



NURSING POLICY

HS06

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DOHA COLLEGE HEALTH AND MEDICAL POLICY

BACKGROUND

Pupils' health and well-being directly affect their ability to learn and develop. Acute or chronic illness and injury can affect intellectual, emotional, and social development and may contribute to underachievement by limiting a pupil's ability to engage fully in the educational process. Physical and mental well-being are therefore fundamental to effective learning.

Doha College (DC) is committed to promoting and maintaining the health and well-being of all pupils and to providing an environment that supports optimal learning. This policy outlines the school nursing team's role and responsibilities in achieving this aim.

The principles within this policy are informed by:

- *The Role of the 21st-Century School Nurse* – National Association of School Nurses.
- *An RCN Toolkit for School Nurses* – Royal College of Nursing.

AIMS OF THE POLICY

This policy aims to:

- Define school nursing within the context of Doha College.
- Explain the role of the school nurse.
- Outline the responsibilities of the school nurse and relevant standards of practice.
- Establish procedures for the management of common health and medical conditions within the College.
- Reference applicable legislation, guidance, and related school policies.

DOHA COLLEGE SCHOOL NURSE

The school nurses employed by Doha College are qualified and authorised to provide nursing care on campus during school hours and co-curricular activities, within their professional scope of practice.

The nurse's scope of practice is determined by their education, qualifications, professional registration, and the rules and regulations established by the relevant regulatory and authorising bodies. School nurses hold a bachelor's degree in nursing science and possess the knowledge and skills to function as independent healthcare practitioners.

Registration with the Qatar Council for Healthcare Practitioners and the relevant professional authority in the nurse's home country authorises the provision of nursing care within the legal framework of Qatar.

Care is delivered through assessment, clinical decision-making, intervention, health promotion, and prevention. The school nurse works as part of the school nursing team and alongside teachers, support staff, counsellors, and school leadership and is directly accountable to the Vice Principal.

SCHOOL NURSING AT DOHA COLLEGE

School nursing is a specialist area of nursing concerned with the physical, mental, emotional, and social well-being of children and young people. Its purpose is to promote health, prevent illness and injury, support inclusion, and facilitate learning and academic achievement.

At Doha College, school nursing encompasses all pupils from EYFS to Year 13 and is delivered on campus during school hours.

Nursing care is based on the best available evidence and delivered in accordance with professional standards, relevant school policies, and Qatari laws and regulations.

THE PUPIL

The pupil is any child or young person enrolled at Doha College from EYFS to Year 13.

Pupils are viewed holistically, recognising the interaction between their physical, emotional, social, and developmental needs. Each pupil is also part of a family and the wider school community. Nursing care therefore considers the individual pupil within the context of their family, school environment, and stage of development.

THE ROLE OF THE SCHOOL NURSE

The school nurse is a member of the school team. Effective collaboration with school counsellors, teachers, support staff, and leadership ensures that care is pupil-centred, communication is effective, and duplication of responsibilities is minimised.

The school nurse contributes to pupils' learning, development, and academic performance by addressing healthcare needs, promoting health and well-being, supporting inclusion, and maintaining a safe school environment.

The role encompasses four key areas:

Care and Coordination

The school nurse coordinates healthcare needs between home and school. This is particularly important for pupils with chronic or long-term health conditions who require monitoring, medication, or other interventions during the school day.

Responsibilities include:

- Communicating with parents, caregivers, and healthcare professionals.
- Implementing individual healthcare plans.
- Providing nursing care on campus.
- Supporting pupils with chronic health conditions.
- Responding to acute illness and injury.
- Ensuring relevant staff are aware of a pupil's individual healthcare needs.

Community and Public Health

The school nurse promotes the health and safety of the wider school community through:

- Infection prevention and control.
- Communicable disease management.
- Health screening.
- Health education.
- Disease prevention.
- Participation in health promotion programmes.
- Compliance with relevant Ministry of Health and Ministry of Education requirements.

Quality Improvement

Quality improvement is an ongoing process designed to maintain and improve standards of nursing care.

This includes:

- Identifying individual and organisational needs.
- Reviewing existing systems and procedures.
- Developing and implementing action plans.
- Evaluating the effectiveness of interventions.
- Updating practice in response to evidence, legislation, guidance, and changing school needs.

Health Promotion and Education

The school nurse supports pupils, families, and staff through appropriate health education and health promotion activities, including education relating to illness prevention, medication management, allergies, infection control, and healthy behaviours.

RESPONSIBILITIES OF THE SCHOOL NURSE

The school nurse is responsible for:

- Assessing the health and well-being needs of individual pupils and the wider school community.
- Developing and reviewing pupil-centred policies and procedures based on the best available evidence.
- Advocating for pupils who may be unable to advocate for themselves.
- Promoting a safe physical, emotional, and social environment.
- Maintaining continuing professional development and current professional knowledge.
- Providing health education to pupils, families, and staff.
- Participating in health promotion programmes required by relevant government authorities.
- Promoting infection prevention and control measures.
- Conducting and reporting communicable disease screening where required.

- Developing, updating, and implementing individual healthcare plans for pupils with long-term health needs.
- Administering medication safely and appropriately.
- Managing acute exacerbations of chronic conditions in accordance with individual healthcare plans.
- Communicating with parents and caregivers about managing health conditions during the school day.
- Responding to acute illness and injury within the nurse's scope of practice.
- Acting as a first responder during medical emergencies.
- Collaborating with teachers and other staff regarding pupils' health needs.
- Maintaining accurate and confidential clinical records.

