



**KENT COLLEGE**  
WEST CAIRO

## Medical & Healthcare Policy

<b>Owner</b>	Doctor/Head of College
<b>Applied to</b>	Whole School
<b>Date last reviewed</b>	September 9 <sup>th</sup> , 2025
<b>Date of next review</b>	September 9 <sup>th</sup> , 2026
<b>Review period</b>	1 year

### I. PURPOSE

Kent College West Cairo school clinic promotes and provides health services to all enrolled students, staff as well as parents/guardians and visitors. These health services are in line with the health programs of Ministry of Health, School Health Section. These programs focus on disease prevention, early case findings and referral for intervention.

The services rendered are the following, but not limited to; consultations, first aid treatments of all injuries, provide care for those unwell and give referral if need arise for further evaluation and management.

### II. AIMS

- To clarify procedures and confidentiality.
- To adhere to current standards of care and safe practice.
- To promote the health and welfare of all members of the Kent College West Cairo Community.
- To comply with the Children's Act 2004 which requires a Health Care policy to be in place to safeguard the children and young adults within the school.

### III. IMPLEMENTATION OF POLICY

- The Head of College of Kent College West Cairo
- The School Doctor
- The School Nurse
- Matrons

- First Aiders
- Form Teachers

#### **IV. CONFIDENTIALITY**

Medical confidentiality will be adhered to by all medical staff. The School Doctor and Nurse are bound by professional obligations to maintain confidentiality. Information will only be disclosed when:

- Required by law or court order
- In cases of child protection concerns (as per safeguarding policy)
- In the public interest to protect others
- With consent from the student (or parent if under 16).

In accordance with the school doctor's professional obligations, medical information about pupils, regardless of age, will remain confidential. However, it is recognised that on occasions the doctor may have to liaise with parents or guardians, the Head of College or other academic staff, and that information, ideally with the pupil's/parent's consent, will be passed on as appropriate. With all medical matters, the doctor will respect a pupil's confidence except when, having failed to persuade the pupil to give consent to divulgence, the doctor considers it in the pupil's best interests, or necessary for the protection of the wider school community, to breach confidence and pass information to a relevant person or body.

#### **V. SCHOOL COUNSELLOR**

The school clinic focus is not only in the physical but as well as in the emotional, social and moral well-being of all students, parents/guardians and staff.

- The School Counsellor is Ms. Dina Fahmi. Any student or member of staff may make an appointment to see them or attend their drop-in session.
- Appointments are confidential as laid down within the section on confidentiality. If a member of staff has concerns about a student, they should express these to the safeguarding team.

#### **VI. MEDICAL INFORMATION**

- Each student has a medical file in school. These health files will be kept locked in the clinic to ensure privacy and confidentiality.
- Parent/guardian will be requested to fill up the Student Medical Information Form at the start of academic year. This includes signing of informed consent and submission of their child's immunization records.
- If the student has transferred from another school, the medical file has to be collected from the previous school clinic.
- When a student transfers to another school, the medical file will be given to the parent or to the new school on request. Any transfer of files should be recorded and signed for in the clinic's file transfer register.

The health record shall be maintained by the school for a minimum of five (5) years after the student turn eighteen (18) years old, or five (5) years after the student leaves the school.

## **VII. MEDICATIONS PROCEDURES**

The administration of medicines to students involves prescribing, dispensing, storage, administration, monitoring, and record keeping. This process must always ensure:

- The correct medication is given to the correct student,
- via the correct route,
- in the correct dose,
- at the correct time,
- on the correct date.

This policy safeguards students' health and ensures that only qualified staff (school doctor or nurse) are accountable for safe medication administration. On school trips, responsibility for administering prescribed or basic medications (e.g., paracetamol, ibuprofen, antihistamines) may be delegated to a trained First Aider.

### **A. Parental consent**

- Written parental consent is required for all medications given at school.
- For temporary medications (e.g., antibiotics), a Medicine Authorization Form must be completed and signed by parents/guardians, stating the name, dose, and timing of the medicine.
- For regular long-term medications (e.g., asthma, allergy, diabetes), a Medical Care Plan must be completed and renewed annually.
- Medicines must be brought to and collected from the clinic by parents or matrons; students must not carry medicines to school.
- No medication will be given without parental consent, except in emergency cases as it will be a lifesaving action. Parents will be informed by doctor/nurse as soon as it is possible.
- No injections will be administered on school premises, except in certain circumstances approved by the School Doctor and parents.

