



المدرسة الهندية الجديدة
NEW INDIAN SCHOOL

NIS CLINIC POLICY 2026-2027

Signed

Principal

: 

Date : 16/02/2026

Reviewed By

: **Governing Body | SLT**

Date : 16/02/2026

Next Review Due By

Date : 16/02/2027

SCHOOL CLINIC AND EMERGENCY HEALTH POLICY

1. PURPOSE

The purpose of this policy is to ensure, as far as is reasonably practical, that:

- i. To provide a clear framework for safe, effective, and timely school health services including first aid, emergency response, medication management, vaccination support, student health screening, and safe referral pathways for all students and staff at New Indian School, Ras Al Khaimah.
- ii. To integrate health and its importance in the curriculum
- iii. To promote the importance of physical health, mental health and well being among students, staff and parents.
- iv. To promote good nutritional status of school children.
- v. To promote disease prevention and control
- vi. To promote hygiene, sanitation, and use of safe water
- vii. To strengthen coordination of school health interventions by relevant Ministries, communities, and other stakeholders
- ix. To ensure mechanisms are put in place for the sustainability of school health programs
- x. To facilitate effective monitoring and evaluation of school health programs.

2. SCOPE

This policy applies to all school healthcare operations, two full-time school nurses, the school Doctor, school administration, teachers and staff, students, parents/guardians, visitors, and contracted service providers.

3. DEFINITIONS

- i. School Doctor: Licensed physician responsible for clinical governance of the school clinic.
- ii. School Nurse: Licensed nurse providing day-to-day clinical care and implementing policies.
- iii. IHCP: Individualized Health Care Plan for students with chronic health needs.
- iv. Emergency Transfer: Movement of a patient from school to a higher level of care via 998 ambulances.

4. ROLES & RESPONSIBILITIES

.1 Daily First Aid Administration

- i. School nurse and doctor evaluate and completes clinical assessment for the students who visits clinic for consultation with teacher referral.
- ii. Every student that attends the clinic will be listed in the daily clinic record maintained by the doctor. It includes
 - Name of the Student
 - Class
 - Date & Time
 - Chief Complaint
 - Examination Finding
 - Intervention
 - Advice slip given
 - Sent Home (Y/N)
 - Time Out from the school if sent home
- iii. If there is a need for the student to stay in the clinic for observation, the nurse will inform the teacher in charge.
- iv. If the student is stabilized and qualifies to go back to class, nurse will inform the teacher in charge stating the current condition and the student released back to class.
- v. If the student is unwell parent is informed by the school nurse via school telephone and asked to take student home from school clinic.

4.2 Notification of Parent

- i. Parents will be informed verbally by phone on the condition of their child, they will be advised of any occurrence that requires follow up or monitoring and of any medication administered.
- ii. Parents are updated by the School Nursing Team of any changes or variations to their child's health and wellbeing.

4.2 School Doctor

- i. Provide clinical leadership, standing orders, and oversight of school health services.
- ii. Conduct medical examinations and screenings as required and review complex cases.
- iii. Author/approve IHCPs for students with chronic conditions; coordinate with parents and treating physicians.

- iv. Lead emergency medical decision-making; authorize medication protocols; ensure readiness of emergency equipment.
- v. Ensure compliance with MOH requirements and coordinate health education.
- vi. Liaise with administration and local health facilities; oversee incident reviews and quality improvement.

4.3 School Nurses (Two positions)

- i. Deliver evidence-based nursing care and first aid; prioritize emergencies; escalate to the school Doctor.
- ii. Maintain clinic readiness, stock, AED checks, and first aid kits; document all encounters contemporaneously.
- iii. Implement student screenings (height/weight/BMI) and track follow-up requirements.
- iv. Manage medications per this policy: storage, administration, documentation, and expiry tracking.
- v. Maintain IHCPs, allergy lists, and emergency action plans:
 - Head Injury
 - Anaphylaxis
 - Diabetes
 - Epilepsy
- vi. Ensure infection prevention and control practices and medical waste segregation.
- vii. Coordinate ambulance activation (998) and referral paperwork; accompany only if directed and safe to do so.

4.3 School Administration and Teachers

- i. Support safe environment, risk assessments, and prompt notification to the clinic of incidents.
- ii. Share relevant student health information with the clinic when consented; participate in drills and trainings.
- iii. Follow physical education modification notes and exclusion guidance; escalate safeguarding concerns per Child Protection procedures.

5. FIRST AID & EMERGENCY RESPONSE

5.1 Clinic Readiness

- i. Daily checks: AED status, oxygen, emergency drugs (e.g., epinephrine auto-injectors), glucometer, airways, bandages, splints, thermometers. Monthly stock counts; monthly expiry audits.

5.2 Categorization of Presentations

- i. Life-threatening emergencies
 - compromised airway/breathing/circulation
 - severe head injury
 - anaphylaxis
 - status asthma
 - seizures >5 minutes
 - major trauma
 - open fractures
 - uncontrolled bleeding
 - ✓ **Activate 998, initiate ABCs, administer emergency medications per standing orders, prepare for ambulance transfer to Saqr Hospital.**
- ii. Urgent conditions
 - suspected fractures
 - head injury without red flags
 - high fever with toxicity
 - severe allergic reaction without airway compromise
 - ✓ **Stabilize, notify parents, consider referral.**
- iii. Minor conditions
 - Sprains
 - Small lacerations
 - Headache
 - Mild fever
 - ✓ **Manage and observe in clinic and notify parents as appropriate.**

5.3 Parent Notification & Consent

- i. Obtain consent at admission for routine first aid and emergency management.
- ii. For emergencies when parents are unreachable, proceed with life-saving care and transfer as per consent on file. Document all communications.

5.4 Emergency Transfer

- i. Call 998; provide student details, event summary, vitals, interventions, allergies, and last tetanus.
- ii. Prepare Emergency Transfer Form and copy of Emirates ID if available; hand over to ambulance crew.
- iii. Prefer Saqr Hospital for trauma/pediatrics; unless otherwise directed by EMS/parents.

5.5 Head Injury Management

- i. Monitor for red flags: loss of consciousness, persistent vomiting, severe headache, seizure, focal deficit, neck pain, drowsiness
- ii. Provide written Head Injury Advice to parents and arrange medical evaluation when indicated.