Nut Aware Policy

Doha College has pupils with nut allergies, which can range from mild reactions to life-threatening anaphylaxis. To reduce the risk of exposure, Doha College operates as a Nut-Aware school in line with Allergy UK guidance.

Nut-Aware School

Doha College recognises that food allergies, including nut allergies, can result in serious and potentially life-threatening allergic reactions. We are committed to providing a safe and supportive environment for all pupils with food allergies while recognising that it is not possible to guarantee a completely nut-free environment.

Doha College therefore operates as a **Nut-Aware School** rather than a nut-free school.

A completely nut-free environment cannot be reliably guaranteed or enforced, as pupils may bring food from home and it is not practical for the school to monitor or restrict every food item brought onto the premises. Furthermore, attempting to create a completely allergen-free environment may create a false sense of security and does not adequately prepare pupils for environments outside of school where nuts and other allergens may be present.

Doha College will therefore focus on minimising the risk of allergic reactions through awareness, education, good hygiene practices and appropriate emergency procedures, rather than attempting to eliminate all nuts from the school environment.

Doha College and the Nursing Team will:

- Educate pupils and staff about food allergies and the potential seriousness of allergic reactions.
- Encourage pupils and families to be aware of the risks associated with food sharing and cross-contamination.
- Encourage pupils not to share food, drinks or utensils with others.
- Promote good hand hygiene, particularly before and after eating.
- Implement appropriate cleaning procedures to reduce the risk of cross-contamination.
- Ensure that staff are aware of pupils with known food allergies and understand the appropriate procedures for responding to an allergic reaction.
- Ensure that individual allergy management plans and emergency medication, such as adrenaline auto-injectors where prescribed, are appropriately managed and readily accessible.
- Work in partnership with parents/guardians to identify and manage individual allergy risks.
- Take reasonable precautions to minimise exposure to known allergens while recognising that accidental exposure cannot always be prevented.
- Ensure that any suspected allergic reaction is treated promptly and in accordance with the school's emergency procedures.

Doha College also considers the needs of pupils with all food allergies, rather than focusing exclusively on nuts. A blanket ban on individual or multiple food allergens is not considered a practical or reliable method of preventing allergic reactions.

Our aim is to create a nut-aware and allergy-aware school community in which pupils, staff and families understand the risks, take reasonable precautions to minimise exposure, and are prepared to respond appropriately should an allergic reaction occur.

Nuts that must not be brought into school include:

- Almonds
- Cashews
- Chestnuts
- Hazelnuts
- Brazil nuts
- Macadamia nuts
- Pecans
- Pistachios
- Walnuts

Examples of products that must not be brought into school include:

- Nut butter
- Nutella and other chocolate spreads
- Pralines
- Nut oils
- Marzipan

ALLERGY AND ANAPHYLAXIS POLICY – BENEDICTS LAW 2026

The named staff members responsible for coordinating staff anaphylaxis training and maintaining the school's anaphylaxis policy are **Sophie Cassy and Uzma Zaffar**.

An allergy is a reaction of the body's immune system to a substance that is usually harmless. Symptoms may be mild, such as itching, sneezing, or a rash, but may sometimes develop into anaphylaxis.

Anaphylaxis is a serious, potentially life-threatening allergic reaction that can affect the whole body. It can occur within minutes of exposure, although symptoms can occasionally develop later. Common triggers include food, insect stings, and medication.

Anaphylaxis may involve the airway, breathing, or circulation and is commonly recognised through the **ABC symptoms**.

A person can be allergic to any substance containing a protein. Common allergens include, but are not limited to:

- Peanuts
- Tree nuts
- Sesame
- Milk
- Egg
- Fish
- Latex
- Insect venom
- Pollen
- Animal dander

Doha College will support pupils with allergies to ensure that they can participate safely and fully in school life.

Parent Responsibilities

Parents are responsible for:

- Informing the school of any known allergies when their child joins the school.
- Providing details of previous serious allergic reactions and any history of anaphylaxis.
- Providing details of prescribed medication.
- Providing a copy of the child's allergy medical report as soon as possible.
- Ensuring all required medication is supplied, in date, and replaced when necessary.
- Informing the school of any changes to the child's allergy or treatment.
- Ensuring the child's Allergy Action Plan remains accurate and up to date.

Staff Responsibilities

All staff are responsible for:

- Completing annual anaphylaxis training.
- Attending refresher training when required.
- Being aware of pupils in their care who have known allergies.
- Recognising that allergic reactions can occur at any time and not only during mealtimes.
- Taking appropriate precautions during food-related activities.
- Following individual Allergy Action Plans.
- Ensuring emergency medication accompanies pupils during relevant activities and trips.

School nurses are additionally responsible for:

- Maintaining accessible and up-to-date Allergy Action Plans.
- Maintaining a register of pupils prescribed adrenaline auto-injectors (AAIs).
- Checking medication stored at school each term and reminding parents when medication is approaching expiry.
- Recording the use of AAIs and any emergency treatment administered.
- Recording and reporting allergic reactions and near misses through the appropriate school systems.