### **B. Supply and ordering of medicine**

- Stock medicines (minimal supplies of approved items) are prescribed by the school doctor and updated yearly.
- A list must be clearly written, signed, and dated by the school doctor.
- Records of all medicines ordered and received must be maintained.

### **C. Storage of medicine**

- Medicines are stored securely in a locked cupboard, in a locked room, at temperatures not exceeding 25°C.

- Medicines requiring refrigeration are kept in a locked refrigerator between 2–8°C, with daily temperature checks recorded.
- Ointments/skin applications are kept in a designated locked cupboard.
- Keys to medicine cupboards are held only by the school doctor and nurse.
- Emergency medicines (e.g., for resuscitation, anaphylaxis) must be readily accessible while safely stored.
- Diagnostic reagents are stored in a locked cupboard.

#### **D. Medicines brought by students**

- All medicines brought by students must be received, recorded, and stored in the clinic's locked cupboard.
- Medicines must be clearly labeled, within shelf life, and positively identified.
- Unfit medicines will be returned home or disposed of with parental consent.
- Students bringing medicines from abroad may need an alternative prescribed by the school doctor.

#### **E. Administration of medicines**

Medicines are administered only by the school doctor or nurse, who are accountable for safe practice.

Before administration, staff must:

- Confirm the student's identity.
- Verify the medication and dosage.
- Assess the student's current health condition.
- Ensure correct timing, route, and dose.
- Record the administration immediately in the student's attendance/clinic log.

Parents are notified of medicines administered when appropriate.

If a dose is refused, withheld, or variable, this must be documented.

Dropped medicines must be discarded.

Labels must never be altered except with doctor's signed authorization.

#### **F. Medication and consent on school trips**

- For all school trips, parental consent for the administration of medication, first aid, and emergency treatment by staff is included in the trip consent form.
- Only approved medications will be carried and administered, following the same safety protocols as in school.

#### **G. Medical errors**

Errors may include incorrect prescription, dispensing, wrong student, wrong medicine, incorrect dose/route, expired medicine, or omission.

In such cases, the nurse must:

- Inform the student.
- Inform the person in charge.
- Report to the school doctor then to parents.
- Record the error in the daily log.
- Record serious errors in the controlled drug book or Engage system.

## **VIII. FIRST AID PROCEDURES**

To ensure that there is good provision for first aid throughout the school and that procedures are understood and applied by all medical and first aid team.

### **SEE THE FIRST AID POLICY**

## **IX. ACCIDENTS AND EMERGENCIES**

- In the event of a pupil being involved in one of the following
  - a. Being rendered unconscious
  - b. Incurring serious burns
  - c. Incurring serious cuts or injuries
  - d. Breathing difficulties
  - e. Severe bleeding
  - f. Allergic reaction
  - g. Probable broken limb bone
- The person finding the injured pupil must immediately contact the Doctor/nurse.
- The Head (or a member of SLT) must be informed of the name of the pupil, the situation that was found and the hospital to which the pupil has been taken. The pupil must be accompanied by an appropriate adult.
- In the event of damage to the property or the incident being thought to relate to deficiencies in the property, the School Business Manager must be informed immediately.
- Details must be entered into the accident recording system.

### **Emergency preparedness**

- A list of nearby hospitals, including their contact numbers, is maintained in the school clinic and at both receptions.
- This ensures quick access to emergency medical services and supports fast action in case of accidents or urgent situations.
- The list is regularly reviewed and updated to maintain accuracy.

### **Accident scene Management**

- The accident site must be cleared immediately to ensure safety and allow proper medical intervention.
- Students must not be permitted to gather or remain near the accident site.

- Only the medical team and the responsible Senior Leadership Team (SLT) member may stay with the injured student, along with any other staff member whose assistance is specifically required.
- Crowd control is the responsibility of the nearest available staff member until the medical team arrives.
- Clear access routes must be maintained at all times for emergency services if required.

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

#### **A. Non-emergency cases:**

After assessment by the doctor/nurse, if the student is not fit enough to remain in school, then:

1. Parents/Guardians will be informed via telephone or e-mail and asked to collect their child from the clinic.
2. An e-mail will be sent to the teacher in charge to inform her/his that the student will be going home.
3. An e-mail will be sent to the reception stating the student's name and class as well as the person who will pick up the student.

