迪 拜 中 国 学 校
CHINESE SCHOOL DUBAI
P.O.Box：624355,Dubai,UAE Tel:04-2202275
Address：58C St. Mirdif, Dubai, United Arab Emirates

Chinese School Dubai

Clinic Handbook

2020-2021

P.O.Box：624355,Dubai,UAE Tel:04-2202275
Address：58C St. Mirdif, Dubai, United Arab Emirates

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Clinic Services

Staffing Plan, Staff Management and Clinical Privileging

There is one doctor and one nurse in the school clinic, both of them should be familiar with the clinic policy and follow DHA policy.

- Responsible for ensuring the safety of students at school.
- Ensuring that students carry out emergency rescue.
- Ensuring the rights and privacy of students.
- Ensure that any abnormalities of students are notified to parents in time.
- Ensure that the student's physical examination is completed.
- Recording the abnormal or injure of students in their medical file.
- The doctor shall:

  a. Not prescribe medication to students for use after school hours.
  b. Not prescribe Controlled Drugs and Semi Controlled Drugs (SCD) for students.
  c. Be responsible to develop Individualized Healthcare plan (IHP).
  d. Advise parents to keep the student at home during the communicable period of any disease.
  e. Assess, plan and implement Individualized Health Care Plan (IHCP) and Emergency Health Care Plan (EHCP) for children with chronic illnesses and children with of determination, including allergies.
  f. Maintain effective relationship with parents, families and local community.
  g. Refer, as appropriate, children assessed and found to have psychological or emotional disorders like anorexia, self-harm, addiction, abuse etc.
  h. Participate in planning and conducting health education activities in the school.
  i. Act as a counsellor in guiding the school administrators, teachers and parents to discuss any health problem of a student, as required.
  j. Submit reports to HRS and SHS, PHPD in a timely manner.
  k. Update knowledge, skills and practice related to school health.

Draft the School Health Service Plan and review it annually, which could include the following:

I. The delivery and evaluation of health services in school environment, including screenings and vaccination programs.
II. Comprehensive medical examination of students at KG/Foundation 1, Grade one (1), Grade four (4), Grade seven (7), Grade ten (10) and at entry level in colleges and universities and for new admission at any grade in schools. The findings have to be documented in the school health record.
III. Medication management shall be the responsibility of the Physician.
IV. Management of emergency reaction including anaphylaxis that might occur due to vaccination shall be the responsibility of the Physician.
V. Physician shall report all suspected or confirmed cases of communicable diseases to SHS and

Preventive Medicine Section (PMS), PHPD, DHA; as per the list of Notifiable communicable diseases noted in Appendix 4.

1 Schools are required to report any communicable diseases and the number of individuals affected (UAE Medical Liability Law 10/2008).

2 Diseases under Category A1 in Appendix 4 should be notified immediately via telephone (by calling the 24/7 PMS hotline), within 4- 8 hrs of identification along with electronic notification.

3 Diseases under Category A2 in Appendix 4 should be electronically notified within 24 hrs of identification.

4 Diseases under Category B in Appendix 4 should be notified electronically within 5 working days from identification.

5 Vaccine-preventable diseases should be reported immediately and appropriate action should be taken to ensure the protection of other children and adults in the school.

- The nurse shall:

a. Hold a DHA license as Registered Nurse (RN) and should have at least one

(1) year experience of working with children in a school or pediatric setting.

b. Liaise with and support the school staff in implementing the school health activities.

c. Ensure that all medical supplies and equipment needed for first aid and emergency care are available and in working condition.

d. Assess needs of students (examine/observe/measure vital signs) who require first aid care and administer appropriate care.

e. Refer to the Physician for advice when needed.

f. Inform parents, through the school authorities, about the student's condition.

g. Transfer the student to the Emergency department of the nearest hospital as per the standard procedure in cases required.

h. Provide privacy to the student during medical examination.

i. Monitors students who are frequently absent from school due to health-related problems.

j. Coordinate with classroom teachers to:

I. Observe and report student with unhealthy practices.

II. Refer promptly student who are showing signs of visual, hearing and learning difficulties.

III. Refer student with fever, rashes or unusual behavior.

IV. Report presence of potential hazards in the classroom.

V. Motivate student to enhance healthy practices.

VI. Report sanitary and safe environment deficits to the school administration.

k. Measure height and weight of students and calculate BMI on an annual basis for all students.

l. Refer to the school health physician, students whose growth and development measurement show deviations from normal.

m. Plan and conduct health education sessions for parents of students with chronic illness to assist them to understand their child's disease and needs.

n. Conduct health education sessions to meet the learning needs of students (e.g. topics on: personal hygiene, proper nutrition, accident prevention etc.).