Pupil Responsibilities

Pupils should:

- Develop an appropriate awareness of their allergy and symptoms.
- Inform an adult immediately if they suspect they are experiencing an allergic reaction.
- Where appropriate, take responsibility for carrying their own AAI.

Secondary pupils who are trained and confident to administer their own AAI should be encouraged to always carry it with them.

ALLERGY ACTION PLANS

Allergy Action Plans provide an individual healthcare plan for pupils with allergies and include relevant medical information, emergency treatment instructions, and parental consent for the administration of medication, including a spare AAI where applicable.

Doha College uses the British Society for Allergy and Clinical Immunology (BSACI) Allergy Action Plans. These are completed by the school nursing team at the beginning of each academic year and updated whenever there is a change in the pupil's medical needs.

EMERGENCY TREATMENT AND MANAGEMENT OF ANAPHYLAXIS

Symptoms of an allergic reaction usually develop quickly following exposure.

Mild to moderate symptoms may include:

- Red, raised rash (hives or urticaria).
- Tingling or itching in the mouth.
- Swelling of the lips, face, or eyes.
- Stomach pain or vomiting.

Signs of anaphylaxis may include:

AIRWAY

- Swelling of the throat, tongue, or upper airway.
- Tightness of the throat.
- Hoarse voice.
- Difficulty swallowing.

BREATHING

- Sudden wheezing.
- Difficulty breathing.
- Noisy breathing.

CIRCULATION

- Dizziness or feeling faint.
- Sudden drowsiness or weakness.
- Confusion.
- Pale, clammy skin.
- Loss of consciousness.

Anaphylaxis can develop rapidly. **Adrenaline is the first-line treatment and must be administered without delay when anaphylaxis is suspected.**

Adrenaline works by:

- Opening the airways.
- Reducing swelling.
- Raising blood pressure.

Emergency Action

When anaphylaxis is suspected:

1. Keep the pupil where they are, call for help, and do not leave them unattended.
2. Appoint another member of staff to contact the emergency nurse line on **870**, stating the pupil's name, if known, and that they are experiencing anaphylaxis.
3. **Lay the pupil flat with their legs raised.** If they are struggling to breathe, they may be propped up, but this should be for as short a time as possible.
4. **Administer the adrenaline auto-injector without delay** and record the time it was administered. AAI's should be administered into the outer thigh according to the manufacturer's instructions.
5. Call **999** and clearly state **ANAPHYLAXIS**.
6. If there is no improvement after five minutes, administer a second AAI.
7. If the pupil has no signs of life, commence CPR.
8. Contact the parent/carer as soon as possible.

While awaiting the ambulance, the pupil should remain in their current position and must not be allowed to stand or walk, even if they appear to be feeling better.

All pupils experiencing anaphylaxis must attend hospital for observation, even if they appear to have recovered, as symptoms can recur following initial treatment.

SUPPLY, STORAGE AND CARE OF ALLERGY MEDICATION

Secondary pupils who are sufficiently mature and competent may be encouraged to carry their own AAI in an appropriate container.

Where parents have requested that a pupil does not carry their own AAI, the medication must be clearly labelled and stored in the designated secure location. The school nursing team will record this on the pupil's medication register.

For younger pupils, or those who are not yet ready to take responsibility for their own medication, an anaphylaxis kit must remain accessible and within five minutes of the pupil.

These kits are stored in **orange bags** and must be accompanied at all times, when the child leaves their classroom.

The orange bag must be handed directly to the receiving member of staff when responsibility for the pupil changes. It must not be taken home by the pupils.

For pupils who attend CCA's, the orange bag must be handed directly to the CCA leader and be kept within reach during the CCA session. When the activity is over, the orange bag is to be placed inside the drop box located in primary reception. Please ensure the bag is inside the box and not left on top. This must be done at the end of every CCA activity. The nurses will then collect these bags and distribute them the next morning to the correct classes.

Anaphylaxis kits may contain:

- AAI, such as EpiPen® or Jext®.
- Antihistamine tablets or syrup, where included on the Allergy Action Plan.
- Spoon, where required.
- Asthma inhaler, where included on the Allergy Action Plan.

The school nurse is responsible for ensuring kits are clearly labelled, appropriately stocked, and in date. Medication stored at school will be checked termly, with parents contacted when medication is approaching expiry.

Storage of AAI

AAIs should be stored at room temperature and protected from direct sunlight and temperature extremes.

Disposal of AAI

AAIs are single-use devices and must be disposed of as sharps. Used AAI may be handed to ambulance paramedics or disposed of in an appropriate sharps bin.

Sharps bins must be obtained and disposed of through an approved clinical waste contractor. Sharps bins are in the Primary and Secondary First Aid Units.

SPARE ADRENALINE AUTO-INJECTORS

Currently, under Qatar law, Doha College is not permitted to hold spare AAI.

Parents are therefore encouraged to provide two AAI for their child where possible.

STAFF ANAPHYLAXIS TRAINING

The named staff members responsible for coordinating anaphylaxis training and maintaining this policy are **Sophie Cassy and Uzma Zaffar**.

All staff will complete anaphylaxis training annually, with additional training provided during the induction of new staff.

Training includes:

- Common allergens and allergy triggers.
- Recognition of allergic reactions and anaphylaxis.
- Early recognition of symptoms and when to call emergency services.
- Administration of emergency treatment, including AAI.
- Measures to reduce the risk of allergic reactions.
- Responsibilities for managing pupils with allergies.
- Management and use of Allergy Action Plans.