#### **B. Accidents/Emergencies (Minor/Major)**

After assessment by the doctor/nurse, if the injury incurred by the student needs further hospital/clinic evaluation and management, then:

1. Parents/Guardians will be contacted by the doctor immediately and will be advised to collect student as soon as possible.
2. A referral note will be given to the parents to be presented to their clinic/hospital of choice.
3. E-mail will be sent to the teacher in charge and in the reception to inform them that the student will be going home.
4. Parents/Guardians who will pick up the student will sign the Send Home logbook in the clinic.
5. An incident report will be filed in the student medical file.

#### **C. Life threatening Accidents/Emergencies (Serious)**

After assessment by the doctor/nurse, then:

1. Doctor will immediately call ambulance and she will give the details regarding the accident. Ensure someone goes to the front of the school to direct the ambulance.
2. Parents will be immediately notified regarding the details of the injury, the course of action taken and the hospital/clinic where the student will be brought.
3. Student will be transported immediately to the hospital where the school has an affiliation.
4. School nurse or other available school personnel will accompany the student to the hospital and wait for the parents/guardians to arrive.

5. An incident report will be filed in student's medical record.

### **PROCEDURES FOR INJURY OR ILLNESS**

- Remain calm and communicate a calm, supportive attitude to the ill or injured individual.
- Never leave an ill or injured individual unattended. Have someone else call emergency assistance 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.
- Do not use treatment methods beyond your skill level or scope of practice.
- All persons working with students are encouraged to obtain training in CPR/First Aid

### **Accident/Incident Reporting**

All serious injuries will be recorded in the Engage system. A doctor's note will be written on the student medical file for documentation. The incident/accident will also be logged in the clinic logbook. All dangerous occurrences are recorded even if they do not result in serious injury. Any recommendations/actions will be recorded as a Health and Safety report.

### **X. SCHOOL CLINIC PROCEDURES**

The School Clinic is staffed during school working hours during term time for pupils who are unwell.

It is available for pupils who become unwell during the school day, until they are well enough to return to lessons or to be collected to go home.

- A pupil who is not well during the school day must report to the School Doctor.
- Pupils are not allowed to keep prescribed or non-prescribed medicines in their lockers without the full knowledge and specific permission of the School Doctor. Any medicines must be handed to the School Doctor/Nurse who will administer them if required as per the Medicine Policy.

#### **A. Student Assessment Criteria**

Each student entering the clinic will be assessed based on the following, but not limited to:

- Checking of vital signs, especially the temperature.
- History taking of the presenting complaints/symptoms.
- Physical examination.

After assessment, the student will be categorized as either needing immediate or emergency care, and/or to be transferred to the isolation room or to be treated at the treatment room.

## **B. Stay Home If Unwell**

Students and staff who are sick, i.e. with fever, flu-like symptoms amongst others, whilst at:

### **\* Upon arrival to school or During the day**

- They must proceed to the school clinic for assessment. After assessment, if there's a need for them to be separated from others, they will be transferred to the isolation room.
- Parents/Guardians will be notified immediately to pick up their child. The staff will be sent home. The parents/guardians of the sick student and the unwell staff will be advised to seek further evaluation and management.
- They must stay home until they are symptom free
- A medical certificate must be submitted on the day that they report back to school, especially for those diagnosed with infectious diseases listed in the Ministry of Health Standards for Clinics in Educational and Academic Setting.

### **\* Home**

- Parents/Guardians of sick children should inform the school clinic and their child's teacher. Staff on the other hand, must inform the HRD and their line manager. The HRD will send an email to the school clinic informing the latter.
- A medical certificate must be submitted to the clinic on the day that they report back to school, especially for those diagnosed with infectious diseases listed in the Ministry of Health Standards for Clinics in Educational and Academic Settings.

## **C. School employees**

- The school medical team are also responsible for medical emergencies relating to staff whilst staff are on site. They are available for advice to staff, and can administer medication if requested.
- Please note, this is not a service to include regular check ups, follow ups from a GP appointment or discharge from hospital review. However, the school doctor and nurse are there to help staff with basic medication, e.g. painkillers or to replace dressings.

