



مدرسة وودلم بارك الخاصة
Woodlem Park
School Private



CLINIC POLICY 2025-2026

Approved By	Principal
Signature	<i>Bhambi Sharma</i>
Date of Review	March 2025
Next Review Date	March 2026

WPS VISION STATEMENT ON WELL-BEING

At WPS we will promote, develop, equip and prepare healthy learners for life. We are committed to making it our mission to promote resilience, positive wellbeing and mental health for all our pupils and staff. We understand wellbeing to be a state of being comfortable, healthy and happy. We aim to drive this message forward, and to ensure that mental health and well-being is “everyone’s business” across the whole school community. We will strive to create an environment that has a whole school approach, in providing excellent mental health support, understanding and intervention. We will put Wellbeing at the heart of our school to ensure successful learning, and commit to our policies reflecting this practice.

INTRODUCTION

Facilities and Personnel

WPS Private School has a well-equipped school clinic with weekly twice one hour doctor and three full-time registered nurses. Automated External Defibrillators devices and First Aid Kits are available at different locations of the school campus to provide optimal care in case of emergencies. Additionally, the clinic staff provides Health Education and vaccination services.

POLICY IN ADMINISTRATION OF MEDICATIONS

School Policy on Administering Medications to a Child

The school clinic has its own supply of medications. Please see the attached list of medications that are available. The school doctor should not prescribe Controlled Drugs (CD) and Semi Controlled Drugs (SCD) for students.

The school doctor shall not prescribe medication to student for use after school hours.

Prior to administering of any medication to a Primary School Student, parents will be notified and verbal consent will be obtained. However, in case of emergency, and if parents are not reachable, it will be at the discretion of the school doctor to medicate the child (in such cases as high fever, allergic reactions, injuries, etc.).

Parents of Secondary School Students will be notified when a student visits the school clinic repeatedly with the same complaint.

Analgesia (pain relief medication) will not be administered to the same student more than two times a term without parent consent. Students may receive such medications as Paracetamol, Ponstan, Advil, etc. several times during a term if required.

Students are not allowed to carry any medications around the school, except inhalers for asthmatic students. If a child needs medications to be administered during school hours, a doctor’s prescription needs to be obtained at the end of the school day or at the end of the prescribed course. Where the parent is required to submit their child’s Medical Details Form.

Parents are required to provide the school with updated vaccination records for their child/children. A notification will be sent to parents 2 days prior to the actual date of vaccination. Parents will be asked to sign a consent form and return it to the clinic within 7 days prior to the date of vaccination. If the parents choose not to have their child/children vaccinated from the school they need to provide a copy of their vaccination records and inform the school if the child receives any vaccinations outside the school.

Medications must be sent in their original packaging and should be clearly labeled with the student's name, required dose, timing and route of administration. If a medication has been administered in the morning, a note should be sent to the clinic. Medications that are dosed twice daily should be administered by parents at home in the morning and after the school hours. All medications will be returned once the course of the prescribe treatment in completed.

For those students who need to receive regular doses of a prescribe medication (i.e. Insulin, Asthma Inhalers, Nebulizer, Eye Drops), a consent form needs to be completed which specifies name of the prescribed medication, required doses and timings. The consent form must be updated accordingly in case of any changes.

For children with illness such as anaphylaxis, asthma, epilepsy or Type 1 diabetes, the emergency medications (Nebulizer solutions) must be store in the school clinic. The medication should be carefully labeled with the student's name, route of administration and required dose.

NOTIFICATION OF PARENTS POLICY

Clinic staff may contact parents if they need to obtain some information about the child or inform the child's parents about administering medication.

Contagious Illness

The MOH has clearly documented guidelines for those conditions which require exclusion from the school. The conditions commonly seen are: Conjunctivitis, Chicken pox, Gastroenteritis, Hand Foot and Mouth Disease. However, the list is not limited to the above mentioned conditions.

If a student develops vomiting and or diarrhea, he/she should be seen by the doctor and rest at home for the duration of illness or if necessary admitted to the hospital.

The time period for each condition varies, so we request that a child receives proper care at home as long as it needed. Upon returning to school, a certificate from the attending physician or pediatrician must be provided. If the child returns to school prior to the completion of the recommended isolation time, parents will be requested to take their child home.

Fever

Children with a temperature above 37.7 C should be rested at home. If a child develops a fever during school hours, parents will be notified to collect their child as soon as possible. Child with the raised temperature will not be sent home on a school bus. Children may return to school if they are afebrile for 24 hours without using fever-reducing medications such as Calpol, Adol, Advil, Ibuprofen etc.

In case of extremely elevated temperature or if the child has a history of febrile convulsions, the clinic staff will immediately medicate the child and begin sponging or bathing him/her to reduce the intensity of the fever. Parents will be told to come to school immediately.

Parents will be informed immediately if their child is unwell and needs to be collected from the school at the earliest. We will not put a child who is ill or distressed on a school bus. The parents must collect their child as a matter of priority.

STUDENT ASSESTMENT CRITERIA

In accordance with the regulations of the (ministry of health), all school required to conduct medical examinations of the following students:

- ◆ All new students
- ◆ All KG 1 students
- ◆ All Grade 1 students
- ◆ All Grade 5 students
- ◆ All Grade 9 students



A personal file is regularly updated for each student where all scheduled vaccinations, annual check-ups (height, weight, BMI, BMI percentage, etc.) and any other visits to the school clinic are recorded. As part of our policy to promote a "Healthy Lifestyle" we also conduct various screening campaigns during the school year (i.e. eye test, dental check-ups). Parents will be notified in advance about any forthcoming screening that your child may be involved in. Student's medical files will be handled confidentially at all times.