o. Plan the vaccination schedule of every student as per DHA Immunization Guidelines and conduct vaccinations under the supervision of the school

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health physician.

p. Update knowledge, skills and practices related to school health requirements

- A Temporary Nurse shall be arranged by the management of the educational or academic setting from an agency approved by HRS, DHA, in case the employed RN is on leave.

a. Approval is based on the following criteria:

I. No-objection letter from the provider facility.

II. Valid Malpractice insurance for the temporary nurse.

III. Verified Dataflow report for the temporary Nurse.

IV. Signing and submitting the Temporary Nurse Request Form.

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Service Description and Scope of Services

General Objective:

To maintain the health and safety of all students and school personnel by providing access to primary, preventive health care service in a school setting.

Specific Objectives:

- To follow the guidelines of Dubai Health Authority (DHA) and Municipality to organize and manage the school clinic
- Disseminate DHA policies to parents and school staffs timely and accurately.
- To follow the guidelines set out in the nurse's and doctor's job description.
- To follow all DHA requirements for student medical exams and record keeping.
- To ensure all students medical files will be done.
- Arrange medical examination for students.
- To provide a temporary resting place for ill or sick students or staff.
- To report incidents to the parents in time, directly by telephone, as soon as possible.
- To arrange immediate transfer to hospital for any student or member of staff who requires emergency medical attention.
- To follow the guidelines to clearly label and store student's individual medication, in an appropriate and safe manner.
- To follow the guidelines to manage clinic medicines, make sure the medicine are placed in a cupboard, which is locked all the times.
- To impart knowledge and information on health matters to students through health education programs and teachings.
- To provide education and example to maintain and encourage good practices in hygiene and hand washing.
- To follow any health advice given by the Department of Health and the World Health Organization for infectious diseases/ epidemics that might affect the students and staff of the school.
- To help and advise parents and staff regarding current health issues as the need arises.

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Accident and Incident Reporting Policy

The school will ensure the welfare of all children enrolled in the school. CSD ensures that the child is protected through adherence to the accident and Incident reporting policy adopted by the school.

1：Accident/incident must be reported and recorded.

2: If any of the following occur you should report this immediately to the school nurse/counsellor/Supervisor/Teacher/Principal and record the incident. The school will also ensure the parent of the child is informed:

- If a student is accidentally hurt.
- If a student has any injury or accident at school
- If he/she seems distressed in any manner.
- If a student misunderstands or misinterprets something the teacher has done.

3：Start emergency plan if it is an emergency event.

4：The school will assure all staff that it will fully support and protect anyone, who reports his or her concern that a colleague is, or may be, abusing a child. Where there is a complaint against a member of the staff, necessary investigation shall be carried out. If the allegation is clearly about poor practice, the school principal shall deal with it as a misconduct issue. The parents of the child will be contacted as soon as any incident is reported.

5: Every effort will be made to ensure that confidentiality is maintained for all concerned. Information will be handled and disseminated on a need-to-know basis only. This includes the following people:

- The principal/Supervisor/Teacher/nurse/counsellor.
- The parents of the person who is alleged to have been abused.
- The person making the allegation.

All incidents, regardless of their critically should be documented, please use the below as a template of log of events:

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Student Name		Date / Time	
Incident / Event Description			
Communicated To			
Remedial Actions			
Inform parents	☐ YES ☐ NO		
Recorder's signature			

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Parents Notification Policy

- Whenever the child is sick, clinic nurse should notify their parents through telephone immediately and the child will be referred to doctor.
- Whenever the child has the minor illness or minor bruise, parents will be notified. Clinic nurse should record it in the student's medical file.
- In case of emergency, we will take the child to hospital and at the same time parents will be informed through phone. Parents will then come to the hospital immediately.
- If any findings from medical examination, clinic nurse should notify to parents through phone and child will be referred if required.
- Any notification to parents regarding for student condition should be recorded in student's medical file.
- The nurse will notify the parents through phone. If there will be no response received after 3 phone call attempts with 10 minutes interval in between, an e-mail or a message will be sent to the parent.

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Emergency Patient Transfer & Referral Policy

Student transfer

1 Non-emergency cases:

After assessment by the doctor/nurse, if the student should be transferred to home, then:

- Parents/Guardians will be informed via telephone or e-mail and asked to collect their child from the school clinic.
- Inform teacher in charge that her/his student will be going home.
- Inform the reception stating the student name and class as well as the person who will pick up the student.
- Parent/Guardian who will pick up the student, will sign the Send Home logbook and the early departure form in the clinic.
- Full details should be recorded in the student's medical file.

