the child's name and date of birth clearly labelled and include the prescribers' instructions for administration and dosage. The Nurse administering the medication will check the pupil's name, the name of the medication, the prescribed dose, the expiry date, method of administration, the time/frequency of administration, any side effects and the written instructions on the container before providing the medication to the pupil.

Medication prescribed for one pupil should not under any circumstances be given to another pupil.

Non-prescribed: If a pupil is seen by the SNT and it is deemed that the pupil requires an over-the-counter medication such as Paracetamol, prior consent will be accepted from the medical conditions form. Where this is not available, or it has been stated that parents wish to be informed before any medication is given then a phone call will be made to parents for verbal consent. A note is given to the pupil to show parents with the name of medication, time and dosage given. Medical records must always be checked for any allergies and consent before medication can be administered.

Storage of medication: Medication is kept in a locked cupboard in the FAU. Pupil's own medications are stored in individually, labelled with name, date of birth, class and photo. Where medications must be stored in the refrigerator, this is locked and pupils own medication is stored in individual labelled containers. All Adrenaline Auto Injectors (AAIs) are not locked away, they are stored in clearly labelled grab boxes on the wall with the FAU. Each box contains the pupil's medication and their Allergy Action Plan.

Pupils must not carry any medication unless this has been agreed with the Medical Team and stated in their health care plan. It is good practice to support and encourage children who are able to take responsibility to manage their own medication however it is important that MT are aware of the use of medication in school and where necessary backup medication is stored in the medical room.

The FAU is locked when not in use and keys are kept with the security on duty.

Adrenaline Auto-Injectors in School: Where pupils are known to be at risk of Anaphylaxis they are usually prescribed an adrenaline auto-injector (AAI) by their doctor. It is recommended that two devices are provided.

Storage: AAI's are stored in the First Aid Unit, easily accessible, not in a locked cabinet. Each pupil has a grab box, on the front a photo, name, DOB and Allergen information is provided. Each box should include pupil AAI's, Allergy Action Plan and any other emergency medication e.g. inhaler. AAI's should be stored at room temperature away from direct sunlight. The School Nurse team will inform parents at least a month before the AAI is due to expire.

Disposal of Medicines: Expired medication should be given back to parents for disposal and all medication should be collected at the end of the academic year.

Dental Care

The school does not make appointments for dental care unless it is an emergency. It is the responsibility of the child's parents or guardian to do this. Pupils/parents are encouraged to make any appointments outside school hours if at all possible, again so as not to disrupt learning.

Immunisation

On admission to Sherborne Qatar Schools, parents must provide an up-to-date copy of their child's vaccination record. The school liaises with Ministry of Public Health (MoPH) regarding immunisation programmes. Parents should update the medical team following any further immunisations and a copy of the pupils vaccinations will be stored in the pupil health record within iSAMS.

Prior to immunisations a letter will be sent to all parents asking if they wish their child to receive an immunisation. The replies are then collated and the SNT arranges the immunisation in conjunction with the MoPH.

- All parents to be written to with full details of proposed immunisation with an unambiguous consent form enclosed specific to that vaccine;
- Parents who have stated they do not want vaccination to occur on the child's records should also be written to, out of courtesy, to let them know that immunisation is occurring and, that if they were to wish their child to be included in this particular instance, to contact the School;
- The official list of those to be vaccinated is to be kept by the SNT and handed to the representative of the MoPH before the vaccinations occur;
- Only those children who are to be vaccinated will be taken to the room where the vaccinations take place;
- Each child is to be checked before entering the vaccination room and the appropriate consent form will be sent in with that child to the person performing the immunisation;
- The person giving the immunisation is to check against the child's name that the consent form is correctly filled in;
- Only then can the vaccine be administered;
- All children must be observed for at least 10 minutes before being allowed to leave the area;
- Full record of immunisations is to be kept by the school separately from the MoPH list and a note will be made on each child's medical record;

- Parents will be given certificate of immunisation for their records.

COVID-19 and other pandemics

Sherborne Qatar takes direction regarding COVID-19 health and safety measures (and other diseases) from the MoPH and MOE and adjusts their protocols accordingly to ensure that all pupils and staff are safe and well. These protocols will be implemented as and when they take place. Where there is any update or changes to the medical policy staff, pupils and parents will be notified accordingly.