## **D. Isolation Room**

The Isolation room is located on the ground floor, right next to the main clinic. A nurse, wearing appropriate PPE, will be on duty to closely monitor students brought for isolation, until her/his, parents/guardians will pick up the student.

The following cases, but not limited to, will be placed in the isolation room:

- Students and staff with respiratory symptoms, with or without fever
- Suspected COVID 19 case

- Students and staff presenting signs and symptoms of other infectious diseases listed in the Ministry of Health Standards for Clinics in Educational and Academic Settings.

Deep cleaning/sanitization will be done after every use of the isolation room and/or between treatment of patients.

### **E. Diabetes Mellitus Care Management and Insulin**

The school aims to ensure that diabetic students will participate and benefit fully from the educational opportunities offered by the school. The effective way to achieve this goal is for the parents/guardians to fill up the Diabetes Care Plan of their child.

The school medical team will ensure:

- All students with Diabetes Mellitus have complete, accurate and updated documents.
- All those involved in the care of the student while in school are made aware of the child's condition.
- All medications received for the student should be clearly labelled with the child name, class year and section, and should be in original containers with expiry date and instructions.
- The following supplies will be in the premises at all times:
  - For blood glucose level checking: Glucometer, test strips and lancets
  - Medicine of the student (with signed Medicine Authorization Consent)
  - Juice-containing sugar
  - Insulin

#### **In the event of Hyperglycemic/Hypoglycemic Emergency:**

- Blood glucose level will be checked
- Appropriate first aid treatment will be provided by the school medical team as deemed necessary.
- Parents/Guardians will be notified
- Parents/Guardians may opt to collect the child or the school may arrange for transport to hospital of choice as deemed necessary by the school medical team.

#### **The Diabetes Care Plan will contain the following:**

- Date of Plan
- Student name, class year and section
- Type of Diabetes and date of diagnosis
- Name and contact numbers of parents/guardians and attending physician
- Level of independency of the student to check and manage his/her blood glucose level
- Guidelines for need to check blood glucose in the school

- Guidelines for Insulin therapy
- Guidelines for Glucagon therapy
- Signed consent for information sharing and emergency treatment

This information is documented as part of the child school medical record.

## **F. Allergies**

Care and management of pupils with serious allergic reactions.

### **Aims**

To ensure the health and safety of pupils in our care.

### **Precautions**

- Allergies are listed on the school's Engage database.
- The Catering department is made aware of all known food allergies by the School Doctor/Nurse, and a list provided.
- Important notices will be displayed in the Kitchen, Clinic and as appropriate, stating the allergy, the treatment required and a photograph of the pupil.

### **Epipen**

EPIPENS will be kept in the Clinic to be administered by the School Doctor/Nurse if required.

## **G. Eating Disorders**

The school recognises that eating disorders are a serious health and wellbeing concern affecting both male and female students. Early recognition and intervention are essential.

### **Signs of Concern**

Staff should be alert to:

- Noticeable weight changes, baggy clothing, skipping meals, avoiding eating in public, excessive exercising.
- Emotional/behavioural changes: withdrawal, anxiety, rigid routines, poor concentration, mood swings, low self-esteem.

### **Policy Actions**

1. Any suspected case must be reported to the School Doctor/Nurse immediately.
2. Concerns raised by peers must be taken seriously; friends should be reassured and referred to the Safeguarding Team or School Counsellor if needed.
3. In consultation with the School Doctor/Nurse and Counsellor, a suitable staff member will speak with the pupil and encourage clinic/counselling support.
4. Participation in sports or physical activity will be permitted only on the advice of a healthcare professional.

## **H. Scheduled Physical Examinations**

The doctor will schedule the physical examination of the students enrolled. A consent form will be sent to the parents through an e-mail informing the latter of the physical examination to be conducted before the schedule.

- Parents will be contacted if they failed to sign the consent. If the parents would not sign the consent, then they will be advised to submit a medical report of their child from their private physician.
- According to the Ministry of Health guidelines, physical examination will be done for the following student groups:
  - New admissions
  - Year 2
  - Year 5
  - Year 8
  - Year 11

The student's name and the medical details will be recorded in the student medical file.

## **Parent Communication**

A communication/referral letter or e-mail will be sent to parents/guardians if abnormal findings will be identified during the visual screening, BMI checked and physical examination.