5.6 Asthma Management

- i. The clinic keeps updated records and parental consents for all students with asthma.
- ii. Students' inhalers must be labeled and kept accessible; those authorized may self-carry during school hours or PE.
- iii. Teachers and PE staff are informed of triggers and basic first-aid steps.
- iv. During an asthma attack:
 - ✓ Keep the student seated upright and calm.
 - ✓ Administer Ventolin nebulization as required.
 - ✓ Monitor breathing and response during and after the procedure.
 - ✓ If no improvement after one nebulization, or if the student develops severe distress (difficulty speaking, blue lips, drowsiness), call 998 and notify parents immediately.
- v. Document the event and allow rest before returning to class.

5.7 Allergy Management

- i. Students with a documented history of anaphylaxis will require parental authorization for emergency treatment
- ii. All students with life threatening allergies will be highlighted and identified by the Medical Team
- iii. The Allergy Action Plan includes the following: Telephone number for parents and alternate emergency contacts. Specific information about the student's allergy and treatment and history of previous allergic episodes.

5.8 Diabetes Mellitus Care Management

- vi. The medical team shall maintain a complete and up-to-date record for every student diagnosed with Diabetes Mellitus, including the Individual Health Care Plan (IHCP).
- vii. All staff involved in the student's daily care (teachers, PE staff, class assistants) must be informed of the child's condition, warning signs, and basic first-aid measures.
- viii. Medications received from parents must be clearly labeled with the student's full name, class, and expiry date, and provided in the original pharmacy container.

- ix. The following diabetes supplies shall be available in the clinic at all times:
- Glucometer with test strips and lancets
 - The student's own prescribed medication and insulin
 - Juice or fast-acting carbohydrate sources for hypoglycemia management
- x. In case of a **hypoglycemic episode**:
- ✓ Check capillary blood glucose immediately.
 - ✓ Provide 15–20 g of fast-acting carbohydrate (e.g., juice, glucose powder, or sugar).
 - ✓ Recheck after 15 minutes; repeat if low persists.
 - ✓ Notify the parents/guardians and arrange transfer to the hospital if no improvement or if the child becomes unresponsive.
- xi. In case of **hyperglycemia or persistent symptoms**, parents are informed, and the student may be referred for further evaluation.

5.9 Epilepsy Management

- i. The school clinic maintains an updated medical record for any student with a history of epilepsy, including diagnosis details, frequency of episodes, and current medications taken at home.
- ii. The student's Individual Health Care Plan (IHCP) outlines the condition, known triggers, and first-aid actions to be taken in case of a seizure episode.
- iii. All relevant staff (class teachers, PE teachers, bus supervisors) are informed of the student's condition and educated on basic seizure first aid.
- iv. The school does not store or administer anti-seizure medication; parents are responsible for ensuring the child's prescribed medication is taken at home as per the treating physician's advice.
- v. In the event of a seizure at school:
 - ✓ Ensure the child's safety by clearing the surrounding area and protecting the head.
 - ✓ Do not restrain the student or place anything in the mouth.
 - ✓ Record the duration and type of seizure.
 - ✓ Notify the school doctor and parents immediately.
 - ✓ If the seizure lasts longer than five minutes, is followed by breathing difficulty, or repeated episodes occur, call 998 for emergency transfer to the hospital.
- vi. After recovery, the student should rest in the clinic and be assessed by the school Doctor before returning to class.

6. MEDICATION MANAGEMENT

6.1 Storage

- i. All medications stored in a locked cabinet or locked refrigerator (2–8°C).
- ii. Access restricted to nurses and the school Doctor.
- iii. Maintain medication inventory and expiry log; label opened items with date of opening and new expiry when applicable.

6.2 Authorization & Documentation

- i. Require a valid prescription/doctor's note and a hospital per academic year.

6.3 Administration Rules

- i. Prefer administration at home; administer in school only when necessary. Non-traditional/herbal remedies are not administered.
- ii. Maintain emergency kits for anaphylaxis and hypoglycemia. Track students who self-carry inhalers/auto-injectors.

7. HEALTH RECORD MANAGEMENT AND RETENTION

- i. A complete, comprehensive, and accurate student medical record is maintained for each student.
- ii. A record includes physical examination, any pertinent progress notes, medications, laboratory reports imaging reports and immunization history.
- iii. Records and highlight allergies, management of allergies and untoward drug reactions.
- iv. The Clinic maintains an immunization record of all students and prescribes and administers immunization in case applicable as per the MOHAP guideline.
- v. Records should be organized in a consistent manner that facilitates continuity of care.
- vi. The school health doctor and the nurses are be responsible for the complete, cumulative school health record for each student and paper records will be securely stored in a locked filling cabinet.
- vii. Whenever a student transfers to another school, a copy of the complete records is handed to the parents to ensure confidentiality of medical records.
- viii. The Individual Health Care Plan for a student with chronic health condition, will include:

- The parental authorization of a student's treatment.
- The physician's order to administer a medication, related to the condition.
- Documentation of any consultations with school personnel, students, parents, or health care providers related to a student's health problem, recommendations made, and any known results.

8. STUDENT HEALTH SCREENING & IMMUNIZATION

8.1 Screening Program

- i. To ensure early identification of health conditions affecting student well-being, academic performance, and safety through regular, standardized health screening as per *MOHAP National School Health Screening Guideline 2024*.
- ii. Health screening is conducted annually for all students, with comprehensive exams at key grades following MOHAP guidelines:
 - **KG1:** General physical examination, growth (height, weight, BMI), vision, dental, and immunization review.
 - **Grade 1:** Full medical exam, growth and nutrition assessment, vision and dental check.
 - **Grade 5:** Physical examination including scoliosis screening, growth, vision, hearing, and dental check.
 - **Grade 9:** Comprehensive medical exam, scoliosis assessment for female students, vision and immunization review.
 - **All Other Grades:** Annual growth (height, weight, BMI) and vision screening by the school nurse, with referral for any concerns.
- iii. The welfare and safety of the children are the utmost priority and they are always supervised by the school Nurse during examination.
- iv. Parents are informed to any abnormalities seen during examination and early referral is made accordingly.