2 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:

- Clinic nurse/doctor should contact with student's parents/guardians immediately, and the parents should collect the student as soon as possible.
- A referral note will be given to the parents/guardians to be presented to their clinic/hospital of choice
- Inform teacher in charge that her/his student will be going home.
- Inform the reception stating the student name and class as well as the person who will pick up the student.
- Parent/Guardian who will pick up the student, will sign the Send Home logbook and the early departure form in the clinic.
- An incident report will be filed, and full details should be recorded in the student's medical file.

If the parent/guardian will request an ambulance, then the nurse will call EMS or 998. Security personnel and the reception will be notified that an ambulance will be coming to pick a student

3 Life threatening Accidents/Emergencies (Serious)

After assessment by the doctor/nurse, then:

- Nurse will immediately call EMS or 998 and she will give the details regarding the accident.
- Notify parents immediately regarding the details of the injury, the course of action taken and the hospital/clinic where the student will be brought.
- Transport student to the hospital immediately where the school has an affiliation.
- School nurse or other available school personnel will accompany the student to the hospital and wait for the parents/guardians to arrive.
- An incident report will be filed, and full details should be recorded in the student's medical file.

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Emergency Procedures for Injury and 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.
- If trained and if necessary, initiate Cardiopulmonary Resuscitation (CPR).
- 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 training through DHA.
- Call emergency assistance immediately for:
- Anaphylactic reaction
- Amputation
- Wound (deep/extensive), Bleeding (severe)
- Choking. Difficulty Breathing (Persistent)
- Broken Bone,Head, Neck Or Back Injury (Severe)
- Burns (Chemical, Electrical, Third Degree)
- Chest Pain (Severe)
- Electrical Shock
- Heat Stroke
- Poisoning
- Seizure (if no history of seizure)

