: Learners Today.. Leaders Tomorrow :

The Gulf English School

Clinic and Medical Policy

Author: Leadership Team / Medical Team

Adoption / Review	Committee	Lead Personnel	Review Date:
October 2026	LT	LT / Medical Team	October 2027

This policy applies across all GES campuses and phases: GES Gharafa (Infants, Juniors and Secondary) and GES Bin Omran.

COUNCIL OF INTERNATIONAL SCHOOLS

Our Vision

We aim to develop a responsible, respectful, resilient school community, supporting the highest level of personal achievement in a changing modern intercultural world.

V1	**We aim to develop a responsible, respectful, resilient school community,**
V2	supporting the highest level of personal achievement
V3	in a changing modern intercultural world.

Mission Statements

M1	**We provide a high-quality education, focusing on skills, knowledge and application, enabling our community to strive and achieve excellence**
M2	We aim to develop a culture of life-long learning, independence, ambition, which is continuously demonstrated by our community.
M3	Our community promotes diversity and global citizenship where individual differences are understood and celebrated.
M4	To drive the development of creative skills and critical awareness in our students.
M5	Our school community provides a safe, supportive, and stimulating learning environment that focusses on the well-being of all
M6	We aim to integrate the use of technology on a day-to-day basis to enhance our teaching and learning.

Our Core Values: The 3 R's

- ✓ **Responsible:** Driven, Ambitious, Achiever
- ✓ **Respectful:** Empathy, supportive, caring, diversity
- ✓ **Resilient:** Risk takers, empowered, committed

CONTENTS PAGE

1	Purpose and Scope
2	Regulatory Framework
3	Clinic Staffing and Responsibilities
4	Access to the Clinic
5	Student Health Information and Records
6	Medication Administration and Storage
7	Medical Conditions and Emergency Medication
8	Sending Pupils Home and Medical Absence
9	Infection Prevention and Communicable Disease
10	Health Screening, Immunisation and Preventive Health
11	Mobility, Accessibility and Return to School
12	Food, Allergies and School Events
13	Confidentiality, Safeguarding and Information Sharing
14	Monitoring and Review
	Appendix A. Parent/Guardian Responsibilities
	Appendix B. Clinic Operating Hours
	Appendix C. Qatar Ministry Requirements and GES Clinic Licensing

1. Purpose and Scope

The GES Clinic and Medical Policy sets out how school health services support pupils during the school day. It covers clinic access, health information, medication, ongoing medical needs, preventive health, infection control and communication with families.

Immediate First Aid, emergency response, ambulance procedures, First Aid provision for trips/events and First Aid training are covered by the separate GES First Aid Policy. The two policies should be read together.

The policy applies across all GES campuses and phases. School health care is provided within the professional scope of appropriately licensed School Nurses and applicable Qatar requirements.

2. Regulatory Framework

GES clinic practice follows applicable MoPH/DHP and MoEHE requirements. Licensed nurses work within their professional scope of practice. The policy also supports BSO welfare, health and safety expectations and CIS expectations for safeguarding, wellbeing, confidentiality and safe learning environments. Qatar requirements take precedence where they differ from overseas guidance.

3. Clinic Staffing and Responsibilities

A School Nurse is assigned to each GES campus to oversee clinical provision; current contact details are maintained on campus lists. When the nurse is temporarily unavailable, a designated trained first aider provides immediate first aid within their competence and follows the GES First Aid Policy. First aiders do not undertake nursing assessments, routine medication administration or other clinical duties unless separately authorised, trained and permitted to do so. Leadership arranges appropriate clinical cover or referral where needed.

Role	Responsibility
School Nurse	Assess and triage pupils; provide care within scope; administer authorised medication; maintain health records; communicate with parents; support medical plans and public-health requirements.
Parents/Guardians	Provide accurate health information, current emergency contacts, required medication and updated medical advice.
Staff	Refer pupils appropriately, follow medical alerts/healthcare arrangements shared with them and seek urgent help when required.
School Leadership	Ensure suitable clinic provision, support regulatory reporting and respond to significant health/safeguarding concerns.

4. Access to the Clinic

All clinic visits are recorded in SchoolBase. Except in urgent cases, pupils should attend through the agreed school referral process. Younger children, including EYFS pupils, should not attend the clinic unaccompanied. The nurse will assess the pupil and decide whether they can return to learning, require observation, should be collected or need external medical assessment. Emergency cases follow the GES First Aid Policy.

5. Student Health Information and Records

Parents/guardians complete health and medical information during admission and must notify GES when a pupil's health status, allergies, medication or treatment changes. Relevant medical certificates, immunisation records, medical alerts and clinic attendance are maintained in the pupil's health record.