8.2 Immunization

8.2.1 Immunization Support

- i. Students should be prepared for vaccination with consideration for their age and stage of development.
- ii. Parents should be encouraged to take an active role before, during

and after the administration of vaccines.

8.2.2 Implementation of Vaccination Program

- i. The Medical Team will plan at the beginning of the year for the campaign and an annual estimated vaccine according to target population.
- ii. Immunization Program Information and consent forms will be sent to parents through class teachers.
- iii. Parents who will to avail the vaccination shall complete the consent form and return it to class teachers by the deadline given by clinic.
- iv. Following the cold chain, 1 nurse will go to the PHC to receive the required vaccines in the morning of the campaign. All safety procedures and precautions shall be followed during the vaccination.
- v. Remaining vaccinations are stored in an appropriate temperature and are returned to PHC center in the afternoon.

8.2.3 Vaccines are only to be given in the following circumstances

- i. Consent form is fully completed, signed by parent and dated
- ii. Student does not have any allergies or contraindications to the vaccine.
- iii. Should any of the above not be completed, the vaccine will not be administered.
- iv. Emergency/ Anaphylaxis kit should be available during all vaccine campaigns.
- v. Students are to be monitored in the clinic for up to 15 minutes after administration of the vaccine to monitor for any adverse reactions.
- vi. Vaccine administration is to be noted on the MOH immunization cards, original records, and EHS electronic system should be updated.

9. INFECTION PREVENTION & CONTROL (IPC)

9.1 Infection control

- i. The school reserves the right not to admit any student onto the premises who appears to be suffering from an infection or contagious disease. A student who is unwell on arrival to school will be sent home to minimize the risk of cross infection.
- ii. Any student who has any of the following symptoms should be seen by a physician or remain at home until fully recovered:
 - a. Fever

- b. Skin rash of unknown cause
- c. Diarrhea
- d. Vomiting
- e. Heavy eye or ear discharge
- f. Persistent productive cough
- g. Red, watery and painful eyes
- h. Ring worm
- i. Known contagious infections

9.2 Needle Stick Injury: Immediate Action

- i. Injuries from needles used in medical procedures are called needle-stick or sharp injuries.
- ii. Sharps include syringes, scalpels, lancets and glass from broken equipment.
- iii. This type of injuries caused a potential risk of acquiring blood-borne diseases, particularly but not limited to Hepatitis B, Hepatitis C and Human Immunodeficiency Virus (HIV).
- iv. In the event of needle-stick injury, the following must be done immediately:
 - ✓ **Stop immediately** and remove gloves safely.
 - ✓ **Wash the area** with soap and running water — do **not** scrub or squeeze the wound.
 - ✓ **Report immediately** to the School Doctor or Nurse in charge.
 - ✓ **Document the incident** in the clinic log and complete an Incident Report Form.
 - ✓ **Assess the risk** (type of exposure, source, and device used).
 - ✓ **Refer to the nearest hospital** (Saqr or Saif Hospital) for evaluation and post-exposure management as per MOH protocol.
 - ✓ **Notify the School Health Supervisor** and file the report within 24 hours.

9.3 Medical Waste

- i. School has an agreement with waste management agency from the start of the school year.
- ii. The Waste Management Agency is a handler of hazardous and non-hazardous solid and liquid waste and processes the required skills, knowledge and expertise to provide services to School in compliance with all laws, guidance rules, standards, policies and codes issued by the applicable authorities in the UAE.

9.4 Head Lice

- i. Routine Headlice Checks are generally not needed but can be done upon request from the School Management Team.
- ii. In case of suspected head lice is reported, a head inspection check is carried out by the school nurse.
- iii. In the case of Live Head Lice school nurses educate parents on treatment options and preventive measures.
- iv. Re check student upon return to school.
- v. Screening of the rest of the students in the class of the affected child will be performed such that early detection and intervention will be done to prevent an outbreak.

10. ACCIDENT PREVENTION & SAFETY

10.1 Routine Safety Oversight

- i. A monthly safety inspection checklist shall be conducted by the School Doctor, School Nurses, and the Health & Safety Officer covering school grounds, classrooms, laboratories, playgrounds, physical education (PE) areas, equipment, chemicals, and cleanliness.
- ii. Any identified hazards (slippery floors, broken furniture, exposed wires, damaged sports equipment, or unsafe storage) shall be rectified immediately in coordination with the Facilities and Administration departments.
- iii. Documentation of inspections and corrective actions must be maintained and reviewed during health and safety meetings.

10.2 Sports and Physical Activity Safety

- i. The School Doctor and Nurses shall collaborate with PE teachers to ensure all sports and physical activities are conducted in a safe, supervised environment.
- ii. Sports equipment must be regularly inspected for functionality and cleanliness. Worn or defective equipment must be reported and removed from use.
- iii. Adequate hydration, shaded rest areas, and first aid kits must be available during outdoor sports, particularly in hot weather.
- iv. Students must wear appropriate protective gear (helmets, pads, shoes) as required for the sport.
- v. Physical activity should be avoided during extreme heat or when the heat index exceeds safe limits.

- vi. For inter-school or off-campus sports events, the accompanying teacher must carry a portable first aid kit and maintain communication with the school clinic for emergencies.

10.3 Students with Chronic Illnesses in Sports Participation

- i. The participation of students with chronic medical conditions (e.g., asthma, diabetes, epilepsy, heart disease) in sports activities must be guided by their Individualized Health Care Plan (IHCP), prepared and reviewed by the school Doctor.
- ii. The School Nurse and PE teacher must be informed of the student's medical needs, emergency plan, and any required medications (e.g., inhalers, epinephrine auto-injectors, glucose gel).
- iii. These medications must be easily accessible during physical activities, under supervision.
- iv. Teachers and coaches must be trained to recognize early signs of medical distress (e.g., hypoglycemia, asthma attack, seizure) and respond according to the IHCP and emergency protocols.
- v. Students recovering from recent illness or injury may require a medical clearance note from their physician or the school Doctor before rejoining PE or sports.
- vi. Participation should be gradually resumed, with modifications or alternative low-impact activities as needed.
- vii. Any incident occurring during sports involving a student with a chronic condition must be reported to the clinic and documented within 24 hours.