STUDENT HEALTH EDUCATION COMMUNICATION AND INFORMED CONSENT POLICY

1. The medical of WPS private school provide health education to students on regular basis
2. The health education includes but is not limited to:
 - ◆ Personal hygiene.
 - ◆ Balanced diet.
 - ◆ Puberty.
 - ◆ Drug abuse.
1. Every student shall receive the same lesson twice.
2. In case any medical support is needed the students shall contact the clinic and it will be immediately provided.
3. Consent forms:
 - ◆ A consent form shall be signed by their guardian/parent in admission time allowing their ward to undergo a medical examination
 - ◆ A consent form shall be signed by the guardian/parent allowing before their ward receive a vaccine

FOOD ALLERGY MANAGEMENT POLICY

Schools are committed to providing a safe, educational environment for all students. In accordance with this and pursuant to applicable laws, the purpose of this policy is to:

- ◆ Provide a safe and healthy learning environment for students with food allergies;
- ◆ Reduce the likelihood of severe or potentially life-threatening allergic reactions;
- ◆ Ensure a rapid and effective response in the event of an allergic reaction; and
- ◆ Protect the rights of students with food allergies to participate in all school activities.

Recognizing the risk of accidental exposure can be reduced in the school setting. WPS Private School is committed to working in cooperation with parents, students, and physicians.

Responsibilities of Parent/Guardian

1. Teach your child to:
 - ◆ NEVER share snacks, lunches, drinks, or utensils.
 - ◆ Understand the importance of hand washing before and after eating, and proper methods of hand washing (e.g. no hand sanitizer).
 - ◆ Recognize the first symptoms of an allergic/anaphylactic reaction.
 - ◆ Communicate symptoms as soon as they appear to school staff member.
 - ◆ Carry his/her own epinephrine auto-injector, when appropriate, and/or know where it is located (backpack, office, location at home).
 - ◆ Report teasing and/or bullying.
 - ◆ Take responsibility for his/her own safety.
 - ◆ Develop greater independence to keep self-safe from anaphylactic reactions.

2. Inform the school of the child's allergy prior to the opening of school (or as soon as possible after a diagnosis). Update the school annually on child's allergy, or when changes in the child's medical plan occur.
3. Provide medical documentation, instructions, and properly labeled medication (up-to- date), as directed by a physician, prior to the opening of school (or as soon as possible after a diagnosis). This includes proper authorizations for medications and emergency response protocols.
4. Work with the school's nurse and staff to develop a plan that accommodates the child's needs throughout the day including the classroom, cafeteria, after-school activities, and school bus.
5. Provide the school with current contact information and maintain updated emergency medical information.
6. Provide "safe snacks" for the child to be kept at school for unplanned special events.
7. Attempt to go with child on field trips, when possible.

Responsibilities of Student:

1. NEVER share snacks, lunches, drinks, or utensils.
2. Use proper hand washing before and after eating (not hand-sanitizer).
3. Learn to recognize personal symptoms of an allergic reaction.
4. Immediately notify an adult as accidental exposure occurs or symptoms appear.
5. Demonstrate responsibility when carrying emergency medication (if authorized to self- carry) and/or where medication is kept.
6. Report teasing and/or bullying to an adult.
7. Develop greater independence to keep self-safe from anaphylactic reactions.

Responsibilities of School Health Professionals:

1. Review medical information (emergency medical information) provided by parent/guardian of all students at beginning of each school year, as well as all new students entering the school.
2. Meet with parent/guardian of students with food allergies to obtain a medical history and to develop an Individual Health Care Plan.
3. Ensure proper storage of emergency medication. Including:
 - ◆ Following manufacturer's guidelines for storage.

Responsibilities of Nutrition Services:

1. Provide and ensure annual training to all nutritional service employees regarding safe food handling practices to avoid cross contamination with potential food allergens.
2. Provide information from all food labels and recheck routinely for potential food allergens, including "shared equipment" contamination upon parent/guardian request.
3. Provide advance copies of the menu to parent/guardian and notification if menu is changed, upon parent/guardian request.
4. Maintain a list of students with food allergies, along with Food Allergy Action Plans, maintaining confidentiality.
5. Treat all complaints from students seriously.
6. Prevent students with food allergies from being involved in garbage disposal, table cleaning or other activities which could bring them into contact with food wrappers, containers or debris.

STUDENT CONFIDENTIALITY AND PRIVACY

1. Student should be treated with respect, consideration and dignity. The student has the right to privacy and confidentiality.
2. The only authorized person that can release confidential health information from the school health records is the school doctor.
3. Medical records of students attending the school
4. Medical information of students or staff to be protected and not shared with other parents or staff that is not directly involved
5. Any personnel, including the health care providers, who release confidential health care information from the school health records, shall document each such release in the health records by indicating the following:
 6. Date of Release
 7. Description of the information released
 8. Name(s) of the person(s) to whom the information was released to
 9. Reason for the release of information
10. Medical records may only be released with prior approval of one of the parents
11. Staff are not allowed to take any medical documents out of the school premises. The school doctor is not allowed to take any medical documents out of the school.