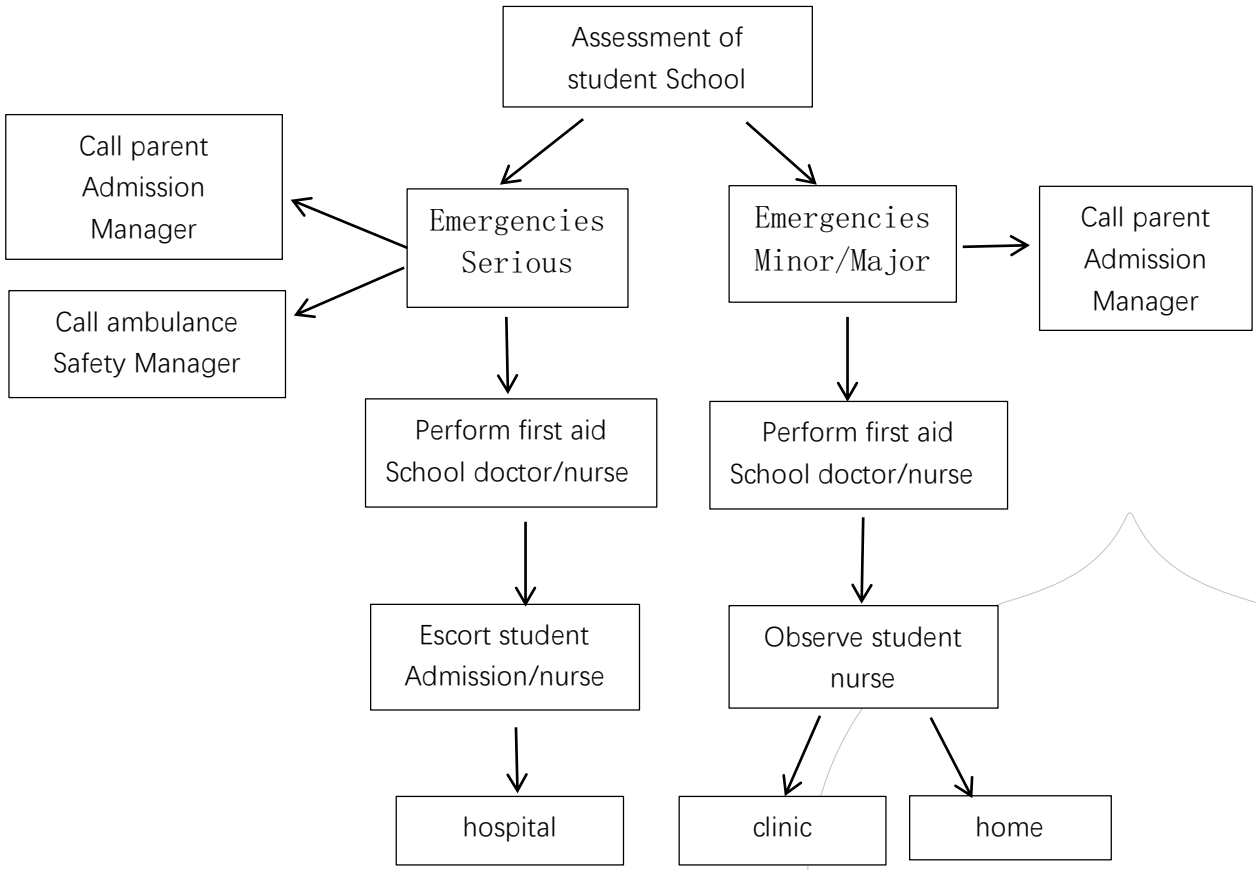
Emergency Telephone Numbers

Police : 999

Ambulance : 998/999

Fire : 997

Emergency Protocol Flow Chart



Crisis Response Team

1 Principal: LIPING YIN --- Coordinate all departments and make important decisions

2 Admission Manager:

DAN ZHANG --- Notify parents

3 Safety Manager: XINYI WANG --- Call ambulance

YUNQING WANG --- Coordination assistant

4 Admission: JINGXIAN LU --- Escort student

5 Clinic Nurse: YULU LUO --- Student assessment. Perform first aid and recording.

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Student Assessment Policy

Teacher in charge should send the student to school clinic depend on the student's condition, the further evaluate will be done to the student by the school doctor. Follow the emergency policy if dangerous.
Valid reasons for leaving class and going to the clinic:

- Significant vomiting (not just spitting up or phlegm)
- Serious bleeding.
- Animal bite.
- Headache, stomachache, "not feeling well" persists beyond 45 to 60 minutes or is extremely sudden and severe.
- Loss of consciousness.
- Seizures (after consciousness returns).
- Obviously ill in appearance or behavior compared to other days.
- Symptoms of infection (redness, heat, pain, swelling, pus) in any area (e.g., eyes, skin, tooth/jaw, earlobes, fingernails).
- Earache (NEVER put cotton, tissue or anything into an ear!).
- Undiagnosed rash.
- Exhibits symptoms of a known chronic illness such as asthma, diabetes, migraines, ulcers, severe allergic reactions. Nurses will share information with teachers as needed to be prepared for these students.
- Sore throat (possible streptococcal infection).
- Injury to head, eyes, face, ears.
- Bone/joint injury (fractures, dislocations, sprains, strains) Make sure student does not move, bend, or bear weight on the affected bone/joint.
- Severe allergic reactions to insects/medications/foods such as generalized hives, itching, or swelling of the mouth/throat, construction of chest, abdominal pain, nausea, vomiting, dizziness or wheezing.
- Suspected head lice (extreme scratching of head).
- Nose bleed: Use a tissue and pinch own nose closed, breathe through mouth and walk quietly to the clinic.

FOR SERIOUS FALLS OR ACCIDENTS WHERE HEAD, NECK, SPINAL OR MAJOR UPPER LEG INJURY IS SUSPECTED, DO NOT MOVE STUDENT. SEND FOR NURSE. SHE WILL ASSESS THE STUDENT TO DETERMINE IF EMERGENCY MEDICAL SERVICES (999) SHOULD BE CALLED

** DO NOT MOVE STUDENT **

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Infection Control Policy

Aims and Objectives:

Our school want to provide healthy and happy learning environment for everyone within our care. Minimizing the spread of infection and communicable diseases. Ensuring the health of students and staff. So, it is very important to make a policy to ensure that procedures are implemented to minimize the source and transmission of infection. We use the standard precautions and infection control techniques to prevent the spread of infection.

Guidelines:

1 Reporting/Recording of illness:

- Staff will report any infectious illness to the School Nurse and Principal
- The Nurse will report an outbreak of any infectious disease to the DHA
- The Nurse will record all details of illness reported in the medical file. These details will include the child's name, symptoms, dates and duration of illness.

2 Exclusion from the School:

- When a child has communicable disease it may be necessary to exclude them from school.If the communicable disease is suspected during the school time parents will be contacted to take their child to the doctor. Children will be excluded from school based on the timeframes outlined in the DHA School Clinic Regulation (Health Regulation Department 2014 p23-25).
- A doctor's certificate may be required for certain conditions to ensure they are no longer contagious before children return to the school.
- Children should be sent home and remain at home,in case if they have:
  fever, an unexplained rash,Red watery and painful eyes with a yellow discharge, vomiting, diarrhea.
- A student has an infected wound it must be covered with the appropriate dressing.

3 Good hygiene practices

- Hand washing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhea and vomiting, and respiratory disease. The recommended method is the use of liquid soap, warm water and paper towels.