10.4 General Emergency Response

- i. First aid provision must be ensured for all school events, trips, and sports sessions.
- ii. All incidents, injuries, or near-miss events shall be reported to the clinic and documented within 24 hours.
- iii. Periodic drills (e.g., heat exhaustion, asthma, fracture management) will be conducted jointly by the School Doctor, Nurses, and PE Department to reinforce preparedness.

11. CHILD PROTECTION & SAFEGUARDING

- i. Follow UAE child protection laws and local procedures.
- ii. Train staff to recognize and escalate concerns to the School Child Protection and Safety Officer.
- iii. Share information with parents unless doing so increases risk to the student; document all steps and referrals.

11.1 Incident and Accident Reporting


- i. To ensure that all health-related, safety, or behavioral incidents involving students are promptly reported, documented, and appropriately managed, including referral to the Child Protection Team.
- ii. Applies to all incidents within the school premises, during school hours, events, or off-campus activities organized by the school.
- iii. Any staff member who witnesses or is informed of an incident must report it immediately to the School Clinic.
- iv. The School Nurse or School Doctor will assess the student and provide first aid or initiate emergency transfer if needed.
- v. An Incident/Accident Report Form shall be completed within 48 hours of the event, signed by the attending nurse/doctor and copy of the report is filed securely in the Clinic Incident Register and shared with the School Management when required.
- vi. Parents are notified the same day via phone call
- vii. The Clinic will monitor recovery and follow-up care for all reported cases.
- viii. All incident reports will be reviewed monthly during the Health and Safety meeting to identify trends, preventive actions, and staff training needs.

12. QUALITY ASSURANCE, TRAINING & REVIEW

- i. Conduct drills (anaphylaxis, asthma, seizure, head injury) and emergency simulations; maintain KPI dashboards (response times, incident types, follow-ups).
- ii. Ensure BLS for all clinical staff; maintain CME/CPD.
- iii. Review health policy annually or after significant incidents/regulatory updates.

12.1 Health Education

- i. The school clinic promotes a healthy and safe school environment through regular health education and awareness programs for students and staff.
- ii. Health topics are selected based on MOH health calendar priorities, common school health issues, and seasonal needs.
- iii. Methods of delivery include: classroom talks, posters, newsletters, and participation in national health campaigns.
- iv. The School Doctor and Nurses plan and conduct at least one health education activity each month, coordinating with teachers and administration.
- v. All activities are documented as a report and submitted to the School Principal and members of health committee.

		 المدرسة الهندية الجديدة NEW INDIAN SCHOOL		SCHOOL CLINIC POLICY	
1 st Issue APRIL 2025	Reviewed on 12 -Nov-2025	Version 1.2	Circulated to All Staffs	Next Review APRIL 2026	

DOCUMENT ADMINISTRATION

School: New Indian School, Ras Al Khaimah

Policy Title: School Clinic and Emergency Health Policy

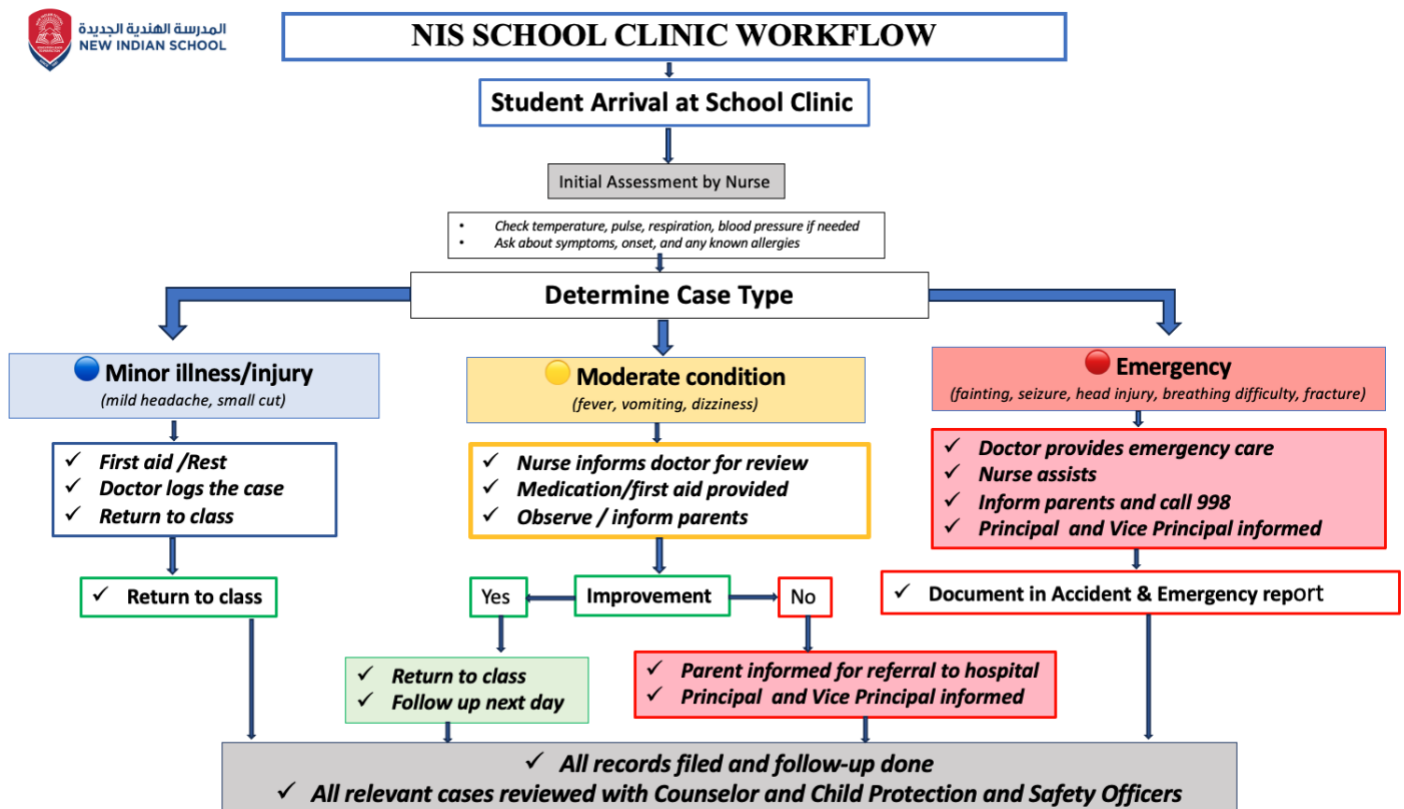
Author: Dr. Nadiya Dileep, School Doctor Version: 1.2