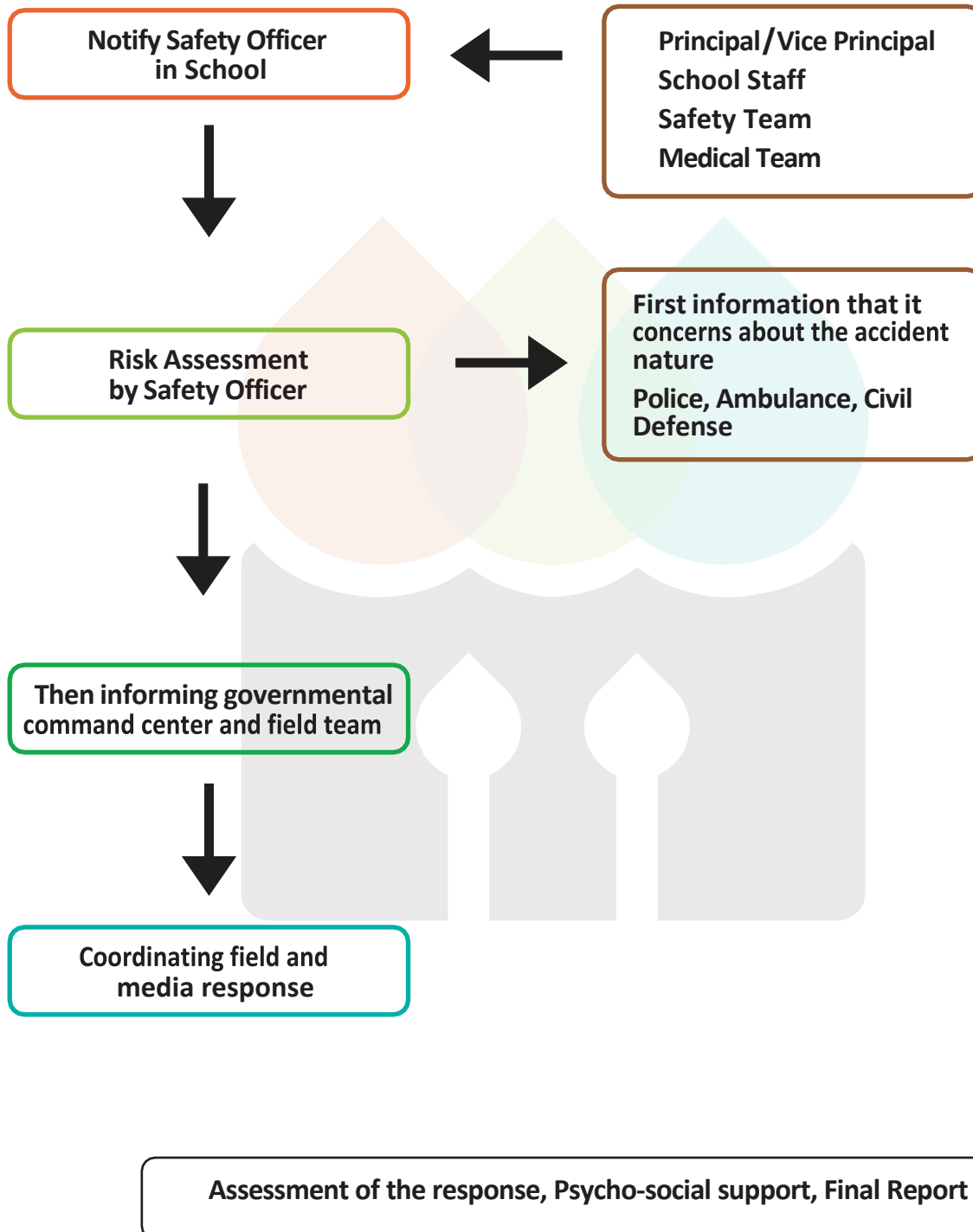
VACCINATION POLICY

1. Manual Registration used for recording information about the child immunization is maintained in the clinic.
2. Health Care Professional is able to articulate standard procedures in case of adverse events.
3. Severe adverse forms are available
4. Anaphylaxis Kit is available.
5. Inventory of Vaccines including expiry dates are available. (If applicable)
6. Health Care Professionals have immediate contingency plans in case of electrical failure or handling the extra vaccine. (If applicable)
7. Health Care Professionals know how to read vaccine vial monitor. (VVM)
8. MOH immunization guidelines are available and the concerned staff are oriented with the guidelines
9. Vaccine carriers/boxes with sufficient ice packs and thermometers are available.

HEAD LICE POLICY

Students diagnosed with live head lice need not sent home early from school. They can go home at the end of the day, be treated and return to class appropriate treatment has begun. Nits may persist after treatment, but successful treatment should kill the crawling lice.