SCHOOL TRIPS AND ALLERGIES

Staff leading school trips must ensure that all relevant emergency medication accompanies the pupil.

Trip leaders must confirm that pupils with medical conditions, including allergies, have their required medication before departure. **Pupils who do not have their required medication will not be permitted to attend the trip.**

All trip activities must be risk assessed to identify potential risks to pupils with allergies, with alternative arrangements made where necessary to ensure inclusion.

For overnight trips:

- Parents should be involved in appropriate planning.
- A meeting may be arranged with parents and the member of staff leading the trip.
- The venue must be informed in advance of any pupil with an allergy.
- Appropriate food arrangements must be agreed with the venue.

Sporting Events

Pupils with allergies should be given every reasonable opportunity to participate in sporting fixtures and excursions.

The school will:

- Ensure PE staff are aware of the pupil's allergy.
- Notify the host school when the fixture is arranged.
- Ensure a member of staff trained to administer adrenaline accompanies the team.
- Make alternative food arrangements where required.

ALLERGY AWARENESS AND NUT BANS

Doha College supports a whole-school approach to allergy awareness.

Although the school operates a No Nut Policy, it is recognised that nuts are only one of many potential allergens and that no school can guarantee an entirely allergen-free environment.

All staff and pupils should therefore understand:

- What allergies are.
- The importance of avoiding known allergens.
- The signs and symptoms of allergic reactions.
- How to respond to an allergic reaction.
- Their responsibilities in reducing risk.
- The school's policies and procedures for managing allergies.

ALLERGY RISK ASSESSMENT

Doha College and the Lead Nurse will complete an individual risk assessment for:

- All new pupils joining the school with known allergies.
- Pupils who are newly diagnosed with an allergy.

Risk assessments will identify potential risks and any gaps in systems or procedures and establish appropriate control measures to support the pupil's safety and inclusion.

INFECTIOUS DISEASES

Doha College aims to protect both individual pupils and the wider school community by preventing the spread of infectious diseases.

Effective infection prevention supports school attendance and reduces disruption to pupils' academic and social development.

Pupils with contagious illnesses may need to remain at home for a specified period to reduce the risk of transmission.

Doha College follows guidance from the **UK Health Security Agency (UKHSA)** when determining exclusion periods for infectious diseases.

The current UKHSA exclusion table should be consulted when determining whether a pupil should remain away from school.

FEVER

A fever is defined as a core body temperature of **38°C or above**. Fever commonly indicates an immune response to an infection, which may be viral or bacterial.

Pupils with a fever should remain at home because:

- Rest supports recovery and allows the immune system to respond to infection.
- Remaining at home reduces the risk of transmission to other pupils and staff.

The following exclusion requirements apply:

- Pupils with a fever must remain at home.
- If medication such as paracetamol or ibuprofen is required to keep the temperature below 38°C, the pupil should remain at home.
- Pupils presenting to the school clinic with a fever will be sent home and will not return to class.
- Pupils must be fever-free for **24 hours without the use of antipyretic medication** before returning to school.

HEAD INJURY AND CONCUSSION

A head injury is any impact to the head, face, or neck, including bumps, falls, and collisions, whether witnessed or reported.

A concussion is a form of mild traumatic brain injury that may occur following a blow to the head or body that causes the brain to move rapidly within the skull.

Symptoms may not be immediately apparent and can develop over time. **All head injuries, including apparently minor injuries, must therefore be referred to the school nurse for assessment.**

Possible symptoms include:

- Headache.
- Dizziness.
- Nausea or vomiting.
- Confusion.
- Blurred or double vision.
- Sensitivity to light or noise.
- Drowsiness.
- Loss of balance.
- Difficulty concentrating.

Head Injuries During Swimming

Any pupil who sustains a head injury during swimming must:

- Exit the pool immediately.
- Remain supervised by a staff member.
- Be referred to the school nurse for assessment.

Swimming presents additional risks following a head injury because symptoms such as dizziness, loss of balance, reduced coordination, confusion, or delayed reactions may increase the risk of submersion or drowning.

Pupils must not return to swimming following a head injury until they have been assessed and deemed safe to do so.

Please refer to **Appendix 4 – Head Injury Guidance and PE/Games.**

Responsibilities of Staff

If a pupil sustains a head injury, staff must:

- Stop the activity immediately.
- Assess the pupil for immediate danger.
- Ensure the pupil remains supervised.
- Escort the pupil to the school nurse without delay.
- Provide details of the incident, including:
 - Mechanism of injury.
 - Location of impact.
 - Observed symptoms.

In cases of severe injury or emergency symptoms, staff must activate the school's emergency procedures.

Staff must not allow a pupil to return to an activity until they have been assessed by the nursing team.

Responsibilities of the School Nurse

The school nurse will:

- Conduct a clinical assessment following all reported head injuries.
- Identify signs and symptoms consistent with concussion.
- Complete the Head's Up Concussion Checklist where appropriate.
- Save the completed checklist under Documents in the pupil's ISAMS Medical Centre record.
- Monitor the pupil for deterioration for at least 15 minutes.
- Provide appropriate first aid or medical intervention.
- Determine whether emergency services are required.
- Communicate with parents regarding the injury:
 - By telephone for suspected concussion or injuries requiring a report.
 - By parent email where the pupil returns to class.
- Provide the TBI Concussion Fact Sheet for Parents in all relevant cases.
- Advise on return to activities.
- Maintain accurate clinical records.
- Refer pupils for further medical assessment where indicated.