  Always wash hands after using the toilet, before eating or handling food. Cover all cuts and abrasions with waterproof dressings.
- Coughing and sneezing constantly spread infection. Student and staff are encouraged to cover their mouth and nose with the tissue.

4 Cleaning of blood and body fluid spillages

- All spillages of blood, feces, saliva, vomit, nasal and eye discharges should be cleaned up immediately (always wear PPE). When spillages occur, clean using a product that combines both a detergent and a disinfectant. Use as per manufacturer's instructions and ensure it is effective against bacteria and viruses and suitable for use on the affected surface. Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below. A spillage kit should be available for blood spills.

5 Clinical Waste

- Clinical waste is defined as any materials coming into contact with body fluids, including disposable gloves and aprons. All clinical waste should be disposed of into yellow plastic bags, clearly marked 'clinical waste'. Clinical waste must be sent for incineration and not included with general refuse. SD has a contract with SALAMUL ANSAR services for the collection of clinical waste on a regular basis. SALAMUL ANSAR also provide the clinical waste unit and large yellow bags. In the event of the waste unit becoming full (less than two-thirds) before the collection date, the bag should be removed, securely fastened & stored until the next collection date.

6 Laundry

- Student's soiled clothing should be bagged to go home, never rinsed by hand.
- Linen cloth in school facilities that needs to be cleaned will be sent to laundry company. If there is blood, it will be treated as medical waste.

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Hasana System and Student Health Record Management Policy

Hasana System

- All staff in the school clinic should be familiar with the Hasana system.
- Register for newly enrolled students in Hasana system if they have not been registered before.
- Update all students' information correctly according to the requirements of the DHA.
- Uploading students' demographic data and their vaccination history.
- All Data's from immunization record of each school child, will be enter in the DHA Hasana system.
- Maintain the confidentiality and security of information concerning patient privacy in accordance with regulations and laws.

Student Health Record

- Prepare health records for all newly enrolled students who do not have medical record.
- Students transferred from other schools need to transfer their medical record.
- Correctly record student information and health status.
- Keep student's medical record properly.
- Maintain the confidentiality and security of information concerning patient privacy in accordance with regulations and laws.

Student Confidentiality and Privacy

CSD is responsible and accountable for protecting the privacy of students enrolled in the school:

- Student should be treated with respect, consideration, and dignity.
- The student has the right to privacy and confidentiality.
- Student or his/her guardian should be given the opportunity to participate in decisions involving the healthcare provided when such participation is not contraindicated.
- Student or his/her guardian has the right to refuse any diagnostic procedure or treatment and be advised of the medical consequences of that refusal.

Health Education

- School health professionals will conduct health education sessions with students in order for them to be informed, and gain knowledge on, healthy behaviors that will help in improving their health.
- The school nurse will coordinate with the respective classes for the health education schedules. The topics to be discussed will be based on the DHA mandatory health

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Vaccination Policy

A record of each student's immunization is kept in a medical file. Original vaccination records are required to be submitted to the clinic. The vaccinations received by the student will be checked to ensure they are in accordance with the DHA immunization schedule. The parents will be advised regarding the outstanding vaccines required by the DHA if their child is unable to comply with it. Chinese school is not a Vaccination Qualified Clinic, all students will be vaccinated by their private doctor, an updated vaccination report must be submitted to the clinic. A Vaccination Register is maintained and submitted to the DHA as requested.

Types 0f Vaccines

- Killed vaccines/inactivated

Pertussis component in DTP/DTap/Tdap
Hep B & Hep A vaccines
Injectable polio vaccine
Meningococcal vaccines
Influenza
Cholera
Pneumococcal vaccines
Rabies
Haemophilus Influenza type B
Typhoid capsular Polysaccharide (IM)
Human papillomavirus vaccine

- Live vaccines

Oral Polio vaccine
MMR
BCG
Yellow fever vaccine
Varicella vaccine
Oral typhoid
Rotavirus vaccine

- Toxoids

Tetanus & diphtheria components in DTP/DTap/Tdap
Tetanus toxoid (TT)
Tetanus & diphtheria in DT/Td

DHA immunization schedule

• At birth: BCG, Hep B.(1st dose)
• Two months: DTap, Hib(1st dose), Hep B (2nd dose), IPV,PCV(1st dose),ROTAVIRUS(1st dose).
• Four months: DTap, Hib, IPV(2nd dose), Hep B(3rd dose) PCV(2nd dose),ROTAVIRUS(2nddose). .
• Six months: DPT, Hib(3rd dose), Hep B(4th dose), OPV,PCV(3rddose).
• 12 months: MMR,*CHICKEN POX(1ST dose).
• 18 months: Dtap,Hib(4th dose), OPV(1st booster dose)PCV(4TH dose).
• 5to 6 years: DPT, OPV(2nd booster), MMR, *CHICKEN POX(2nd dose).
•13-14years:Tdap
*CHICKEN POX VACCINE WILL BE FREE FOR NATIONALS AND AGAINST PAYMENT FOR NON NATIONALS

Ordering vaccines

It is recommended to keep 2-3 weeks supply at a time. The quantity of required vaccines can be estimated based on usage and left over, seasonal variations, disease outbreaks, and storage capacity.