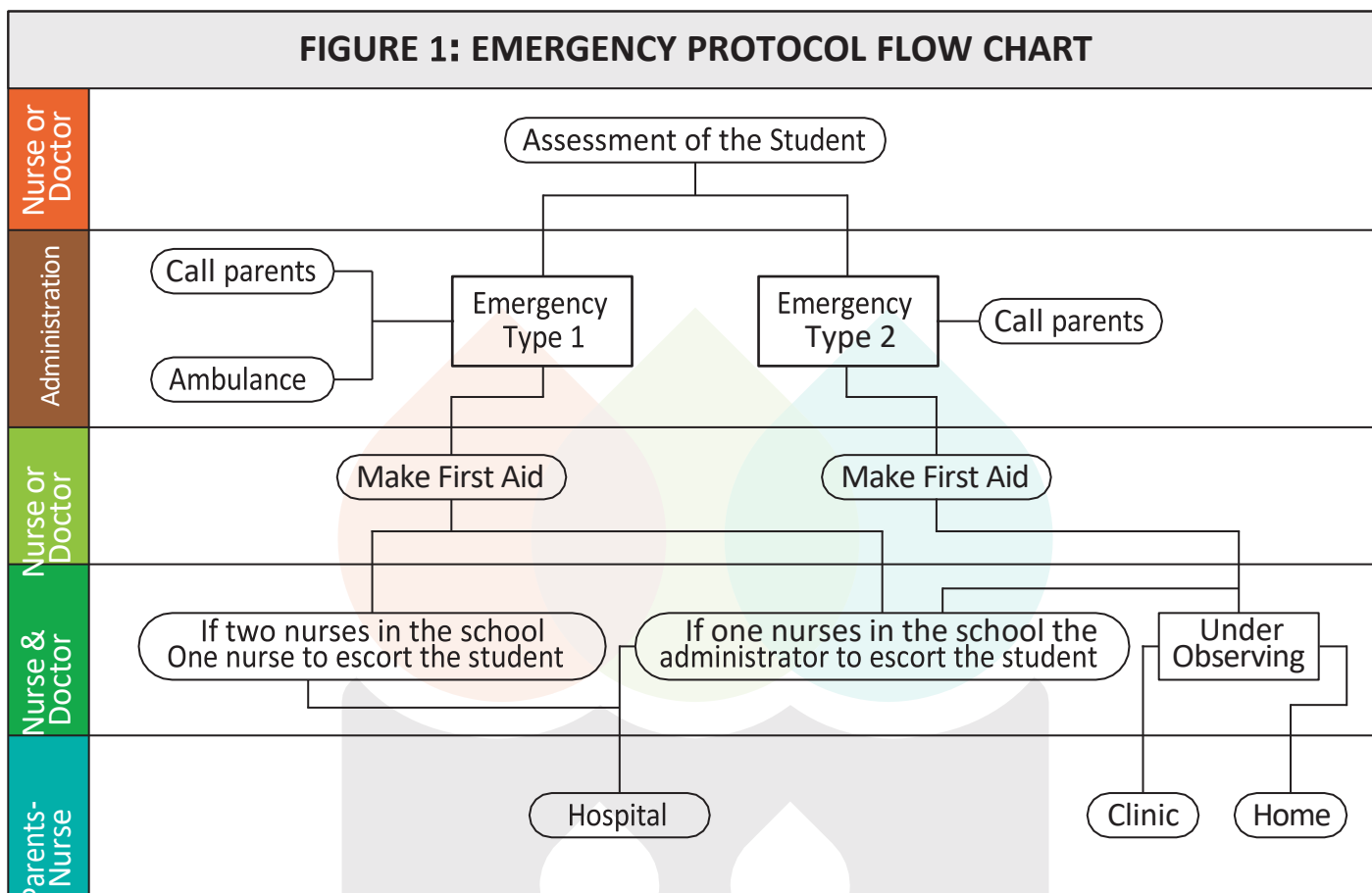
STUDENT CONFIDENTIALITY AND PRIVACY

**PATHWAY FOR DEALING WITH EMERGENCY
SITUATIONS IN WPS PRIVATE SCHOOL**

REFERRAL CRITERIA AND PATIENT TRANSFER

In case of emergency, patients are transferred strictly according to emergency protocol flow chart.

EMERGENCY PROTOCOL FLOW CHART



MEDICAL REPORTS AND MEDICAL ALERT FORMS

A medical report must be submitted to the school where there is any change in health condition or a new medical condition for your child. Changes in certain health conditions may impact on the wellbeing of the student and any treatment given by the clinic.

If your child has a pre-existing condition, the school clinic needs to be notified in advance. An Emergency Alert Form should be prepared by the school doctor for those students who might experience such medical emergencies as allergies, convulsions, anaphylaxis and diabetic emergencies. Additional members of staff who are in contact with such students will be notified about the child's pre-existing condition and trained accordingly.



SERVICE DESCRIPTION AND SCOPE OF SERVICES

School Health Service Plan in wps Private School is:

1. To deliver health services in school environment (including screening and vaccination programs).
2. Conduct comprehensive medical examination of students at KG/Foundation1, Grade one (1), Grade four (5), Grade seven (9),
Which is documented in the School Health Records.
3. Medication management.
4. Management of emergency reaction including anaphylaxis that might occur due to vaccination.
5. Reports all suspected or confirmed cases of communicable diseases to SHS and Preventive Medicine Section as per the list of Notifiable communicable diseases.

SCOPE OF SERVICE

A. Immunization

It is a proven toll for controlling and eliminating life-threatening infectious diseases and is one of the most cost-effective health investments.

B. Health Promotion

1. Medical or Preventive

This approach is aimed at reducing premature deaths (mortality) and avoidable diseases (morbidity). Actions are targeted at whole populations (e.g. immunization) or so called high risk groups. This approach seeks to increase the use of medical interventions to promote health.

2. Behavior Change

This approach aims to encourage individuals to adopt “healthy” behaviors that are regarded as key to improving health.

3. Educational

Seeks to provide knowledge and information and develop the necessary skills so that people can make informed decisions about behavior.

4. Empowerment

The idea is on helping people or communities to identify their own health concerns, gain the skills and make changes to their lives accordingly.

5. Social Change

To enhance social performance among student population.

C. Health Education

Steps in Planning a Health Education Curriculum

1. Assess and identify the learning needs of students; what they need to know, their values, beliefs, health practices etc.
2. Formulate the learning objectives. Learning objectives shall be clearly written, specific, measurable, achievable, and realistic and time bound.
3. Outline the topic and list the essential education materials required.
4. Choose teaching methodologies which are appropriate; (demonstration, discussion, role play etc).
5. Select instruction strategies and audio and visual aids which:
 1. Culturally relevant, developmentally appropriate and meet the different learning needs of students served.
 2. Actively engage parents and other caregivers in promoting health values and beliefs that support healthy behaviors and discourage risky behaviors.



6. Identify and arrange for the provision of all resources needed to conduct the health education session.
7. Arrange the venue, date and time to conduct the health educational session.
8. Implement the health education plan.
9. Evaluate the health education session to determine if the expected outcome has been achieved. Provide a timely, personalized and descriptive feedback to the student/s and record achievement.

HEALTH RECORD MANAGEMENT & RETENTION POLICY

Our health practitioners in the school clinic involved in a student's care and have access to student's health records and related information.

Hand written or hard copy of health records and information are stored in a lock cabinet or cupboard and in a safe monitorable location and only health practitioners have access to these storage facilities.