Medical information is confidential and accessed/shared only where necessary for the pupil's care, safety, safeguarding or legal/regulatory requirements. Relevant information may be shared with staff who need it to keep the pupil safe.

6. Medication Administration and Storage

The School Nurse is normally responsible for administering prescribed medication at school, following the treating doctor's instructions provided by parents/guardians and the school's medication authorisation procedure. This includes both long-term medication for ongoing medical conditions and short-term courses prescribed for temporary illnesses or conditions. Parents must provide the prescription or written medical instructions, medication in its original labelled packaging, and any required consent; they must also inform the nurse of changes to the treatment. Before each administration, the nurse checks the pupil, medication, dose, route, timing and expiry, and records the administration in the school medical system.

Area	GES arrangement
Prescribed medication	The School Nurse administers both long-term and short-term prescribed medication according to the doctor's instructions supplied by parents, required consent and the pupil's medical plan where applicable. Each dose is checked and recorded.
Non-prescribed medication	May only be administered by the nurse where permitted by current Ministry/clinic guidance and appropriate parental consent is in place. If consent is not recorded, the parent/guardian must be contacted before administration.

Area	GES arrangement
Storage	All medication is stored securely in a locked cupboard in the school clinic. Access is restricted to the School Nurse and designated trained first aiders or members of the School Leadership Team who are authorised to access it when necessary. The cupboard key is kept in a secure, non-public location known only to authorised staff; it must not be accessible to pupils or visitors. Each GES campus clinic has a refrigerator for medication and other essential clinical/first aid items requiring refrigerated storage. Medicines are stored according to the manufacturer's or prescriber's instructions, with appropriate separation from non-medical items. The School Nurse oversees safe storage, access, expiry checks and any required temperature monitoring. Authorised access to stored medication does not, by itself, authorise routine medication administration. When the nurse is unavailable, first aiders follow the GES First Aid Policy and any agreed individual emergency care plan, within their training and competence.
Recording	The nurse records each dose, monitors for possible reactions, documents any concerns and promptly communicates suspected adverse effects or reactions to parents/guardians. Emergencies are escalated without delay.
Expired/unused medication	Managed and disposed of through the approved clinical process; pupil medication should be returned/collected when no longer required or at the end of the academic year as appropriate.

The School Nurse oversees and monitors medication administered during the school day, observes and responds to any suspected side effects or adverse reactions, and promptly informs parents/guardians of concerns or reactions and any action taken. Where a reaction may be serious, the nurse initiates appropriate emergency procedures, including calling 999 when indicated, and informs school leadership. Any incident and parent communication are recorded. Trained first aiders provide immediate first aid when the nurse is unavailable, in accordance with the GES First Aid Policy; this does not authorise them to undertake routine medication administration or other nursing duties unless separately trained, authorised and permitted under applicable requirements.

GES will maintain a current clinic medication list based on applicable Ministry guidance. The detailed list of medicines, creams and clinical products held by the clinic will not be fixed in this policy because approved products and guidance may change.

Clinic medication list: maintained and checked against current authority guidance by the Medical Team. and any specific controlled-medication procedure.

Attachments	☐ **Health Practitioners List**

Equipment Checklist for Nurseries and Kindergartens

o **Nebulizer**	o **Plasters**	o **Eye Cover**	o **Glucometer**	o **Iodine solution**	o
o **Ice Packs**	o **Torch light**	o **Crape Bandages**	o **Examination Bed with Footstep** o **Paper roll**	o **Sphygmomanometer**	o
o **Stainless steel trolley**	o **Face Mask**	o **Garbage bin with foot pedals**	o **Stainless steel scissors**	o **Oxygen cylinder**	o
o **Panadol**	o **Stethoscope**	o **Paper roll for examination bed**	o **Pulse Oxy Meter**	o **Eye Wash**	o
o **Tongue Depressor**	o **Electronic Balance with height**	o **Gloves**	o **Digital Thermometer**	o **Hand Sanitizer**	

Equipment Checklist for Schools + the above list

o **Posture support**	o **Movable examination light**	o **Oropharyngeal air way various sizes**	o **Privacy screen for bed**	o **Wheelchair**	o
o **AMBU Bag**	o **Neck Brace**	o **ENT Kits**	o **AED**	**Spill kits**	
o **Sharp Box**	o **Medical waste bag**	o **Water dispenser**	o **Diclofenac gel**	**Burn Cream**	
o **Secured cabinet for medical records**	o **Band aid 1 box**	o **Splints medium size**	o **Kidney basin**		

7. Medical Conditions and Emergency Medication

Students with significant or ongoing medical conditions must have appropriate medical information recorded. Where a condition requires daily management, regular medication, reasonable adjustments or emergency support, the school follows the individual medical care plans provided by recognised healthcare professionals or hospitals, such as Sidra Medicine.