Receiving vaccines

Upon receiving vaccines from the distributor, the health care provider should make sure that the packs are still cool, the contents of the shipment match the order form, and the monitor card does not reflect any heat exposure. Afterward the new stock of vaccines should be entered ledger book. And vaccines should be stored in the fridge immediately, with the new vaccines behind current stock to ensure rotation.

When storing vaccines, the following points should be considered:

• Vaccines should be kept in their packaging as this provides insulation and protects against thermal insult.
• Monitors should be kept together with the vaccine they arrived with
• The door and drawers of fridges should be filled with bottles of water to maintain steady temperatures.
• Vaccine stock should not exceed 50% of a domestic fridge volume in order to allow for circulation of air in fridge.
• Vaccines should not be stored against the walls of the refrigerator, on the refrigerator door, close to the rear freeze plate or the refrigerator icebox.

• The refrigerator should be placed in a well-ventilated room, away from direct sunlight or heat source, and along an internal rather than external wall.

General Recommendations

Vaccine Qualified Clinics (VQCs) should have a book or register where each child's immunization history can be registered and tracked back.

• Child immunization cards should be available at each VQC visit.

• The VQC should have a system to ensure that the children who are cared for in a specific clinic are fully immunized.

• The clinics must make regular reports to Dubai Health Regulation Department on the progress of the immunization activities.

• All private clinics must maintain an immunization record register as per the format recommended by Dubai Health Regulation Department (appendix. This register must be kept updated and would be inspected during routine visits by Dubai Health Regulation supervisor.

Immunization record:

• Fill up the first page with student's name, health card number, and the name of the school.

• Fill up the Second page with the birth date of the student.

• During the planning of immunization, write in pencil the planned date of immunization (date when the vaccine is supposed to be administered) on the column provided for.

• The nurse, who gave the vaccine, erases the planned date which was written in pencil, and stamp the date of vaccination. Also, sign over the date stamp.

• Record only in the Immunization Record (DHA/PHC/SHS-02) or records of vaccines administered outside DHA facility.

• Attach the Immunization Record (DHA/PHC/SHS-02) or records of vaccines administered outside DHA facility.

• Always attach the Immunization Record (DHA/PHC/SHS-02) to the student's School Health Record. If and when the student leaves the school permanently, Immunization Record should be given to parents.

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Diabetes Care Management and Glucagon Administration Policy

The school aims to ensure that student diagnosed with Diabetes Mellitus, will participate and benefit fully to the educational opportunities offered by the school. The effective way to achieve this goal is for the parents/guardians to fill up completely 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 student while in school is made aware of the child condition
- All medications received for the student should be clearly labelled with the child name, class year and section, should be in original container as dispensed by the pharmacist 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
- Glucagon kit

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 form of Individual Diabetic Management Case Plan should be filled, and will contain the following:

- Individual Diabetic Management Case 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.

Allergy Management

Allergy can be mild or severe. Severe allergy is also called as anaphylaxis. Anaphylaxis reaction is a severe and sudden generalized reaction that is potentially life-threatening. It occurs after exposure to allergen to which individual is extremely sensitive such as,
Food (peanuts, shell fish, eggs, strawberry etc.)
Medicines (Penicillin, Sulfa)
Insect stings and bites (bees and wasps)

- The school will provide a safe and supportive environment which addresses, to the extent possible, reduction of the risks of exposure to known allergens. This includes ensuring that the health care needs of the student are identified and managed at the school and during off-site activities.
- Parents will be responsible for the provision of accurate, up to date health information about their child.The form of Individual Emergency Allergy/Anaphylaxis Case Plan should be filled.An Epipen if required and for ensuring that medication has not expired.
- In case a child has severe allergic reaction, the emergency services will be called and the epipen provided by the parent will be administered.
- Each child identified as having critical allergy will have an individual/specific emergency management plan developed by the school.
- All teaching and non-teaching staff will be informed when a child with specific severe allergic reactions and possible anaphylaxis is attending the school. Allergy list will be displayed in each class rooms.
- It is the responsibility of parents to inform the school of any allergy related problems that their children suffer from during the time of admission. This has to be recorded by the parent on the admission form.
- During child's admission to the school the relevant Teacher and school nurse will discuss the child's allergies with the Parent. The Teacher and school nurse will receive a demonstration of EpiPen administration by the Parent.
- If any child has severe nut allergy, the same class will be declared nut free and nut free policy will be in place.