Records in the clinic whether they are hard or soft copies it is secured even it is not in use.

Only official school forms, which have been approved for use, will be filed with other school health records. Computer passwords are not shared.

Student has their records filled up in their individual school health record.

Whenever a student wish to transfer to another school at any grade, the original complete cumulative school health record will be transferred at the same time to the health personnel of the school the student is transferring to. The health record is maintained by the school for a minimum of 5 years after the student turns eighteen (18), or five (5) years the students leaves the school.

FIRST AID FOR COMMON INJURIES AND EMERGENCY POLICY

FIRST AID FOR COMMON INJURIES AND ILLNESSES

1. Abdominal Pain

Abdominal pain result from illness ranging from minor conditions to serious medical emergencies such as: trauma, appendicitis, hernia, constipation etc. Urgent medical care is needed for any severe abdominal pain

Do these:

- ◆ Observe and record; blood pressure, pulse and breathing.
- ◆ Offer reassurance and comfort
- ◆ Help to position that assist in relief pain
- ◆ Call 999 or for an ambulance
 - If pain is very severe
 - Individual is lying still with rigid and distended abdomen
 - Any signs of bleeding faint or losing consciousness

2. Acute Ear Ache

Ear ache can be an agonizing pain, caused by any of the following:

- ◆ Freshly pierced ear lobe or the discomfort of a tight earring
- ◆ Trauma from vigorous use of cotton swab while cleaning
- ◆ Pressure in the ear canal due to an acute viral infection such as a cold, sinus congestion or from a respiratory allergy
- ◆ A plug of ear wax
- ◆ Presence of a foreign body – like a pea, bean or flying insect.

Do these:

- ◆ Check ear for:
 - History of trauma or injury
 - Presence of foreign object
 - Discharge or bleeding
 - Swelling
- ◆ Calm and help individual into sitting or lying position for comfort
- ◆ Give analgesic as prescribe
- ◆ Observe and record; blood pressure, pulse and temperature
- ◆ If discharge is present; wipe from the outer ear only
- ◆ Call 999 or for an ambulance
 - If pain is caused by trauma
 - Foreign object seen
 - Dizziness, ringing in the ears
 - Discharge or blood from the ear
 - Loss of hearing

Do not:

- ◆ Block any drainage coming from the ear
- ◆ Try to clean or wash inside of the ear canal
- ◆ Attempt to remove the object by probing with the cotton swab, pin or any other tool
- ◆ To do so will risk pushing the object farther into the ear and damaging the middle ear
- ◆ Reach inside the ear canal with tweezers

3. Allergic Reaction (Anaphylaxis)

Anaphylaxis occurs after exposure to allergen to which an individual is extremely sensitive such as;

- Food (peanuts, shellfish, eggs, strawberry etc.)
- Medicines (penicillin, sulfa)
- Insect stings and bites (bees or wasps)

Anaphylactic reaction is a severe and sudden generalized reaction that is potentially life threatening.

Do These:

If individual is carrying an Epinephrine pen (EpiPen®) help individual use it or administer it at once Call 999 or for an ambulance

- Help individual in sitting or lying position that assists in breathing
- Observe and record; blood pressure, pulse and breathing. Be alert for breathing and pulse being slower or faster than usual
- If conscious offer reassurance and comfort, if necessary cover with blanket to keep warm
- If unconscious check for signs of life and prepare to give CPR if necessary.



4. Burn Do These:

- ◆ Remove individual from the Burn/Danger area
 - If clothing is on fire: STOP, DROP and ROLL
 - PULL individual to the ground
 - Wrap in blanket
 - Roll long ground until flames are extinguished
- ◆ If the burned area is small, cool the burned area with room temperature water. If possible hold the burned area under cold running water up to 20 minutes.
- ◆ If the burned area is large cover with the wet cloth or gauze for at least 10 minutes.
- ◆ Remove clothing and jewelry or any other constricting item before the area swells.
- ◆ Protect the burn from friction or pressure while cleaning.
- ◆ If burn is large or deep, manage for shock.
- ◆ Call or send someone to phone 999, or for an ambulance if
 - There is fire
 - Individual has large burn

Do Not:

- ◆ Do not apply lotions, ointment or fat/butter on a burn
- ◆ Do not use icy or cold water on a burn, because even though it may relieve pain, the cold can actually cause additional damage to skin.
- ◆ Do not touch injured areas or burst any blisters.
- ◆ Do not remove anything sticking to the burn.

5. Falls

- ◆ When you observe a Minor Fall Do These:
 - If it is safe to move the individual pick him/her up and comfort him/her.
 - Apply an ice pack on bruised area.
 - Treat any cuts or scrapes.
 - Have him/her rest.
 - Inform parents/guardian
 - Instruct parent/guardian to observe for the next 24 hours and assess for any change such as ; unsteady walking, blurred vision, slurred speech or losing consciousness.

A Major Fall is you observe:

- ◆ It involves the severe injury to the neck, spine and vital organs.
- ◆ If the individual loses consciousness even if just for a moment.
- ◆ If there is clear liquid coming from the nose, ear or mouth.
- ◆ If the individual is having difficulty breathing.



Do These:

- ◆ Call or send someone to phone 999, or an ambulance
- ◆ Do not move the individual.
- ◆ Try to keep the individual still with the neck and spine straight.
- ◆ If you have to move the individual use two people to keep back and neck straight.
- ◆ While waiting for help reassure the individual, check breathing and pulse.
- ◆ Stop any bleeding.
- ◆ Look for the signs of shock. (Pale and sweaty clammy skin, rapid or uneven breathing, unconsciousness).
- ◆ Do not try to straight out any twisted limbs.
- ◆ Do not try and push any bones that might have broken through the surface of the skin back under the skin.
- ◆ Elevate the feet of the individual about 12in.
- ◆ Do not elevate the feet if you expect spinal or back injury or if doing so causes the individual any discomfort.