These plans are reviewed by the School Nurse in consultation with parents and relevant staff to ensure the student's medical needs are appropriately supported during the school day. For students with diabetes, the school follows the hospital-issued diabetes care plan, maintains regular communication with parents and records insulin administration in the school's medical system.

Older students may carry their own reliever inhaler where agreed and documented. For younger students, inhalers are normally held by the School Nurse and made accessible when required.

Adrenaline auto-injectors (EpiPens) and other prescribed emergency medication must be clearly identified and immediately accessible. Arrangements must ensure access to emergency medication during PE, trips, ECAs and other activities away from the clinic. Administration must follow the students' medical care plan and authorised emergency procedures.
Any acute or life-threatening deterioration must be managed in accordance with the GES First Aid Policy, with emergency services contacted on 999 without delay where required.

8. Sending Pupils Home and Medical Absence

The School Nurse may recommend that a pupil is collected where the pupil cannot participate safely in normal school activities, requires a level of care the school cannot reasonably provide, may present an infection risk, or requires further medical assessment.
Pupils must be released to an authorised adult. The nurse provides an appropriate handover and advises parents to seek further medical assessment where needed.
Medical certificates/sick-leave documentation received by the school should be recorded through the agreed school system. Prolonged or concerning absence should be communicated to the relevant pastoral/leadership team.

9. Infection Prevention and Communicable Disease

GES follows current MoPH/MoEHE requirements for communicable disease, outbreaks, exclusion/return-to-school and public-health reporting. The Head Nurse/Medical Team will advise school leadership and families where specific action is required.

Standard infection-control precautions, appropriate PPE, safe handling of bodily fluids, clinical waste and sharps procedures must be followed in the clinic and when providing care elsewhere in school.

During an epidemic/pandemic or public-health event, GES will adapt its procedures in line with current Qatar authority direction rather than relying on fixed exclusion periods in this policy.

10. Health Screening, Immunisation and Preventive Health

GES supports health screening and preventive programmes as directed by MoPH/MoEHE. Current school practice includes annual height and weight measurement and vision screening in accordance with applicable guidance.
Parents must provide an up-to-date vaccination record on admission and inform the school of relevant updates. Where a school-based immunisation programme is offered, information and specific consent will be obtained in accordance with current authority requirements.
The nursing team may also support age-appropriate health education and wellbeing initiatives within its professional role.

MoPH/MoEHE screening schedule: examples below require annual verification against current Ministry instructions.

1. Growth Monitoring Programme

As part of the annual growth monitoring programme, we measure students' height and weight and calculate their Body Mass Index (BMI). The collected data are recorded and submitted to the Ministry of Public Health as required.

2. Vision Screening Programme

Vision screening is conducted for students in Years 1, 3, 5, 7, and 9. The screening results and relevant data are submitted to the Ministry of Public Health in accordance with the programme requirements.

3. School-Based Immunisation Programme

Where directed by MoPH, GES supports the following vaccination programmes for eligible pupils, subject to current Ministry schedules: the following vaccinations to eligible students:

- **HPV vaccination:** Year 8 students.
- **Tdap booster vaccination:** Year 9 students.

The vaccination programme is coordinated with the Ministry of Public Health, and parental consent is obtained before vaccination. The relevant consent forms and awareness materials are shared with parents, and vaccination records are maintained accordingly.

11. Mobility, Accessibility and Return to School

Pupils returning with crutches, wheelchairs or other mobility aids may require a risk assessment so that safe access, movement, evacuation and participation in learning can be planned. Reasonable adjustments should be agreed with the pupil, family and relevant staff.

Where a medical condition affects participation, the nurse may advise temporary activity restrictions or reasonable adjustments based on available medical information.

Return to School Following Significant Illness or Injury: Following significant illness, injury, surgery or hospitalisation, GES may request appropriate medical information before the pupil returns to school. Where necessary, the School Nurse will work with parents/guardians and relevant staff to agree temporary adjustments, activity restrictions, risk controls or an Individual Healthcare Plan to support a safe return to learning.

12. Food, Allergies and School Events

Known allergies and relevant dietary/medical restrictions must be recorded and shared with staff on a need-to-know basis. GES maintains a no-nut approach, but cannot guarantee an allergen-free environment. Individual allergy care plans identify avoidance measures, emergency medication, staff responsibilities and arrangements for trips, food events and other activities.