ABSENCE DUE TO ILLNESS AND MEDICAL CERTIFICATES

- A pupil may be absent due to illness for up to two days without a medical certificate.
- A medical certificate should be provided for absences of three or more days.
- Medical certificates from a practitioner who is a family member of the pupil will not be accepted.

UNWELL PUPILS – TRANSPORT ARRANGEMENTS

Any pupil who presents to the school clinic and is assessed by the school nurse as being too unwell to remain in school will be sent home in accordance with safeguarding and duty-of-care responsibilities.

For the safety and well-being of the pupil:

- **Pupils who are too unwell to remain in school must not travel home alone by taxi or Uber during school hours.**
- **Pupils who are too unwell to remain in school must not travel home by school bus.**

Parents/carers will be contacted and must:

- Collect the pupil personally; or
- Arrange for a named and authorised adult to collect the pupil.

Exceptional Circumstances

In rare and exceptional circumstances, alternative transport arrangements may be considered at the discretion of the school nurse following a clinical and safeguarding assessment.

Where permission is granted for a pupil to leave school by taxi or Uber:

- Written consent must be provided by the parent or legal guardian.
- The consent must confirm that the parent/legal guardian accepts responsibility for the pupil from the point they leave the school premises.
- The consent must acknowledge that the school and nursing team are not responsible for the pupil during transit or after they have left the school premises.

These arrangements are intended to ensure that pupils remain appropriately supervised and have access to support should their condition deteriorate.

PUPILS' OWN MEDICATION

Medication Supply

Pupils requiring medication to be kept at school fall into three categories:

1. Short-term medication for an acute condition.
2. Regular medication required during school hours for a chronic condition.
3. Emergency medication that may be required for an acute medical event.

In all cases:

- Parents are responsible for supplying the required medication.
- Medication must be handed directly to the school nurse by the parent or pupil.
- Prescription and non-prescription medication must be supplied in its original packaging.
- Medication must be clearly labelled with:
 - Pupil's full name.
 - Expiry date.
 - Dosage.
 - Frequency of administration.

Unlabelled medication or medication not supplied in its original packaging will not be accepted.

Medication Storage

- Category 1 and 2 medications will be stored in the First Aid Unit.
- In Primary School, Category 3 medication will be stored in the classroom and accompany the pupil to specialist lessons. Medication must remain out of reach of pupils unless the pupil is authorised to self-carry.
- In Secondary School, pupils may be encouraged to carry Category 3 medication in their school bag where appropriate. Spare medication may be stored centrally.
- The school nurse will maintain an up-to-date register of medication stored on campus.

Medication Administration

- Pupils' medication will normally be administered by the school nurse.
- Parental authorisation must be documented on the pupil's Care Plan or Medication Authorisation Form.
- Category 3 emergency medication may be administered by the school nurse or an appropriately trained member of staff in accordance with the pupil's Care Plan and parental authorisation.

Medication Disposal

- Medication should be returned to the parent or pupil at the end of each academic year.
- Expired medication that is not collected will be disposed of appropriately.

Self-Administration and Self-Storage

Pupils who carry and self-administer prescription or non-prescription medication must have parental permission and must demonstrate appropriate responsibility.

Authorisation for self-carrying and self-administration must be documented on the pupil's Care Plan or Medication Authorisation Form.

Under no circumstances may a pupil share medication with another pupil.

SECONDARY SCHOOL TRIPS – ADRENALINE AUTO-INJECTOR REQUIREMENT

This protocol applies to:

- Secondary pupils who have been prescribed an AAI.
- School trips, excursions, sporting fixtures, and off-site activities.
- School nurses, trip leaders, teachers, and relevant staff.

School Nurse Responsibilities

The school nurse will:

- Maintain an up-to-date register of pupils prescribed AAI's.
- Ensure Care Plans clearly identify the requirement to carry an AAI.
- Send reminders to relevant pupils and parents before trips.
- Support trip leaders with decisions regarding medical fitness to attend.

Trip Leader and Staff Responsibilities

Trip leaders and relevant staff must:

- Confirm on the day of the trip that pupils prescribed an AAI have it with them.
- Inform the school nurse immediately if a pupil does not have their AAI.
- Follow this protocol and not allow attendance without confirmation that the required medication is available.

Parent and Pupil Responsibilities

Parents and pupils are responsible for ensuring that the prescribed AAI is available on the day of the trip.

Where a pupil's Care Plan states that they are responsible for carrying their own AAI, the pupil must take personal responsibility for carrying it.

Pupils whose AAI is stored in the KS3 Office or First Aid Unit are not responsible for transporting it on trips; this responsibility remains with the school nursing team.

Day Before the Trip

The school nurse will send a reminder to relevant pupils and/or parents confirming:

- The pupil must bring their AAI on the day of the trip.
- Failure to have the required medication may result in the pupil being unable to attend the trip.

Email template

Dear [Parent's Name],

This is a gentle reminder that [Pupil's Name] is attending a school trip tomorrow. In accordance with their school Care Plan, please ensure that they have their Adrenaline Auto-Injector with them in the bag they will be taking on the trip.