6. Fever

Fever is an abnormal body temperature elevation. Normal range of temperature from children is 36.4 C to 37.0 C. In children any temperature of 38C or above is considered high and is classed as a fever.

A child's temperature can vary depending on activity, emotional stress; the type of clothing child is wearing, environmental temperature and disease process such as;

- Flu
- Ear infections
- Respiratory tract infections
- Tonsillitis
- Urinary infections
- Any of the common childhood diseases such as measles, mumps, chickenpox

Do These:

- ◆ Remove excess clothing
- ◆ Administer antipyretic as prescribed by school physician
- ◆ Provide adequate fluid intake as tolerated and as prescribed
- ◆ Place a cool sponge on the child's forehead
- ◆ Recheck temperature 20 to 30 minutes after administration of antipyretic
- ◆ Call or send someone to phone 999, for an ambulance immediately if individual develops:
 - Change in level of consciousness
 - Convulsions or fits
 - Difficulty of breathing

Do not give Aspirin (acetylsalicylic acid) because of the risk of Reye's syndrome. Sponging children is no longer recommended to lower the temperature because it can lead to extreme chilling and shock to an immune nervous system and has little advantage over the use of oral antipyretics. (Purssell,200).



7. Fractures

A fracture is a break in the continuity or structure of the bone as a result of trauma, twisting or bone decalcification.

Do These:

- ◆ Put on personal protective equipment.
- ◆ Have individual rest and immobilize the injured body part, reassure individual.
- ◆ Check for the signs of shock, cover and keep warm.
- ◆ Call or send someone to phone 999, for an ambulance immediately.
- ◆ With an open fracture, cover the wound with a clean dressing.
- ◆ Apply ice pack on the injured area with a towel between the ice bag and the skin for up to 20 minutes.
- ◆ Raise the injured body part if it does not cause individual more pain.
- ◆ Elevate a splinted arm.
- ◆ Monitor individual's vital signs while waiting for an ambulance.
- ◆ Remove clothing and jewelry if they may cut off circulation as swelling occurs.

Do not:

- ◆ Do not try to align the ends of a broken bone.
- ◆ Do not give individual anything to eat or drink.

8. Joint Injuries A

– Dislocation

Dislocation is when one or more bones have been out of the normal position in a joint.

Signs and Symptoms:

- ◆ The joint is deformed as compared to the other side of the body.
- ◆ Pain over involved area
- ◆ Swelling
- ◆ Inability to use injured body part

Do These:

- ◆ Have the individual rest and immobilize the area in the position in which you find it, reassure individual.
- ◆ Check for signs of shock, cover and keep warm.
- ◆ Call or send someone to phone 999, for an ambulance immediately.
- ◆ Apply ice pack on the injured area with a towel between the ice bag and the skin for up to 20 minutes.
- ◆ Use a splint to immobilize the area
- ◆ Monitor individual's vital signs while waiting for an ambulance.
- ◆ Remove clothing and jewelry if they may cut off the circulation as swelling occurs.

Do not:

- ◆ Do not try to put the displaced bone back in place.
- ◆ Do not give individual anything to eat or drink.



B – Sprain

Sprain is an injury which occurs due to excessive stretching of a ligament from its normal position. It is caused by a twisting motion, such as a fall or step in uneven surface.

Do These:

- ◆ Have individual rest and immobilize the area in the position in which you find it, reassure individual.
- ◆ Apply ice pack on the injured and wrap joint with a compression bandage.
- ◆ Use a soft splint (blanket or pillow) to immobilize and support the joint.
- ◆ Elevate a sprained hand or ankle above the level of the heart.
- ◆ Call or send someone to phone 999, for an ambulance
- ◆ Remove clothing and jewelry if they may cut off circulation as swelling occurs.

9. Migraine Headache**Signs and Symptoms:**

- ◆ Pain in the temples or behind one eye or ear or any part of the head
- ◆ Nausea and vomiting
- ◆ Sensitivity to light and sound
- ◆ Seeing spots or flashlights

Do These:

- ◆ Check vital signs
- ◆ Apply cold compress to the area of pain
- ◆ Have individual rest in bed with pillows comfortably supporting head or neck.
- ◆ Reduce light and noise in the room
- ◆ Administer analgesic as prescribed by school physician.

10. Nausea and Vomiting**Signs and Symptoms:**

- ◆ Weakness
- ◆ Dizziness or fairness
- ◆ Perspiration
- ◆ Skin pallor
- ◆ Rapid pulse
- ◆ Headache

Do These:

- ◆ Assist individual into sitting position, lean head forward over emesis basin
- ◆ Ask to take deep breaths slowly
- ◆ Apply a cool compress over individual's forehead
- ◆ Limit movement and activities
- ◆ Limit intake of food and fluid until nauseous feeling subsides
- ◆ Observe what is the vomitus and amount of vomitus
- ◆ Call or send someone to phone 999, for an ambulance if vomiting persists with signs of dehydration.
- ◆ Limit client's intake of food and fluid temporarily until signs of nausea subside.