For events involving provided or brought-in food, **families must be notified in advance**. When full ingredient or allergen information is unavailable, the following safety protocols apply:

- Food safety: Staff must not assume that visual inspection can establish whether food contains allergens. Where ingredients, preparation or cross-contamination risks cannot be verified, food must not be offered to pupils with relevant allergies; an agreed safe alternative must be provided.
- Dietary Accommodations: Pupils with medical or dietary needs will be guided toward safe, verified alternatives.
- Severe Allergies & Missing Labels: Students with severe allergies—or those facing unlabelled food items—must use a home-provided packed lunch or a certified safe alternative provided by the school.

13. Confidentiality, Safeguarding and Information Sharing

Medical information must be handled sensitively and confidentially. Information may be shared on a need-to-know basis where necessary to protect a pupil's health, safety or welfare.

The nursing team must remain alert to unexplained injuries, repeated clinic attendance, neglect indicators, disclosures or other safeguarding concerns. Concerns are reported promptly to the campus Designated Safeguarding Lead (DSL) in accordance with the GES Safeguarding and Child Protection Policy. Information is shared only with those who need it for safe care, safeguarding or lawful reporting; clinical records are stored securely with controlled access.

Clinical Continuity, Emergencies and Off-Site Activities

For pupils with significant medical needs, the School Nurse coordinates an individual healthcare plan with parents, relevant clinicians and designated staff. The plan should identify symptoms requiring escalation, medication access, staff training, emergency contacts, arrangements during nurse absence and support for educational visits, PE and ECAs. Emergency treatment must not be delayed while seeking consent or contacting parents; call 999 for life-threatening emergencies and follow the GES First Aid Policy.

Medical and First Aid records must be completed promptly in the approved GES systems. First aid treatment and accidents are recorded under the First Aid Policy, including same-day incident reporting. The nursing team records clinical assessments, medication administration, referrals and follow-up. Significant incidents are escalated to leadership and, where relevant, the DSL and competent authorities through the appropriate reporting routes.

Related GES Policies

This policy should be read alongside the GES First Aid Policy, Safeguarding and Child Protection Policy, Inclusion/SEND Policy, Educational Visits procedures, Health and Safety arrangements and applicable data-protection requirements.

14. Monitoring and Review

The Nurse and School Leadership will monitor clinic records, medication practice, health trends, equipment checks, regulatory updates and significant incidents. The policy will be reviewed at least annually or sooner where guidance, school practice or identified risk changes.

Appendix A – Parent/Guardian Responsibilities

- Provide complete and accurate medical information during admission.
- Inform the School Nurse promptly of changes to health conditions, allergies, medication or treatment.
- Keep emergency contact details current.
- Provide prescribed pupil medication in the original labelled container with clear instructions.
- Provide relevant medical reports, healthcare plans or certificates when requested.
- Collect pupils promptly when the School Nurse advises that they are not well enough to remain at school.
- Seek external medical assessment where advised by the School Nurse or emergency service.

Appendix B – Clinic Operating Hours

Campus	Days	Clinic hours
Senior School	Sunday–Wednesday	7:00 AM – 2:30 PM
Senior School	Thursday	7:00 AM – 2:00 PM
Primary School	Sunday–Wednesday	7:00 AM – 2:30 PM
Primary School	Thursday	7:00 AM – 2:00 PM
Bin Omran	Sunday–Wednesday	7:00 AM – 2:30 PM
Bin Omran	Thursday	7:00 AM – 2:00 PM
Infant School	Sunday–Wednesday	6:45 AM – 2:15 PM
Infant School	Thursday	6:45 AM – 1:45 PM

Appendix C: MOPH Qatar School Clinic & First Aid Policy

1. Purpose of School Clinic Provide basic healthcare, first aid, and emergency support to students and staff while maintaining a safe and healthy school environment in compliance with MOPH guidelines.

2. First Aid Responsibilities Provide first aid for minor injuries, perform basic life support if required, assess and triage cases, and refer serious conditions to hospitals. Maintain fully equipped first aid kits.

3. Clinic Staffing Requirements Clinics must be staffed by licensed nurses approved by MOPH. Nurses are responsible for assessment, emergency care, documentation, and communication with parents.

4. First Aid Procedures Immediate care must be provided at the site or clinic. All cases must be documented and parents informed if necessary. First aid kits should be available across the school.

5. Emergency Management Stabilize the patient, call emergency services if needed, and manage conditions such as asthma, allergic reactions, or injuries promptly.