Unfortunately, if the required medication is not available, the pupil will not be able to attend the trip. This is a necessary safety measure.

Please contact the nursing team if you have any questions or concerns.

Kind regards,

Doha College Nursing Team

Forgotten AAI on the Morning of the Trip

If a pupil informs staff that they have forgotten their AAI:

1. The school nurse and/or trip leader will contact the parent/carer immediately.
2. The parent/carer will be asked whether the AAI can be delivered to school before departure.
3. The AAI may only be accepted if it arrives before the bus departs and its delivery does not delay the trip or negatively affect other pupils.

If the AAI Cannot Be Provided

If the AAI cannot be provided before departure, or its delivery would delay the trip:

- The pupil will not be permitted to attend.
- The decision is based solely on health and safety requirements.
- Exclusion from the trip is a safety measure and is not a disciplinary action.

SEIZURE DISORDERS

Seizure Disorders and Design Technology

The following restrictions apply to pupils with seizure disorders who wish to operate power tools in Design and Technology.

Pupils who have experienced one seizure

The pupil must be seizure-free for **six months** before operating power tools.

Pupils who have experienced two or more seizures

The pupil must be seizure-free for **12 months** before operating power tools.

Pupils taking long-term anti-epileptic medication who have experienced a seizure following a prescription change or reduction

The pupil must be seizure-free for **six months** before operating power tools.

These guidelines apply unless a medical practitioner advises otherwise. Where a medical practitioner considers that the pupil may operate power tools without restrictions, written confirmation must be provided by the medical practitioner.

Seizure Disorders and PE

Pupils with seizure disorders may participate in PE without additional restrictions, provided usual safety and supervision measures are followed.

Pupils may participate in swimming, but heightened caution must be exercised. Pupils with seizure disorders must not be left alone and must be always supervised.

When swimming lengths, the pupil should use a lane next to the side of the pool.

These arrangements may be modified following written advice from a medical practitioner or written agreement from the parent/carer, where appropriate.

WHEELCHAIRS IN SCHOOL

Doha College is generally unable to accommodate pupils who require a wheelchair for mobility around school, except in exceptional circumstances.

Pupils recovering from surgery or injury must be able to mobilise safely using crutches before returning to school. Appropriate adjustments will be made to support pupils using crutches and to maintain their safety and comfort.

Where exceptional circumstances require the use of a wheelchair, a request must be submitted to school leadership at least **seven days before the pupil's planned return to campus**. This allows sufficient time for:

- Decision-making.
- Risk assessment.
- Resource allocation.
- Accessibility planning.
- Emergency evacuation planning.

Doha College will not accept a pupil requiring wheelchair use without the required notice, except where an exceptional arrangement has been agreed by school leadership.

Under no circumstances may a pupil in a wheelchair be pushed by another pupil.

USEFUL LINKS AND REFERENCE DOCUMENTS

- Anaphylaxis UK – Safer Schools Programme.
- Allergy Wise for Schools.
- Allergy UK – Whole School Allergy Awareness and Management.
- BSACI – Allergy Action Plans.
- Department for Education – *Supporting Pupils at School with Medical Conditions*.
- Department of Health – *Guidance on the Use of Adrenaline Auto-Injectors in Schools*.
- NICE – *Food Allergy Quality Standard*.
- NICE – *Anaphylaxis: Assessment and Referral After Emergency Treatment*.
- UK Health Security Agency – *Health Protection in Schools and Other Childcare Facilities: Exclusion Table*.

APPENDIX:

1 Heads up concussion checklist:

CONCUSSION
SIGNS AND SYMPTOMS
Checklist



Student's Name: _____ Student's Grade: _____ Date/Time of Injury: _____

Where and How Injury Occurred: (Be sure to include cause and force of the hit or blow to the head.) _____

Description of Injury: (Be sure to include information about any loss of consciousness and for how long, memory loss, or seizures following the injury, or previous concussions, if any. See the section on Danger Signs on the back of this form.) _____

DIRECTIONS:

Use this checklist to monitor students who come to your office with a head injury. Students should be monitored for a minimum of 30 minutes. Check for signs or symptoms when the student first arrives at your office, 15 minutes later, and at the end of 30 minutes.

Students who experience one or more of the signs or symptoms of concussion after a bump, blow, or jolt to the head should be referred to a healthcare professional with experience in evaluating for concussion. For those instances when a parent is coming to take the student to a healthcare professional, observe the student for any new or worsening symptoms right before the student leaves. Send a copy of this checklist with the student for the healthcare professional to review.

	0 MINUTES	15 MINUTES	30 MINUTES	☐ MINUTES JUST PRIOR TO LEAVING
OBSERVED SIGNS				
Appears dazed or stunned				
Is confused about events				
Repeats questions				
Answers questions slowly				
Can't recall events prior to the hit, bump, or fall				
Can't recall events after the hit, bump, or fall				
Loses consciousness (even briefly)				
Shows behavior or personality changes				
Forgets class schedule or assignments				
PHYSICAL SYMPTOMS				
Headache or "pressure" in head				
Nausea or vomiting				
Balance problems or dizziness				
Fatigue or feeling tired				
Blurry or double vision				
Sensitivity to light				
Sensitivity to noise				
Numbness or tingling				
Does not "feel right"				
COGNITIVE SYMPTOMS				
Difficulty thinking clearly				
Difficulty concentrating				
Difficulty remembering				
Feeling more slowed down than usual				
Feeling sluggish, hazy, foggy, or groggy				
EMOTIONAL SYMPTOMS				
Irritable				
Sad				
More emotional than usual				
Nervous				

To download this checklist in Spanish, please visit cdc.gov/HEADSUP. Para obtener una copia electrónica de esta lista de síntomas en español, por favor visite cdc.gov/HEADSUP.