11. Nose Bleeds

Do These:

- ◆ Put on personal protective equipment
- ◆ Have individual sit and tilt head forward and ask to keep his/her mouth open
- ◆ Loosen any tight clothing around the neck
- ◆ Press both sides of the nostrils just below the bridge of the nose continuously for 10 to 15 minutes.
- ◆ Ask individual to breathe through his/her mouth and not to speak, swallow cough, blow or sniff
- ◆ If bleeding continues press harder
- ◆ Check vital signs
- ◆ After 10 to 15 minutes, release pressure slowly. Pinch the nostrils again for another 10 to 15 minutes if bleeding continues
- ◆ Call or send someone to phone 999, for an ambulance immediately if;
 - ◆ Bleeding continues after 2 attempts to control bleeding and is heavy such as gushing blood
 - ◆ You suspect there is injury
 - ◆ Individual has difficulty breathing or high blood pressure

Do Not:

- ◆ Do not ask individual to lean his head backward
- ◆ Do not use ice pack on the nose or forehead
- ◆ Do not press on the bridge of the nose between the eyes (upper bony part of the nose)
- ◆ If there is a foreign objects:
 - ◆ Do not attempt to remove object
 - ◆ Call parent and recommend medical check-up

12. Toothache

Signs and Symptoms:

- ◆ Individual's jaw is sore and tender to touch
- ◆ Bleeding or swelling around the tooth or gums
- ◆ Throbbing pain in the head, jaw and ear
- ◆ Eating or drinking difficult
- ◆ Tooth is sensitive to hot/cold food and drink

Do These:

- ◆ Give warm water mouthwash
- ◆ Give analgesic as per school physician's/dentist's standing order
- ◆ Apply warm compress on the cheek over affected tooth/teeth
- ◆ Have individual see dentist immediately if pain is throbbing in nature and accompanied with fever.

Do These for Tooth Knocked Out:

- ◆ Have individual sit with head tilted forward to let the blood drain out
- ◆ Wear personal protective clothing
- ◆ Fold roll gauze into a pad and place over the tooth socket
- ◆ Instruct individual bite down to put pressure on the area for 20 to 30 minutes



- ◆ Save tooth which maybe implanted. Touch only the tooth's crown, rinse it if dirty. Put in a container of milk or cool water.
- ◆ Get individual and the tooth to a dentist immediately.

13. Wounds

The treatment of wounds depends on the mechanism of injury and the type of wound caused, like laceration, puncture etc. Wound care involves cleaning and dressing to prevent infection (especially Tetanus) and protect the wound so that healing can occur. The control of any bleeding is the priority of care.

A – Cuts/Superficial Abrasion:

Do These:

- ◆ Determine cause of injury
- ◆ Wear personal protective
- ◆ Gently wash the wound with soap and water to remove dirt
- ◆ Cover the wound with dry, sterile dressing and bandage
- ◆ Determine individual's Tetanus immunization status

B – Deep/Extensive Laceration:

Do These:

- ◆ Determine cause of injury
- ◆ Wear personal protective equipment
- ◆ Call or send someone to phone 999, for an ambulance
- ◆ Control bleeding by covering with sterile gauze dressing and apply direct pressure
- ◆ Gently wash the wound with soap and water to remove dirt
- ◆ Cover the wound with dry, sterile dressing and bandage
- ◆ Determine individual's Tetanus immunization status

C – Puncture Wound:

Do These:

- ◆ Determine cause of injury
- ◆ Wear personal protective equipment
- ◆ Call or send someone to phone 999, for an ambulance
- ◆ Control bleeding by covering with sterile gauze dressing and apply direct pressure
- ◆ Gently wash the wound with soap and water
- ◆ Cover the wound with dry, sterile dressing and bandage
- ◆ Determine individual's Tetanus immunization status

D – Bleeding:

Many injuries cause external or internal bleeding; bleeding may be minor or life threatening. Bleeding is one of the most frightening emergencies.

Remember:

- ◆ Remain calm
- ◆ You can stop most bleeding with pressure.
- ◆ Bleeding often looks a lot worse than it is.



Do These:

- ◆ Wear personal protective equipment.
- ◆ Remove clothing to expose the wound.
- ◆ If individual is able, ask to apply pressure over the wound with a large sterile dressing while you put on gloves and eye protection.
- ◆ Apply firm pressure on the dressing over the bleeding area with the flat part of your fingers or the palm of your hand.
- ◆ A small amount of pressure is needed to control bleeding from a scrape. Press harder to stop severe bleeding.
- ◆ If bleeding does not stop, add a second dressing and press harder.
- ◆ Do not remove the first dressing because it might pull off some blood clots and cause the wound to bleed more.
- ◆ Check for signs of shock.
- ◆ Elevate the wound; raise the injured part of the body above the level of the heart to slow down blood flow to the wound.
- ◆ Ask individual to lie down, with the legs raised if you think that shock may develop.
- ◆ Monitor vital signs. Keep individual warm.

14. Fainting**Do These:**

- ◆ Check the individual's ABC's and provide BLS if required.
- ◆ Lay the individual down and raise the legs about 12 inches above the level of the heart.
- ◆ Loosen constricting clothing.
- ◆ Check for possible injuries caused by falling.
- ◆ Reassure individual as he/she recovers.
- ◆ Send someone to phone 999, for an ambulance and transfer to emergency department immediately.

15. Diabetic Emergencies

People with diabetes sometimes have problems maintaining a balance of blood sugar and insulin in the body. They can go into hyperglycemia or hypoglycemia. Many factors can cause either of this condition. The immediate effects of low blood sugar can be more serious than that of high blood sugar. Individuals quickly progress to a medical emergency if they are not treated promptly.

Signs and symptoms of Hypoglycemia (low blood sugar):

- ◆ Sudden dizziness.
- ◆ Shakiness.
- ◆ Mood change or aggressiveness, anger
- ◆ Headache.
- ◆ Confused or having difficulty paying attention.
- ◆ Pale skin.
- ◆ Sweating.
- ◆ Hunger
- ◆ Jerky movements



Do These:

- ◆ Ask and confirm if individual has diabetes; look for a medical alert ID.
- ◆ Give sugar.
 - ◆ 2 – 4 glucose tablets or
 - ◆ 6 – 8 ounces 100% orange juice or other juice.
 - ◆ 1 to 2 sugar packets or 5 or 6 pieces of hard candy (unless choking is a risk).
- ◆ If still feels ill or has signs and symptoms after 15 minutes, give sugar every 15 minutes until individual recover or EMS arrives.
- ◆ If individual is unable to sit up or swallow, call or send someone to phone 999, for an ambulance.
- ◆ If individual is having seizure, follow steps for management of seizure.
- ◆ If individual is not having seizure and you do not suspect head, neck or spine injury, roll him/her to recovery position to help keep airway open.