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Head Lice Policy

Policy Statement

Pediculosis is one of the most common communicable childhood diseases. It is transmitted through direct contact with an infested child. Hence, the possibility of an outbreak in a group is high. While parents have the primary responsibility for the detection and treatment of head lice, we will work in a collaborative manner to manage head lice effectively.

- There is no need for the school to undertake routine head lice screening programs, however if the case of suspected head lice infestation is being reported to the nurse, a head inspection will be carried out by the school nurse.
- Parents/carers will notify the school if their child is found to have live lice and advice the school nurse when appropriate treatment was commenced.
- Students diagnosed with head lice will be sent home. The parents or guardians of the affected student will be informed and advised to have the child undergo proper and adequate head lice treatment. The student will be re-admitted to the class once he/she is head lice free, as determined by the school doctor or school nurse.
- Screening of the rest of the students in the class of the affected child will be performed such that early detection and intervention will be done to prevent a Pediculosis outbreak.
- Parents/carers will notify their child's friends so they have an early opportunity to detect and treat if necessary.
- Children with long hair will attend school with hair tied back.

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Health Examination and Screening Policy

- The doctor/or nurse 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 two days before the schedule. If there is no signed consent, the parents will be contacted. If the parents will not sign the consent, then they must inform the nurse and they will be advised to submit a medical report from their attending physician.
- According to the Dubai Health Authority guidelines, physical examination will be done for the following student groups:

  New admissions

  FS 1

  Year 1

  Year 5

  Year 9

  School leaving
- Complete medical examination will be done, recorded, signed and stamped by school doctor in the student's medical file.
- The student's name and full medical details will be recorded in the medical file.
- Height, weight and BMI will be plotted on the chart.
- Doctor's Referral Letter. A referral letter will be sent to parents if the doctor identifies a problem with their child.

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Hazardous Waste Management Policy

The hazardous waste in the school include: pharmaceuticals, drugs, medical waste, flammable wastes, chemical wastes and so on.

All hazardous waste generators shall observe the general rules below:

1 Collection and Storage of Hazardous Waste

- Determine a suitable place for the storage of hazardous materials that meets safety requirements and which prevents any harm to the public. Minimum separating distance between incompatible chemicals must be observed.
- Provide special containers with the following requirements: a) are made of block material which are free of holes; b) which will resist any leakage; c) which are provided with tight caps and seals and d) are of a sufficient capacity to store the hazardous waste.
- Place clear marks on hazardous waste storage containers that state the containers' content and indicate the hazards which might arise upon improper handling of such materials.
- Set up a schedule to contact the waste disposal company to collect hazardous waste in time to avoid to be left for a long period in storage containers
- In case of mobile containers, the hazardous waste generating party shall not place such a container in any public area and shall not damage the environment.
- Chemical wastes shall be segregated and applied for separately based on their compatibility in the WDS which is categorized according to waste type (e.g., flammables, acids, alkalis, oxidizer, and/or by reactivity). Incompatibles are those pairs of substances that, when mixed, will either react violently or emit flammable or poisonous gases or vapors. Compatibility information is available on the MSDS of the chemical.

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- Flammable wastes–Provide a separate disposal request for chemicals with a flash point of below 60°C. The flash Point can be found in the MSDS and/or through a Flash Point analysis by a DM accredited laboratory.

2 Disposal of Hazardous Waste

- Do not take any materials or wastes out from the school.
- Do not dispose of any materials or wastes in sinks and drains if your school discharges to a septic tank system.
- Do not dispose of any chemicals in the trash without contacting your regulatory authority and your solid waste disposal service for approval.
- Do not dispose of any chemicals by evaporation in a fume hood or other location.
- Working with A Hazardous Waste Disposal Company.

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Medical Waste Storage and Disposal Policy

Introduction:

Because of the medical waste has been experiencing a steady increase in the quantity. The management of medical wastes is become one of the most important tasks that accompany the growth and development of a progressive metropolis. Therefore, proper disposal of medical waste is extremely important.
Medical wastes are potentially infectious and hazardous. It has the capability of transmitting disease particularly to the workers who handle this waste and to anyone that is exposed to or may come into contact with it. Therefore, it is necessary to store and dispose of medical waste correctly to protect the lives of others and yourselves.

Aims:

To ensure compliance with DHA and DM for medical waste management. Also, to give clear direction about the segregation, storage handling, transportation and disposal of medical waste in order to avoid any hazards to the environment and workers who handle this waste.