## **I. Annual Reports to Ministry of Health**

An Annual Report is submitted to Ministry of Health by the doctor, which should include the following:

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

## **XI. INFECTIOUS DISEASES**

The school is committed to protecting the health of students and staff by preventing the spread of infectious diseases.

### **Key Principles:**

1. **Reporting:** All confirmed infectious diseases must be reported to the School Doctor/Nurse immediately. Certain conditions (e.g., COVID-19, influenza,

measles, chickenpox, hepatitis, tuberculosis, norovirus, mumps, monkeypox) will also be reported to the Ministry of Health as required.

**2. Exclusion from School:**

- Any student with fever, diarrhea, or vomiting must remain at home for at least 24 hours after symptoms stop.
- Some infections are highly contagious; the School Doctor may decide the student should not attend school.
- The school follows Ministry of Health guidelines in all such cases.

**3. Parent Responsibility:** Parents must inform the school if their child has a notifiable disease, and notify if their GP has reported the condition.

**4. Return to School:** A medical clearance certificate may be required before returning after certain infections.

**5. Prevention:** The school promotes hand hygiene, respiratory etiquette, routine immunizations, and regular cleaning of shared spaces.

**6. Communication:** Parents will be informed promptly of any outbreak and provided with guidance on signs, symptoms, and required precautions.

## **XII. IMMUNIZATIONS**

Immunization is a key preventive measure against infectious diseases.

- The school follows the Ministry of Health Immunization Guidelines.
- All enrolled students must submit their original vaccination records to the school clinic.
- The school medical team will review records and confirm each student's immunization status.
- A consent form will be sent to parents/guardians prior to any scheduled school vaccination.
- Parents who prefer vaccinations to be given by a private doctor must submit an updated vaccination record to the clinic.

## **XIII. INFECTION PREVENTION AND CONTROL**

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

The following are being implemented in the school:

**1. Hand hygiene technique**

Proper hand washing with soap and water for 20 seconds and proper application of hand sanitizer must be done if hands are visibly soiled and after using the restrooms. Hand washing techniques and hand sanitizing procedures posters are found in the designated areas of the school premise.

**2. Personal Protective Equipment (PPE)**

Wearing of PPE will be based on the risk assessment before doing any health care activity. Staff must assess the risk of exposure or contact of bodily fluids to contaminated surfaces, blood or body fluids before selecting the proper PPE.

**3. Respiratory hygiene and cough etiquette**

Staff and students who are sneezing and coughing must cover their nose and mouth with tissue or mask. Dispose the used mask and tissue properly and do handwashing after contact with respiratory secretions. Students with respiratory symptoms associated with fever will be sent home as stated in the school clinic infection control policy form.

**For COVID 19 Preventive Measures:**

SARS-COV 2 spread through droplet spray, hence, contact and droplet precautions must be practiced whenever spread of infection is suspected, such as:

- Wearing of Mask
- Physical distancing
- Frequent hand washing and/or use of alcohol-based hand sanitizer

**4. Medical and hazardous waste management**

- The school clinic generates different types of waste products. Each waste material has its own designated, colored garbage bag and bin, which is properly labeled.
- Waste contaminated with blood or other bodily fluids and expired; unused or contaminated drugs are placed in red-colored plastic bags and labeled as infectious materials.
- The general waste (non-infectious) will be thrown into the white-colored plastic bags. All bags will be tied, labeled and secured before they are removed from the clinic daily. These plastic waste bags will be brought to the waste storage area located on the school premises.
- Syringes, needles, blades and scalpels will be disposed of in the sharp's container placed above the ground. Disposal of the sharp's container will be done every 3 months from the time it is open or if it is 2/3 full.

**XIV. OUTDOOR HEAT MONITORING**

From May–September, when outdoor heat and occasional extensive heat waves occur, the medical team checks temperatures twice daily (15 min before breaks) to ensure outdoor safety.

- **35–40°C:** Moderate/low intensity activity only, regular water breaks, stay in shade, discretion advised.
- **40–45°C:** Max 10 min low intensity activity, 5 min water breaks, stay indoors during breaks/lunch due to activities being uncontrolled.
- **>45°C:** All activities, breaks, and lunch should be moved into an indoor space with air conditioning.