Do not give foods that contain little or no sugar such as:

- ◆ Diet soda.
- ◆ Chocolate
- ◆ Artificial sweetener.

16. Bronchial Asthma Attack

During an asthma attack the airway becomes narrow and the individual has difficulty breathing. Many asthma individuals know they have the condition and carry medication for emergency situations. Untreated a severe asthma attack can be fatal.

Do These:

- ◆ Help individual rest and sit in a position for easiest breathing.
- ◆ Assist individual to use his/her medication (usually an inhaler)
 - ◆ Follow prescribed dose for children or adults
 - ◆ Use a spacer if available.
- ◆ Reassure individual and assess vital signs.
- ◆ Administer oxygen inhalation as per your school physicians' standing order.
- ◆ Call or send someone to phone 999, for an ambulance immediately if:
 - ◆ Individual does not know he/she has asthma (first attack).
 - ◆ Breathing difficulty persists after using the inhaler.

17. Seizures

Seizures or convulsions result from a brain disturbance caused by different condition such as; epilepsy, high fever in children, certain injuries etc.

Do These:

- ◆ Check for vital signs of life.
- ◆ Prevent injury during seizure; move away dangerous objects, put something flat and soft under the head.
- ◆ Loosen clothing around the neck to ease breathing.
- ◆ Gently turn individual to one side to help keep the airways clear if vomiting occurs.



- ◆ Call or send someone to phone 999, for an ambulance immediately if:
 - ◆ Seizure continues more than 5 minutes, recovers very slowly.
 - ◆ Has difficulty breathing or another seizures quickly follows.
 - ◆ Individual is not known to have epilepsy.
 - ◆ Individual has a history of diabetes or is pregnant or is injured.
- ◆ If individual is injured manage injuries resulting from the seizure.

18. Febrile Convulsion

- ◆ For individual with febrile convulsions follow the steps:
 - ◆ For reducing fever.
 - ◆ For managing seizures

EMERGENCY PROCEDURES FOR INJURY OR ILLNESS

Follow the following recommendations:

- ◆ 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 and the parent.
- ◆ 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, institute CPR.
- ◆ Do not use treatment methods beyond your skill level or your scope of practice. All persons working with students are encouraged to obtain training in CPD/First Aid Training through DHA PHC.
- ◆ Call Parents or Guardians at school campus immediately for:
 - ◆ Anaphylactic reaction.
 - ◆ Amputation.
 - ◆ Bleeding (severe).
 - ◆ Breathing difficulty (persistent)
 - ◆ Broken bone.
 - ◆ Burns (chemical, electrical, third degree).
 - ◆ Chest pain (severe)
 - ◆ Choking.
 - ◆ Electrical shock.
 - ◆ Frostbite.
 - ◆ Head, neck or back injury (severe).
 - ◆ Heat stroke.
 - ◆ Poisoning.
 - ◆ Seizure (if no history of seizures).
 - ◆ Shock.
 - ◆ Unconsciousness
 - ◆ Wound (deep/extensive).



How to call EMS (Emergency Medical System):

When you call 999 be ready to give the following information:

1. Your name and the phone number you are using.
2. The location and number of individuals.
3. What happened to the individual/s and any special circumstances or conditions that may require special rescue or medical equipment?
4. The individual's condition: is individual responsive, breathing or bleeding.
5. Individual's appropriate age and sex.
6. What is being done to the individual/s.

Every school should have a procedure for contacting the individual's parent/guardian/named contact individual in an emergency as soon as possible. It is good practice to practice to report all serious and significant incidents to individual's parent/guardian by sending a letter home or by telephoning them

STAY AT HOME IF UNWELL

In order to protect our students' health and to reduce and minimize the spread of illnesses in the school, the following regulations shall apply.

1. Please do not send your child/children to school if they have:

- ◆ A fever
- ◆ A skin rash
- ◆ Vomiting (not to return to school for 24 hours after the last vomiting episode)
- ◆ Diarrhea (not to return to school for 24 hours after the last diarrhea episode)
- ◆ Abdominal pain
- ◆ Cough
- ◆ Shortness of breath
- ◆ Runny nose
- ◆ Nasal congestion
- ◆ Red, watery, sticky or painful eyes
- ◆ Myalgia or body ache
- ◆ Fatigue
- ◆ Sore throat,
- ◆ If he/she has an infected sore or wound, it must be covered by a well-sealed dressing or plaster.

If your child has any of the previously mentioned symptoms, please keep your child at home and he/she will only be permitted to return back to the school based on either a clearance certificate from their treating doctor or a negative PCR test where it is required.

2. 2. If your child is assessed by the school doctor and deemed to be a possible risk of infection to other students, you will be contacted to take him/her home immediately.
3. 3. Please make sure that a proper medical treatment is taken and inform the school health office if your child is being treated for a medical condition.
4. 4. Kindly make sure that your child practices hand hygiene, maintains short nails, clean clothes and clean hair etc.
5. 5. Anyone infested with head lice will not be allowed in school until the hair is thoroughly treated and is free from lice.



2. It is recommended to check your child for hair lice or nits, on weekly basis. If he/she is infested, start the treatment at home and report the same to the school nurse. It will be kept confidential.
3. Please inform the School if your child has been or being treated for a medical condition.