→ More

Danger signs:

Be alert for symptoms that worsen over time. The student should be seen in an emergency department right away if she or he has one or more of these danger signs:

- ☐ One pupil (the black part in the middle of the eye) larger than the other
- ☐ Drowsiness or cannot be awakened
- ☐ A headache that gets worse and does not go away
- ☐ Weakness, numbness, or decreased coordination
- ☐ Repeated vomiting or nausea
- ☐ Slurred speech
- ☐ Convulsions or seizures
- ☐ Difficulty recognizing people or places
- ☐ Increasing confusion, restlessness, or agitation
- ☐ Unusual behavior
- ☐ Loss of consciousness (even a brief loss of consciousness should be taken seriously)

Additional information about this checklist:

This checklist is also useful if a student appears to have sustained a head injury outside of school or on a previous school day. In such cases, be sure to ask the student about possible sleep symptoms. Drowsiness, sleeping more or less than usual, or difficulty falling asleep may indicate a concussion.

To maintain confidentiality and ensure privacy, this checklist is intended for use only by appropriate school professionals, healthcare professionals, and the student's parent(s) or guardian(s).

Resolution of injury:

- ☐ Student returned to class
- ☐ Student sent home
- ☐ Student referred to healthcare professional with experience in evaluating for concussion

SIGNATURE OF SCHOOL PROFESSIONAL COMPLETING THIS FORM: _____

TITLE: _____

COMMENTS:

Revised August 2019

To learn more,
go to cdc.gov/HEADSUP



A FACT SHEET FOR Parents



What is a concussion?

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious. Concussions can have a more serious effect on a young, developing brain and need to be addressed correctly.

What are the signs and symptoms of a concussion?

You can't see a concussion. Signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. It is important to watch for changes in how your child or teen is acting or feeling, if symptoms are getting worse, or if s/he just "doesn't feel right." Most concussions occur without loss of consciousness.

If your child or teen reports one or more of the symptoms of concussion listed below, or if you notice the signs or symptoms yourself, seek medical attention right away. Children and teens are among those at greatest risk for concussion.

Signs & Symptoms of a Concussion

Signs Observed by Parents or Guardians

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events *prior* to hit, bump, or fall
- Can't recall events *after* hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets class schedule or assignments

Symptoms Reported by Your Child or Teen

Thinking/Remembering

- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

Physical

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise
- Numbness or tingling
- Does not "feel right"

Emotional

- Irritable
- Sad
- More emotional than usual
- Nervous

Sleep*

- Drowsy
- Sleeps *less* than usual
- Sleeps *more* than usual

**Only ask about sleep symptoms if the injury occurred on a prior day.*

To download this fact sheet in Spanish, please visit: www.cdc.gov/HEADSUP. Para obtener una copia electrónica de esta hoja de información en español, por favor visite: www.cdc.gov/HEADSUP
January 2021



Danger Signs

Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if she or he has one or more of these danger signs:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

Children and teens with a suspected concussion should **NEVER** return to sports or recreation activities on the same day the injury occurred.

They should delay returning to their activities until a healthcare provider experienced in evaluating for concussion says it's OK to return to play. This means, until permitted, not returning to:

- Physical Education (PE) class
- Sports practices or games
- Physical activity at recess

What should I do if my child or teen has a concussion?

1. Seek medical attention right away.

A healthcare provider experienced in evaluating for concussion can determine how serious the concussion is and when it is safe for your child or teen to return to normal activities, including physical activity and school (concentration and learning activities).

2. Help them take time to get better.

If your child or teen has a concussion, her or his brain needs time to heal. Your child or teen may need to limit activities while s/he is recovering from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse. After a concussion, physical and cognitive activities—such as concentration and learning—should be carefully managed and monitored by a healthcare provider.

3. Talk to your child or teen about how they are feeling.

Your child may feel frustrated, sad, and even angry because s/he cannot return to recreation and sports right away, or cannot keep up with schoolwork. Your child may also feel isolated from peers and social networks. Talk often with your child about these issues and offer your support and encouragement.

How can I help my child return to school safely after a concussion?

Most children can return to school within a few days. Help your child or teen get needed support when returning to school after a concussion. Talk with your child's teachers, school nurse, coach, speech-language pathologist, or counselor about your child's concussion and symptoms.

Your child's or teen's healthcare provider can use CDC's Letter to Schools to provide strategies to help the school set up any needed supports.