Effective Date: April 2025

Review Date: November 2026

Referral Hospitals: Saqar Hospital (Trauma & Pediatrics)

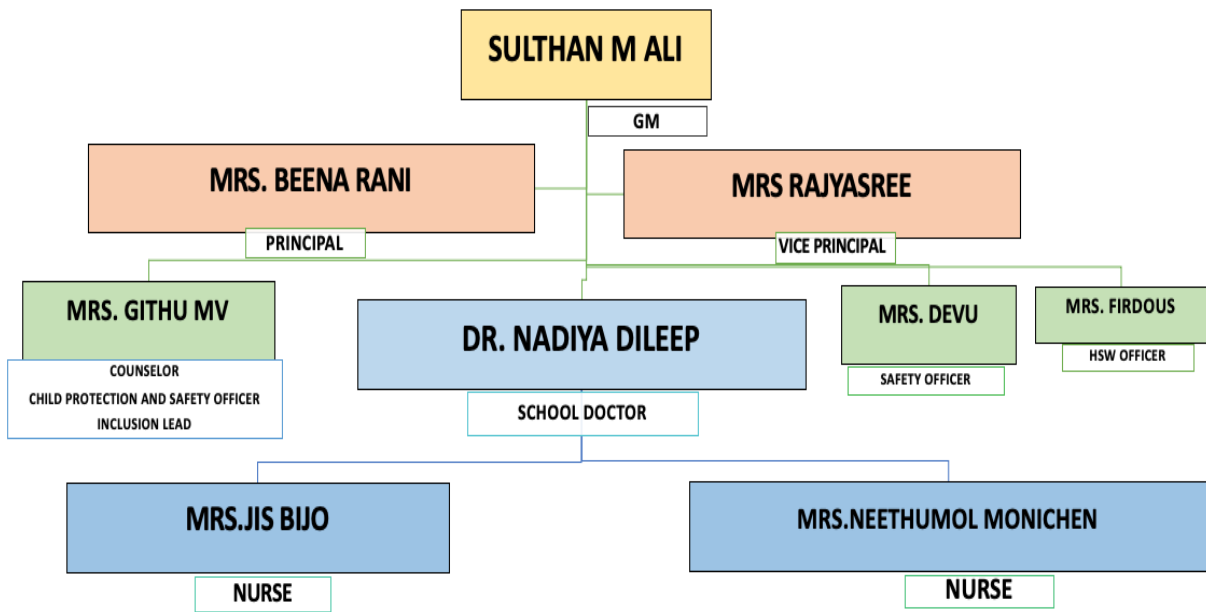
Language: English



13. NIS SCHOOL CLINIC COMMITTEE



NIS SCHOOL CLINIC COMMITTEE



14. APPENDICES

APPENDIX A: EMERGENCY TRANSFER

Patient Referral/Transfer Form	PatientName: ID #:
To be completed for transferred /Referred patients from a facility doesn't have EMR	
Diagnosis:	
Reasons of Transfer(Summary of patient condition including latest investigation results):	
Medication: _____ _____ _____	Allergy <input type="checkbox"/> Yes Specify _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown
Procedures done _____ _____ _____	
Suggested plan of care _____ _____ _____	
Condition at transfer (Latest Vital signs) _____	
<input type="checkbox"/> Escort:	
Date: Time:	Physician Name & ID: Physician Signature:

APPENDIX B1: HEAD INJURY PROTOCOL



HEAD TRAUMA ACTION PLAN

STUDENT SUSTAINS HEAD INJURY

ASSESS LEVEL OF CONSCIOUSNESS & AIRWAY, BREATHING AND CIRCULATION

- ✓ VOMITING
- ✓ CONFUSION
- ✓ SEVERE HEADACHE
- ✓ SEIZURE

ARE THERE ANY **RED FLAG** SYMPTOMS?

- ✓ FOCAL DEFICIT
- ✓ LOSS OF CONSCIOUSNESS
- ✓ NECK PAIN
- ✓ DROWSINESS

YES

NO

- ✓ Provide first aid: Stop any bleeding, apply cold compress.
- ✓ Keep head and neck supported.
- ✓ Call 998 for hospital transfer
- ✓ Inform parents immediately
- ✓ Stay with the student until emergency team arrives.
- ✓ Document incident.

- ✓ Observe in clinic for 30-60 minutes
- ✓ Apply ice pack if needed
- ✓ Document in clinic record
- ✓ Inform parents for home observation.
- ✓ Provide written Head Injury Advice Form with warning signs to watch for.

APPENDIX B2: HEAD INJURY ADVICE (TO PARENTS)



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Head Injury Advice Form for Parents / Guardians

Student Name:

Class & Section:

Date / Time of Injury:

Location of Incident:

Description of Incident:

Immediate Assessment

- No loss of consciousness
- Brief dizziness / mild headache
- Minor bump / bruise
- Other (specify): _

Management Provided in School

- Ice pack applied
- Rest and observation in clinic
- First aid given
- Parent informed by phone



Head Injury Warning Signs

Please observe your child at home for the next 24–48 hours.