Sending children home and the decision to keep them at home

The School Nurse may send a pupil home, after consultation with that pupil's parents as appropriate, where because of a diagnosed illness such as a notifiable disease he or she poses an immediate and serious risk to the health and safety of other pupils and staff. This is not exclusion, but it is an authorised absence and should be recorded as such in the attendance register. It should be for the shortest possible time. If difficulties persist, the parent should seek medical advice. (Department of Education, 2012)

The chart below lists common symptoms seen in all children that could possibly be related to an infectious disease. This chart also indicates the necessity to authorise absence for a pupil exhibiting a particular symptom from school.

Parents should be notified when a pupil develops symptoms at school, and the child should be referred to a healthcare provider if symptoms are thought to be serious. Parents are asked to exercise appropriate judgement and air of the side of caution, following the latest guidelines, and keep pupils at home if they are exhibiting any signs or symptoms of COVID-19 in order to stop the spread of the virus.

The decision to send the pupil home should be considered by the health professional if any of the following conditions apply:

- If the pupil does not feel well enough to participate comfortably in usual activities.
- If the pupil requires more care than school personnel are able to provide.

- If the pupil has a high fever (above 37.8), behaviour changes, persistent crying (based on a holistic approach), difficulty breathing, lack of energy, uncontrolled coughing or other signs suggesting a severe illness.

In all the above scenarios it may be necessary to notify parents in writing about the need for authorised absence and the recommended period of time.

Authorised Absence

Authorised absence is applied where it is deemed, using clinical judgement that a pupil must not attend school for medical reasons. If a period of absence is 2 days or more a medical certificate must be provided to explain the absence.

The use of Mobility Aids

Pupils who need to use crutches, a wheelchair or other medical aids will require a risk assessment to take place on or before their return to school, to ensure the appropriate safe use of the equipment and identify where additional support may be required. Where mobility aids such as crutches are used in school a medical report should be provided stating what the injury is and the duration for the use of the mobility aid.

Where pupils are unable to use the stairs due to injury or medical condition a lift pass may be issued by the head of year.

Infectious Diseases in School Settings

Infection	Exclusion Period	Comments
Athlete's foot	None	Pupils should not be barefoot at school (for example in changing areas) and should not share towels, socks or shoes with others.
Chickenpox	At least 5 days from onset of rash and until all blisters have crusted over	Pregnant staff contacts should consult with their GP or midwife.
Cold sores (herpes simplex)	None	Avoid contact with the sores.
Conjunctivitis	None	Seek advice from Dr if no improvement.
Respiratory infections	Children and young people should not attend if they have a high temperature and are unwell	Children with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend school.
Coronavirus (COVID-19)	*Current MOPH guidance advises 5 days isolation from date of Positive result.	May change according to MOPH Updates.
Diarrhoea and vomiting	Staff and pupils can return 48 hours after diarrhoea and vomiting have stopped	Diarrhoea is defined as 3 or more liquid or semi-liquid stools within a 24-hour period in adults and older children or any change in bowel pattern in young children. If a particular cause of the diarrhoea and vomiting is identified there may be additional exclusion advice.
Diphtheria	Exclusion is essential.	Preventable by vaccination. Family contacts must also stay away from school.
Flu (influenza) or influenza like illness	Exclusion until recovered.	Influenza vaccine is recommended.
Glandular fever	None	
Hand foot and mouth	None	Exclusion may be considered in some circumstances.