As your child's symptoms decrease, the extra help or support can be removed gradually. Children and teens who return to school after a concussion may need to:

- Take rest breaks as needed
- Spend fewer hours at school
- Be given more time to take tests or complete assignments
- Receive help with schoolwork
- Reduce time spent reading, writing, or on the computer
- Sit out of physical activities, such as recess, PE, and sports until approved by a healthcare provider
- Complete fewer assignments
- Avoid noisy and over-stimulating environments

To learn more, go to www.cdc.gov/HEADSUP or call 1.800.CDC.INFO

January 2021



3 ISAMS email for parents (sent by nurse)

dohacollege.isamshosting.cloud/modules/studentmanagement/communication/commsenderemailapi.asp?type=Email&moduleId=iSAMS_STUDENTMANAG...

Send E-Mail View Summary Preview E-Mail Close Window

Message Recipients Filter by Consents Attachments Options

Properties:

E-Mail Subject: Minor Head Bump Information
For this e-mail to be sent you must enter a subject above.

Merge Template: Minor Head Bump Information Email
Selecting a template will overwrite any content currently entered into the editor below.

Select STUDENT Field Select PARENT/CONTACT Field Select SCHOOL Field Select OTHER/USEFUL Field

Dear Parents

This email is for your information only and there is currently no cause for concern.

[student's name] bumped his/her head at school today.

We were confident that he/she was well enough to return to class after a period of observation in the clinic.

While there is no suspicion of a concussion, symptoms may appear up to 48 hours after the initial head bump. Therefore, attached to this email is a concussion fact sheet. Please keep an eye out for the red flags on the sheet over the next two days and consult a medical doctor if you notice any of these signs and symptoms.

https://www.cdc.gov/heads-up/media/pdfs/schools/TBI_factsheets_PARENTS-508-a.pdf

You are welcome to get in touch if you need further clarification.

Kind regards, School Nurse Team

4 Guidance for PE/Games/Swimming for head injuries

Head Injury Management in Schools – Evidence Summary

Purpose

To summarise current evidence and clinical guidance regarding whether minor head bumps (including minor collisions between pupils) should be referred to the school nurse for assessment.

Key Evidence Sources

This summary is based on guidance from:

- National Institute for Health and Care Excellence (NICE) – Head Injury Assessment Guidelines
- Centres for Disease Control and Prevention (CDC) – Childhood Concussion Guidance
- Royal College of Nursing (RCN) – School Nursing Practice Guidance
- National Health Service (NHS) – Minor Head Injury Advice
- American Academy of Paediatrics (AAP) – Paediatric Head Injury Recommendations

Key Findings from the Evidence

1. Most Minor Head Bumps Are Low Risk

Clinical guidance recognises that:

- Minor head contact without symptoms is common in school-aged children
- Most minor bumps do not result in concussion
- Low-risk injuries include:
 - Light bump into another child
 - No fall to the ground
 - No loss of consciousness
 - No symptoms following injury

Guidance from National Institute for Health and Care Excellence indicates that not all minor head contacts require medical assessment when no risk factors are present.

2. Concussion Symptoms May Be Delayed

Evidence confirms that:

- Symptoms may appear minutes to several hours after injury
- Some children do not immediately report symptoms
- Early assessment helps establish a baseline condition

The Centres for Disease Control and Prevention advises monitoring for delayed symptoms even after seemingly minor injuries.

3. Mechanism of Injury Is Important

Clinical risk increases when:

- The injury is unwitnessed
- There is significant force
- A child falls to the ground
- The head strikes a hard surface or moving object

Guidance from the Royal College of Nursing emphasises that mechanism of injury is a key factor in deciding referral.

4. Observation Plays an Important Role

For very minor incidents:

- Short observation by staff is often appropriate
- Referral is required if symptoms develop
- Documentation improves safeguarding and communication

The National Health Service supports monitoring children for symptoms after minor head injury.

Common Symptoms Requiring Nurse Assessment

Any child should be referred to the nurse if they develop:

- Headache
- Dizziness
- Nausea or vomiting
- Confusion
- Behaviour change
- Visual disturbance
- Balance difficulty
- Excessive drowsiness
- Loss of consciousness
- Seizure activity

These are recognised signs of possible concussion.

Risks of Referring All Minor Head Bumps

Evidence highlights potential disadvantages of universal referral:

- Increased pressure on school health services
- Reduced availability for higher-risk cases
- Disruption to learning time
- Potential over-medicalisation of low-risk incidents

Guidance from the Royal College of Nursing supports risk-based triage systems rather than automatic referral of all minor bumps.

Risks of Not Referring Some Minor Head Bumps

Evidence also highlights potential risks when injuries are not assessed:

- Some concussions occur after seemingly minor impacts
- Symptoms may not be recognised by non-clinical staff
- Unwitnessed injuries carry additional risk
- Inconsistent practice may create safeguarding concerns

The Centres for Disease Control and Prevention recommends erring on the side of caution when uncertainty exists.

Evidence-Based Balanced Approach

Most clinical guidance supports a risk-based referral model, rather than referring every minor head bump.

Refer to Nurse if:

- Any symptoms occur
- Injury was unwitnessed
- There was significant force
- Child fell to the ground
- Visible swelling or injury present
- Staff have any concern

Observation May Be Appropriate if:

- Minor, light contact only
- Injury fully witnessed
- No fall occurred
- No symptoms present
- Child remains well and behaving normally

Conclusion

Current clinical evidence does not support mandatory referral of all minor head bumps to the nurse.

However, evidence strongly supports:

- Prompt assessment of any concerning injury
- Observation following minor incidents
- Referral when symptoms, uncertainty, or risk factors are present