6. Medication Policy Medication should only be administered with a doctor's prescription and parental consent. All medications must be properly labeled, stored, and documented.

7. Record Keeping Maintain student health records, first aid logs, and report communicable diseases. Monitor students with chronic conditions.

8. Preventive Programs Support vaccination, health screening, and health education programs as guided by MOPH.

9. General Requirements Ensure trained staff, adequate equipment, and immediate response to any medical situation within the school premises

Appendix D – Qatar Ministry Requirements and GES Clinic Licensing

This appendix summarises publicly available Qatar health and education guidance as at October 2026. Current MoPH, MoEHE and Department of Healthcare Professions (DHP) instructions, including instructions sent directly to GES, take precedence. The Medical Team checks applicable requirements at least annually and when new circulars are issued.

Clinic and nurse licensing. GES confirms that the clinics at its campuses and its School Nurses hold Ministry of Public Health-issued licences which are currently active. School Leadership and the Medical Team retain copies of the relevant facility approvals and each nurse's professional licence, monitor expiry dates and arrange renewal as required. The DHP regulates healthcare practitioner licensing and professional scope. This statement records the school's confirmation; individual licence status must be evidenced by the current certificates and Ministry records.

Medication. School Nurses administer prescribed long-term or short-term medication in line with the treating clinician's instructions supplied by parents, appropriate authorisation and the nurse's professional scope. They verify the medicine, pupil, dose, route and timing; document each administration; monitor for suspected adverse effects; and inform parents promptly, escalating emergencies under the GES First Aid Policy. Medicines are secured in the locked clinic cupboard with access restricted to authorised staff; refrigerated items are held in the designated clinic refrigerator under appropriate storage conditions. GES maintains its current approved clinic medication list and checks any restrictions or special procedures against current MoPH instructions. Publicly available sources reviewed do not establish a definitive universal list of medicines that every private-school clinic may administer.

Clinic equipment. The Medical Team maintains a campus-by-campus inventory, equipment maintenance and expiry records, and appropriate cleaning, clinical waste and sharps arrangements. Emergency equipment, including AEDs where provided, is checked and kept accessible to trained responders. Equipment and medicines requiring refrigeration are stored according to manufacturer and clinical instructions. The exact compulsory equipment inventory for each GES clinic must be confirmed against its current MoPH facility approval, inspection checklist and any applicable Ministry circular; the school should not treat an illustrative checklist as proof of a current mandatory list.

Growth and vision screening. The PHCC School Health Service describes annual growth monitoring and vision monitoring as preventive school-health activities, primarily in government schools. GES participates in screening and submits data where directed for private schools by MoPH/MoEHE. The Medical Team verifies each academic year the applicable year groups, frequency, consent, reporting templates and submission dates; any existing GES year-group schedule is operational guidance and must be checked against the current circular.

School vaccination programme, 2026–2027. MoPH, MoEHE and PHCC announced a school campaign in September 2026 covering government and private schools. Published phases include HPV first dose for Grade 9 during 20 September–18 November 2026, and HPV first dose for Grade 8 plus second dose for Grade 9 during 25 April–16 May 2027. The later phase also includes Tdap booster for Grade 9 in government and private schools. The 2026 campaign announcement separately identifies a Grade 10 Tdap booster in government schools in the first phase. Participation is voluntary and requires signed parent/guardian consent. GES will follow its current Ministry-issued school-specific timetable, eligibility guidance and consent procedures; grade/year equivalence and arrangements are confirmed with the relevant Ministry team before communicating to families.

Records and evidence. The Medical Team retains, as applicable: clinic/facility licence copies; nurse DHP licence copies and expiry tracker; current approved medication guidance; medication administration and storage-temperature records; equipment inventory and checks; screening schedules and submissions; vaccination circulars, parent consent and programme records. Personal health information is shared only with authorised staff or authorities as required.

Official reference points (accessed October 2026): MoEHE, Guideline for Public Policies in Private Education Phases (2024), https://www.edu.gov.qa/en/News/Details/10638600; MoPH/DHP, Healthcare Practitioner Licensing FAQs, https://dhp.moph.gov.qa/en/Pages/FAQS.aspx; PHCC, School Health Service, https://www.phcc.gov.qa/clinics-and-services/browse-by-category/school-health; Qatar News Agency, MoPH school HPV vaccination campaign announcement, 13 September 2026, https://qna.org.qa/en/news/news-details?date=13%2F09%2F2026&id=moph-announces-inclusion-of-hpv-vaccine-in-national-school-vaccination-campaign.