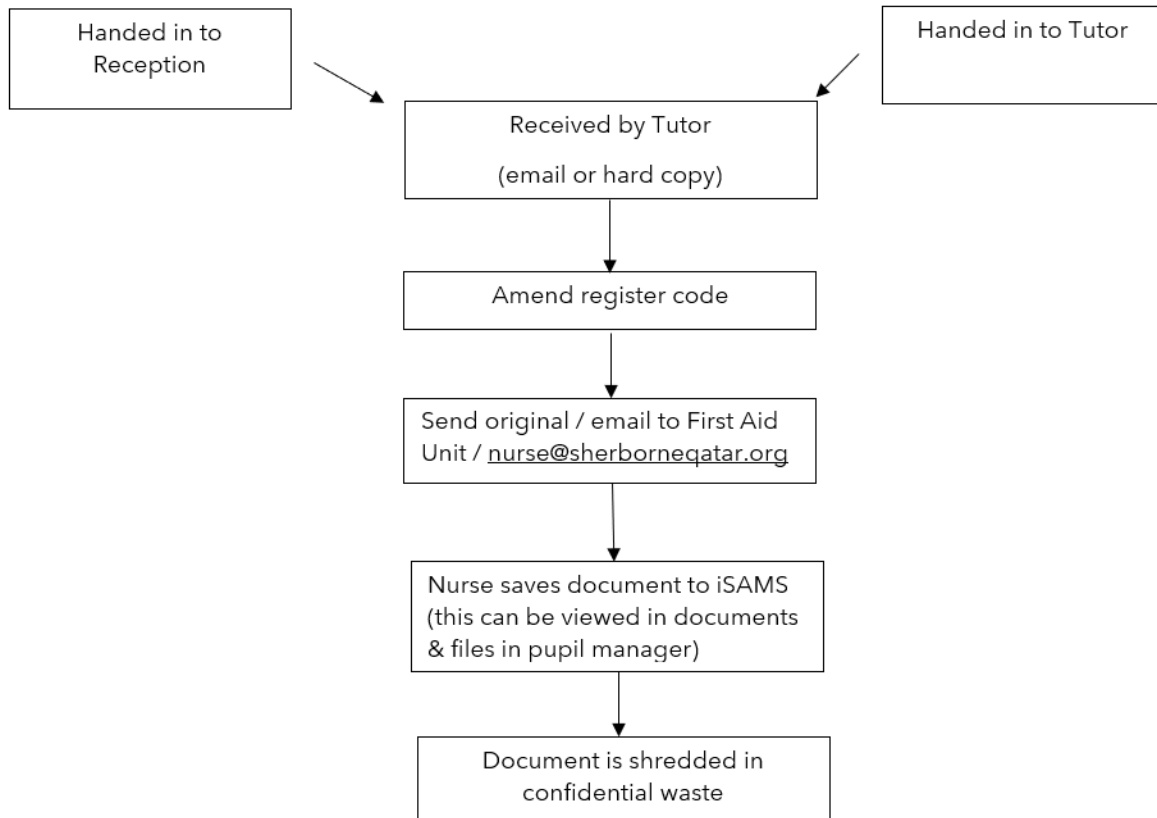
		Medical report/ sick leave certificate must be provided.
Headlice	May return following treatment.	Treatment is required where live lice have been seen.
Hepatitis A	7 days after onset of jaundice (or 7 days after symptom onset if no jaundice)	MOPH may give further guidance.
Hepatitis B, C, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact.
Impetigo	Until all lesions are crusted or healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period.
Measles	4 days from onset of rash and well enough	Preventable by vaccination with 2 doses of MMR.
Meningococcal meningitis or septicaemia	Until recovered	Meningitis ACWY and B are preventable by vaccination.
Meningitis due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination.
Meningitis viral	None	Milder illness than bacterial meningitis. Siblings and other close contacts of case need not be excluded.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning are important to minimise spread.
Mpox (monkeypox)	Exclusion until all the scabs have fallen off and a fresh layer of skin has formed underneath.	
Mumps	5 days after onset of swelling and well enough to return.	Preventable by vaccination with 2 doses of MMR.
Ringworm	Exclusion until treatment has commenced.	Treatment is needed.
Rubella (German measles)	5 days from onset of rash	Preventable by vaccination with 2 doses of MMR.
Scabies	Can return after 24 hours after first treatment	Household and close contact

Scarlet fever	Exclude until 24 hours after starting antibiotic treatment	A person is infectious for 2 to 3 weeks if antibiotics are not administered.
Slapped cheek/Fifth disease/Parvovirus B19	None (once rash has developed)	Pregnant contacts of case should consult with Dr.
Threadworms	None	Treatment recommended for child and household.
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need or respond to an antibiotic treatment.
Tuberculosis (TB)	Advice to be provided by CDC.	Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread.
Warts and verrucae	None	Not exempt from swimming, Verruca should be covered in swimming pools, gyms and changing rooms.
Whooping cough (pertussis)	2 days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks.