Seek immediate medical attention or call 998 if any of the following occur:

- Repeated vomiting
- Increasing headache or dizziness
- Unusual drowsiness or difficulty waking
- Confusion or abnormal behavior
- Seizure or convulsion
- Blurred vision
- Weakness or numbness in limbs
- Persistent bleeding or clear fluid from nose/ears



المدرسة الهندية الجديدة NEW INDIAN SCHOOL

نموذج نصائح إصابة الرأس لأولياء الأمور / الأوصياء

- اسم الطالب:
الصف والقسم:
تاريخ / وقت الإصابة:
مكان الحادث:
وصف الحادث:

التقييم الفوري

- لم يفقد الوعي
 دوام خفيف / صداع بسيط
 كدمة أو تورم بسيط
 أخرى (يرجى التوضيح)

الإجراءات التي تم اتخاذها في المدرسة

- تم وضع كمادة باردة (تلج)
 راحة ومراقبة في العيادة
 تم تقديم الإسعافات الأولية
 تم إبلاغ ولي الأمر عبر الهاتف

علامات التحذير لإصابة الرأس ⚠

يرجى مراقبة طفلك في المنزل خلال الساعات ٢٤-٤٨ القادمة.
يجب طلب الرعاية الطبية الفورية أو الاتصال بالرقم 998 في حال ظهور أي من الأعراض التالية:




- تكرار القيء
 ازدياد الصداع أو الدوخة
 النعاس الشديد أو صعوبة في الاستيقاظ
 الارتباك أو السلوك غير الطبيعي
 حدوث نوبة أو تشنجات
 تشوش أو ضبابية في الرؤية
 ضعف أو تنميل في الأطراف
 نزيف مستمر أو خروج سائل شفاف من الأنف أو الأذنين

APPENDIX C: ASTHMATIC ATTACK CARE PLAN



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NEW INDIAN SCHOOL

Asthma Action Plan

Stage	Symptoms	Action in School
 GREEN ZONE Stable	No cough, wheeze, or shortness of breath; can speak normally and participate in activities.	<ol style="list-style-type: none">1. Continue routine care.2. Ensure the student's nebulizer and consent form are updated.3. Avoid known triggers (dust, exertion in hot weather).
 YELLOW ZONE Mild to Moderate Attack	Cough, mild wheeze, or shortness of breath; difficulty speaking full sentences; may look anxious.	<ol style="list-style-type: none">1. Keep student seated upright and calm.2. Give Ventolin nebulization as required.3. Monitor closely for improvement.4. Notify parents.
 RED ZONE Severe Attack (Emergency)	Very short of breath, blue lips, difficulty talking, drowsy, no improvement after one nebulization.	<ol style="list-style-type: none">1. Call 998 immediately.2. Continue nebulization while waiting for ambulance.3. Inform parents.4. Prepare for hospital transfer.

APPENDIX D: SEVERE ALLERGY (ANAPHYLAXIS) MANAGEMENT PROTOCOL



المدرسة الهندية الجديدة
NEW INDIAN SCHOOL

ANAPHYLAXIS MANAGEMENT PROTOCOL

2025-2026

1. Purpose

To ensure the safety of students with severe allergies by providing clear procedures for prevention, early recognition, and emergency response.

2. Student Information

Name:		Grade:	
Allergy to:		Reaction Type:	<input type="checkbox"/> Mild <input type="checkbox"/> Severe (Anaphylaxis)
Parent Contact:		Emergency Contact:	

3. Trigger

- Food (e.g.: peanuts, tree nuts, milk, eggs, seafood)
- Insect stings or bites
- Environmental Allergens (e.g.: dust, pollen, animal dander, perfume)
- Medication
- Contact and Material Allergens (e.g.: Latex, Paint, Jewelry)

4. Prevention Measures

- ✓ Inform all staff (teachers, supervisors, bus drivers, PE teachers).
- ✓ Keep allergy action plan accessible in the classroom, staff room and clinic.
- ✓ Avoid allergen exposure check lunchboxes, shared food, and materials.
- ✓ Train staff on epinephrine auto-injector (EpiPen) use.
- ✓ Ensure student wears medical alert identification if available.

5. Recognizing Severe Allergic Reaction

Early symptoms may include:

- ✓ Itchy rash, swelling, or hives
- ✓ Swelling of lips, face, or eyes
- ✓ Coughing, difficulty breathing, or wheezing
- ✓ Vomiting, abdominal pain
- ✓ Dizziness

6. Emergency Action Plan

- ⇒ STAY WITH THE STUDENT NEVER LEAVE ALONE.
- ⇒ CALL FOR THE SCHOOL NURSE OR TRAINED STAFF IMMEDIATELY.
- ⇒ ADMINISTER EPINEPHRINE AUTO-INJECTOR (EPIPEN) INTO THE OUTER THIGH THROUGH CLOTHES IF NECESSARY.
- ⇒ CALL EMERGENCY SERVICES (998) IMMEDIATELY AFTER EPIPEN USE.
- ⇒ LAY THE STUDENT FLAT (UNLESS BREATHING IS DIFFICULT). ELEVATE LEGS IF POSSIBLE.
- ⇒ IF NO IMPROVEMENT IN 5-10 MINUTES AND ANOTHER EPIPEN IS AVAILABLE, ADMINISTER SECOND DOSE.
- ⇒ CONTACT PARENTS/GUARDIANS.
- ⇒ SEND USED EPIPEN WITH THE STUDENT TO THE HOSPITAL.
- ⇒ RECORD THE INCIDENT IN THE SCHOOL HEALTH LOG.

7. Contents of the Emergency Allergy Kit

Item	Purpose
Epinephrine Auto-Injector (EpiPen)	Immediate treatment of anaphylaxis
Antihistamine syrup/tablets	Relief of mild allergic symptoms
Medical gloves	Safe handling
Alcohol wipes	Clean injection area
Allergy Action Plan	Quick identification and steps
Emergency contact list	Immediate communication
Pen and log sheet	Record incident details

8. Anaphylaxis Management Emergency Drill Log

Conduct practice drills at least twice a year to ensure staff readiness.

Date	Location	Staff Present	Scenario Practiced	Response Time	Improvement	Signature

APPENDIX E: DIABETIC CARE PLAN



المدرسة الهندية الجديدة
NEW INDIAN SCHOOL

DIABETIC STUDENT CARE PLAN

Student Information

Name:		Grade:	
Date of Birth:		Parent/Guardian Contact:	
Type of Diabetes:	<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2	Emergency Contact Number:	

1. Daily Management

Task	Responsibility	Notes
Blood glucose monitoring	Student / Nurse	Before meals, PE, or if feeling unwell
Insulin administration	Student / Nurse	Follow doctor's/ informed guardian's orders
Meals and snacks	Student / Teacher supervision	Ensure snacks are eaten on time
Hydration	Student	Allow access to water anytime

2. Hypoglycemia (Low Blood Sugar)

Signs: Shakiness, sweating, pale skin, confusion, dizziness, headache, irritability.