Segregation of Medical Wastes at Source:

1 School clinic: Must be provided with yellow bag and sharps box and general waste bag. General waste bin should be clearly marked.
2 Clinic toilets: Sanitary waste from non-infectious areas can be disposed of in the black bags.
3 Medication trolley: to be equipped with a yellow bag and sharps box. Ideally take the sharps box to the patient and not the sharps to the box.

Guidelines:
1 Regular Medical waste (Contaminated Waste):
Such as: Dressings, bandages, gloves, surgical waste, sponges etc. These types of waste will be disposed of in a heavy-duty yellow polythene bag and will be disposed through approved supplier. These bags will not be filled more than 65% of its capacity.
2 Sharps:
Such as needles, Syringes, Scalpel, Razors, Blades, Lancets, Small Cannulas, BrokenGlass. Suture n eedle Vials etc. These types of waste will be disposed of in a yellow container box and labeled with a warning label: Sharps and strong enough for handling, storage and transportation. This container will not be filled more than75% of its capacity.

3 Pharmacy:

All unused, partially used or expired pharmaceutical products must be placed in to yellow medium duty polyethylene bag.

4 Poisonous Waste: Not applicable to CSD

5 Other details

- The sealing of plastic bags can be carried out by tying the neck with a purpose made plastic coated metal wire. Staples must not be used as they may cause tearing-off of the bags or cause injury to the handlers.
- When handling sharps container heavy duty gloves should be worn and the container picked up only by the handle provided. The other hand should not be used to support the bottom of the container since sharps have been known in some instances to pierce the sides of its containers.
- Bodily contact with the bags of medical waste should be avoided
- Personal protective outfits such as overall, mask, disposable gloves or eye protector, need to be worn when engaged in clearing up body fluid especially when there is risk of the worker's skin becoming contaminated.
- Basic cleaning tools should be readily available including among others, disinfectant, granular chlorine compound for blood spillage or suitable equipment and sand available in sealable plastic bags which can be used in the event of any liquid leakage.
- The Facilities Manager will maintain an annual contract with licensed medical waste treatment co mpany for the collection, transportation, treatment and disposal of waste.

Medication Management

Storage

- All medication will be stored correctly.
- All medicines must be locked in a cabinet and must be kept by a designated person.
- All Medication should be in the original bottle and container, clearly labeled with the name of the students, dosage and time to be administered and within its expiry dates.

Administration

- For students requiring medicines in the school, a written consent from the parents must be obtained. All medicines should be taken in the school clinic and must be given/instituted by the school nurse.

- Temporary medications – (e.g., Antibiotics)
  1 A consent form of prescription medication must be filled-up and signed by the parents.
  2 A written instructions should be given that include the name of the medicine, the dose and the time it is to be given.
  3 All medicines should be brought in and collected from the clinic by the parents, not brought in by the students.

- For regular medication in school – (e.g., For Asthma, Allergy, Diabetics)
  1 A consent form of prescription medication must be filled-up and signed by the parents.
  2 This form is valid for one school year, and if the medication continues, it must be re-signed the following year.
  3 All details of administration should be recorded and signed on the back of this form when it is administered.
  4 Medicines are kept locked in the drug cupboard for individual students requiring regular medication. This must be clearly labeled with name and class.
  5 All details of medication given at school must be recorded.

- Stock Medicines
  1 Minimal supply of medicines and creams are kept in school for general use.
  2 All stock medicines have been approved and prescribed by our school doctor.
  3 Before giving any medication orally, the parents will be contacted. They have a signed “parental consent for Paracetamol” and have not taken any before school.
  4 The nurse will notify the parents through phone. If there will be no response received after 3 phone call attempts with 10 minutes interval in between, an e-mail or a message will be sent to the parent. If the parent still cannot be contacted, the school doctor or nurse will use her

discretion to administer the appropriate medicine for the student present medical complaints, based on the signed consent from the parents in the medical notes and in the DHA standing order. A referral note will be sent to the parent regarding the first aid management given to their child. The nurse will document what has all been done to the student in the student health record.

Monitoring and Maintenance of Medical Equipment Policy

Storage

- All medical, electrical and mechanical equipment should be storage correctly.
- Each of medical supplies should be placed specifically.
- Some of medical equipment must be kept safety, such as oxygen cylinder.
- First aid items need to be in obvious and easily accessible place.
- Clinic nurse should check regularly to ensure that medical supplies have sufficient stock.

Monitoring and Maintenance

- Clinic nurse should check the validity period of the medical supplies every week to ensure that all supplies are valid.
- Clinic nurse should ensure that all medical equipment are worked normally.
- If the medical items are to be repaired, replaceable medical items are required.

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