References

- Sherborne Qatar Medical Policy 2023
- Public Health England (2017) [Guidance on infection control in schools poster.pdf \(hscni.net\)](#) last updated 6.6.2024
- [Managing specific infectious diseases: A to Z](#) (Last accessed June 2024)
- [Workplace Guidance COVID-19.pdf \(moph.gov.qa\)](#)

Procedure when receiving medical certificates / sick leave certificates



iSAMS Codes

N - No Reason Yet Provided for absence

I - Illness

M - Medical / dental appointment

C - Authorised absence (not medical related)



SHERBORNE QATAR

Risk Assessment for: Use of mobility aid (crutches) around school

School:		Pupil name:		Date of assessment:		Review date:	
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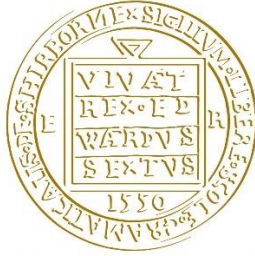
Activity / process	What are the hazards to health and safety	What risks do they pose and to whom?	What existing control measures are in place to reduce the risk?	Risk level H/M/L *	Further action required Y/N?
Movement around the school	<ul style="list-style-type: none"> • Uneven surfaces • Furniture • Crowds/busy area • Wet flooring 	<p>User of mobility aid, staff, children & visitors</p> <p>Mobility aid trapped/caught/loss of use of aid/ trip & fall of user</p>	<p>Procedure put in place to allow movement around school before or after busy times.</p> <p>Movement only to occur when accompanied by an adult.</p> <p>All building users are to be made aware there is an individual using a mobility aid.</p> <p>Uneven surfaces are to be identified where possible.</p> <p>Defects to flooring etc. are to be reported and dealt with appropriately.</p>		

			<p>Spillages to be cleared as soon as identified 'Warning' signage to be used where necessary.</p> <p>Access/ Egress and corridors to be kept clutter free.</p> <p>Furniture to be arranged in such a way that it does not become an obstacle/hazard for the mobility aid user.</p>		
Outdoor Play	<ul style="list-style-type: none"> Weather conditions Crowds/ busy area 	<p>User of mobility aid, staff, children & visitors</p> <p>Mobility aid trapped/caught/loss of use of aid/ trip & fall of user</p>	<p>Crutches are not to be used outside, arrangements to be made for pupil to stay inside at break times.</p>		
Dining/Lunch breaks	<ul style="list-style-type: none"> Food debris on floor 	<p>User of mobility aid, staff, children & visitors</p> <p>Mobility aid trapped/caught/loss of use of aid/ trip & fall of user</p>	<p>Food debris to be cleared away. Hazard signage boards to be used if needed.</p>		
Storage of crutches whilst seated	<ul style="list-style-type: none"> Trip hazard 	<p>User of mobility aid, staff, children & visitors</p> <p>Mobility aid trapped / caught / loss of use of aid / trip & fall of user</p>	<p>Crutches to be stored securely in a safe place where they will not become a risk to others.</p> <p>Crutches should be easily accessible should they be required by the user in an emergency.</p>		
Steps	<ul style="list-style-type: none"> Trip hazard 	<p>User of mobility aid, staff, children & visitors</p>	<p>Adult must be present at all times when steps are being accessed.</p>		

			Visual assessment must take place prior to using steps, no crutches to used on staircase.		
Fitness to be in school whilst using crutches	<ul style="list-style-type: none"> • Adverse effect to general health • Further injury 	User of mobility aid, staff, children & visitors	Medical report received.		
Access/ Egress	<ul style="list-style-type: none"> • Trip hazard • Door closing on individual • Delay evacuating in the event of emergency 	User of mobility aid, staff, children & visitors	Assistance provided (e.g., Buddy system) when travelling through manual doors. Ensure good housekeeping is maintained to ensure access/egress is clear of obstruction. PEEP (Personal Emergency Evacuation Procedure)		
Lessons	<ul style="list-style-type: none"> • Inaccessible lessons • Teaching/learning methods inaccessible 		Lessons to be adapted as required, with alternative methods of teaching/learning put in place if necessary. Pupil to be seated close to the classroom door, to reduce movement around the classroom. Medical report to state how long pupil can not take part in PE.		
Off Site activities	Separate risk assessment required				
Name of Assessor		Signature			

*If the risk level achieved is still **High**, the planned activity / process must not continue. The risk assessment action plan must be completed to identify what further action will be taken to reduce the risk to an acceptable lower level.