HYPOGLYCEMIA ACTION PLAN

- ⇒ Check blood sugar immediately if possible.
- ⇒ If <70 mg/dL or symptoms are present (sweating, shaking, dizziness, irritability), give 15 g of fast-acting carbohydrate (e.g., juice or glucose tablets).
- ⇒ Recheck blood sugar after 15 minutes; repeat if still low.
- ⇒ Once blood sugar is normal, give a long-acting snack (e.g., crackers, milk, or sandwich).
- ⇒ If the student becomes unconscious or unable to swallow:
 - Call the School Doctor/Nurse immediately
 - Call 998 for emergency transfer
 - Inform parents/guardians

3. Hyperglycemia (High Blood Sugar)

Signs: Thirst, frequent urination, tiredness, blurred vision, fruity breath odor.

HYPERGLYCEMIA ACTION PLAN

- ⇒ Check blood glucose and ketones if possible.
- ⇒ Encourage the student to drink water.
- ⇒ Do not restrict toilet use.
- ⇒ If >250 mg/dL and unwell, notify school nurse and parents.
- ⇒ Follow healthcare provider's insulin correction plan.

4. Physical Education (PE)

- Check blood sugar before and after PE.
- Keep quick glucose snacks available.
- Allow the student to rest or snack as needed.
- Ensure PE teachers know emergency procedures.

5. Emergency Supplies to Keep at School

- Glucose meter and strips
- Fast-acting glucose (juice)
- Long-acting snacks
- Insulin and syringes/pens
- Glucagon kit
- Water bottle

6. Staff Training and Responsibilities

- All relevant staff should receive basic diabetes awareness training.
- Identify trained personnel for insulin, glucose monitoring, and glucagon use.
- Maintain confidentiality and student dignity.

APPENDIX F: EPILEPSY CARE PLAN



المدرسة الهندية الجديدة
NEW INDIAN SCHOOL

Epilepsy Action Plan

Stage	Signs	Action in School
Stable	Attending school normally, taking regular medication at home, no recent seizures.	Maintain awareness among teachers Avoid known triggers (lack of sleep, flashing lights).
Mild/Brief Seizure (Known Type)	Short seizure (<2 minutes), student regains full awareness quickly.	Stay calm and ensure safety. Do not restrain or place anything in mouth. Allow recovery in clinic and document. Notify parents.
Prolonged or Repeated Seizure (Emergency)	Seizure lasting >5 minutes, repeated seizures without recovery, breathing difficulty, injury, or cyanosis.	Call 998 immediately. Place student in recovery position (on side). Monitor breathing and airway. Inform parents. Prepare for hospital transfer.

APPENDIX G: VACCINATION CONSENT FORM



School Vaccination Consent Form

نموذج الموافقة على إعطاء التطعيمات المدرسية

Section A: To be filled by Parent/Legal Guardian

قسم أ: يعبأ هذا القسم من قبل ولي الأمر/الوصي الشرعي

Student's Full Name:

الاسم (الكامل) للطالب/الطالبة:

Gender: Emirates ID:

الجنس: رقم الهوية:

DOB: Grade:

تاريخ الميلاد: الصف:

School Name:

اسم المدرسة:

Due Vaccines

اللقاحات المستحقة

Due to the important role of taking vaccines as a strong public health preventive approach against a set of infectious diseases according to the ministerial decree no: (14), the student is due for the below mentioned vaccines.

نظراً للدور المهم الذي يلعبه تناول اللقاحات كنهج وقائي قوي للصحة العامة ضد مجموعة من الأمراض المعدية ووفقاً للقرار الوزاري رقم: (14)، من المقرر أن يحصل الطالب على التطعيمات الموضحة أدناه.

Vaccine	Grade	Administration Route	طريقة إعطاء اللقاح	الصف	اللقاح
Second dose of Measles, Mumps, Rubella (MMR) If not vaccinated earlier	Grade 1	Injection	حقنة	الصف الأول	لقاح الحصبة، الحصبة الألمانية، والتكاف إذا لم يتم تطعيمها في وقت سابق
Combined: Diphtheria, Tetanus, Acellular Pertussis & IPV (DTaP, IPV)					اللقاح الرباعي DTaP-IPV: (الدفتيريا والكزاز والسعال الديكي اللاخلوي وشلل الأطفال العضلي)
Second dose of Varicella Vaccine					لقاح الجدري المائي
Polio (OPV)		2 Drops per mouth	قطرتين عن طريق الفم		لقاح شلل الأطفال الفموي
HPV (Human Papilloma Virus) Vaccine (Male and Female)	Grade 8	Injection	حقنة	الصف الثامن	لقاح فيروس الورم الحليمي (الذكور والإناث)
Meningococcal Vaccine	Grade 11	Injection	حقنة	الصف الحادي عشر	لقاح الحمى الشوكية
Tdap Vaccine (Tetanus, diphtheria, acellular pertussis)					اللقاح الثلاثي Tdap (الكزاز والدفتيريا والسعال الديكي)