*If the risk level achieved is **Medium** you must consider whether the existing control measures are sufficient or if any further action could be taken to reduce the risk to a low level. (The risk level may remain as medium where the risk is inherent in a particular activity / process)

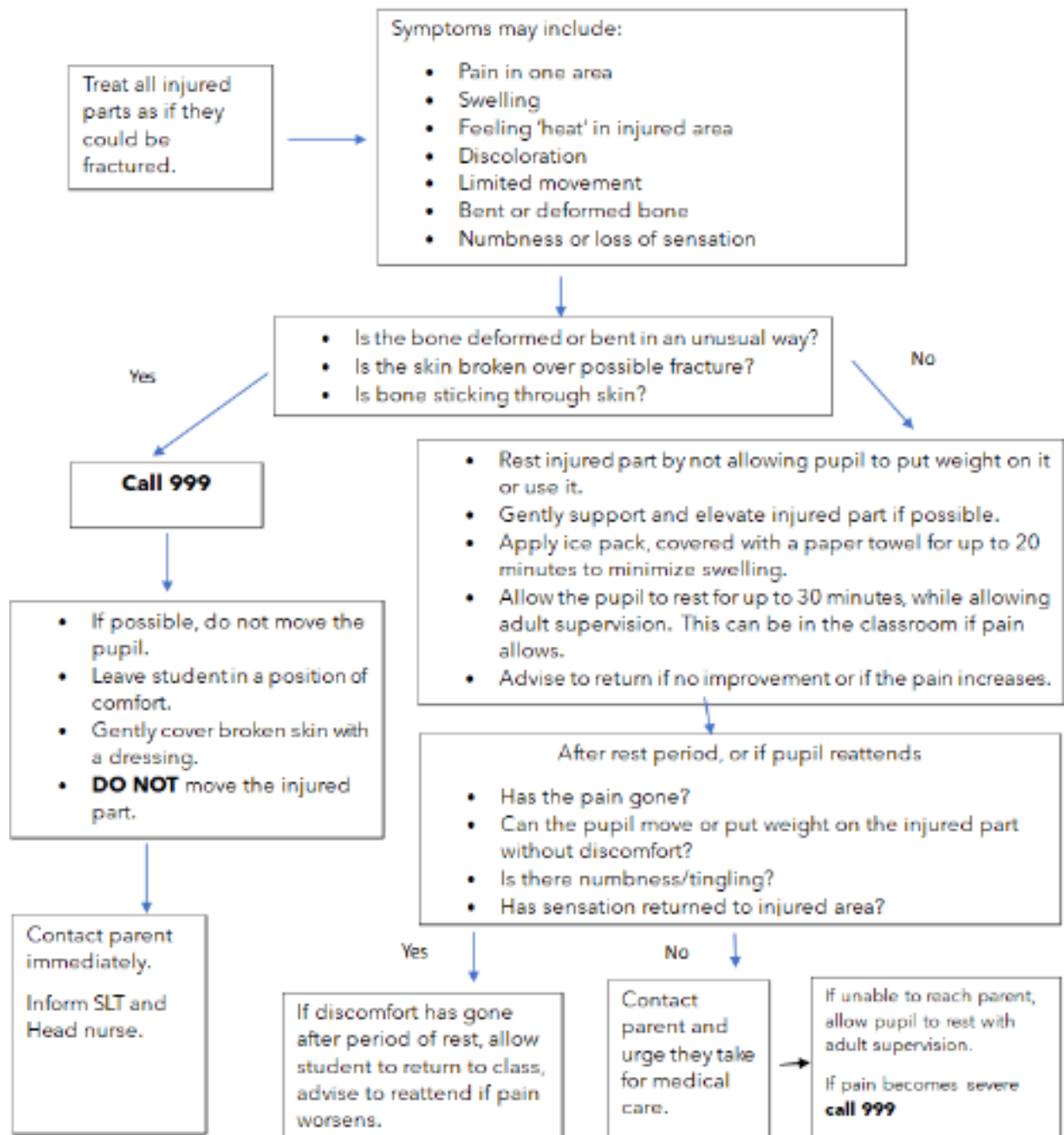


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Medication Consent Form

Name:	Class:
Date of Birth:	Allergies:
Medical Condition:	
Medication:	
Medication Expiry Date:	
Dose:	Time:
Date From:	Date To:
Special instructions:	
The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Sherborne staff administering medicine. I will inform the school nurse immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.	
Name:	Relationship to pupil:
Signature:	Date:

Fractures, Dislocations, Sprains or Strains



Document on isams (every injury), CPOMs (significant event or safeguarding concern) and Health and Safety incident form (Significant event, when 999 called, health and safety concerns).