Section B: Informed Consent for vaccination

قسم ب: إقرار الموافقة على إعطاء التطعيم

administration

This part to be filled & signed by parents or guardians only

يعبأ ويوقع الجدول أدناه من قبل ولي الأمر أو الوصي الشرعي فقط

<input type="checkbox"/> I agree to vaccinate with the vaccines marked above	<input type="checkbox"/> أوافق على إعطاء التطعيمات المشار إليها أعلاه
<input type="checkbox"/> I disagree to vaccinate with the vaccines marked above:	<input type="checkbox"/> لا أوافق على إعطاء التطعيمات المشار إليها أعلاه:
If disagree for vaccination, please state the reason:	في حال عدم الموافقة، يرجى ذكر السبب:
<input type="checkbox"/> Vaccination dose mentioned above has been administered previously. Name of vaccine: _____ (Please send an official proof)	<input type="checkbox"/> تم أخذ جرعة التطعيم المذكورة أعلاه مسبقاً. اسم التطعيم: _____ (يرجى إرسال تقرير موثق يوضح اسم التطعيم إلى عيادة المدرسة)
<input type="checkbox"/> Medical condition that prevents from taking the vaccination currently. (Please provide an authenticated report explaining the medical condition)	<input type="checkbox"/> وجود حالة طبية تمنعه من أخذ التطعيم في الوقت الحالي. (يرجى إرسال تقرير موثق يوضح الحالة الطبية إلى عيادة المدرسة)
<input type="checkbox"/> Student is allergic to yeast or one of the components of the vaccine. Name of vaccine: _____ (Please send an official proof)	<input type="checkbox"/> وجود حساسية تجاه الخميرة أو أحد مكونات اللقاح. اسم التطعيم: _____ (يرجى إرسال تقرير موثق يوضح اسم التطعيم إلى عيادة المدرسة)
<input type="checkbox"/> Other reason (please specify): _____	<input type="checkbox"/> سبب آخر (يرجى التحديد): _____
<small>*Important note: If you choose not to vaccinate your child, please ensure to communicate with the school nurse and Provide the required documentations (medical report in case of medical reason).</small>	<small>*ملاحظة هامة: إذا اخترت عدم تطعيم طفلك، يرجى التأكد من التواصل مع ممرض المدرسة وتقديم المستندات المطلوبة (تقرير طبي في حال وجود سبب طبي)</small>
Parent's /Guardian's Name:	اسم ولي الأمر / الوصي:
Relationship:	صلة القرابة:
Mobile Phone Number:	رقم التواصل:
Alternate Phone Number:	رقم التواصل البديل:
Signature:	التوقيع:
Date:	التاريخ:

This form is valid for 1 year from signature date. For further inquiries, please contact the school nurse.

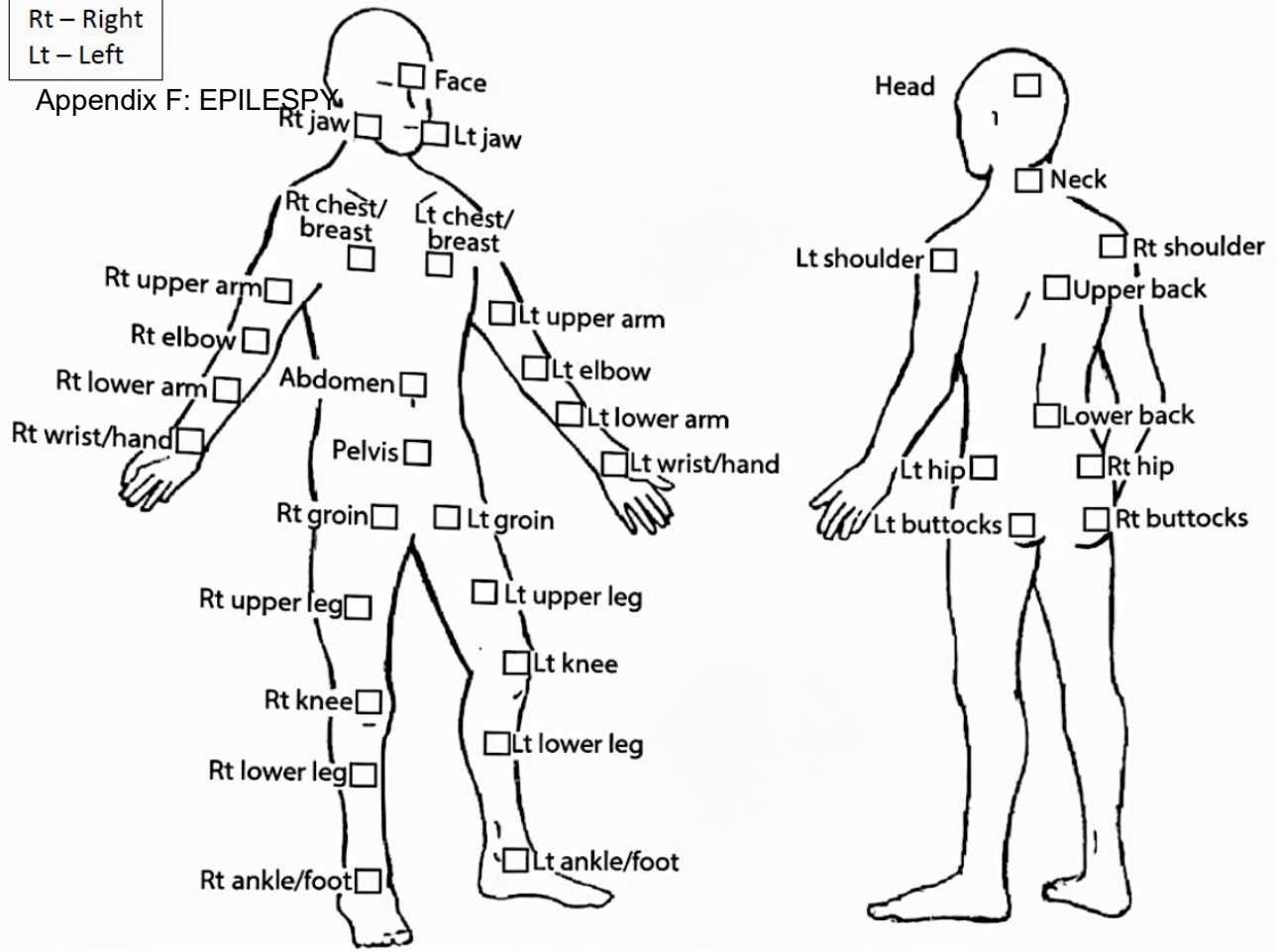
هذا النموذج صالح لمدة سنة واحدة من تاريخ التوقيع. لمزيد من الاستفسارات يرجى التواصل مع ممرض/ة المدرسة.



BODY MAP

Rt – Right
Lt – Left

Appendix F: EPILEPSY



- First aid administered: YES / NO
- Any bleeding: YES / NO



- Feedback from Child Protection Officer/Counselor:

